

Meeting: Governing Body			
Meeting Date	22 January 2020	Action	Receive
Item No.	9c	Confidential	No
Title	Performance Report		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
Author	Susan Sawbridge, Performance Manager		
Clinical Lead	-		

Executive Summary
<p>For the Clinical Commissioning Group (CCG) to commission an effective and sustainable health care service it needs robust systems which enable performance monitoring of both the CCG and the services it commissions.</p> <p>The purpose of this report is to provide an updated position on the CCG's performance against the national performance indicators set out in the NHS Constitution, as monitored by NHS England.</p> <p>The report presents the CCG's performance position for October 2019 and outlines any proposed changes to performance at a national level.</p> <p>Of the indicators presented in the dashboard at Appendix A, the most recent monthly data shows achievement against twelve out of a total of thirty performance indicators for which published data is available. The following are currently reported as underachieving:</p> <ul style="list-style-type: none"> • Cancer 2 week waits : GP Referral (E.B.6); • Cancer 2 week waits : Breast Symptoms (E.B.7); • Cancer 62 day waits : GP Referral (E.B.12); • Cancer 62 day waits : Screening (E.B.13); • Cancer 62 day waits : Consultant upgrade (E.B.14); • Referral to Treatment : 18 weeks (E.B.3); • Referral to Treatment : Incomplete Waits; • Diagnostic waits : 6 weeks (E.B.4); • Cancelled Operations : 28 day guarantee (E.B.S.2.i); • IAPT Prevalence (E.A.3) (September data); • IAPT 6 week wait : (E.H.1) (September data); • Single Sex Accommodation Breaches (E.B.S.1); • A&E waiting times : 4 hour waits (E.B.5); • Ambulance Response: Category 1 (ARP.C1a); • Ambulance Response: Category 2 (ARP.C2a & b); • Ambulance Handover > 30 minutes (E.B.S.7.i); and • Ambulance Handover > 60 minutes (E.B.S.7.ii). <p>For each indicator that has not achieved the required standard, a summary position has been provided, which includes actions being undertaken to address concerns.</p>

Recommendations	
It is recommended that the Governing Body: <ul style="list-style-type: none"> Receives the performance report; and Notes the updates provided. 	
Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life.	<input type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value.	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20.	<input type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF [<i>Insert Risk Number and Detail Here</i>]	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Discussion with stakeholders during CCG clinical workstream meetings and internal meetings relating to Elective Care Tactical Group						
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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Where risks are referred to in the report, these are managed through the CCG's risk management procedures.</i>						

Governance and Reporting		
Meeting	Date	Outcome
Quality and Performance Committee	08/01/2020	Progress to Governing Body

1.0 Introduction

1.1 The purpose of this report is to provide an updated position on the CCG's performance against the national performance indicators as set out in the following documents and as monitored by NHS England:

- NHS Constitution;
- Joint Technical Definitions for Performance and Activity 2019-20; and
- CCG Improvement Assessment Framework (IAF).

1.2 The report presents the CCG's position for October 2019 (current published data), whilst also reflecting the cumulative year-to-date or quarterly position, as appropriate. However, due to publication timescales for certain indicators, some data within this report relates to the previous month.

1.3 Where available, improvement and recovery trajectories are also included in the report.

1.4 In terms of the CCG IAF, a summary will be provided on a quarterly basis in line with publication of performance against this framework.

2.0 Background

2.1 The dashboard presented at Appendix A reflects the performance requirement for 2019-20 of both the NHS Constitution and the Operational Planning and Contracting Guidance that supports the Five Year Forward View (FYFV). Where targets have been revised for 2019-20, this is reflected in the dashboard.

2.2 The information provided within the report reflects a specific reporting period, which is two months behind the actual period as there is a time delay between the publishing of the performance data for the reporting period and presentation of the report. This is due to the validation process and availability of the data nationally.

2.3 Where possible, current performance and potential issues will be articulated and brought to the attention of the Quality and Performance Committee and Governing Body as appropriate.

3.0 Performance Summary

3.1 Achievement of 100% is reported against the following measures in the most recently published data:

- Cancer 31 day waits: Subsequent cancer treatment – surgery (E.B.9);
- Cancer 31 day waits: Subsequent cancer treatment – drug regimens (E.B.10);
- Cancer 31 day waits: Subsequent cancer treatment – radiotherapy (E.B.11);
- Referral to Treatment: 52 week waits (E.B.S.4);
- Urgent operations cancelled for a second time (E.B.S.6); and
- E-Referral Service Utilisation (E.P.1).

3.2 The performance measures referred to within this report are grouped by the CCG clinical work stream to which they relate.

National Updates

- 3.3 National guidance has been reviewed to ensure that any amended or new performance measures are reflected within the CCG's monitoring and reporting processes.
- 3.4 A clinical review of NHS Access Standards has been undertaken by the NHS National Medical Director resulting in a proposal to amend some of the constitutional access and waiting time standards. Changes are currently being field tested in advance of wider implementation currently anticipated for 2020-21. Updates will be provided via this report as they become available.
- 3.5 At the end of August, a new NHS Oversight Framework (NHSOF) was published and this will replace the CCG IAF for 2019-20 and provide joint oversight by NHS England and NHS Improvement (NHSE/I) across both CCG and provider organisations.
- 3.6 Most of the NHSOF metrics match those within the CCG IAF though the following are additional metrics that will be monitored within the framework in 2019-20. Further detail about the new metrics will be provided in a future report as the data becomes available.
- Evidence-based interventions;
 - Learning disabilities mortality review: the percentage of reviews completed within six months of notification;
 - Overall size of the waiting list;
 - Patients waiting over 52 weeks for treatment;
 - Children and young people and eating disorders investment as a percentage of total mental health spend; and
 - Reducing the rate of low priority prescribing.
- 3.7 Under the framework, the support needs of each CCG and provider will be assessed with each organisation then being assigned to one of the following support categories:
- Maximum autonomy;
 - Targeted support;
 - Mandated support; or
 - Special Measures (provider) / Legal Directions (CCG).
- 3.8 It has also been confirmed that the six Clinical Priorities reported under the IAF will not be assessed separately within the NHSOF with the associated independent panels having now been stood down. The six clinical priority areas were cancer, dementia, diabetes, learning disabilities, maternity and mental health.
- 3.9 System review meetings will be held by default on a quarterly basis though may become more frequent if there are material concerns. The Quarter 2 Assurance Visit from the Greater Manchester Health and Social Care Partnership (GMHSCP) for the Bury locality took place on 15th November 2019.
- 3.10 The first dashboard following publication of the new NHSOF is currently being tested and once made available to CCGs a summary will be included in the performance report.

3.11 Confirmation was received during October that there will be no Quality Premium scheme during 2019-20 though payments relating to the 2018-19 scheme will be made during the current financial year. A Quality Premium self-assessment for the 2018-19 scheme was submitted during October and the assessment results were received and reported to this Committee in November.

Local Updates

3.12 Local performance is as outlined in the report. Where a trajectory has been developed by a provider to recover from underperformance, a comparison between this and the actual performance is provided. Where possible, a rolling three month view of data is displayed within the body of the report to support comparison with data from the previous two months.

3.13 The recovery trajectories referred to in the paragraph above, provided by Pennine Acute Hospitals NHS Trust (PAHT), can be seen at Appendix B. In 2019-20 this relates to A&E performance and this is broken down by hospital site.

3.14 A combined NHS Constitution and 'Must Do' dashboard is presented in the performance report on a monthly basis. The summary of the latest performance against the CCG IAF or NHSOF indicators will be presented on a quarterly basis. Where appropriate for an individual measure, either a cumulative Year to Date (YTD) or a quarterly position is included within the dashboard.

Performance Dashboard

3.15 The performance dashboard shown in Appendix A provides summary information for each indicator in respect of:

- indicator code, description, work stream and lead;
- whether the indicator is reported as an NHS Constitution or IAF measure;
- reporting frequency and period currently reporting;
- organisation monitored by the indicator;
- target to be achieved; and
- current performance, including either a YTD or a quarterly summary.

Current Areas of Underperformance against NHS Constitution / FYFV Indicators

3.16 The following sections of the report primarily outline areas of underperformance against the required standard, as included in the dashboard at Appendix A. However, where appropriate, some areas of achievement are also included.

Elective Care Performance Measures

3.17 Of particular note in October, there were once again no breaches against the 52 week standard with the CCG share of fines under 2019-20 guidance remaining at £42,500 to date.

3.18 E-Referral Service (e-RS) utilisation is confirmed to have been achieved in September (latest data) and there were also zero urgent operations cancelled for a second time, continuing consistent achievement of these standards.

3.19 Areas of under-performance for Elective Care measures are outlined below. Scrutiny is applied to measures within this section via the North East Sector (NES) Elective Care Tactical Group (ECTG) which meets monthly.

- **Referral to Treatment (RTT): Incomplete Patients Waiting >18 Weeks (E.B.3-QPC3)**

3.20 Performance of 84.2% is noted for NHS Bury CCG patients in October 2019 against the 92% constitutional standard.

3.21 Also included below is the number of patients waiting to commence treatment. The target in 2019-20 remains that there should be no more patients waiting in March 2020 than there were in March 2018.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	Q1 19-20	Q2 19-20	Q3 19-20 (Oct)	Q4 19-20
E.B.3-QPC3	Oct-19	92.0%	86.9%	86.3%	84.2%	87.8%	87.2%	84.2%	TBC
No of Incomplete Pathways (CCG)	Oct-19	12979	16100	16341	15734	n/a	n/a	n/a	n/a

3.22 As shown above, there was a decrease in the number of patients waiting for treatment in October, with 606 fewer waiting in October than the previous month. This takes the variance between March 2018 and October 2019 to 21.1%, or 2755 patients.

3.23 Almost 88% of the variance is accounted for by increases at PAHT (3% of variance), Salford Royal Foundation Trust (SRFT) (31%), Manchester University Foundation Trust (MFT) (15%) and Oaklands (5%), with the split remaining similar to the previous month.

