Meeting: Governing Body (Meeting in Public)			
Meeting Date	25 November 2020	**Action**	Receive
Item No.	13c	**Confidential**	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Susan Sawbridge, Head of Performance		
Clinical 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 Governing Body:

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

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	☒
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	☒
SO3 Budget To deliver a balanced budget for 2019/20	☒
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☒
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *N/A*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG's risk register?	Yes	☐	No	☒	N/A	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**
Quality & Performance Committee	11/11/2020	Progress to Governing Body

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 and Governing Body in November which related to the published position as at August 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 New national restrictions were introduced on 5th November 2020 for a period of four weeks. At the time of compiling this report, it is expected that localities will return to the regional tiered approach once the four-week period ends on 2nd December. The new national restrictions came at a time when COVID-19 cases had increased significantly (second wave). Locally, there had also been an exponential growth resulting in more COVID-19 positive inpatients at the Fairfield General Hospital (FGH) site than at the peak of the first wave.

3.2 As part of the response to the second wave, Pennine Acute Hospitals Trust (PAHT) suspended elective (ordinary) admissions for two weeks from 2nd November. Subsequently, it was then announced over the first weekend in November that elective activity (ordinary and day case) would be suspended in all hospitals across GM with effect from 9th November. The associated communication advised that along with continuing to deliver cancer care, most diagnostic and outpatient activity should continue without disruption.

3.4 Monitoring of activity against the Phase 3 plan has now commenced. Performance against the planned activity levels will inevitably be adversely affected by entering the second wave. A summary of activity against plan in September 2020 for each point of delivery is shown below and appears positive in terms of restoration to planned activity levels in the month though the elective waiting list has increased beyond the level planned for.

Activity Type	Plan: Bury Sept 2020	Actual: Bury Sept 2020
Incomplete Pathways (RTT waiting list)	16551	**17004**
RTT: 52+ week waits	506	**630**
Outpatients	13147	**13782**
Diagnostic Tests	4975	**5157**
Elective Admissions	1644	**1648**
A&E Attendances	5696	5830
Non-Elective Admissions	1554	1670

3.5 Phase 3 of the COVID-19 response included a requirement for providers to carry out clinical prioritisation of elective waiting lists (admitted lists). The Northern Care Alliance (NCA) was granted a partial exemption in recognition of validation work already carried out across a number of specialties. Data submissions from the trust will, however, take place during December, January and February for patients not previously reviewed or where the review took place prior to 1st June 2020. The NCA is also required to ensure that patients participate in shared decision making about their treatment and that outcomes are communicated to both the patient and GP.

3.6 Winter planning for urgent care services in the context of a second COVID-19 wave is also well underway with various 'test of change' exercises having taken place over recent weeks to help prepare for this period.

Planned (Elective) Care

3.7 In September there were 17004 patients waiting and this equates to 1204, or 7.6%, more than there had been in January. The number of patients waiting in September is also higher than the 16551 included within the CCG's Phase 3 plan.

3.8 Bury's Phase 3 plan predicts the waiting list will increase to 19318 by March 2021. If realised, this would be 22.3% above the January 2020 threshold. Of note, the plan was set in advance of elective activity being stood down during November 2020 and it is therefore quite possible that the final plan position may not be achieved in March 2021.

3.9 The number of patients waiting in excess of 52 weeks to commence treatment at the end of September also exceeds the Phase 3 plan. The actual number waiting was 630 and is 25% higher than the planned number of 506 for September. Overall, Bury's Phase 3 plan shows an increase to 982 breaches by March 2021.

3.10 At the lowest point, GP referrals had reduced by 79% in April when compared to the average for 2019-20. There has since been a month on month increase with referrals across Quarter 2 being 28% below the equivalent period last year. Referrals in September 2020 specifically were 22% below the September 2019 position.

3.11 Available data also shows a month on month increase in outpatient attendances taking place. In particular, there has been a significant swing towards telephone consultations which accounted for just 1.9% of outpatient contacts between April and September 2019 compared to 50.8% for the same period of 2020.

3.12 Restoration of diagnostic services, particularly imaging and endoscopy, is another key

requirement of Phase 3 planning. A Single System Management approach across GM is being applied to endoscopy to ensure that capacity is increased and that there is equity in access across GM. Plans include a new mobile endoscopy unit being placed at a PAHT site where the need across GM is considered to be the greatest. PAHT has been able to increase endoscopy capacity in recent weeks due in part to out-sourcing activity but also due to a relaxation in Infection Prevention and Control (IPC) requirements in line with national guidance.

