NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body (Meeting in Public)			
Meeting Date	24 March 2021	**Action**	Receive
Item No.	10c	**Confidential**	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Susan Sawbridge, Head of Performance		
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 December 2020 and outlines any proposed changes to performance at a national level. In light of the current Coronavirus pandemic (COVID-19), the report also includes reference to the impact of this on activity and performance levels, where this is known.

Of the indicators presented in the dashboard at Appendix A, the most recently published data shows achievement against eleven out of a total of thirty eight performance measures with data collection and publication currently suspended for six measures.

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	☒

Links to CCG Strategic Objectives	
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	☐
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	☐	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	☒
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	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	☐
Where risks are referred to in the report, these are managed through the CCG's risk management procedures.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Quality & Performance Committee	10/03/2021	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 March 2021 which related to the published position as at December 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. 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 The current national lockdown commenced in early January 2021 and was reviewed in mid-February with a plan then put in place for this to be lifted in a phased manner over the coming months.

3.2 The number of COVID-19 positive inpatients at Fairfield General Hospital (FGH) reached a peak of 132 on 10th November prior to then gradually reducing again. The latest data shows 29 COVID-19 positive inpatients as at 1st March 2021.

3.3 Most elective activity remains suspended across Greater Manchester (GM) at the time of this report. However, surgeries and procedures for those with the greatest clinical need have continued. This cohort of patients, referred to as Priority 2, include those with cancer or suspected cancer. The Northern Care Alliance (NCA) care organisations are preparing for elective activity to be resumed on a larger scale and this includes increased recruitment over the autumn months and ensuring that theatre staff who may have been temporarily redeployed are returned to their substantive posts.

3.4 Operational planning guidance for Phase 4 of the COVID-19 response period (April 2021 to March 2022) is expected to be released during Quarter 1 of the new financial year.

Planned (Elective) Care

3.6 Work is ongoing to complete the transaction of the North Manchester General Hospital (NMGH) care organisation from Pennine Acute Hospitals Trust (PAHT) to Manchester University Foundation Trust (MFT). This includes working through those elective pathways that will transfer from NMGH to other NCA care organisations, for example urology. The NCA will continue to deliver some services from the NMGH site through a Service Level Agreement. Completion of the NMGH transaction will take effect from 1 April 2021.

3.7 The newly formed Elective Recovery and Transformation Group convened for the first time in mid-February and is attended by partners from across the locality. The group aims to identify the environment required to be able to manage elective care differently in the future and to identify and address risks and issues as they emerge.

3.8 The CCG is leading on the development of two collaborative workshops to ensure a shared locality-wide understanding of the data and issues and to start to map out how the delivery of elective care in the borough might be transformed in a way that improves patient outcomes and addresses any identified areas of inequality. The first of these workshops took place on 11th March and was attended by representatives from all key partner organisations.

3.9 A significant development at the FGH site is underway to create a 'green' floor with capital works expected to be complete by the end of March. When complete, this will provide surgical capacity for intermediate patients across special specialties. The amount of day case and inpatient activity carried out at the FGH site for cancer patients was increased during March to include orthopaedic and urology surgery.

3.10 The required local structure within the NCA is in place to manage the clinical prioritisation of waiting lists and this includes specialty level groups meeting on a weekly basis which then feed into the North East Sector (NES) level Clinical Priority Group from where issues can be escalated to the NCA-wide Oversight Group and the System Gold meeting. This structure also includes the ability to upgrade a priority if a patient's clinical presentation changes whilst waiting.

3.11 Overall, the waiting list reduced slightly in December though there was a further significant increase in the number of patients waiting more than 52 weeks to commence treatment. Salford Royal Foundation Trust (SRFT) has highlighted a data reporting issue with some pathways having been excluded from the monthly reports. This has now been resolved and the impact on the waiting list for Bury patients will be included in a future report once the data becomes available.

