NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body (Meeting in Public)			
Meeting Date	22 September 2021	**Action**	Receive
Item No.	8c	**Confidential**	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
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Clinical Lead	-		

Executive Summary

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.

The purpose of this report is to provide a summary position on the CCG's performance against the national performance indicators set out in the NHS Constitution, as monitored by NHS England.

The report presents the CCG's performance position for June 2021 and the Quarter 1 outturn and outlines any proposed changes to performance at a national level. Following submission of Bury's operational plan for the first six months of 2021-22, the report also provides a summary of activity levels to June against the planned position.

The dashboard presented at Appendix A shows the most recently published data along with those measures for which data collection is currently suspended.

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 - To support the Borough through a robust emergency response to the Covid-19 pandemic	☐
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery	☐
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision	☐
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

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	☒
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	08/09/2021	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 in September 2021 which related to the published position for June 2021 and/or Quarter 1 where applicable.

2.2. A summary of NHS Bury CCG's performance against key NHS Constitution standards is shown at Appendix A. The period to which the data relates is included for each metric. This varies across the metrics, firstly as data is published at different times and secondly due to some data collections having been paused as part of the COVID-19 response.

3. NHS Oversight Framework (NHSOF)

3.1 For 2021-22, the NHS Oversight Framework (NHSOF) is to become the NHS System Oversight Framework and a summary of requirements will be included in a future report once all guidance material has been received and reviewed

4. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

4.1 Case numbers in Bury continue to fluctuate though the most recent 7-day average shows a general reduction though the impact of schools reopening following the summer break is yet to be seen. Most new cases continue to be young people and non-vaccinated groups and all 16 and 17-year olds in Bury are now eligible to receive the vaccinations.

4.2 The number of COVID-19 positive patients occupying beds at the Fairfield General Hospital (FGH) site also continues to fluctuate a little though is showing signs of rising again. The admission figure stands at 30 as at 6th September with the peak during the current wave having been 35 (3rd September). This compares to peaks of 132 and 79 in November 2020 and January 2021, respectively.

4.3 During the current wave, the Northern Care Alliance (NCA) has continued to carry out elective procedures through use of the protected 'green floor' space.

4.4 Some national data collections remained paused during Quarter 1 of 2021-22. Of those submitted by the CCG, Personal Health Budgets and Wheelchair Waiting Times have been reinstated for Quarter 2 and will therefore be submitted in October 2021.

4.5 The operational planning submission for 2021-22 related to the first six months of the year and guidance for the second half of the year is expected imminently. For each point of delivery (POD), an expectation was set for CCGs and providers to reach a specific percentage of activity when compared to a 2019-20 baseline. The table below

shows a summary of activity against the plan for NHS Bury CCG in June 2021 along with the cumulative position.

Activity Type	Plan (Bury) *Jun 2021*	Actual (Bury) *Jun 2021*	% Variance to Plan *Jun 2021*	% Variance *Cumulative Apr-Jun 2021*
Outpatients: face to face	9638	15480	+60.6%	+53.9%
Outpatients: virtual/telephone	6697	6851	+2.3%	+5.6%
Total Outpatients	**16335**	**22331**	**+36.7%**	**+34.1%**
Diagnostics: Endoscopy	484	403	-16.7%	-19.1%
Diagnostics: Imaging	5494	5759	+4.8%	+9.9%
Total Diagnostics	**5978**	**6162**	**+3.1%**	**+7.6%**
Elective: day case	1784	1816	+1.8%	-1.0%
Elective: ordinary	292	239	-18.2%	-18.2%
Total Elective Admissions	**2076**	**2055**	**-1.0%**	**-3.2%**
A&E Attendances: Type 1&2	**6254**	**6391**	**+2.2%**	**-3.0%**
Non-Elective Admissions: 0 day length of stay	**741**	**796**	**+7.4%**	**+4.9%**
Non-Elective Admissions: 1+ day length of stay	**1197**	**1069**	**-10.7%**	**-12.7%**
Total non-elective admissions	**1938**	**1865**	**-3.8%**	**-5.9%**

Planned (Elective) Care

4.6 Outpatient activity has been significantly above the planned level during Quarter 1 though elective activity was a little below plan. Activity in Quarter 2 will determine whether providers can access the Elective Recovery Fund (ERF) following the target having increased from 85% of the 2019-20 level in Quarter 2 to 95%. Overall, diagnostics activity is above plan though the breakdown shows endoscopy activity to be below the planned level whilst imaging is above.