3.24 There was a reduction in October in numbers waiting across a number of specialties, including general surgery, urology, trauma and orthopaedics (T&O), Ear, Nose and Throat (ENT), gastroenterology and dermatology. There were no significant specialty level increases noted.

3.25 With regard to the position at MFT following issues with the Patient Administration System (PAS) at the Oxford Road site, a further briefing was received during November. This confirms that the trust has met its trajectory for open pathways each month during 2019-20 and MFT has confirmed that the PAS system has now been updated. The trust does report an increase in patients waiting more than 40 weeks though believes that a significant element of this is linked to data quality issues that are currently being assessed.

3.26 A specialty level breakdown for Bury patients across all providers is shown below:

Treatment Function	Total No of Incomplete pathways Mar 18	September 2019 Position			October 2019 Position		
		Total No of Incomplete pathways Sep 19	Variance Mar 18 – Sep 19	% Variance Mar 18 – Sep 19	Total No of Incomplete pathways Oct 19	Variance Mar 18 – Oct 19	% Variance Mar 18 – Oct 19
General Surgery	878	905	27	3.1%	832	-46	-5.2%
Urology	823	990	167	20.3%	939	116	14.1%
Trauma & Orthopaedics	1678	2206	528	31.5%	2,064	386	23.0%

Treatment Function	Total No of Incomplete pathways Mar 18	September 2019 Position			October 2019 Position		
		Total No of Incomplete pathways Sep 19	Variance Mar 18 – Sep 19	% Variance Mar 18 – Sep 19	Total No of Incomplete pathways Oct 19	Variance Mar 18 – Oct 19	% Variance Mar 18 – Oct 19
Ear, Nose & Throat (ENT)	825	1135	310	37.6%	1,067	242	29.3%
Ophthalmology	684	1460	776	113.5%	1,457	773	113.0%
Oral Surgery	0	1	1	100.0%	-	0	N/A
Neurosurgery	2	2	0	0.0%	4	2	100.0%
Plastic Surgery	157	152	-5	-3.2%	150	-7	-4.5%
Cardiothoracic Surgery	46	20	-26	-56.5%	27	-19	-41.3%
General Medicine	224	97	-127	-56.7%	92	-132	-58.9%
Gastroenterology	940	1119	179	19.0%	1,054	114	12.1%
Cardiology	572	744	172	30.1%	752	180	31.5%
Dermatology	912	1822	910	99.8%	1,703	791	86.7%
Thoracic Medicine	300	356	56	18.7%	341	41	13.7%
Neurology	4	9	5	125.0%	11	7	175.0%
Rheumatology	311	276	-35	-11.3%	271	-40	-12.9%
Geriatric Medicine	33	43	10	30.3%	32	-1	-3.0%
Gynaecology	881	1149	268	30.4%	1,169	288	32.7%
Other	3709	3855	146	3.9%	3,769	60	1.6%
Grand Total	12979	16341	3362	25.9%	15734	2755	21.2%

3.27 For ophthalmology, the CCG is currently progressing a scheme to implement an Enhanced Cataract Referral Service which will free up capacity in secondary care by diverting uncomplicated pre and post cataract surgery patients to community optometrists. The CCG also intends to implement a Glaucoma Virtual Clinic and is awaiting the outcome of WiseEyes pilots to ensure the preferred pathway can be implemented.

3.28 For dermatology, a pilot scheme is underway within Bury to roll out dermatoscopes across Primary Care. This is primarily for suspected cancer referrals though will have a positive impact on dermatology capacity generally. The CCG is also on schedule to implement a 'tele-derm' solution in January 2020 which will have a more significant impact on elective capacity.

3.29 Focus on dermatology and ophthalmology will also come via the new Greater Manchester (GM) Elective Care Reform Board which had its inaugural meeting in late October. In addition to dermatology and ophthalmology, the GM elective care programme has identified gastroenterology as a priority area.

3.30 PAHT has implemented the Elective Access Transformation (EAT) programme to enhance digital technology to better manage patient pathways. This includes enhancement to the Patient Administration System and implementation of Pathway Plus which will support the internal validation of waiting lists throughout Quarter 4 and beyond. The trust has received monies from NHSE/I to support this along with monies to out-source some elective activity.

3.31 PAHT has provided a trajectory that shows the waiting list size reducing to 41,500 by March 2020 along with a proposal of how this can be achieved. This would result in a variance of

8.3% when compared to March 2018. Further detail has been requested from the trust around the plans and the trajectory provided.

- 3.32 At an aggregate level, increases in the variance were seen in October at MFT (to 28.5%) and Bolton FT (to 19.6%) whilst decreases were seen at PAHT (to 11.4%), SRFT (to 29%) and Oaklands (to 32.3%).
- 3.33 Oaklands performance against the RTT standard remains below the constitutional standard though this is in the context of significantly more Bury patients being treated there.
- 3.34 With regard to the constitutional RTT standard, sub-threshold performance was noted across a number of PAHT specialities in October, with those shown below, grouped by the relevant care organisation, continuing to present most pressure:

Bury and Rochdale Care Organisation	
Ophthalmology	<p>PAHT reports the growth due to (a) increased non-RTT demand, the implementation of professional guidelines, eg from Royal College of Ophthalmologists, which promote case-mix changes and increased sub-specialism and an increase in training provision which reduced core capacity in the short term. The trust has also been unable to increase theatre lists due to a shortage in anaesthetic capacity.</p> <p>Vacant Consultant posts are currently filled by locums, some of whom are being trained with a view to taking up substantive posts. Once vacancies are filled, theatre lists can also increase. Glaucoma clinics are expected to be deployed in Quarter 4.</p> <p>The service also now has a pathway co-ordinator and it is expected that this will help to reduce the number of open pathways though this is limited at present due to the post-holder also supporting the theatre schedule process.</p>
Paediatric ENT	<p>Paediatric ENT is not expected to recover during 2019-20 due to the reported nationwide issues of a lack of paediatric Nurses, Anaesthetists and beds. The trajectory in place for 2019-20 shows performance reaching a high of 73%. Capacity is reported to be a pan-region issue with bed occupancy running at maximum levels.</p> <p>A waiting list initiative (WLI) to address the longest waiters is in place and provisional PAHT data shows the number of Bury children waiting reducing. For example, at the end of March there were 153 children waiting, 39 of whom had waited in excess of 18 weeks. These figures were 97 and 22, respectively, by mid-October.</p>
Adult ENT	<p>The trust increased medical capacity across the summer months with a longer term plan to recruit a middle grade Doctor for at least six months. The number of patients waiting has decreased in over the last three months following recruitment.</p>
T&O	<p>Advice and Guidance (A&G) for T&O is in place and is expected to deflect a small amount of referral and outpatient activity away from secondary care. The gap in workforce noted across the summer has been resolved with recruitment to several Consultant posts, reducing the number of vacancies from six to one. In this context it is noted that the number of patients waiting reduced in September and October.</p> <p>Inpatient activity suspended from 20th December for two weeks (day case</p>

Bury and Rochdale Care Organisation

	continuing) in line with winter plan.
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North Manchester Care Organisation

Urology	92% achievement has been sustained now for several months though the service is reported to be impacted by the NHS pensions issue affecting uptake of additional activity.
Breast	Significant improvement noted in recent months (achieving standard in most months now). PAHT increased capacity further to support GM performance following the closure of the Stockport service.

Oldham Care Organisation

General Surgery & Colorectal	<p>Recruitment to General Surgery and Colorectal Consultant posts has returned the service to full establishment. However, the trust reports that cancer referral demand means the waiting list is not being reduced at the anticipated rate.</p> <p>Discussions are on-going about maximising the use of the 23-hour unit at Rochdale to support recovery plans though obstacles relating to medical staffing cover are noted. The trust is currently reviewing job plans to convert existing sessions to optimise recovery and continues to explore the possibility of a third party providing some theatre capacity for day cases.</p>
Gastroenterology	Recruitment and a more robust validation process have resulted in the waiting time for first appointment being reduced significantly and first appointments are now able to be booked directly at the time of referral. Improvement has been supported by the additional capacity created through the Endocare sub-contract. There remains a risk of 52 week breaches. Process in place with SRFT to refer manometry patients to support a reduction in waits also.
Gynaecology	<p>A&G is in place and PAHT has now been able to secure additional new patient clinics at each site and that has resulted in the Appointment Slot Issue (ASI) numbers starting to reduce slowly.</p> <p>Additional theatre lists are being secured where possible at the Oldham and Rochdale sites and Consultants are reviewing own lists with a view to transferring more to day cases. PAHT plans a two week period in December where lists will be protected for cancer diagnostics and treatment. There are currently four Consultant vacancies and it is expected that two new recruits will commence during Quarter 4. The service will also start to triage non-urgent referrals during Quarter 4 to ensure that patients are allocated to the correct sub-specialty.</p>
Clinical Haematology	<p>A virtual clinic commenced in July 2019, made up of three two-hour clinics per week and the waiting list backlog will be cleared over the next ten months. A&G is also operational.</p> <p>Additional locum Consultant commenced in November and two of the three specialty level doctors are also now in post.</p> <p>The directorate management team and Pathway Coordinator are tracking pathways on a daily basis. Outpatient nursing availability has limited the amount of additional capacity that can be created though it is noted that the day case area is being used at weekends to support</p>

- 3.35 In line with the re-launched CQUIN scheme and local service redesign, A&G via the e-Referral Service is now implemented within gastroenterology, gynaecology, paediatrics, cardiology, endocrinology, haematology, general surgery and trauma and orthopaedics. The CCG's Project Lead is liaising with PAHT and GP practices to overcome any reported issues with the A&G implementation. Early data shows usage of A&G to be increasing.
- 3.36 As reported previously, the NHSE/I roll-out of FIT testing for asymptomatic patients went live in June with PAHT in place as one of the screening centres in GM. National guidance suggested services should plan for a 7% increase in demand though the actual increase to date at PAHT is reported to be 11%. Although this is specialised commissioning, the recovery plan has included converting some elective lists to meet this demand. PAHT has confirmed that a recovery plan was implemented and that the 14 day standard was achieved in October.
- 3.37 The CCG is also actively engaged in joint work with the Northern Care Alliance (NCA), NES CCGs, NHS Salford and Manchester CCGs with consultancy from Four Eyes Insight to look into outpatient management. The diagnostic phase of this work will last for six weeks. By the end of these six weeks the aim is for there to be a baseline understanding of all existing outpatient improvement schemes, eg A&G, an understanding of resource requirements and a system-wide outpatient dashboard. Four Eyes Insight have been working with NCA for approximately 18 months to review processes and support the implementation of improvement schemes.