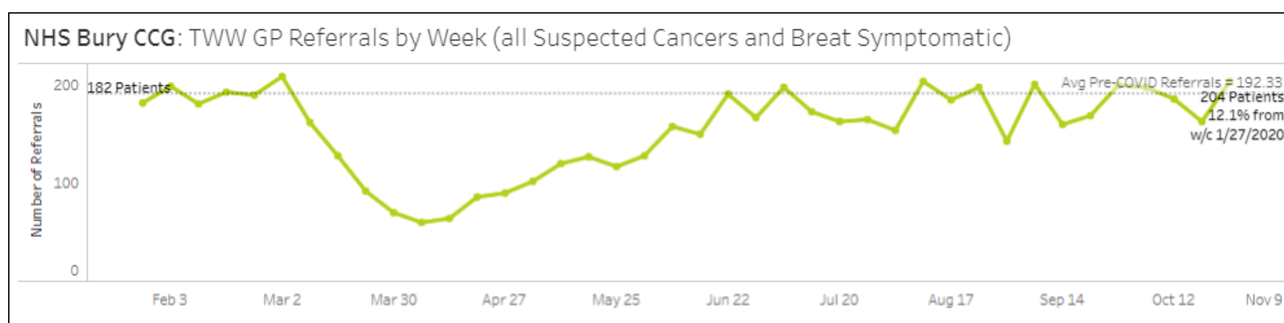
Cancer Care

3.13 During the COVID-19 response period, the system management and oversight of cancer services across GM has been delegated to The Christie NHS FT and a number of cancer treatment hubs have been set up across GM with Rochdale Infirmary being the host for the Surgical Hub.

3.14 Phase 3 guidance is for suspected cancer referrals (2WW) and cancer treatment to be restored to their pre-COVID levels and this ambition has been reflected in the CCG plan.

3.15 2WW referral levels have continued to increase in Bury. Overall between April and October 2020, 2WW referrals are 7.9% below the equivalent period of 2019 though have been higher each month since June 2020.

3.16 The GM chart below shows the trend for Bury 2WW referrals from week commencing 27th January onwards (please note this is based on unvalidated provider data that may be subject to change). As shown, following the initial decline there has been a gradual increase in referrals. There can be some fluctuation from week to week though NHS Bury CCG referrals in w/c 2nd November are shown to be 12.1% higher than they were in w/c 27th January.



Source: GM Tableau: Cancer > Cancer PTL Metrics > GP referrals by type (taken on 10/11/2020)

3.17 The variance between CCGs for these two given weeks ranges from +12.1% for Bury CCG to -18.3% for Stockport CCG. Across all GM providers, referrals were 10.4% lower in the same reference period. Overall, the most marked reduction at a tumour group level is for lung where referrals were 52% lower in w/c 2nd November than in w/c 27th January. Reduced suspected lung cancer referrals are believed to be linked to a similarity with COVID-19 symptoms.

3.18 In terms of the latest in-month performance, September data shows achievement of the 31-day wait standards though under-performance against the 2WW and 62 day wait standards. Across August and September, there has been an increase in skin breaches and liaison with the provider, Salford Royal Foundation Trust (SRFT), suggests particular staffing issues in August and certainly there was some improvement noted in

September data.

3.19 Although long waits, both in excess of 62 days and 104 days, remain a concern, improvement has been noted over recent weeks. The NCA, and PAHT in particular, was identified as an outlier and this led to communication being received by the trust from the National Cancer Director. A subsequent letter has acknowledged the improvement made at PAHT where the number of 104+ day waits had decreased by 56% in the five weeks to 25th October.

3.20 The position around long waits has been aided by PAHT interventions in terms of senior cancer management team review of all 104 day waits and an increase in endoscopy capacity as a result of out-sourcing and a relaxation of IPC requirements. Additionally, a single system management approach to endoscopy capacity has been implemented and this has resulted in revised gastroenterology pathways being introduced and a decision taken to site a new mobile endoscopy unit at the FGH site.

Urgent Care

A&E Attendances

3.21 At 79.4%, A&E performance at PAHT in September is the lowest seen in the current financial year, though a similar pattern is reflected across other GM sites too as providers deal with the second COVID-19 wave. For FGH specifically, performance was 81.6% in September though provisional data shows this having dropped to 71.4% in October. Performance at GM adult Type 1 sites in October ranged from a low of 63.4% at Wrightington, Wigan & Leigh (WWL) to a high of 78.1% at Tameside & Glossop FT.

3.22 In terms of A&E attendance numbers, to February 2020 there had been a 7.3% increase in Type 1 attendances at PAHT (7.0% at FGH specifically) when compared to the previous year. The impact of 'lockdown' on 23rd March resulted in the year end increase being 4.7% at PAHT and 4.5% at FGH.

3.23 Moving into 2020-21, there were over 35,000 fewer Type 1 attendances at PAHT sites between April and October than in the same period of 2019. This equates to a 20.8% decrease with a similar reduction of 22.0% noted for FGH specifically. The PAHT variance at the end of April had been -44.8% (-44.0% at FGH) though a month on month reduction in this variance has been evident since then though is noted to have remained static across September and October.

3.24 In terms of daily attendances at FGH, the average in Quarter 1 of 2020-21 was 149 per day and compares to 216 per day for Quarter 1 of last year. The daily average increased to 186 in Quarter 2 (213 in 2019-20). In October 2020 there were an average of 179 attendances per day compared to 220 per day in October 2019.

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.

3.26 In terms of the intermediate care review, a six-week public consultation period is due to

conclude at the end of November and the final report is expected to be presented to the Strategic Commissioning Board (SCB) in December.

