

Meeting: Strategic Commissioning Board			
Meeting Date	07 February 2022	Action	Receive
Item No.	11	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 purpose of this report is to provide a summary of performance for NHS Bury CCG registered patients against key standards as set out in the NHS Constitution. The table included at Appendix A then allows this performance to be benchmarked against that of Greater Manchester (GM), the North West region and England too.

A more detailed report against these standards is presented to the Quality and Performance sub-committee on a monthly basis with a summary then presented to the Governing Body every two months.

As transition towards the Integrated Care System (ICS) structure progresses, performance reporting will adapt to ensure that each board receives the information it requires from across the local health and care system.

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	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

relation to this report?						
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 from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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		

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 prepared for the CCG's Quality and Performance Committee and Governing Body in January 2022 which related to the published position as at October 2021. However, as later data has since been published for some areas, 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 GM, North West and England averages. The period to which the data relates is included for each metric. This varies across the metrics due to data being published at different times and to some data collections having been paused as part of the COVID-19 response.
- 2.3. Initial operational planning guidance for the 2022-23 financial year has been published. The submission requirements for the CCG will be confirmed once further guidance is issued. The overall principles remain as per the previous year in terms of accelerating plans to increase the workforce, adopt new models of care using digital technologies and to restore activity to and beyond pre-pandemic levels where appropriate.

3. NHS System Oversight Framework

- 3.1 The NHS System Oversight Framework (NHS SOF) was implemented during 2021-22. Data is published in a national dashboard and a summary of performance against key metrics will be presented to relevant Committees on a quarterly basis. Under the NHS SOF, assurance visits to localities are expected to take place on a periodic basis.

4. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

- 4.1 Reflecting the national picture, there had been a sharp rise locally in COVID-19 case numbers in Bury though the most recent data shows this starting to reduce. Omicron is now the dominant variant both locally and nationally.
- 4.2 Following a period of stable COVID-19 positive inpatient numbers at the Fairfield General Hospital (FGH) site, this too saw a significant increase over the Christmas period, reaching a peak of 73 on 7th January. Since then, a gradual reduction has been seen (36 as at 19th January). Peaks during previous waves were 132 in November 2020 and 79 in January 2021.
- 4.3 On 4th January 2022, it was announced that elective activity across GM hospital sites, including FGH, would be stood down. This is largely due to the system pressure caused by increased staff absence coupled with higher COVID-19 positive inpatient numbers. Cancer and other urgent treatment is continuing as is most outpatient activity, where this can be facilitated. An announcement to recommence elective activity was made on 19th January.

- 4.4 Patient flow is also a particular concern currently due to some care homes being closed to new admissions. As at 12th January, 37 out of 65 care homes in Bury were closed to new admissions though this position has now started to improve.
- 4.5 To meet the government's target of offering all eligible adults a booster vaccination by the end of December 2021, additional vaccination clinic sessions were established across the borough. Vaccinations are also available at FGH and at a number of pharmacies. With primary care colleagues integral to achieving this stretch target around vaccination delivery, general practice colleagues were advised to pause non-urgent and routine care where it is safe to do so until the new year.

Planned (Elective) Care

- 4.6 In elective care, the planning guidance for 2022-23 sets a requirement for elective activity to be maximised and for long waits to be reduced, taking full advantage of opportunities to transform the delivery of services. To support the required work, there is a £2.3bn elective recovery fund allocated nationally for 2022-23 alongside capital funding to support surgical hubs, increased bed capacity and equipment.
- 4.7 The inaugural meeting of Bury's Elective and Cancer Care Recovery and Reform Programme Board is scheduled to take place on 14th February, having been delayed from January due to the current system pressures. Establishment of this Board will result in a single integrated plan being put in place across the locality to take all developments forward.
- 4.8 The CCG continues to work with system-wide partners to progress the development and implementation of a transformation plan for elective care. The initial focus has been on orthopaedics with a view to expansion to other specialties, for example urology for which a paper was presented to October's Strategic Commissioning Board (SCB) around the development of a Bury pathway. This complements the Northern Care Alliance NHS Foundation Trust (NCA)-led transformation work which has a programme split into Being Well, Deciding Well and Recovering Well.
- 4.9 The locality is also engaged in the GM-level work programme. This includes in dermatology where demand and pressure has increased further in recent months. There are a number of workstreams established looking into referral pathways, workforce fragility and supported self-management of dermatological conditions. The referral pathways workstream includes expansion of the teledermatology service which is being piloted in Salford initially. There is also a GM bid to provide dermatology education to all GPs in GM.
- 4.10 In terms of performance, the overall elective waiting list and 52+ week waits are now monitored against a September 2021 baseline. Against this baseline, Bury's waiting list has grown by 5.1% to November whilst there has been a further decrease in the number of 52+ week breaches. A small increase in the number of 104+ week breaches is noted in November. The impact on performance of the recent pause in elective activity will start to be seen when January data is published in mid-March.
- 4.11 The most significant increases in waiting list size November were in dermatology, cardiology and Ear Nose and Throat (ENT) with a further slight decrease seen in general surgery.