- **Diagnostic Test Waiting Times (E.B.4)**

- 3.38 Performance of 1.8% at a CCG level is noted for October. As shown below, this is a significant improvement when compared to recent months.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	Q1 19-20	Q2 19-20	Q3 19-20 (Oct)	Q4 19-20
E.B.4	Oct-19	1.0%	3.6%	3.5%	1.8%	4.4%	3.4%	1.8%	TBC

- 3.39 The underperformance in October is the result of 63 breaches and the breakdown of these by provider and test type is shown below:

Breach Information for Bury Patients – October 2019		
Provider	No of Breaches	Test Type – NHS Bury CCG
PAHT	28 ↓	10 x echocardiography ↓
		6 x colonoscopy
		6 x gastroscopy
		6 x others (3 test types)
SRFT	28 ↑	9 x MRI ↓
		8 x Non Obstetric Ultrasound (NOUS) ↔
		11 x other (5 test types)
MFT	5	5 x MRI
Others	2	2 x test types
Total	63	

- 3.40 The main change in October is a reduction in breaches at PAHT whilst the number of breaches at SRFT increased by just two.
- 3.41 At PAHT, most breaches remain in echocardiography where the trust is in the process of implementing a technician-led service for which two staff have been recruited. Previously, the trust had been unable to recruit to both substantive and locum Consultant posts.
- 3.42 At PAHT, and as referenced in previous reports, the main drivers behind recent performance have been increased demand, in part as a result of the increased gastroenterology capacity generated through sub-contract arrangements, and also capacity constraints. The capacity constraints include long-term Consultant vacancies which cause the trust to rely on non-core capacity to meet demand. However, non-core capacity has been impacted by the pension tax issue along with increased competition with independent providers for staffing.
- 3.43 PAHT has also recently carried out a re-procurement exercise to increase capacity for the reporting of scans. This is expected to provide more robust support to the trust than was available under the previous arrangements.
- 3.44 At a strategic level, PAHT has engaged external consultancy to review the offer to medical staff and is working with the British Medical Association (BMA) with a view to implementing a new way of working for Consultant Radiologists.
- 3.45 The trust has two diagnostic related task and finish groups in place, one of which aims to improve consistency across the Northern Care Alliance (NCA) whilst the second is reviewing and refining pathways. The trust reports success with changes to the urology pathway with the lung pathway next to be addressed.
- 3.46 PAHT has agreed to share a trajectory to the 1% standard and this is awaited at the time of this report though trust-level performance of 1.2% against the 1% target is noted for October. As was the case for the CCG, this marks significant improvement when compared to recent months.
- 3.47 Outside of PAHT, most breaches in October have once again taken place at SRFT. Further improvement is noted in the number of MRI breaches at SRFT in October, with a smaller number of breaches spread across seven separate test types. With regard to MRI challenges, SRFT has reported an increase in demand in recent months coupled with reduced capacity due to the national shortage in Radiographers. Capacity has also been impacted at out-sourced providers in recent months who are also seeing increased demand across CCG areas.
- 3.48 For NOUS, SRFT cites increased demand as being the sole driver and is looking to out-source some capacity.
- 3.49 SRFT has taken some mitigating actions to increase capacity, both in-house and through the use of independent sector providers. This includes using an MRI scanner at another GM NHS site. A new scanner has also now been procured to replace one previously decommissioned. This will ultimately provide an additional five to six days capacity per week once purchased and operational.
- 3.50 Trust level performance at PAHT and SRFT in October 2019 was 1.2% and 4.1%, respectively. This marks improvement for both providers.

- **Cancelled Operations (28 day guarantee) PAHT (E.B.S.2.i)**

3.51 There were 20 operations cancelled against the 28 day guarantee at PAHT in September. Data for October is awaited at the time of this report though the table below has been updated to reflect the published position for Quarter 2:

Indicator	Period	Period Target	Aug-19 <i>Indicative</i>	Sep-19 <i>Indicative</i>	Oct-19 <i>Indicative</i>	Q1 2019-20 <i>Published</i>	Q2 2019-20 <i>Published</i>	Q3 2019-20 <i>Published</i>	Q4 2019-20 <i>Published</i>
E.B.S.2.i / ii	Oct-19	0	17	20	TBC	52	53	TBC	TBC

3.52 Three of the breaches in September were for Bury patients and were split across two specialty areas. At the time of this report confirmation has been received that two of the patients have since been treated.

3.53 Discussion around the scrutiny of cancelled operations and the impact this has on patient experience routinely takes place between Quality Leads and PAHT.

Cancer Performance Measures

3.54 In terms of in-month performance, October 2019 saw NHS Bury CCG achieve against four of the nine cancer measures. In particular, 100% performance is noted for each of the 31-day standards for subsequent treatment, ie anti-cancer drugs, radiotherapy and surgery.

3.55 Areas of underperformance noted in October are considered in the paragraphs below.

- **Cancer 2 week waits (2WW): GP referral for suspected cancer (E.B.6)**

3.56 Performance in October was very similar to the previous month with 139 breaches resulting in 82.2% against the 93% target.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	Q1 19-20	Q2 19-20	Q3 19-20 <i>Oct</i>	Q4 19-20
E.B.6	Oct-19	93.0%	84.3%	82.4%	82.2%	90.9%	85.1%	82.2%	TBC
Number of Breaches			114	138	139	218	341	139	TBC

3.57 The breaches noted in October are summarised below:

Breach Information for Bury Patients – October 2019			
Provider	No of Breaches	Tumour Site	Breach Reason
PAHT	56 ↑	31 x gynaecology ↑	28 x outpatient capacity ↑ 3 x patient choice / cancellation
		8 x breast ↑	8 x patient choice
		8 x head & neck	8 x patient choice
		9 x others (5 tumour groups)	6 x patient choice / cancellation 1 x clinic cancellation 1 x outpatient capacity 1 x admin delay
SRFT	81 ↓	81 x skin ↓	71 x outpatient capacity ↓

Breach Information for Bury Patients – October 2019			
Provider	No of Breaches	Tumour Site	Breach Reason
			10 x patient choice / cancellation
Others	2	2 x other	2 x patient choice

- 3.58 Almost 60% of the October breaches were seen in dermatology at SRFT. This, however, is a slightly smaller proportion than the previous two months and coincides with a further increase in gynaecology breaches at PAHT.
- 3.59 The average wait for suspected skin cancer breaches was 17 days in October and represents a further slight improvement on recent data where the average in August and September was 21 and 19 days, respectively. Similarly, there was a slight improvement in the longest wait which was 27 days in October and compares to 34 days in August and 28 days in September. As shown above, most of these breaches relate to outpatient capacity.
- 3.60 At an aggregate level, SRFT performance was 66.7% in October, dropping to 44.4% at a tumour group level for suspected skin cancer. As noted previously, SRFT reports increased demand over the last two years as being the main driver for capacity issues. To mitigate this, the trust has used WLI and the conversion of routine clinic appointments and although this has had some success it is no longer reported to be sustainable due in part to the knock-on effect to routine performance and the lack of additional available clinic space.
- 3.61 Locally, data available to date following the roll-out of dermatoscopes within primary care has shown that 2WW demand has increased at a significantly lower rate in those practices using the dermatoscopes compared to those not involved in the initial roll-out. Although it will be some time before the impact is truly understood, this does signify an encouraging start. The CCG also remains on track to roll out tele-dermatology in early 2020.
- 3.62 With regard to 2WW for breast, there has been gradual improvement across GM in recent months and it is reported that just one provider was below the 93% threshold in October.
- 3.63 The CCG continues to liaise with GMHSCP regarding the wide scale challenges presented by dermatology and, as referenced earlier in this report, dermatology is one of the priority areas identified by the elective care programme.
- 3.64 At an aggregate level, PAHT achieved the constitutional standard in October, with performance of 93.2% noted. With haematology performance having recovered in October, gynaecology remains the main tumour group presenting an on-going challenge. Provisional data for November shows trust-level performance of 92.9%, just below the 93% target.
- 3.65 With regard to gynaecology, PAHT has reported issues relating to increased demand coupled with sickness absence and vacant posts. Recruitment to the vacant posts is underway, with two new Consultants expected to commence in Quarter 4. The new post-menopausal bleed clinics went live on 19th November and will provide 24 one-stop clinic appointments per week. It is anticipated that this will help to alleviate 2WW clinic demand as the patient will attend once, therefore negating the need for a follow-up appointment.
- 3.66 A GP Master Class with a focus on gynaecology is scheduled for February 2020.
- 3.67 At an aggregate level, performance for Bury's main providers in October was PAHT: 93.2%, SRFT: 66.7%, MFT: 93.1% and Bolton FT: 97.1%.