3.12 Specialty level developments include dermatology where the waiting list has continued to reduce. Following a successful pilot in Bury, the tele-dermatology service will be sustained through use of the SRFT Referral Assessment Service (RAS). In Ophthalmology, the post-surgery element of the CCG-commissioned Enhanced Cataract Service went live in mid-January and options are currently under review to expedite the implementation of a new glaucoma pathway.

3.13 The NCA's Surgical Reference Group (SRG) continues to take a lead on monitoring those patients waiting the longest. For context, there were 34 breaches against the 52 week wait standard throughout 2019-20 whilst at the end of December 2020 there were 1037 such Bury patients. As referenced above, this figure is expected to increase further due to the SRFT data issue encountered in addition to these longest waiters being those of the lowest clinical priority. In addition to the role of the SRG for this patient cohort, there is ongoing validation of waiting lists with an opportunity to update an individual's priority where there is a change in clinical presentation.

3.14 Diagnostic performance remains a concern with significant under-performance continuing for Bury patients. Endoscopy remains the single biggest diagnostic pressure and inevitably has a knock-on effect to elective and cancer waits. The new mobile endoscopy unit sited at the FGH site became operational in mid-December and

although the waiting list remains high, some improvement is noted in recent months.

Cancer Care

3.15 The newly developed NCA cancer improvement plan is expected to be signed off by the end of March. The plan covers the immediate period and into Quarter 1 of 2021-22 alongside the development of a longer term plan to cover the period to 2026. NES CCGs also continue to meet with NCA cancer team colleagues on a fortnightly basis.

3.16 Suspected cancer referrals (2WW) continue to increase both locally and nationally. In Bury, 2WW referrals have been higher each month since June 2020 than the equivalent month of the year before though variation between CCGs and tumour groups remains.

3.17 In particular, suspected lung cancer referrals remain approximately 50% below the pre-COVID-19 level due mainly to the similarity with COVID-19 symptoms. A 'Do It For Yourself' campaign launched in mid-February in which the public is urged to see their GP if a cough has lasted for three weeks. Supplementary clinical information has been provided to health professionals in Bury and the CCG is endorsing the campaign through social media. The decrease in 2WW lung referrals is off-set by a similar sized increase in referrals for suspected gastrointestinal cancers.

3.18 In terms of performance against the NHS Constitution standards, the picture remains mixed in the most recent data with 31-day standards continuing to be achieved but challenge presented by the 2WW and 62 day wait standards.

3.19 Dermatology, gynaecology and breast services continue to present the biggest challenge in the most recent data though it is noted that predicted improvement for gynaecology is now evident. In dermatology, although there continue to be breaches against the 2WW standard, it is noted that performance against the incoming Faster Diagnosis Standard is good. In December, for example, 73% of patients had received their diagnosis or had cancer ruled out within 28 days of referral and, where cancer was diagnosed, 100% of these patients had received a diagnosis within 14 days of referral. This follows the implementation of the 'one-stop' clinic at SRFT which results in fewer attended appointments for patients. The NCA improvement plan includes the expansion of this model into satellite clinics too. The breast service is facing a more difficult challenge due to both staffing and clinical space capacity constraints.

3.20 The NCA improvement plan also includes an intention to reduce the number of patients waiting in excess of 62 and 104 days for their treatment. Currently, a senior NCA cancer team meets regularly to review those waiting the longest.

Urgent Care

3.21 Performance at PAHT against the A&E four hour wait standard remains below target though this is reflected across GM too. The most recent data shows a further significant increase in the number of 12 hour breaches too. Between April and August 2020 there had been just one 12 hour trolley wait whilst there were 774 such waits between September and December.

3.22 In terms of A&E attendance numbers at PAHT, there have been over 61500 fewer between April 2020 and February 2021 compared to the same period last year. This represents a 23% reduction for PAHT and a similar reduction noted at FGH too.

Average daily attendances at FGH in January and February were 155 compared to 212 in the same period last year.

3.23 Streaming of patients upon arrival at the FGH A&E department and the NHS 111 First programme are both now fully operational in Bury and further work is underway with partners to refine the streaming model. Such streaming is contributing to the reduced A&E attendance figures.

