

Meeting: Strategic Commissioning Board			
Meeting Date	01 February 2021	Action	Receive
Item No		Confidential / Freedom of Information Status	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	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

will be affected been consulted ?						
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		

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 mental health care along with an overview of the impact of the COVID-19 response to these areas as the locality moves through the phases of the COVID response.

2. Background

- 2.1. This paper is a summary of the information presented to the CCG's Quality and Performance Committee Body in January 2021 which related to the published position as at October 2020. However, where later data has since been published, this too is referenced within this 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 Bury returned to Tier 3 on 2nd December before moving to Tier 4 on 30th December. Subsequent to this, a new national lockdown commenced on 6th January 2021 with the next review expected in mid-February. This latest lockdown followed the UK COVID Alert Level being upgraded to Level 5 indicating "a material risk of healthcare services being overwhelmed".
- 3.2 The latest lockdown came at a time when a new COVID-19 variant, thought to be up to 70% more transmissible, was spreading rapidly in many parts of the country.
- 3.3 The number of COVID-19 positive inpatients at Fairfield General Hospital (FGH) reached a peak of 132 on 10th November prior to then gradually reducing again to 26 on 25th December with a gradual increase then evident and with the latest data showing 79 inpatients on 14th January 2021. The highest number during the first wave had been 76 (9th April).
- 3.4 At the time of this report, very significant pressures are being experienced in London with the Midlands also now coming under increased pressure and Greater Manchester (GM) expected to experience severe pressure around the 18th of January.
- 3.5 Most elective activity remains suspended across GM at the time of this report. A paper outlining the GM approach to elective recovery beyond the second wave is currently being taken through GM and locality governance structures. This includes recommended trigger points for the suspension and recommencement of elective activity. As at the 12th January, the NCA has confirmed that no cancer procedures have been deferred due to COVID-19 though this situation remains under close

review.

- 3.6 Monitoring of activity against the Phase 3 plan is ongoing and is reported into the Quality and Performance Committee each month. National planning guidance for Phase 4 was expected during December though continues to be awaited at the time of this report.

Planned (Elective) Care

- 3.7 Collaborative work is underway between the Northern Care Alliance (NCA) and North East Sector (NES) CCGs to progress changes within planned care designed to aid improvement.
- 3.8 A month on month increase in GP referrals and outpatient attendances has continued to be seen though remain below 2019-20 levels. Telephone consultations for outpatients have increased significantly and now account for almost 50% of all attendances compared to 1.9% in 2019-20.
- 3.9 Bury's elective waiting list continues to grow and in November was 11.5% higher than it had been in January 2020 (target level). The variance, however, against the Phase 3 plan has reduced slightly in November resulting in their being 1.1%, or 189, more patients waiting than had been planned. As referenced, most elective activity has been suspended since early November 2020. The biggest increases in 2020-21 have been in General Surgery, Ear Nose and Throat (ENT), Gastroenterology, Gynaecology and Dermatology.
- 3.10 With regard to dermatology, Bury GPs will soon start to use the Salford Royal Foundation Trust (SRFT) Referral Assisted Service (RAS) which the trust implemented recently. This follows a successful 12 month teledermatology pilot in Bury and will allow all routine referrals to be triaged with advice and guidance provided to primary care where appropriate. SRFT data available so far shows that 20-30% of secondary care referrals can then be avoided. Communication has been shared with primary care colleagues regarding this development.
- 3.11 The number of Bury patients waiting in excess of 52 weeks to commence treatment also continues to increase with the number standing at 902 (36% above the Phase 3 plan) in November. Significant increases are reflected regionally and nationally too. At the Northern Care Alliance (NCA), the Surgical Reference Group (SRG) is taking a lead on reviewing the longest waiting patients and providing additional support and guidance whilst surgery is awaited.
- 3.12 Restoration of diagnostic services, particularly imaging and endoscopy, is another key requirement of Phase 3 planning. An additional mobile endoscopy unit became operational at the FGH site during December, forming part of the Single System Management approach across GM.
- 3.13 The CCG has established a new weekly Elective Care System Pressures working group with NCA colleagues and this met for the first time at the end of November. The group will also include wider system partners and aims to identify and address pressures and risks in elective care and the impact on the wider system. An early task for the group has been to develop some useful communication for primary care

to support GPs in their discussions with patients.