- 4.12 Diagnostics performance remains significantly below standard with most pressure continuing in echocardiography and endoscopy.
- 4.13 Planning for the Community Diagnostic Hub (CDH) programme continues and the NCA is currently awaiting approval of its planning application for the Community Diagnostics Centre in Oldham. Alongside this, a task and finish group is meeting to progress the development of a diagnostics strategy for Bury which will include provision for local pathology and phlebotomy services.

Cancer Care

- 4.14 Operational planning guidance for 2022-23 builds on the current year with a focus remaining on reducing the number of people waiting more than 62 days to commence treatment to the level seen in February 2020. Alongside this, there is a requirement for systems to ensure sufficient capacity to meet the increased referral levels being seen and to reduce the shortfall in the number of first treatments delivered.
- 4.15 Despite suspected cancer (2WW) referrals remaining higher than in the pre-pandemic period, the number of patients seen in a first outpatient appointment is below the planned level which included provision to address the 2020-21 shortfall. First cancer treatments are also below the planned level. Work has commenced in Bury to review potential health inequalities within cancer care.
- 4.16 Whilst elective activity was paused in early January, treatment for cancer patients continued with The Christie and the NCA Rochdale site continuing to provide cancer treatment in a Covid secure manner for GM patients.
- 4.17 In terms of performance, the 2WW, 2WW breast symptomatic and 62 day waits following a GP referral standards continue to present most challenge. 100% performance is, however, noted for each of the 31-day standards for subsequent cancer treatment.
- 4.18 Dermatology, breast and gynaecology remain the biggest pressure points in 2WW delivery, linked mainly to increased demand alongside some staffing issues.
- 4.19 In particular, demand for 2WW breast and breast symptomatic services has increased significantly in recent months. In Bury for example, demand between April and December was 16% higher than in the equivalent period of 2019 but between September and December specifically, the increase is 37% and patients under the Manchester University NHS Foundation Trust (MFT) breast service are currently being booked to 42 days rather than within 14. Such demand increases are evident nationally too.
- 4.20 Added to the demand increase, the MFT breast service has been affected by clinician absence due to COVID infections. The trust has already implemented some mitigating actions and was holding an extra-ordinary meeting in late-January to ensure a robust plan to manage the increased demand is developed. Additionally, a GM Breast Cancer Education webinar took place in early February for general practice colleagues with the aim of providing the information needed to safely manage the most common breast presentations within primary care. As many Bury patients are also seen by breast services in Bolton, an update from there has also been requested.

- 4.21 The NCA has an improvement plan in place for each specialty and these are monitored and scrutinised regularly through the Cancer Improvement Committee (CIC) structure. A full review of the gynaecology plan is scheduled to ensure that actions are identified that will have the biggest impact on performance and on patient outcomes.
- 4.22 In dermatology, pressure has been evident across GM for a number of months and whilst the NCA continues to implement its specialty level improvement plan, a GM Dermatology Transformation Board is also to be established with short, medium and longer term actions to be scoped at pace.
- 4.23 Formal monitoring against the 28-day Faster Diagnosis Standard (FDS) commenced in October with an expectation that 75% of patients referred will either receive a cancer diagnosis or have cancer ruled out within 28 days of referral. Although performance is currently below standard, it is noted that data completeness and reporting is improving and this will support robust monitoring over the coming months.
- 4.24 Rapid Diagnostic Centre (RDC) development continues to be an important component in earlier diagnosis of cancer. Since the NCA's RDC was launched, it has received almost 1900 referrals with the number of referrals for Bury patients having gradually increased over time. The RDC model has continued to expand to include additional pathways.