3.27 The LCO is also leading on the implementation of the national urgent care transformation schemes which complement the local redesign programme. Phase one of this transformation went live during November 2020 and involves patients being assessed on arrival at A&E and directed (streamed) to the most appropriate service. Phase two will see the introduction of NHS 111 First where Bury patients will be asked to call 111 instead of going straight to A&E. In advance of the national launch of this service, the Clinical Assessment Service (CAS) will be used locally to direct patients to the most appropriate service, booking patients into relevant services where this is possible. The third phase will see the national launch of the NHS 111 First initiative.

Mental Health

3.28 As anticipated, published data to August shows the Improving Access to Psychological Therapies (IAPT) prevalence and 6 week wait measures remaining a challenge despite strong performance in previous years. This picture is expected to continue with more positive performance evident for the IAPT Recovery and 18 week wait measures.

3.29 Demand and capacity re-modelling work remains underway at PCFT to take account of the anticipated demand surge along with closer alignment of the PCFT workforce model to the national IAPT guidance and the move towards a 'digital first' offer. National modelling suggests that demand will increase following COVID with the increase being a combination of 'suppressed' demand and new COVID-generated demand. At the time of this report, a surge in demand has not been evident though PCFT has reported an increase in acuity with the impact seen particularly in the acute services and psychiatric intensive care unit (PICU) inpatient service.

3.30 The locality's 'Getting Help Line', delivered by Early Break, was extended over the summer to accept self-referrals and is available to Bury residents of all ages. Additionally, the following GM-led initiatives have been set up as part of the COVID-19 response and are available to Bury residents and the latter two of which are all-age services:

- Kooth: an online counselling and emotional well-being platform for children and young people (CYP);
- BlueIce: an evidence-based application to help CYP manage their emotions and reduce urges to self-harm;
- SHOUT 24: a text-based crisis service that is offered 24/7 by trained Crisis Volunteers; and
- Silver Cloud: an online therapy programme to help with stress, anxiety, low mood and depression.

3.31 Most IAPT therapy continues to take place currently via telephone though usage of the Silver Cloud on-line solution is reported to be increasing (data awaited for this). PCFT has maintained contact with patients on pre-COVID-19 waiting lists to offer a switch from face to face therapy to Silver Cloud. At the time of this report, the vast majority of patients have accepted this offer or have chosen to cancel their referral if they feel they do no longer require the service.

3.32 PCFT has now selected ‘Attend Anywhere’ as its preferred solution for virtual contacts and Microsoft Teams for group therapy with a requirement for all services to have migrated across to these solutions by the end of December 2020.

4 Actions Required

4.1 The audience of this report is asked to:

- Receive this report.

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November 2020

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%	Oct-20	76.3%	73.3%	79.4%	84.4%
A&E 12 Hour Trolley Wait	0	Oct-20	301	200	491	1267
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	Aug-20	1934	346	4939	30305
Super-Stranded Patients (LOS 21+ Days)	Null	Aug-20	699	110	1739	9317
Referral To Treatment - 18 Weeks	92.0%	Sep-20	57.0%	58.4%	59.7%	60.5%
Referral To Treatment - 52+ Weeks	0	Sep-20	9495	630	18479	140228
Diagnostics Tests Waiting Times	1.0%	Sep-20	45.6%	52.8%	37.7%	33.0%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Sep-20	85.3%	90.3%	86.9%	86.2%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Sep-20	57.2%	79.4%	71.6%	77.2%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Sep-20	96.1%	97.6%	94.7%	94.5%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Sep-20	94.0%	100.0%	88.5%	87.2%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Sep-20	100.0%	100.0%	99.5%	99.2%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Sep-20	99.7%	100.0%	98.7%	96.2%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Sep-20	68.2%	70.5%	70.6%	74.7%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90.0%	Sep-20	82.5%	0.0%	79.0%	84.6%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Sep-20	77.5%	84.0%	82.9%	84.0%
Cancer - 104-Day Wait	0.0%	Sep-20	74	8	189	1042
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%	Aug-20	2	1	7	42
E.Coli	Null	Aug-20	163	10	409	3486
Estimated Diagnosis Rate for People with Dementia	66.7%	Sep-20	69.30%	75.7%	66.6%	63.0%
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%	Jun-20	97.5%	100.0%	94.7%	76.4%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Jun-20	97.6%	100.0%	97.1%	81.7%
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	Sep-20	06:56	07:41	07:27	07:16
Ambulance: Category 1 90th Percentile	900	Sep-20	11:10	11:41	12:27	12:55
Ambulance: Category 2 Average Response Time	1080	Sep-20	36:59	35:45	32:16	22:32
Ambulance: Category 2 90th Percentile	2400	Sep-20	79:55	75:46	70:34	46:03
Ambulance: Handover Delays (>60 Mins)	Null	Sep-20	1.6%	2.3%	1.2%	1.7%
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 Tablea on 16/11/2020. Assurance>Greater Manchester Constitutional Standards Summary/Constitutional Standards Summary