Cancer Care

- 3.14 The NHS Cancer Programme published its recovery plan in December with the main aims of restoring demand, reducing the number of people waiting longer than they should and ensuring sufficient capacity to meet future demand.
- 3.15 The NCA has also developed a local cancer plan covering the period 2020-2025 and this is currently going through governance for approval.
- 3.16 Suspected cancer referrals (2WW) continue to increase both locally and nationally. In Bury, 2WW referrals have been higher each month since June 2020 than the equivalent 2019 level though variation between CCGs and tumour groups remains.
- 3.17 In particular, suspected lung cancer referrals remain almost 50% below the pre-COVID-19 level due mainly to the similarity with COVID-19 symptoms. A 'Do It For Yourself' campaign launched in late November in which the public is urged to see their GP if a cough has lasted for three weeks. Supplementary clinical information has been provided to health professionals in Bury and the CCG is endorsing the campaign through social media.
- 3.18 Also locally, an NCA and NES CCG group has been meeting every two weeks during the pandemic period to ensure local issues are identified and addressed. The meeting is attended by both senior clinical and managerial cancer colleagues.
- 3.19 In terms of performance against the NHS Constitution standards, the picture remains mixed in the most recent data with most 31-day standards continuing to be achieved but challenge presented by the 2WW and 62 day wait standards.
- 3.20 An increase in dermatology breaches at Salford Royal Foundation Trust (SRFT) has resulted in under-performance against the 2WW standard for Bury patients in recent months. This is linked in part to the introduction of a 'one-stop' clinic approach at SRFT which means a patient may under-go their clinical procedure during the same appointment as their initial outpatient attendance. Although this has an impact on the 2WW standard, it does also mean that the patient experience is improved as a result of attending fewer appointments and will ultimately result in faster diagnosis. In the latest data for November, there is also an increase in 2WW breaches for gynaecology and breast. The CCG had been alerted to this likelihood by NCA colleagues due to workforce and clinical space capacity issues.
- 3.21 Following a concerted effort locally, the number of patients waiting more than 104 days to commence treatment has continued to reduce. Most of the long waiters are for lower or upper GI and are impacted by the capacity issues in endoscopy. A senior NCA cancer team is now meeting regularly to review those waiting the longest.

Urgent Care

A&E Attendances

- 3.22 Performance at PAHT against the A&E four hour wait standard remains below target though this is reflected across GM too. The most recent data shows a significant increase in the number of 12 hour breaches too. Between April and August 2020 there had been just one 12 hour trolley wait whilst there were 574 such waits between September and November.
- 3.23 In terms of A&E attendance numbers at PAHT, there have been almost 48000 fewer between April and December 2020 compared to the same period last year. This represents a 22.2% reduction for PAHT and a similar 22.6% reduction for FGH specifically. Average daily attendances at FGH across Quarter 3 were 169 compared to 218 in Quarter 3 last year.
- 3.24 PAHT continues to perform well for stranded patients, particularly for admissions with a 7+ day length of stay. Multi-Agency Discharge Events (MADE) were held at FGH in both November and December and these are designed to support improved patient flow and identify and unblock any delays. Both events resulted in the facilitation of additional inpatient discharges.
- 3.25 With regard to service reviews, implementation of the recommendations of the urgent care redesign is being led by the Locality Care Organisation (LCO) and this includes the creation of a 24/7 Urgent Treatment Centre (UTC) at the FGH site and the transfer of walk-in services to the new facility. A business case relating to the new UTC is currently being progressed through the governance structure.
- 3.26 In terms of the intermediate care review, the final report was presented to the Strategic Commissioning Board (SCB) in January following the public consultation period. The aim of this programme is to create a more balanced model of both bed and home-based care to support Bury residents at different stages of their recovery.
- 3.27 The LCO is also leading on the implementation of the national urgent care transformation schemes which complement the local redesign programme. At FGH, streaming at A&E continues with patients deflected to the most appropriate service if an A&E attendance is not required. The national launch of NHS 111 First took place in December with the local implementation seeing calls passed to the Clinical Assessment Service for review and onward booking into services, as required.
- 3.28 The impact of A&E pressures through the winter months can be seen in North West Ambulance Service (Nwas) performance with significant increases noted in both the number of handover delays and the average handover delay time.

Mental Health

- 3.29 Strong performance continues for both the Dementia Diagnosis and the Early Intervention in Psychosis standards though challenges remain in the Improving Access to Psychological Therapies (IAPT) prevalence and 6 week wait measures.

Although referral numbers to adult mental health services remain below the 2019 levels, Pennine Care Foundation Trust (PCFT) has reported increased acuity.

- 3.30 The locality launched a new 'urgent care by appointment' initiative during November and this is designed to partially address the issue of there being few appropriate options to where mental health patients can be directed when attending the A&E department.
- 3.31 Implementation is also progressing of the new adult community crisis service. This is a 12 month pilot that is scheduled to become operation in April 2021 and which will be delivered by Bury Involvement Group (BIG). The service will be offered between 6pm and 11pm on three evenings per week with follow-up aftercare provided during the daytime.
- 3.32 Additional support, both from local and GM-led initiatives, has been made available in recent months for both adults and children. This includes the locally commissioned 'Getting Help Line' which is delivered by Early Break.
- 3.33 The conversion of Ramsbottom Ward at the FGH site into single room accommodation was completed to schedule during December. Further enhancements to the environment, including the move to a single gender and single specialty environment, will take place between January and March 2021.