- **Cancer 2 week waits : urgent referral for breast symptoms (E.B.7)**

3.68 At 48.7% for October, performance remains below the 93% target.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	Q1 19-20	Q2 19-20	Q3 19-20 Oct	Q4 19-20
E.B.8	Oct-19	93.0%	59.0%	56.0%	48.7%	40.9%	57.1%	48.7%	TBC
Number of Breaches			16	22	20	101	60	20	TBC

3.69 The 20 breaches noted in October are summarised below:

Provider	No of Breaches	Breach Reason
Other	1	
Bolton FT	19	19 x outpatient capacity

3.70 At a trust level, PAHT achieved 91.4% in October, marking further improvement against this standard.

3.71 Further deterioration at a trust level is noted for Bolton FT in October, with performance at 7.6%. The trust has reported previously that increasing demand is the main driver behind the deteriorated performance. The lead commissioner, NHS Bolton CCG, has provided assurance that a set of actions has been agreed with the trust and that assurance around quality and the impact to patients is being sought. The actions include a review of referrals to support demand management and the development of a breast pain pathway. There are regular meetings taking place between the CCG and trust and meaningful improvement is expected to start to be seen in Quarter 4 2019-20. It is also reported, however, that Wrightington, Wigan and Leigh NHS Foundation Trust is now once again accepting external referrals and this should alleviate some of the capacity pressure on Bolton FT.

- **Cancer 62 day waits: first definitive treatment within 2 months of referral (E.B.12)**

3.72 At 75.4%, performance in October remains below the constitutional standard.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	Q1 19-20	Q2 19-20	Q3 19-20 Oct	Q4 19-20
E.B.12	Oct-19	85.0%	68.2%	77.4%	75.4%	67.2%	72.1%	75.4%	TBC
Number of Breaches			14	12	14	43	36	14	TBC

3.73 The 14 breaches seen in October were spread across seven tumour groups, with three different providers allocated as the 'Accountable Provider'.

3.74 A NES Cancer Improvement Committee (NESCIC) is in place and is driving forward improvements associated with the additional funding provided by GMHSCP, NES CCGs and PAHT though it is acknowledged that delays in recruitment have prevented this work from progressing at the intended speed. The tumour group action plans presented at NESCIC have been shared with the CCG and the associated recovery trajectories for both 2WW and 62-day waits are awaited at the time of this report.

- 3.75 A new NES and GMHSCP task and finish group has been established and will meet for the first time on 8th January. The aim is to identify and scrutinise improvement trajectories in planned care, cancer and diagnostics.
- 3.76 The CCG is also fully engaged in the GM Best Timed Pathways for lung, colorectal and prostate and the Rapid Diagnostic Centre (RDC) developments, all of which will ultimately have a positive impact on cancer performance.
- 3.77 The CCG remains fully committed to making efforts to improve performance against this crucial standard and is engaging the support of the GM Cancer team to better understand the likely impact of new schemes for the people of Bury.
- 3.78 A GM-wide Cancer Waiting Times Performance and Improvement Board has been established and met for the first time on 2nd December. The following five key areas of focus were agreed during the first meeting:

- To devise a backlog clearance plan to treat patients already beyond 62 days and to reduce the backlog number;
- To scope the use of additional third-party provider diagnostic capacity to either deliver more cancer diagnostics or more routine work to free up core capacity for cancer in Quarter 4;
- Improve the time from GP referral to first attendance and to see a treatment specialist;
- A proposal to move some specialist diagnostics to regional single queue model; and
- A proposal to introduce system reporting from Quarter 1, 2020-21.

- **Cancer 62 day waits: Screening Referrals (E.B.13)**

- 3.79 Two breaches in October resulted in performance of 81.2% against the 90% standard. The breaches were split across two different specialty areas.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	Q1 19-20	Q2 19-20	Q3 19-20 Oct	Q4 19-20
E.B.13	Oct-19	90.0%	100%	91.7%	81.8%	92.3%	94.3%	81.8%	TBC
Number of Breaches			0	1	2	2	2	2	TBC

- **Cancer 62 day waits: Consultant upgrade (E.B.14)**

- 3.80 Six breaches in October resulted in performance of 76% against the 85% standard.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	Q1 19-20	Q2 19-20	Q3 19-20 Oct	Q4 19-20
E.B.14	Oct-19	85.0%	87.5%	75.0%	76.0%	77.1%	83.1%	76.0%	TBC
Number of Breaches			2	6	6	11	11	6	TBC

- 3.81 The breaches were split across lung and urology. PAHT was the accountable provider assigned to five of the breaches with SRFT assigned to the sixth breach.

Urgent Care Performance Measures

- **A&E waiting times : 4 hour waits (E.B.5-QPC4)**

3.82 PAHT underachieved against the constitutional standard of 95% in October 2019 with performance reported at 81.7% across all PAHT hospital sites.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	Q1 19-20	Q2 19-20	Q3 19-20 (Oct)	Q4 19-20
E.B.5-QPC4	Oct-19	95.0%	81.7%	81.4%	81.7%	82.8%	82.5%	81.7%	TBC

3.83 Performance of 81.7% also resulted in PAHT underperforming against the Provider Sustainability Fund (PSF) trajectory for October, shown below and in Appendix B.

3.84 For 2019-20, local site-level trajectories have been established and performance against these will continue to be reported on a monthly and quarterly basis. The A&E trajectories for 2019-20 are included at Appendix B and the table below shows published data for October alongside provisional data for November and December, showing PAHT and each individual site performing below the relevant local target. The Red Amber Green (RAG) rating below relates to performance against the local trajectory:

PAHT A&E Performance Against PSF Trajectory	Monthly Data 2019-20			Quarterly Data 2019-20			
	Oct-19	Nov-19	Dec-19	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20
Fairfield General Hospital (FGH)							
Perf (Trajectory)	91.0%	90.5%	88.5%	92.3%	91.4%	90.0%	89.2%
Perf (Actual)	79.7%	78.7%	69.8%	82.2%	83.0%	76.1%	
Attendances	6852	6931	6637	19697	19443	20420	
Breaches	1391	1479	2008	3505	3303	4878	
North Manchester General Hospital (NMGH)							
Perf (Trajectory)	79.9%	80.2%	71.8%	85.8%	83.2%	76.4%	74.5%
Perf (Actual)	78.7%	67.7%	65.1%	76.5%	76.8%	70.4%	
Attendances	9741	10557	9554	27402	27131	29852	
Breaches	2079	3408	3336	6448	6306	8823	
Rochdale Infirmary (RI)							
Perf (Trajectory)	96.4%	97.8%	96.9%	97.5%	98.3%	97.0%	95.8%
Perf (Actual)	96.3%	92.8%	97.2%	97.2%	95.6%	95.4%	
Attendances	4317	4773	4509	12885	12977	13599	
Breaches	161	345	126	364	568	632	
Royal Oldham Hospital							
Perf (Trajectory)	86.6%	88.5%	85.1%	87.8%	86.6%	85.6%	85.8%
Perf (Actual)	80.4%	61.6%¹	62.7%¹	82.9%	82.0%	65.1%¹	
Attendances	15065	10364 ¹	9685 ¹	41942	42157	30122 ¹	
Breaches	2958	3983 ¹	3615 ¹	7191	7587	10508 ¹	
Pennine Acute Hospitals Trust (PAHT)							
Perf (Trajectory)	86.9%	87.9%	83.9%	89.5%	88.2%	85.5%	85.0%
Perf (Exc Oldham WiC)	78.9%¹	71.8%¹	70.1%¹	74.4%	80.0%	73.6%	
Perf (Inc Oldham WiC)	81.7%	75.1%	TBC	82.8%	82.5%	TBC	
Attendances	35974	32625 ¹	30385 ¹	101839	101803	93993 ¹	
Breaches	6591	9215 ¹	9085 ¹	17506	17833	24841 ¹	

¹ Excludes Oldham WiC attendances and breaches

3.85 The table below shows a comparison of A&E performance (all types) across GM with providers ordered by their Quarter 3 position (to mid-December). Of note, SRFT performance now includes Bury and Prestwich WiC data.

GM A&E (All Types) Comparison (includes unvalidated data)							
Trust	Oct-19 <i>Provisional</i>	Nov-19 <i>Provisional</i>	Dec-19 <i>Provisional</i>	Q1 2019-20	Q2 2019-20	Q3 2019-20	Q4 2019-20
Wrightington, Wigan & Leigh	86.1%	78.2%	76.1%	83.3%	91.5%	80.2%	
MFT	81.6%	80.9%	78.2%	84.3%	84.7%	79.7%	
Tameside	86.4%	75.4%	70.6%	86.0%	88.6%	77.6%	
Pennine Acute	81.7%	75.1%	73.8%	82.8%	82.5%	76.9%	
Salford Royal	82.7%	83.6%	73.9%	82.0%	89.2%	76.1%	
Bolton	70.0%	70.5%	68.9%	85.2%	85.3%	69.7%	
Stockport (Stepping Hill)	66.8%	61.3%	59.4%	74.4%	70.6%	62.6%	
Greater Manchester	80.6%	75.8%	73.6%	83.1%	84.7%	76.4%	

Data taken from GM Tableau Dashboard on 02/01/2020 (GM 4hr Performance Ranking sheet)

3.86 The following table is a subset of the above in that it includes just Type 1 A&E attendances where Type 1 relates to those attendances at what might be considered a 'traditional' A&E department, ie a 24-hour Consultant led service with full resuscitation facilities. The table is a site level breakdown and is ordered by Quarter 3 performance, showing FGH remaining as the second-best performing acute site to date in Quarter 3, having been sixth best at the end of Quarter 2.