4.7 The CCG and locality partners continue to progress the development and implementation of a transformation plan for elective care and a project plan and update report were recently presented to the Integrated Delivery Collaborative (IDC) Board and the Strategic Commissioning Board (SCB). The report included an overview of the improvement work currently underway in orthopaedics as an exemplar to a different way of addressing waiting list pressures and supporting patients.

4.8 The locality developments complement the Greater Manchester (GM) programme and includes the implementation of the Waiting Well framework for which a delivery group has been established in Bury. The framework will be implemented in orthopaedics initially with patients directed to information primarily via the online Bury Directory. Bury's programme lead presented the approach at a recent GM-led learning event at which it was well received as the locality is seen to be a pathfinder across GM through integrating the GM perspective with local systems and services.

4.9 In conjunction with the Bury Care Organisation (BCO), opportunities in cardiology, urology and respiratory are also under review. This includes a successful bid for funding

to implement a cardio prehabilitation service (preparation for surgery) for which planning can now commence.

4.10 Although the overall elective waiting list continues to grow, there was a further reduction in June in the number of patients waiting more than 52 weeks to commence treatment, with the number of breaches having reduced by 23% since March 2021 and with the largest reduction seen in trauma and orthopaedics (T&O). However, June also saw an increase in the number of pathways exceeding 104 weeks.

4.11 With regard to diagnostics, there was a slight dip in performance for Bury patients in June. Breaking this down, most pressure currently exists in endoscopy and echocardiography though this is offset by a month on month improvement in imaging performance. For echocardiography, the NCA has confirmed that agency staff and additional slots have now been secured and this should have a positive impact on performance in future months. It was also been confirmed that the GM modular endoscopy unit based at the FGH site has been extended until December 2021.

4.12 Planning for the Community Diagnostic Hub (CDH) programme continues and the CCG is fully engaged in this work to ensure that Bury patients have equal access to CDH provision. Alongside this, a task and finish group is also meeting to progress the development of a diagnostics strategy for Bury which will include provision for local pathology and phlebotomy services too.

Cancer Care

4.13 Suspected cancer referrals (2WW) in Bury remain higher than in 2019-20 (+19% for April to July). Variation between tumour groups remains with the most marked increase in this period noted for gastroenterology alongside decreases in lung and breast referrals. Although lung referrals remain below pre-pandemic levels, there has been a marked increase in recent months.

4.14 GM Cancer is progressing a proposal to fund a Cancer Champion in each Primary Care Network (PCN) to help drive an increase in identification and referral of patients with suspected cancer.

4.15 A data review by the NCA has confirmed that most delays in cancer treatment take place in the early part of the pathway and therefore as the trust revises its specialty improvement plans into a ‘plan on a page’ format, it will ensure focus is given to high impact changes designed to reduce delays in the early stage of a pathway.

4.16 The NCA’s Rapid Diagnostic Centre (RDC), in collaboration with the GM Cancer Alliance, was shortlisted for a Health Service Journal (HSJ) Value award within the Cancer Care Initiative of the Year category.

4.17 In terms of performance, the significant increase in suspected cancer referrals to dermatology at the NCA continues to have a negative impact on achievement of the Constitutional standard. An improvement plan is in place and includes a new Referral Assessment Service (RAS) which will be piloted for Salford patients initially from October. The NCA is also currently reviewing options to be able to provide some additional capacity for Bury patients away from the FGH site. Performance against the 2WW breast symptomatic standard also remains below target, largely due to

performance at Bolton FT. Assurance has been provided by NHS Bolton CCG who are working closely with the trust on an improvement plan which has been shared with Bury.