3.24 Renewed focus on discharge planning has taken place since the new year and has resulted in noticeable improvements in patient flow and continued strong performance at PAHT with the trust continuing to have the lowest (best) rate in GM for inpatient admissions with a length of stay in excess of both 7 and 21 days. As funding for six week placements outside of hospital is scheduled to end on 31st March 2021, work is underway to mitigate the risk this presents including strengthening the 'Care at Home' offer.

3.25 The Bury Locality Care Organisation (LCO) continues to lead the implementation of the urgent care redesign programme with the business case relating to the new Urgent Treatment Centre (UTC) currently being taken though locality governance channels before being implemented in a phased manner. A meeting is scheduled for late-March to start to map out Phase 2 of the programme.

3.26 Following approval at January's Strategy Commissioning Board (SCB) of the intermediate care review business case, the LCO is now progressing the implementation of the recommendations. The aim of this programme is to create a more balanced model of both bed and home-based care to support Bury residents at different stages of their recovery.

Mental Health

3.27 Strong performance continues for both the Dementia Diagnosis and the Early Intervention in Psychosis standards. Examples of positive patient feedback about the Bury Early Intervention in Psychosis team were shared during the most recent locality meeting with Pennine Care Foundation Trust (PCFT).

3.28 Challenge does, however, remain in achievement of the key Improving Access to Psychological Therapies (IAPT) standards. Although the recovery rate and 18 week wait standards have largely been achieved across the year to date, there is continued under-performance for the access and 6 week wait measures. Due to lower waiting times if accessing therapy via the digital Silver Cloud solution, PCFT is currently investigating how more IAPT patients can be directed towards this. PCFT is taking a lead on refreshing the IAPT demand and capacity work and is linked into GM partners to ensure a consistent approach is taken.

3.29 The 'urgent care by appointment' initiative which launched in November continues to be well received with positive patient feedback evident. This was funded until the end of March 2021 by additional winter pressures monies and it is hoped that funding will be secured to sustain this service into the next financial year following presentation of the evaluation report at April's SCB.

3.30 Implementation of Bury's adult community crisis service continues and is expected to be operational by April 2021 with the contract for this 12 month pilot having been

awarded to Bury Involvement Group (BIG). BIG will directly operate the evening service whilst the daytime element will be delivered by the Beacon Service under sub-contract arrangements.

3.31 PCFT currently operates a 24-hour crisis helpline, funded through dedicated COVID-19 monies. The expectation currently is that this will continue to be delivered into 2021-22 though confirmation about funding arrangements is awaited.

Maternity and Childrens Performance Measures

3.32 Unusually, the standard for children and young people (CYP) accessing the Community Eating Disorder Service (CEDS) was not achieved in Quarter 3 with all routine cases having been seen within six weeks rather than within four weeks. All urgent cases referred across 2020-21 to date have been seen within the required one week timeframe.

3.33 Following a significant increase in referrals and acuity of those presenting, PCFT's Healthy Young Minds (HYM) service invoked its business continuity plan in November 2020. Referrals have continued to be higher than in previous years and CCG-led meetings between PCFT and locality representatives continue whilst both short and longer term improvement options are considered. These include a potential investment into additional technical solutions for therapy delivery alongside investigation into the feasibility of a RAS to support access processes.

3.34 In terms of performance, although CYP mental health access has been lower in Quarters 2 and 3, the very high access rate in Quarter 1 means that the year to date position to December 2020 shows achievement. To achieve the target by year end, 338 CYP would need to access services during Quarter 4.

3.35 A number of initiatives, both within the locality and across GM, have been put in place to increase the options for additional support to CYP during the COVID-19 response period, including text and online platforms. In advance of schools reopening in March, the HYM service worked closely with education partners again to support schools being better placed to support students.

4 Actions Required

4.1 The audience of this report is asked to:

- Receive this report.