GM A&E (Type 1 Only) Comparison (includes unvalidated data)				
Trust	Q1 2019-20	Q2 2019-20	Q3 2019-20	YTD 2019-20
Royal Manchester Childrens Hospital	85.9%	89.5%	82.6%	85.7%
Fairfield General Hospital	82.1%	83.1%	76.1%	80.4%
Salford	81.9%	84.6%	74.8%	80.4%
Tameside	80.1%	84.6%	69.9%	78.2%
NMGH	75.1%	75.7%	69.1%	73.2%
Wigan	72.0%	86.3%	68.0%	75.5%
Bolton	83.9%	83.6%	67.0%	78.2%
Manchester Royal Infirmary	72.5%	72.1%	66.5%	70.4%
Wythenshawe	73.4%	73.7%	64.1%	70.4%
Oldham	73.2%	72.7%	63.5%	69.7%
Stockport	74.4%	70.6%	62.6%	69.2%

Data taken from the Utilisation Management Tableau Site (summary page) on 02/01/2020

3.87 Following a reduction in daily attendances at FGH in August (average of 203 per day), there was a steady increase through the late summer and autumn months, culminating in a high of 231 attendances per day in November. A reduction to an average of 215 attendances per day has been seen in December (to 30th).

3.88 The table below shows a year on year increase in Type 1 A&E attendances at PAHT sites for April to November. Overall, this shows an 8.1% increase in attendances at PAHT in this period compared to last year. For FGH specifically, there has been an increase of 7.4% in 2019-20 compared to last year.

PAHT Site Level Comparison – Type 1 Attendances				
Site	Year	Attendances Apr-Nov	Variance to Previous Year	% Variance to Previous Year
FGH	2018-19	49446		
	2019-20	53120	+3674	+7.4%
NMGH	2018-19	62921		
	2019-20	70620	+7699	+12.2%
Royal Oldham	2018-19	69221		
	2019-20	72528	+3307	+4.8%
PAHT	2018-19	181588		
	2019-20	196268	+14680	+8.1%

Data taken from the Utilisation Management Tableau Site (Data Table Type 1 page) on 17/12/2019

- 3.89 The locality's winter plan has been mobilised. As part of this, elective activity has been stepped down across December and January with the exception of urgent or cancer cases and those waiting more than 40 weeks.
- 3.90 To support winter plans, providers were invited to submit proposals for additional monies. Through this, FGH has received monies to open 22 extra beds. Pennine Care NHS Foundation Trust (PCFT) has also received monies to implement winter pressure plans.
- 3.91 NHS Bury CCG continues to work with PAHT, as part of the NES Urgent Care Delivery Board, to support the delivery of the indicator, which is reflected on the CCG's Corporate Risk Register with an assessed score of level 16.
- 3.92 PAHT continues to work with the Project Management Office (PMO), NHS institute and CCGs on urgent care pathway flow improvement for the following four drivers:
- matching urgent care workforce capacity and capability to demand;
 - creating a sustainable emergency village;
 - improving internal patient flow; and
 - improving effectiveness of community and primary care.
- 3.93 The output of the external demand and capacity review in Bury, commissioned by GMHSCP from the North of England Commissioning Support Unit, confirmed an increase in attendances with the majority being patients who walk into the Emergency Department. This is a recent development at FGH as the year on year analysis presents a relatively stable position. These patients only stay for 24-48 hours if admitted and it is noted that the conversion rate from A&E attendance to admission is not increasing. Indeed, FGH fares better than the GM average in terms of conversion rates.
- 3.94 The CCG and PAHT also commissioned the Utilisation Management Unit to carry out a review of adult presentations to the FGH A&E department. A report outlining the findings and recommendations has now been shared with the CCG. The main finding of this was that most patients reviewed did not require care or treatment within an emergency department and could have been deflected either at the point of triage or at an earlier stage of the care pathway. The locality Urgent Care Partnership Group reviewed the report during November and as there was a suggestion of potential access to GP appointments, an audit has been carried out by the primary care team. This showed good availability of appointments though did highlight some issues with regard to accessing Extended Working Hours appointments and this will be reviewed further by the primary care team.

3.95 There are a number of schemes underway within the locality that are designed to ease the pressure on secondary care urgent care services, both in terms of A&E attendances and Non-Elective (NEL) admission. These schemes include:

- Extended participation in the GM Clinical Assessment Service (CAS) which includes the provision of an Alternative to Transfer service during GP core hours. Funding for this has been extended to the end of the financial year;
- Continued development of the Urgent Treatment Centre (UTC) model at FGH;
- Expansion of the Green Car Scheme;
- Multi-disciplinary team approach via Integrated Neighbourhood Teams for high intensity service users; and
- Recruitment of additional staff to the Crisis Response and Re-ablement teams as a result of Intermediate Care transformation with a view to being able to treat more patients in their own home.

3.96 There are also two service reviews taking place in Bury during 2019-20; one for urgent care and one for intermediate care. The main focus of the urgent care review is to redesign the urgent care system in Bury to ensure that we appropriately maximise the use of services, including the Urgent Treatment Centre and Same Day Emergency Care (SDEC).

- **Trolley Waits : 12 hour waits (E.B.S.5)**

3.97 There were seven breaches at PAHT against this standard in October 2019, taking the YTD figure to 13.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	YTD
E.B.S.5	Oct-19	0	1	1	7	13

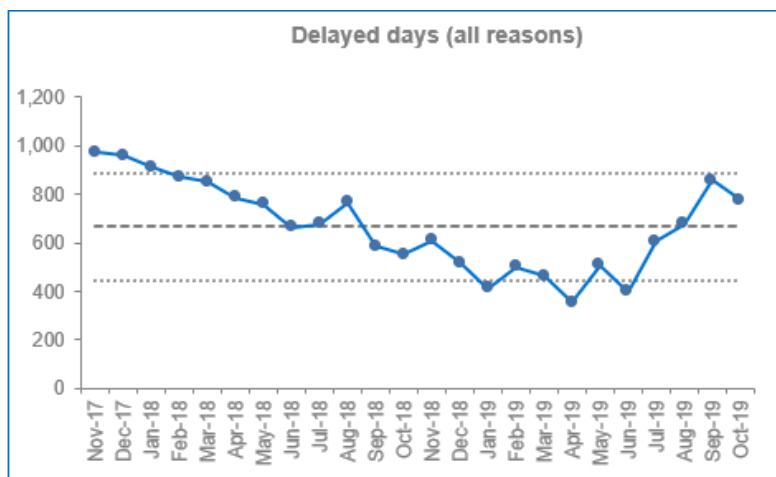
3.98 One of the October breaches related to a Bury patient and this is the first one encountered in the current financial year.

3.99 Of note, provisional November data shows a significant increase in trolley wait breaches though it is unknown at this stage how many, if any, relate to Bury patients.

- **Delayed Transfers of Care (DToC)**

3.100 DToC days are monitored across the Bury Local Authority (LA) footprint and relate to delays across all providers.

3.101 In summary, there were 776 bed days lost due to delays in October 2019 for Bury patients. Although this remains high, it does demonstrate improvement when compared to the previous month.



Taken from NHS Improvement DToC Improvement Tool

3.102 Following several months where the allocation between delays attributed to the NHS or Social Services has been fairly even, October has seen a significant swing to those attributed to the NHS. Of note, this shift is likely to be linked to an increase in 'housing' delays highlighted later in this section. For technical reasons under the current national reporting mechanism, 'housing' delays can only be attributed to the NHS.

Delay Attributed to	No of Bed Days	% Share
NHS	480	61.9%
Social Care	256	33.0%
Both	40	5.2%
Total	776	

3.103 The following table shows the breakdown by reason for October:

Reason for Delay – October 2019	No of Bed Days
A) Completion of Assessment	251
B) Public Funding	9
C) Awaiting further NHS non-acute care	59
Di) Awaiting residential home placement or availability	31
Dii) Awaiting nursing home placement or availability	76
E) Awaiting care package in own home	72
F) Awaiting community equipment and adaptations	3
G) Patient or family choice	44
H) Disputes	0
I) Housing	200
O) Other	31
Total	776

3.104 A reduction in delay days related to 'Completion of Assessment' is noted in October, reducing from 396 days in September to 251 in October. The sharp rise in September was linked partly to workforce gaps in the Social Work team at the NMGH site along with the withdrawal of management support provided by Manchester City Council to the Integrated Discharge Service at NMGH. Both of these issues have now been resolved.

3.105 The most significant increase in October was for 'housing' related delays which increased from 119 days in September to 200 days in October. Most of these delays occurred at

PCFT though there were also 31 'housing' delay days at Rotherham, Doncaster and South Humber NHS Foundation Trust along with a smaller number at PAHT.

3.106 The split between PCFT and PAHT is more aligned in October than September. Outside of Bury's main providers, the main increase in October was seen at Greater Manchester Mental Health NHS Foundation Trust (GMMH) with a decrease noted at SRFT.

Provider Site – October 2019	No of Bed Days	% Split
PCFT	244	31.4%
PAHT	289	37.2%
Bolton FT	38	4.9%
MFT	45	5.8%
GMMH	91	11.7%
SRFT	29	3.7%
Others	40	5.2%
Total	776	

3.107 Below is a breakdown of delays for October at PAHT and PCFT broken down by reason:

	Total	NHS / SC	NHS Total	SC Total	A	B	C	Di	Dii	E	F	G	H	I	O	
PAHT	289	NHS	199		109		20		13	5	3	23		26		
		Soc Care		90	53					28		9				
		Both		0												
PCFT	244	NHS	154		11									143		
		Soc Care		59	26					1		1				31
		Both		31					31							

Reason Codes: A: Completion of assessment; B: Public funding; C: Waiting further NHS non-acute care; Di: Awaiting residential home placement or availability; Dii: Awaiting nursing home placement or availability; E: Awaiting care package in own home; F: Awaiting community equipment and adaptations; G: Patient or family choice; H: Disputes; I: Housing; O: Other.

3.108 In terms of delays encountered at PAHT, the following table shows the breakdown by site of delay days and individual patient numbers affected. The majority of delays continue to be seen at the NMGH site.

PAHT DToC by Site – October 2019		
PAHT Site	No of Delay Days	No of Individual Patients
Fairfield	126	19
North Manchester	133	22
Oldham	9	2
Rochdale	0	0

Data provided by PAHT on 20/12/2019

3.109 The table below shows the comparison between Bury's two main mental health providers and represents the trust-wide position across all commissioners. This shows a significantly higher number of delay days at GMMH than PCFT in the early part of Quarter 3.