4.18 Most breaches against the 62+ day wait standard continue to be seen in gastroenterology, lung and urology, a picture that is reflected in other localities too. The NCA data review referenced above confirms that many of these breaches are impacted by diagnostic and outpatient capacity in the early stages of the pathway and aims to address this through revision of the improvement plans.

Urgent Care

4.19 At Pennine Acute Hospitals Trust (PAHT), performance remains below target for the 4-hour wait standard though reduced performance is reflected across other GM adult sites too. In Quarter 2, (to 30th August) the FGH site specifically is the third-best performing GM adult site for Type 1 activity with performance at Stockport having improved recently.

4.20 A&E reporting issues at the Rochdale Infirmary site have now been resolved and it is expected that Rochdale performance data will be included in PAHT's published data again from August.

4.21 A&E attendance figures at FGH remain just below the level seen in 2019-20 though the aggregate trust position shows a slight increase due to activity levels at the Royal Oldham hospital site.

4.22 Work remains ongoing within the locality to ensure a single urgent care programme plan is in place that meets the agreed shared priorities. Actions taken to date include enhanced reporting via a regular Integrated System Pressure update along with a locally commissioned 'Surge Car' which became operational in mid-July. Funding arrangements for this are currently being reviewed to allow the scheme to continue beyond the end of September.

4.23 Focus continues to be placed on improving patient flow and to support this a Multi-Agency Discharge Event (MADE) took place during August. PAHT continues to perform comparatively well in terms of stranded patients and is currently best in GM for stays greater than seven days and second best for those exceeding 21 days.

4.24 Implementation of both the urgent care redesign (Phase 2) and Intermediate Care programmes in Bury continue to progress. With regard to the Intermediate Care review, the Bealeys inpatient facility is now closed and the plan to commission 13 intermediate care beds is due to be considered at the SCB on 4th October. In Quarter 2, placements of up to four weeks are funded following an inpatient stay. At the time of this report, the Killelea House facility is awaiting a Care Quality Commission (CQC) visit to enable COVID-19 patients to be accepted.

4.25 Increased pressure within the ambulance service is reflected in deteriorated performance in June, both in terms of response times and the number of handover delays seen. Such increased pressure is reflected nationally too.

Children and Young Peoples (CYP) Mental Health

4.26 During August, Pennine Care Foundation Trust (PCFT) highlighted further challenges to partner organisations in respect of mental health service provision. Within the CYP service, there is a national shortage of inpatient beds and this is resulting in longer waits for those requiring admission. PCFT also reports an increase in staff absence contributing to the pressures. The trust has re-established its Gold and Silver command structure and has advised that non-essential meetings are being stepped down to allow focus to be given to the immediate pressures.

4.27 Quarter 1 data for the Community Eating Disorder service suggests increased demand. There were ten new routine cases in Quarter 1 which is almost 50% of the total in each of the previous two years. 100% of the routine cases in Quarter 1 were seen within the required four-week period. There were no new urgent cases seen in Quarter 1. National data suggests that demand for CYP eating disorder services has almost doubled since the COVID-19 outbreak.

4.28 CYP Access remains strong with a 12-month rolling average of 49.4%. The precise target for 2021-22 is yet to be confirmed though is believed to be around 35%-37%.

4.29 The SCB in September approved additional Mental Health Investment Standard (MHIS) investment into CYP services, with a focus on Tier 2 as a jointly agreed priority with PCFT.

Mental Health

4.30 The dementia diagnosis standard continues to be achieved for Bury patients. The business case to re-establish a GP-led Cognitive Impairment Model was approved by the SCB in August and implementation of this will now commence. This includes the identification of a Dementia Clinical Lead in each Primary Care Network (PCN) who will attend and cascade relevant training.

4.31 As referenced in the above section of this report, PCFT has highlighted further significant operational pressures due to increased demand and staff absence. As for the CYP service, most pressure is felt within the inpatient services and particularly the Psychiatric Intensive Care Unit (PICU) and out of area placements. PCFT has advised that the pressures are reflected across the North West with independent sector providers operating at capacity too. Some service business continuity plans have been invoked with staff redeployed temporarily to support inpatient services.