Urgent Care

- 4.25 The urgent and emergency care (UEC) system continues to experience significant pressure with daily system-wide bronze meetings in place alongside silver meetings as required. A process has been developed should the Bury system need to declare a Level 4 incident under the Operational Pressures Escalation Levels (OPEL) arrangements.
- 4.26 Bed occupancy at the FGH site continues to consistently run close to 100% and further focus is being placed on weekend working to ensure that discharges can be facilitated, particularly on a Sunday. Patient flow is a particular concern currently due to some care homes, both in Bury and across GM, having closed to new admissions.
- 4.27 The current pressures continue to impact negatively on performance across urgent care metrics with performance against the 4-hour wait standard significantly below standard. In terms of benchmarking, however, when viewing performance for the highest acuity attendances (Type 1), the FGH site continued to be the second best adult site in GM to the end of Quarter 3.
- 4.28 Attendances to A&E at FGH's Emergency Department (ED) continue to be a little below the 2019-20 level (-4.8%). A reduction in attendances has been achieved through the implementation of a deflections work programme that ensures patients are treated in the most appropriate environment for their needs. This programme includes pre-ED streaming and urgent and emergency care by appointment (UECA) for patients experiencing mental health issues.
- 4.29 Following the visit to FGH by the NHS Emergency Care Improvement Support Team (ECIST) during September, a programme of work is being implemented, broken down into ten task and finish groups which sit under Site Management, Discharge Processes and Ward Routines. Progress will be reported into the regular implementation group

meeting with updates provided to the monthly Bury-locality Urgent and Emergency Care Board which has now been established.

- 4.30 Winter planning remains in place with initiatives in situ until the end of March. This includes schemes proposed by general practice and the GP Federation against the Winter Access Fund. The Bury plan is focused on the expansion of additional sessions within the existing staffing establishment, recruitment of locums and additional administrative staff, increasing the Extended Working Hours (EWH) provision and providing resilience to urgent care services by focusing on prioritising care for patients who need it such as those with long term conditions.
- 4.31 Implementation of the urgent care redesign programme in Bury continues with planning for Phase 2 of the Bury programme underway. The FGH Urgent Treatment Centre (UTC) underwent assessment during Quarter 3 with a view to receiving formal accreditation of the unit with digital issues expected to be resolved at a point after this.
- 4.32 The impact of increased pressure can also be seen in deteriorated performance in ambulance response times and an increase in the number of handover delays. Such increased pressure is reflected nationally too.

Maternity and Childrens Performance Measures

- 4.33 Pennine Care Foundation Trust (PCFT) continues to experience severe operational pressures and business continuity arrangements remain in place with ongoing implementation of the associated action plan.
- 4.34 CYP Access remains strong in the 12-month rolling average data though access in Quarter 2 was much lower than in Quarter 1. Referrals to the Bury Child and Adolescent Mental Health Service (CAMHS) continue to be significantly higher than in 2019-20 (approximately 50% higher to October). Following increased investment agreed by the SCB in September 2021, the PCFT CAMHS service expects to be at full staffing establishment by the end of January 2022.
- 4.35 Pressure across the neurodevelopmental pathway also remains in Bury, GM and nationally. Work is ongoing at all levels and in Bury additional investment agreed by the SCB will see pre and post diagnostic support provided by First Point Family Support Service from January 2022.
- 4.36 In terms of the CYP Eating Disorder Service, there was slight under-performance in the 12 months to September in routine cases commencing treatment within the four week timeframe. This is the result of a very small number of breaches. The rolling 12 month position for urgent cases continues to show 100% seen within the required one week time frame.

Mental Health

- 4.37 The dementia diagnosis standard continues to be achieved for Bury patients and following approval by SCB to re-establish a GP-led Cognitive Impairment Model, PCFT reports that referrals now appear to be being appropriately managed within primary care.