DToC: Delay Days: Mental Health Providers		Q3	Q4	Q1	Q2	Q3
Trust		2018-19	2018-19	2019-20	2019-20	2019-20 Oct
Pennine Care FT (PCFT)		2681	2207	3082	2715	1063
Greater Manchester MH FT (GMMH)		426	2206	2874	3251	1476

- **Stranded Patients**

3.110 A patient is considered to be 'stranded' if their admission to an inpatient bed lasts for a period of seven days or more, irrespective of the specialty. 'Super stranded' relates to those admissions of 21 days or more. For 2019-20, each locality has been asked to focus on reducing inpatient stays of more than seven, 14 and 21 days with an expectation that local targets will be set for each.

3.111 The table below shows stranded patient performance from Quarter 4 2018-19 onwards. Although the proportion of PAHT admissions classed as 'stranded' is higher than desired, it has consistently remained amongst the best performing across GM throughout the year.

3.112 Moving into 2019-20, the table below shows PAHT as the best performing GM trust across Quarter 1 with a stranded rate of 38.2% compared to a GM average of 49.5%. PAHT remained amongst the best performing in GM in Quarter 2 with a rate of 39.0%, second only to Wrightington, Wigan and Leigh NHS Foundation Trust (WWL). This position has continued across Quarter 3 with a stranded rate at PAHT of 37.4% against a GM average of 48.2%.

Trust Name	FY 2020 Q1		FY 2020 Q2		FY 2020 Q3		Grand Total	
	Stranded Patients	7 Day Rank	Stranded Patients	7 Day Rank	Stranded Patients	7 Day Rank	Stranded Patients	7 Day Rank
Bolton NHS Foundation Trust	44.5%	4	44.4%	4	42.8%	4	43.9%	4
Manchester University NHS Foundation Trust	57.2%	7	57.6%	7	56.1%	7	57.0%	7
Pennine Acute Hospitals NHS Trust	38.2%	1	39.0%	2	37.4%	2	38.2%	2
Salford Royal NHS Foundation Trust	56.4%	6	54.9%	6	53.2%	6	54.8%	6
Stockport NHS Foundation Trust	54.0%	5	53.3%	5	52.7%	5	53.3%	5
Tameside And Glossop Integrated Care NHS Foundati...	42.3%	3	42.3%	3	42.0%	3	42.2%	3
Wrightington, Wigan And Leigh NHS Foundation Trust	39.1%	2	35.1%	1	37.4%	1	37.2%	1
Grand Total	49.5%	1	49.3%	1	48.2%	1	49.0%	1

Source: ■ Provisional ■ Published

Table taken from GM Tableau site on 02/01/2020 (GM Stranded Patient Rank sheet)

3.113 For super-stranded admissions, PAHT was the second-best performing trust in GM in Quarters 1 and 2. This position has been maintained through Quarter 3 with a PAHT average of 13.8% compared to a GM average of 21.3%.

3.114 Front end initiatives such as the extension to the Green Car scheme, the Urgent Treatment Centre at FGH and Integrated Virtual Clinical Hub aim to reduce bed occupancy thus improving overall performance.

- **Ambulance Measures**

3.115 In line with the Ambulance Response Programme (ARP), ambulance performance is measured across four categories. This report will include details on performance against the highest acuity calls, ie Categories 1 and 2.

3.116 Of note, the North West Ambulance Service (NWAS) declared escalation to Level 3 on the Resource Escalation Action Plan (REAP) scale on 27th November. Level 3 is reached when an ambulance service faces major pressure that challenges operational delivery. Actions when level 3 is reached are focused on maximising the availability of frontline staff and vehicles and this can include using additional resource from voluntary ambulance services or the Patient Transport Service (PTS)

- **Ambulance Response Programme**

3.117 Ambulance response measures are reported at an NWS level. For Category 1 calls, which are those of the highest acuity, the target is for such incidents to be responded to within an average time of seven minutes and for at least nine out of ten to be responded to within 15 minutes.

3.118 As can be seen from the table below, the average NWS-level response time remains a little outside of the seven-minute target, with the average response time for incidents in the Bury area closer to the target. As per previous months, over 90% of Category 1 calls were responded to within 15 minutes. For comparison, data for incidents responded to within the Bury footprint is included below:

Indicator	Period	Period Target	Monitored Org	Aug-19	Sep-19	Oct-19
ARP.C1a	Oct-19	<7 mins (avg resp time)	NWAS	07:16	07:24	07:31
			Bury CCG*	06:37	07:04	07:01
ARP.C1b	Oct-19	15 mins (90 th percentile)	NWAS	12:17	12:27	12:43
			Bury CCG*	10:24	10:59	11:52

*CCG data relates to where the incident occurred rather than CCG registered or resident patients

3.119 The standard for Category 2 calls, the next level of acuity, is for them to be responded to within an average time of 18 minutes and for at least nine out of ten to be responded to within 40 minutes.

3.120 As shown below, NWS performance was below the desired standard in October. In contrast to the Category 1 incidents, average response times in the Bury area were greater than the average at an NWS level.

Indicator	Period	Period Target	Monitored Org	Aug-19	Sep-19	Oct-19
ARP.C2a	Oct-19	<18 mins (avg resp time)	NWAS	22:16	24:06	26:17
			Bury CCG*	24:30	26:51	30:42
ARP.C2b	Oct-19	40 mins (90 th percentile)	NWAS	47:18	51:32	55:55
			Bury CCG*	61:16	59:16	61:48

*CCG data relates to where the incident occurred rather than CCG registered or resident patients

- **Ambulance Handover > 30 minutes (E.B.S.7.i)**

3.121 The Ambulance Handover figures are reported from a PAHT perspective. There were 480 handover delays in this category reported in October 2019.

3.122 The 480 handover delays are broken down as 91 at FGH, 81 at NMGH and 308 at Royal Oldham. This marks slight increases at FGH and Royal Oldham compared to the previous month alongside a slight decrease at NMGH. These figures are also displayed in the table in the section below along with the handover delays that are greater than 60 minutes.

3.123 Reducing ambulance turnaround times has been identified as a key priority in the context of the wider Emergency Care Improvement Plan and associated work to improve patient flow. Progress and output from this is monitored by the Urgent Care Improvement Board.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	YTD 19-20
E.B.S.7.i	Oct-19	0	445	458	480	3343

- **Ambulance Handover > 60 minutes (E.B.S.7.ii)**

3.124 There were 170 delayed handovers (PAHT level) of greater than 60 minutes during October 2019, representing the highest number seen in the current financial year. Breaking this down, there were 149 handover delays at Royal Oldham, 13 at FGH and eight at NMGH.

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	YTD 19-20
E.B.S.7.ii	Oct-19	0	89	96	170	717

3.125 A summary of performance levels across the PAHT hospital sites for the ambulance handover measures is included below.

3.126 Performance across PAHT sites continues to vary against the handover delay measures. Of particular note in October, the average handover delay time at FGH has remained below the 30-minute threshold. Royal Oldham remains an outlier when compared to both PAHT and GM averages.

3.127 The improvement in handover times at the FGH site is linked to the focused work carried out over recent months between NWAS and FGH to test and implement changes. Some of the changes implemented include:

- Rapid Assessment Triage (RAT). This involved a three bed RAT area designed to streamline ambulance handovers.
- Monthly liaison meetings between NWAS and FGH staff.
- NWAS assigned a senior clinician to provide a presence on-site whilst testing changes and this led to streamlining some of the processes further.
- In September 2019 the RAT area was moved to a different location and this has had a significant impact on the handover times.

Handover Statistics – October 2019					
Hospital Site	Handover Delays (30-60 mins)	% of total attendances at site	Handover Delays (>60 mins)	% of total attendances at site	Average Total Handover Delay
Fairfield	91	4.7%	13	0.7%	28:24
NMGH	81	3.9%	8	0.4%	28:45
Royal Oldham	308	12.1%	149	5.8%	39:23
PAHT Total	480	7.3%	170	2.6%	32:48
GM Total	1693	7.3%	501	2.2%	32:49

3.128 Provisional data for November shows the average handover delay time remaining below the 30-minute target at FGH, with FGH being the only GM site to achieve this.

Maternity and Childrens Performance Measures

3.129 Published data for community eating disorders shows that 100% of Bury's routine cases were seen within the four-week target period during Quarter 2. There were zero urgent cases seen in Quarter 2. Provisional data for October shows two routine cases seen within the required four-week time scale. There were zero urgent cases seen in October.

- **CYP Mental Health Access Rate (E.H.9)**

3.130 The target for 2019-20 is 34%, resulting in indicative quarterly and monthly targets of 8.5% and 2.85%, respectively.

3.131 Although reduced when compared to Quarter 1, provisional Mental Health Services Data Set (MHSDS) data had shown continued achievement in Quarter 2 with 10.8% noted against the indicative quarterly target of 8.5%. However, published data has revised the PCFT component of CYP access to a much lower number and this has therefore reduced the Quarter 2 outturn as shown below.

3.132 A query was raised with PCFT to understand this and the trust has confirmed that an issue was encountered when 'final' data was being submitted. This, however, was noted following the cut-off date, therefore preventing re-submission. The higher provisional figures may be recognized in time if NHS Digital repeats the CYP access audit at the end of the financial year.

Indicator	Period	Period Target	Q1 2019-20	Q2 2019-20	Q3 2019-20	Q4 2019-20	YTD 2019-20 Prov
E.H.9	Q2 2019-20	A: 34% Q: 8.5%	18.1%	8.5%	TBC	TBC	26.7%

3.133 The CCG and partners are continuing to implement the Locality Transformation Plan (LTP) which will support the drive to expand the opportunities to increase access. In view of this and the inclusion of Early Break data, the CCG feels assured that the increased target for 2019-20 can be achieved.