4.32 Improving Access to Psychological Therapies (IAPT) data is published on a quarterly basis though provisional data to the end of May suggests under-performance is likely against the IAPT rollout (prevalence), 6-week wait and 18-week wait standards though the indication at this stage is that the IAPT recovery standard may be achieved.

4.33 Work to understand and progress the demand and capacity modelling for the Bury IAPT service continues with regular meetings taking place. Data from the digital Silver Cloud therapy solution which is commissioned at a GM-level will also be used to inform this work once available. Once received, this information can then feed into the review of the locality's IAPT model which remains a key priority in Bury in 2021-22.

4.34 The SCB in September approved additional MHIS investment into the Community Mental Health Team (CMHT) services, with a focus on Tier 2 as a jointly agreed priority with PCFT.

5 Actions Required

5.1 The audience of this report is asked to:

- Receive this report.

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September 2021

Appendix A: Performance Dashboard 2021-22

NHS Constitution / Must Do Measures Summary										Period Actual Performance 2021/22																
Indicator	Workstream & Lead	Description	Cons	Must Do	NHSOF	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 Cath Tickle	Cancer 2 week waits: GP Referral for suspected cancer	✓	✓	✗	M/Q	CCG	Jun-21	93.0%	76.2%	82.0%	71.7%										-	76.5%			
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	✓	✗	M/Q	CCG	Jun-21	93.0%	47.3%	57.3%	69.2%										-	58.1%			
E.B.27		Cancer 28 day waits: Faster Diagnosis	✗	✓	✗	M/Q	CCG	Jun-21	75.0%	66.2%	68.5%	75.2%										-	70.2%			
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	✓	✓	✗	M/Q	CCG	Jun-21	96.0%	93.3%	98.6%	99.0%										-	97.0%			
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	✓	✓	✗	M/Q	CCG	Jun-21	94.0%	87.5%	90.5%	100.0%										-	91.1%			
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	M/Q	CCG	Jun-21	98.0%	100.0%	100.0%	100.0%										-	100.0%			
E.B.11		Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	✓	✓	✗	M/Q	CCG	Jun-21	94.0%	100.0%	100.0%	100.0%										-	100.0%			
E.B.12 / 122b		Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	✓	✓	✓	M/Q	CCG	Jun-21	85.0%	65.3%	78.8%	63.0%										-	67.6%			
E.B.13		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	M/Q	CCG	Jun-21	90.0%	75.0%	100.0%	66.7%										-	78.9%			
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	✓	✓	✗	M/Q	CCG	Jun-21	85.0%	71.4%	78.3%	83.9%										-	78.0%			
E.B.3 / 129a	Elective Care Cath Tickle	Referral To Treatment: Incomplete pathways within 18 weeks.	✓	✓	✓	M/Q	CCG	Jun-21	92.0%	62.4%	64.4%	64.5%										63.8%	63.8%			
129b		Referral To Treatment: Incomplete pathways within 18 weeks (number of people waiting)	✗	✓	✓	M/A	CCG	Jun-21		19767	21012	22076										-	-	-	-	-
E.B.S.4 / 129c		Referral To Treatment: Incomplete patients waiting 52 week waits or more	✓	✓	✓	M	CCG	Jun-21	0	1544	1413	1316										4273	-	-	-	-
E.B.4 / 133a		Diagnostic test waiting times (waiting 6 weeks or more)	✓	✓	✓	M	CCG	Jun-21	1.0%	36.7%	34.4%	36.7%										-	35.9%			