Childrens and Young Peoples (CYP) Mental Health

- 3.34 The standard for CYP accessing the Community Eating Disorder Service (CEDs) continues to be achieved. The PCFT business case relating to a re-design of CEDs has now been approved by PCFT footprint CCGs. This re-design is necessitated following the loss of funding from NHS Trafford CCG who will commission a service from a different provider from April 2021.
- 3.35 PCFT's Healthy Young Minds (HYM) service invoked its business continuity plan during November. This followed a significant increase in referrals in September and October and which continued into November, along with a reported increase in acuity levels and some staffing difficulties. Work continues between senior locality colleagues and PCFT to better understand the issues surrounding this and to consider any remedial actions that may be required to improve the situation. These issues have also been escalated to the health and care Gold meetings with concerns highlighted about current performance and also the capacity available to address the expected surge in demand.
- 3.36 In terms of performance, CYP mental health access has been lower in Quarter 2 (latest data) than Quarter 1 and close monitoring of this, particularly in view of the business continuity plan invocation, will continue in order to under the impact across the remainder of the financial year.
- 3.37 A number of initiatives, both within the locality and across GM, have been put in place to increase the options for additional support to CYP during the COVID-19 response period. These include text and online platforms along with school staff receiving additional training to be able to offer increased support to their pupils.

4 Actions Required

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

Susan Sawbridge
Head of Performance
susansawbridge@nhs.net
January 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%	Nov-20	74.7%	72.7%	80.0%	83.8%
A&E 12 Hour Trolley Wait	0	Nov-20	519	337	704	2141
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	Oct-20	2321	388	5829	36598
Super-Stranded Patients (LOS 21+ Days)	Null	Oct-20	933	117	2187	12406
Referral To Treatment - 18 Weeks	92.0%	Nov-20	62.4%	64.3%	65.3%	68.1%
Referral To Treatment - 52+ Weeks	0	Nov-20	14447	902	28169	190712
Diagnostics Tests Waiting Times	1.0%	Nov-20	40.1%	50.1%	32.6%	27.5%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Nov-20	84.5%	84.0%	86.5%	87.0%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Nov-20	39.5%	8.3%	57.3%	67.8%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Nov-20	95.7%	98.9%	94.9%	95.2%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Nov-20	92.1%	84.2%	87.9%	87.7%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Nov-20	100.0%	100.0%	99.6%	99.4%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Nov-20	100.0%	100.0%	98.9%	97.2%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Nov-20	68.9%	65.9%	73.0%	75.5%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90.0%	Nov-20	90.2%	100.0%	92.6%	88.0%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Nov-20	77.4%	70.8%	82.2%	83.1%
Cancer - 104-Day Wait	0.0%	Oct-20	50	3	131	957
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Mar-20	69.0%	75.0%	70.6%	71.9%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Mar-20	63.4%	63.8%	64.6%	65.4%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Mar-20	71.5%	73.3%	72.6%	70.1%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Mar-20	76.1%	76.2%	75.7%	76.1%
MRSA	0.0%	Nov-20	6	0	9	58
E.Coli	Null	Nov-20	129	9	355	2978
Estimated Diagnosis Rate for People with Dementia	66.7%	Nov-20	68.40%	76.1%	66.1%	62.7%
Improving Access to Psychological Therapies Access Rate	5.3%	Aug-20	3.94%	2.39%	3.67%	3.96%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Aug-20	49.5%	52.8%	49.9%	51.9%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Aug-20	80.4%	61.5%	87.1%	89.1%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Aug-20	96.2%	96.2%	97.3%	97.6%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Aug-20	74.3%	76.0%	75.2%	75.6%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Sep-20	100.0%	100.0%	97.9%	78.9%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Sep-20	98.6%	100.0%	98.8%	82.1%
Access Rate to Children and Young People's Mental Health Services	33.2%	Aug-20		45.9%	40.50%	39.3%
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-20	07:43	07:34	07:51	07:14
Ambulance: Category 1 90th Percentile	900	Nov-20	12:16	12:10	12:57	12:42
Ambulance: Category 2 Average Response Time	1080	Nov-20	35:28	33:41	28:57	21:16
Ambulance: Category 2 90th Percentile	2400	Nov-20	76:25	70:51	61:20	42:50
Ambulance: Handover Delays (>60 Mins)	Null	Nov-20	4.3%	5.0%	2.4%	3.0%
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 Tableauon 15/01/2021. Assurance>Greater Mancheser Constitutional Standards Summary/Constitutional Standards Summary](#)