3.134 Beyond 2019-20, the Long-Term Plan sets an expectation for a significant increase in the number of CYP accessing services (0-25 years) and in future years it will be absolute numbers of CYP that are monitored rather than an access rate. Trajectories have been set for localities based on population size. For Bury, the expectation is that 2564 CYP will access services in 2023-24. This is an 87% increase on the 2018-19 level yet the planned increase in baseline monies is in the region of 30%. This gap and risk have been relayed to the GMHSCP as part of the Long-Term Plan draft submission.

Mental Health Performance Indicators

3.135 Continued positive performance is noted in October for Dementia diagnosis with a rate of 83.6% achieved against the 66.7% target.

3.136 Data for the Early Intervention in Psychosis measure is now sourced from the Mental Health Services Dataset (MHSDS). A query has been raised with the national team to understand how performance data is derived from this and the report will be updated once a response is

received. Provisional PCFT, however, suggests continued achievement of the standard in October.

3.137 Areas of under-performance for mental health are considered further below.

- **Improving Access to Psychological Therapies (IAPT) Measures**

3.138 Due to NHS Digital publication dates, the latest IAPT data available is for September 2019 and this shows achievement of two of the four IAPT standards, namely IAPT Recovery and IAPT waits of under 18 weeks. Under-performance against the IAPT prevalence and six-week wait targets is considered in more detail in the section below.

3.139 Following Clinical Cabinet approval and 2019-20 contract negotiations, the CCG agreed to fund four additional Psychological Wellbeing Practitioner (PWP) posts and 2.5 whole time equivalent (wte) Cognitive Behavioural Therapy (CBT) posts. Recruitment to these posts is complete with all new staff having commenced by the end of September 2019.

3.140 Despite the above, the funding allocated by Health Education England to the PWP and High Intensity Therapy (HIT) training places has now resulted in some vacancies. For example, five existing PWPs commenced HIT training in October (two within Bury and three outside of Bury). Recruitment to these vacancies yielded just one suitable candidate though agency staff have been sourced for three to six months. The staffing model is also therefore under review with a suggestion to potentially recruit staff at Assistant Practitioner level.

3.141 Additionally, PCFT plans to recruit four PWP trainees for the March 2020 intake though would like to increase this to six to partly address the challenges in recruiting to the qualified posts. PCFT is keen to discuss the on-going funding of these posts with the CCG as trainees are often successful in securing permanent posts prior to their training being completed.

- **IAPT Roll-out (Prevalence) (E.A.3)**

3.142 For Quarters 1-3 of 2019-20, the IAPT prevalence target is 4.75% for each quarter, equating to a monthly average of 1.59%.

3.143 Published data for September shows performance as 1.96%, contributing to a Quarter 2 outturn of 4.72%.

Indicator	Period	Period Target	Jul-19 Published	Aug-19 Published	Sep-19 Published	Q1 2019-20 Published	Q2 2019-20 Published	Q3 2019-20 Published	Q4 2019-20 Published
E.A.3	Q2 2019-20	Qs1-3: 4.75% Q4: 5.50%	1.41%	1.33%	1.96%	3.83%	4.72%	TBC	TBC

3.144 September, and indeed Quarter 2, performance is much improved when compared to previous months. This is due to PCFT being engaged in a number of community events, eg 'back to school' well-being treatment events for teaching staff.

3.145 Similarly, PCFT reports having engaged in sessions with seven primary schools in Bury where staff were educated in mindfulness techniques. Four such sessions took place in one school alone. The trust also carried out a session with the Blind Society during October and is hopeful that this will become a regular session.

3.146 Under-performance against this measure was anticipated whilst recruitment referenced above was carried out. Discussions are currently underway within the locality to understand the impact on the existing trajectory of new recruits and trainees alongside the loss of existing workforce to training posts.

3.147 The locality is also engaged in work to look at expanding service capacity further to reach the increased target in Quarter 4 2019-20 and this includes a review of digital solutions.

- **IAPT Waiting Times (Six Weeks) (E.H.1)**

3.148 Performance of 70.0% is noted for September against the 75% target, contributing to a Quarter 2 outturn of 70.4%.

Indicator	Period	Period Target	Jul-19 <i>Published</i>	Aug-19 <i>Published</i>	Sep-19 <i>Published</i>	Q1 2019-20 <i>Published</i>	Q2 2019-20 <i>Published</i>	Q3 2019-20 <i>Published</i>	Q4 2019-20 <i>Published</i>
E.H.1	Q2 2019-20	75%	67.6%	74.2%	70.0%	72.9%	70.4%	TBC	TBC

3.149 Indicative PCFT data shows performance reducing to 50.0% in October. When producing the performance trajectory associated with the additional CCG funding, PCFT had advised that achievement of the six-week target would be impacted for some time to come. This is because this indicator measures the waiting time for those who have completed treatment, with the six-week period therefore relating to the time before recruitment took place. The target for patients to be seen within 18 weeks, however, continues to be achieved.

3.150 As referenced previously, the CCG funded Cognitive Behavioural Therapy staff have now commenced in post though a lag in recovery against this standard was anticipated due to the need to work through the backlog of cases.

3.151 As mentioned in the section above, an update on the impact to the trajectory of existing staff taking on new trainee roles both within and outside of the borough is awaited.

3.152 Ultimately, recruitment to the CBT posts is expected to have a positive impact on both the six-week waiting time target and also on the size of the secondary waiting lists.

3.153 Some temporary agency staff have been recruited for up to six months to support management of the waiting lists.

Quality Performance Measures

3.154 Progress against the ambition to increase the roll-out of Personal Health Budgets (PHB) for Bury patients is reported on a quarterly basis. The Quarter 2 submission was completed during October and shows the CCG with a rate of 62.7 PHB per 100,000 population, therefore continuing to achieve the target. The CCG continues to look for opportunities to increase PHB roll-out and this will include for wheelchairs, equipment and long-term conditions in 2019-20. The submission for Quarter 3 will be completed during January 2020.

3.155 Under the NHS Long Term Plan, the ambition for delivery of PHBs is doubled and a draft trajectory that shows NHS Bury CCG achieving this increased target has been agreed with the PHB lead.

- **Mixed Sex Accommodation (MSA) Breaches (E.B.S.1)**

3.156 There were 11 breaches against this standard for Bury patients during October:

Indicator	Period	Period Target	Aug-19	Sep-19	Oct-19	YTD 19-20
E.B.S.1	Oct-19	0	6	4	11	31

3.157 All of the October breaches took place at PAHT, with six at the Royal Oldham site and five at NMGH.

3.158 At a trust-level, there were 62 breaches at PAHT in October and six at PCFT. Fifteen of the PAHT breaches were at the NMGH site whilst 47 took place at Royal Oldham. PAHT has confirmed via the monthly contract performance report that most breaches took place in the Critical Care wards.

3.159 The PCFT breaches were evenly split across the Royal Oldham and Stepping Hill Hospital sites.

3.160 With regard to the future provision of single sex accommodation at PCFT, the outline business case was approved in September and the full business case was scheduled to be presented to the trust Board on 27th November. However, this timescale was impacted by the recent General Election and a revised date for presentation to the trust Board is awaited. If approved, the works will be phased with the refurbishment of Ramsbottom Ward commencing in the first phase. The overall plan is to phase the ward transitions in order to assess the level of benefits and risks which emerge from each phase, with full ward changes planned to be complete by July 2021.

3.161 PCFT has agreed to keep the CCG apprised of updates as they become available.

4.0 Recommendations

- 4.1 The Governing Body is asked to:
- Receive the performance report; and
 - Note the updates provided.

Susan Sawbridge
Head of Performance
January 2020

Appendix A : NHS Constitution / 5 Year Forward View 'Must Do' Performance Dashboard