E.B.S.2.i		Cancelled Operations (28 day guarantee) - Quarterly	✓	✗	✗	Q	PAHT	Paused Q1	0	-	-	Paused	-	-	-	-	-	-	-				Paused			
E.B.S.6		Urgent operations cancelled for a second time	✓	✗	✗	M	PAHT	Paused Q1	0	Paused	Paused	Paused											-	-	-	-
E.0.1		Percentage of children waiting less than 18 weeks for a wheelchair	✗	✓	✗	Q	CCG	Status TBC	92.0%	-	-	Paused	-	-	-	-	-	-	-				Paused			
E.P.1 / 144a		E-Referrals - Increase in the proportion of GP referrals made by e-referrals	✗	✗	✓	M	CCG	May-21	92.0%	67.1%	59.5%											-	-	-	-	-
E.H.9	Maternity & Childrens Jane Case	Improve access rate to CYPMH (MHSDS published-rolling)	✗	✓	✗	M/Q	CCG	May-21	35.0%	48.6%	49.4%											-				
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 - rolling)	✗	✓	✗	Q	CCG	Q1 21/22	95.0%	-	-	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 - rolling)	✗	✓	✗	Q	CCG	Q1 21/22	95.0%	-	-	No Cases	-	-	-	-	-	-	-			-	No Cases			
E.A.3 / 123b	Mental Health Kez Hayat	IAPT roll-out (prevalence of people entering IAPT services as a % of those estimated to have anxiety/depression) - (NHS Digital)	✗	✓	✓	Q	CCG	May-21	Q1: 1551 Q2: 1560 Q3: 1570 Q4: 1580	-	-		-	-	-	-	-	-	-		-				
E.A.S.2 / 123a		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	✗	✓	✓	Q	CCG	May-21	50.0%	-	-		-	-	-	-	-	-	-		-	51.7%			
E.H.1		IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	May-21	75.0%	-	-		-	-	-	-	-	-	-		-	57.4%			
E.H.2		IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	May-21	95.0%	-	-		-	-	-	-	-	-	-		-	95.1%			
E.H.4 / 123c		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	CCG	Q1 21/22	60.0%	-	-	79.0%	-	-	-	-	-	-	-				79.0%			
E.A.S.1 / 126c		Dementia diagnosis rate (65+)	✗	✓	✓	M	CCG	Jun-21	66.7%	74.2%	73.5%	73.6%										73.8%	-	-	-	-
E.B.S.3		Mental Health: Care Programme Approach	✓	✗	✗	Q	CCG	Paused Q1	95.0%	-	-	Paused	-	-	-	-	-	-	-			-	Paused			
E.B.S.1	Quality Carolyn Trembath	Single Sex Accommodation Breaches	✓	✗	✗	M	CCG	Paused Q1	0	Paused	Paused	Paused											-	-	-	-
105b		Personal Health Budget - Rate per 100k (NHSE published)	✗	✗	✓	Q	CCG	Status TBC	40-55	-	-	Paused	-	-	-	-	-	-	-			-	Paused			
E.B.5 / 127c	Urgent Care David Latham	A&E waiting time (waiting less than 4hrs) (PAHT ALL)	✓	✓	✓	M	PAHT	Jul-21	95.0%	77.7%	76.0%	71.7%	66.7%									-	75.0%	66.7%		
E.B.S.5		Trolley waits in A&E (12 hour waits)	✓	✗	✗	M	PAHT	Jul-21	0	21	11	67	70									99	-	-	-	-
E.B.23 C1Ai		Ambulance clinical quality: Cat 1 - 7 minute response time (average)	✓	✗	✗	M	NWAS	Jul-21	7 minutes	07:29	07:51	08:19	09:02									-	-	-	-	-
E.B.23 C1Bi		Ambulance clinical quality: Cat 1 - 90% of calls responded to within 15 minutes	✓	✗	✗	M	NWAS	Jul-21	15 minutes	12:44	13:19	14:03	15:26									-	-	-	-	-
E.B.23 C2Ai		Ambulance clinical quality: Cat 2 - 18 minute response time (average)	✓	✗	✗	M	NWAS	Jul-21	18 minutes	23:52	27:13	38:15	56:16									-	-	-	-	-
E.B.23 C2Bi		Ambulance clinical quality: Cat 2 - 90% of calls responded to within 40 minutes	✓	✗	✗	M	NWAS	Jul-21	40 minutes	48:25	55:31	77:58	123:03									-	-	-	-	-
E.B.25i		Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	✓	✓	✗	M	PAHT	Jul-21	0	427	489	586	751									2253	-	-	-	-
E.B.25ii		Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	✓	✓	✗	M	PAHT	Jul-21	0	66	112	179	279									636	-	-	-	-