- 4.38 Strong performance also continues against the Early Intervention in Psychosis (EIP) standard. In line with the Long Term Plan (LTP), future developments in EIP services will focus on ensuring that NICE concordance packages of care can be delivered.
- 4.39 Implementation of the locality's Thriving in Bury programme continues. This is broken down into three key areas: Coping and Thriving; Living Well (was formerly Getting Help and Getting More Help) and Risk Management and Crisis Support, with locality wide groups established to progress each.
- 4.40 Four papers seeking additional investment were presented to and approved by the Governing Body in December. These related to the adult Community Eating Disorder Service, development of a Core-24 'light' service, extension and expansion of the Bury peer-led crisis service and an extension to Bury's GettingHelpline. Together with previous investment, these developments will help Bury's progress in development of the Thrive model.
- 4.41 Winter pressures monies from NHS England are being used to increase capacity to support those in mental health crisis until the end of the financial year.
- 4.42 Published data for Quarter 2 confirms ongoing under-performance for three of the four main IAPT standards; namely IAPT Access and IAPT 6 and 18 week waits. The Recovery standard was achieved in Quarter 2.
- 4.43 IAPT Access has been affected by the cessation of single episode community events, such as wellbeing events held in local colleges. As is the case across GM and wider, group therapy is yet to return to pre-pandemic levels and work is ongoing to determine how best to achieve this. Support has been provided to PCFT to look at ways to maximise the promotion of the service to ensure that the message reaches potential new service users. The local IAPT working group also continues to meet regularly. redesign.

5. Actions Required

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

Susan Sawbridge
Head of Performance
January 2022

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%	Nov-21	65.5%	64.9%	70.4%	74.0%
A&E 12 Hour Trolley Wait	0	Nov-21	698	250	2058	10646
Delayed Transfers of Care - Bed Days (PAHT)	200	Feb-20	428	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	Nov-21	2899	305	7452	45466
Super-Stranded Patients (LOS 21+ Days)	Null	Nov-21	1204	108	3145	16996
Referral To Treatment - 18 Weeks	92.0%	Nov-21	59.9%	58.7%	63.0%	65.5%
Referral To Treatment - 52+ Weeks	0	Nov-21	20303	1155	45664	308493
Diagnostics Tests Waiting Times	1.0%	Nov-21	30.2%	42.8%	27.5%	25.1%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Nov-21	77.4%	66.7%	76.1%	77.4%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Nov-21	43.8%	15.6%	40.3%	52.3%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Nov-21	95.8%	94.7%	94.2%	93.0%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Nov-21	93.8%	100.0%	87.6%	82.0%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Nov-21	99.6%	100.0%	99.7%	98.9%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Nov-21	100.0%	100.0%	96.8%	94.3%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Nov-21	61.7%	47.4%	66.7%	67.5%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screen	90.0%	Nov-21	76.1%	50.0%	68.2%	72.8%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Nov-21	77.7%	81.0%	79.7%	78.9%
Cancer - 104-Day Wait	0.0%	Nov-21	78	9	243	4963
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Apr-21	60.7%	71.4%	59.5%	61.3%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Mar-21	68.5%	71.2%	70.0%	70.7%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Aug-21	68.4%	71.0%	69.7%	68.7%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Aug-21	74.1%	74.3%	74.1%	75.0%
MRSA	0.0%	Nov-21	0	0	4	52
E.Coli	Null	Nov-21	170	9	368	3042
Estimated Diagnosis Rate for People with Dementia	66.7%	Nov-21	68.6%	74.8%	66.0%	62.0%
Improving Access to Psychological Therapies Access Rate	5.3%	Sep-21	4.79%	2.96%	4.19%	4.86%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Sep-21	47.7%	50.0%	48.1%	50.2%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Sep-21	78.4%	40.0%	85.1%	91.2%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Sep-21	98.4%	91.4%	98.0%	98.7%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Aug-21	80.0%		42.2%	62.4%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Sep-21	94.3%		87.9%	59.7%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Sep-21	92.3%		65.2%	62.3%
Access Rate to Children and Young People's Mental Health Services	34.0%	Aug-21	48.3%		46.6%	45.6%
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	Nov-21	08:09	08:52	11:31	11:50
Ambulance: Category 1 90th Percentile	900	Nov-21	12:56	14:36	19:46	21:49
Ambulance: Category 2 Average Response Time	1080	Nov-21	46:28	48:03	48:56	46:37
Ambulance: Category 2 90th Percentile	2400	Nov-21	1:39:19	1:40:40	1:45:31	1:40:57
Ambulance: Handover Delays (>60 Mins)	Null	Nov-21	8.7%	18.8%	8.2%	10.8%
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 13/01/2022. Assurance>Greater Mancheser Constitutional Standards Summary/Constitutional Standards Summary](#)