NHS Constitution / Must Do Measures Summary										Period Actual Performance 2019/20																	
Indicator	Workstream & Lead	Description	Cons	Must Do	IAF	F	Monitored Org	Period	Period Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4	
E.B.6	Cancer David Latham	Cancer 2 week waits: GP Referral for suspected cancer	✓	✓	✗	M/Q	CCG	Oct-19	93.0%	90.7%	89.9%	92.2%	88.5%	84.3%	82.4%	82.2%							90.9%	85.1%	82.2%		
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	✓	✗	M/Q	CCG	Sep-19	93.0%	28.0%	38.6%	53.1%	57%	59.0%	56%	48.7%								40.9%	57.1%	48.7%	
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	✓	✓	✗	M/Q	CCG	Sep-19	96.0%	100%	98.9%	97.1%	100%	95.2%	97.1%	98.2%								98.8%	97%	98.2%	
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	✓	✓	✗	M/Q	CCG	Sep-19	94.0%	100%	100%	92.9%	100%	92.9%	93.8%	100.0%								96.9%	96%	100.0%	
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	M/Q	CCG	Sep-19	98.0%	100%	100%	100%	100%	100.0%	100.0%	100.0%								100%	100%	100.0%	
E.B.11		Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	✓	✓	✗	M/Q	CCG	Sep-19	94.0%	100%	100%	100%	100%	100.0%	100.0%	100.0%								100%	100%	100.0%	
E.B.12-QP		Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	✓	✓	✓	M/Q	CCG	Sep-19	85.0%	68.1%	78.6%	54.8%	68.8%	68.2%	77.4%	75.4%								67.2%	72.1%	75.4%	
E.B.13		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	M/Q	CCG	Sep-19	90.0%	100%	81.8%	100%	92.3%	100%	91.7%	81.8%								92.3%	94.3%	81.8%	
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	✓	✓	✗	M/Q	CCG	Sep-19	85.0%	76.5%	78.9%	75.0%	88.0%	87.5%	75%	76.0%								77.1%	83.1%	76.0%	
E.B.3-QP		Elective Care Cath Tickle	Referral To Treatment: Incomplete pathways within 18 weeks.	✓	✓	✓	M/Q	CCG	Sep-19	92.0%	87.0%	88.1%	88.2%	88.5%	86.9%	86.3%	84.2%							87.8%	87.2%	84.2%	
E.B.3-QP	Referral To Treatment: Incomplete pathways within 18 weeks (number of people waiting)		✗	✓	✗	M/Q	CCG	Sep-19	12979	13934	14796	15118	15616	16100	16341	15734								-	-	-	-
E.B.S.4	Referral To Treatment: Incomplete patients waiting 52 week waits or more		✓	✗	✗	M	CCG	Sep-19	0	9	6	2	0	0	0	0								-	-	-	-
E.B.4	Diagnostic test waiting times (waiting 6 weeks or more)		✓	✓	✗	M	CCG	Sep-19	1.0%	4.7%	4.6%	4.0%	3.1%	3.6%	3.5%	1.8%								-	4.4%	3.4%	1.8%
E.B.S.2.i	Cancelled Operations (28 day guarantee) - Quarterly		✓	✗	✗	Q	PAHT	Q2 19-20	0	-	-	52	-	-	53	-	-	-	-	-	-	-	105	52	53	-	-
E.B.S.2.ii	Cancelled Operations (28 day guarantee) - (PAHT Actual Breaches Indicative)		✓	✗	✗	M	PAHT	Sep-19	0	12	24	16	16	17	20	-	-	-	-	-	-	-	105	-	-	-	-
E.B.S.6	Urgent operations cancelled for a second time		✓	✗	✗	M	PAHT	Sep-19	0	0	0	0	0	0	0	0							0	-	-	-	-
E.O.1	Percentage of children waiting less than 18 weeks for a wheelchair		✗	✓	✗	Q	CCG	Q2 19-20	92.0%	-	-	91.4%	-	-	90.0%	-	-	-	-	-	-	-	90.7%	91.4%	90.0%	-	-
E.P.1	E-Referrals - Increase in the proportion of GP referrals made by e-referrals	✗	✓	✓	M	CCG	Sep-19	92%	112%	105%	109%	108%	116%	112%	109%								109%	112%	109%		
E.H.9	Maternity & Childrens Michael Hargreaves	Improve access rate to CYPMH (MHSDS published)	✗	✓	✗	Q	CCG	Q1 19-20	34% (8.5%)	-	-	18.18%	-	-	8.51%	-	-	-	-	-	-	26.70%	18.18%	8.51%	-	-	
E.H.10		The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (NHS Digital)	✗	✓	✗	Q	CCG	Q1 19-20	95%	-	-	100%	-	-	100%	-	-	-	-	-	-	100%	100%	100%	-	-	
E.H.11		The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (NHS Digital)	✗	✓	✗	Q	CCG	Q1 19-20	95%	-	-	100%	-	-	no cases	-	-	-	-	-	-	100%	100%	no cases	-	-	
E.A.3	Mental Health Cath Tickle	IAPT roll-out (prevalence of people entering IAPT services as a % of those estimated to have anxiety/depression) - (NHS Digital)	✗	✓	✗	M/Q/Y	CCG	Aug-19	A: 19.0% Q1-3: 4.75% Q4: 5.5%	1.28%	1.43%	1.11%	1.41%	1.33%	1.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.52%	3.83%	4.72%	0.00%	0.00%	
E.A.S.2		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	✗	✓	✓	M/Q	CCG	Aug-19	50%	53.2%	48.4%	50.0%	52.8%	58.6%	58.62%								53.5%	50.9%	56.4%		
E.H.1		IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Aug-19	75.0%	74.5%	68.8%	75.0%	67.6%	74.2%	70.0%								71.7%	72.9%	70.4%		
E.H.2		IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Jul-19	95.0%	97.9%	96.9%	100.0%	100.0%	96.8%	100.0%									98.5%	98.1%	99.0%	
E.H.4		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	CCG	Sep-19	56.0%	83.3%	75.0%	85.7%	50.0%	83.3%	90.9%									79.2%	80.0%	78.3%	
E.A.S.1		Dementia diagnosis rate (65+)	✗	✓	✓	M	CCG	Sep-19	66.7%	82.7%	83.1%	82.6%	83.2%	83.5%	83.8%	83.6%								83.6%	-	-	-
E.B.S.3		Mental Health: Care Programme Approach	✓	✗	✗	Q	CCG	Q2 19-20	95.0%	-	-	93.8%	-	-	95.3%	-	-	-	-	-	-	-	-	93.8%	95.3%	-	-
E.B.S.1	Quality Carolyn Trembath	Single Sex Accommodation Breaches	✓	✗	✗	M	CCG	Sep-19	0	3	3	2	2	6	4	11							31	-	-	-	
E.N.1		Personal Health Budget - Rate per 100k (NHSE published)	✗	✓	✓	Q	CCG	Q2 19-20	40-55	-	-	67	-	-	63	-	-	-	-	-	-	-	-	67	63	-	-
E.B.5-QP	Urgent Care David Latham	A&E waiting time (waiting less than 4hrs) (PAHT ALL)	✓	✓	✓	M	PAHT	Nov-19	95.0%	82.1%	82.7%	83.6%	84.3%	81.7%	81.4%	81.7%	75.1%						-	82.8%	82.5%	78.3%	
E.B.S.5		Trolley waits in A&E (12 hour waits)	✓	✗	✗	M	PAHT	Nov-19	0	1	1	2	0	1	1	7	29						42	-	-	-	
ARP.C1a		Ambulance clinical quality: Category 1 - 7 minute response time (average)	✓	✗	✗	M	NWAS	Nov-19	7 minutes	07:28	07:07	07:21	07:24	07:16	07:24	07:31	07:27							-	-	-	-
ARP.C1b		Ambulance clinical quality: Category 1 - 90% of calls responded to within 15 minutes	✓	✗	✗	M	NWAS	Nov-19	15 minutes	12:37	11:59	12:23	12:34	12:17	12:27	12:43	12:38								-	-	-
ARP.C2a		Ambulance clinical quality: Category 2 - 18 minute response time (average)	✓	✗	✗	M	NWAS	Nov-19	18 minutes	23:21	20:50	22:19	23:31	22:16	24:06	26:17	30:43								-	-	-
ARP.C2b		Ambulance clinical quality: Category 2 - 90% of calls responded to within 40 minutes	✓	✗	✗	M	NWAS	Nov-19	40 minutes	49:43	43:37	47:21	50:04	47:18	51:32	55:55	67:13								-	-	-
E.B.S.7.i		Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	✓	✗	✗	M	PAHT	Nov-19	0	521	484	496	459	445	458	480	380							3723	-	-	
E.B.S.7.ii		Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	✓	✗	✗	M	PAHT	Nov-19	0	129	94	74	65	89	96	170	135							852	-	-	

Appendix B: 2018-19 PAHT Performance against Provider Sustainability Fund (PSF) Trajectory

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Trust / NES CCG Total	Trajectory	88.0%	89.9%	90.5%	87.8%	88.9%	87.9%	86.9%	85.7%	83.9%	84.3%	84.3%	86.4%
	Total Attends	33,902	34,700	33,237	35,862	32,943	32,998	35,974					
	Breaches	6,066	5,994	5,446	5,640	6,038	6,155	6,591					
	Performance	82.1%	82.7%	83.6%	84.3%	81.7%	81.3%	81.7%					

Q1	Q2	Q3	Q4	YTD
89.5%	88.2%	85.5%	85.0%	87.0%
101,839	68,805			
17,506	11,678			
82.8%	82.5%			

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Fairfield	Trajectory	92.0%	92.5%	92.5%	92.5%	91.0%	90.5%	91.0%	90.5%	88.5%	88.5%	87.0%	92.0%
	Total Attends	6,565	6,672	6,436	6,833	6,303	6,438	6,851					
	Breaches	1,343	1,250	912	1,124	1,234	970	1,391					
	Performance	79.5%	81.3%	85.8%	83.6%	80.4%	84.9%	79.7%					

Q1	Q2	Q3	Q4	YTD
92.3%	91.4%	90.0%	89.2%	90.7%
19,673	13,136			
3,505	2,358			
82.2%	83.0%			

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
NMGH	Trajectory	81.4%	88.3%	87.5%	83.0%	86.5%	80.2%	79.9%	77.3%	71.8%	74.2%	74.6%	74.7%
	Total Attends	8,970	9,375	9,021	9,612	8,735	8,757	9,740					
	Breaches	2,056	2,278	2,112	1,836	2,171	2,350	2,081					
	Performance	77.1%	75.7%	76.6%	80.9%	75.1%	73.2%	78.6%					

Q1	Q2	Q3	Q4	YTD
85.8%	83.2%	76.4%	74.5%	80.0%
27,366	18,347			
6,446	4,007			
76.4%	76.5%			

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RI	Trajectory	96.7%	97.4%	98.5%	98.0%	99.0%	97.8%	96.4%	97.7%	96.9%	95.8%	95.8%	95.8%
	Total Attends	4,332	4,245	4,281	4,719	4,173	4,076	4,318					
	Breaches	185	101	78	157	153	251	161					
	Performance	95.7%	97.6%	98.2%	96.7%	96.3%	93.8%	96.3%					

Q1	Q2	Q3	Q4	YTD
97.5%	98.3%	97.0%	95.8%	97.1%
12,858	8,892			
364	310			
97.2%	95.7%			

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
ROH	Trajectory	87.3%	87.3%	88.9%	85.3%	86.1%	88.4%	86.6%	85.1%	85.1%	84.9%	84.8%	87.8%
	Total Attends	14,035	14,408	13,499	14,698	13,732	13,727	15,065					
	Breaches	2,482	2,365	2,344	2,523	2,480	2,584	2,958					
	Performance	82.3%	83.6%	82.6%	82.8%	81.9%	81.2%	80.4%					

Q1	Q2	Q3	Q4	YTD
87.8%	86.6%	85.6%	85.8%	86.5%
41,942	28,430			
7,191	5,003			
82.9%	82.0%			