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March 2021

Appendix A: Performance Dashboard 2020-21

NHS Constitution / Must Do Measures Summary										Period Actual Performance 2020/21																
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	Dec-20	93.0%	82.2%	98.5%	97.3%	93.2%	85.4%	90.3%	91.0%	84.0%	78.7%				-	93.4%	89.8%	84.7%	
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	✓	✗	M/Q	CCG	Dec-20	93.0%	100.0%	100.0%	95.2%	95.0%	90.0%	79%	60.5%	8.3%	2.6%				-	97.8%	88.3%	25.7%	
E.B.27		Cancer 28 day waits: Faster Diagnosis	✗	✓	✗	M/Q	CCG	Nov-20	70.0%	54.8%	73.7%	79.6%	77.3%	70.5%	73.1%	69.3%	73.7%					-	69.7%	73.7%	71.6%	
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	✓	✓	✗	M/Q	CCG	Dec-20	96.0%	98.9%	87.9%	90.0%	97.2%	97.4%	97.6%	98.9%	98.9%	100.0%				-	93.3%	97.4%	99.2%	
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	✓	✓	✗	M/Q	CCG	Dec-20	94.0%	100.0%	92.9%	82.4%	100.0%	100.0%	100.0%	100.0%	84.2%	94.1%				-	90.0%	100.0%	92.0%	
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	M/Q	CCG	Dec-20	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				-	100.0%	100.0%	100.0%	
E.B.11		Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	✓	✓	✗	M/Q	CCG	Dec-20	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	Dec-20	85.0%	81.1%	60.0%	63.3%	73.0%	75.0%	70.5%	78.4%	65.9%	52.4%				-	70.8%	72.7%	66.4%	
E.B.13		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	M/Q	CCG	Dec-20	90.0%	66.7%	100.0%	33.3%	0.0%	0.0%		100.0%	100.0%	75.0%				-	57.1%	0.0%	94.1%	
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	✓	✓	✗	M/Q	CCG	Dec-20	85.0%	69.6%	65.0%	80.0%	73.7%	88.5%	84%	84.0%	70.8%	83.3%				-	70.7%	82.9%	79.1%	
E.B.3 / 129a	Elective Care Cath Tickle	Referral To Treatment: Incomplete pathways within 18 weeks.	✓	✓	✓	M/Q	CCG	Dec-20	92.0%	68.9%	62.9%	54.2%	47.4%	54.2%	58.4%	62.9%	64.3%	62.9%				59.5%	61.8%	53.4%	63.4%	
129b		Referral To Treatment: Incomplete pathways within 18 weeks (number of people waiting)	✗	✓	✓	M/A	CCG	Dec-20	15800	14297	15365	15348	15973	16443	17004	17383	17616	17115				-	-	-	-	-
E.B.S.4 / 129c		Referral To Treatment: Incomplete patients waiting 52 week waits or more	✓	✓	✓	M	CCG	Dec-20	0	32	98	200	371	498	630	784	902	1037				4552	-	-	-	-
E.B.4 / 133a		Diagnostic test waiting times (waiting 6 weeks or more)	✓	✓	✓	M	CCG	Dec-20	1.0%	48.8%	57.7%	43.6%	47.6%	54.8%	52.8%	49.0%	50.1%	51.2%				-	49.3%	52.1%	50.1%	
E.B.S.2.i		Cancelled Operations (28 day guarantee) - Quarterly	✓	✗	✗	Q	PAHT		0	-	-	Paused	-	-	Paused	-	-	Paused	-	-	Paused		Paused	Paused	Paused	Paused
E.B.S.6		Urgent operations cancelled for a second time	✓	✗	✗	M	PAHT		0	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused		-	-	-	-
E.0.1		Percentage of children waiting less than 18 weeks for a wheelchair	✗	✓	✗	Q	CCG		92.0%	-	-	Paused	-	-	Paused	-	-		-	-			Paused	Paused		
E.P.1 / 144a		E-Referrals - Increase in the proportion of GP referrals made by e-referrals	✗	✗	✓	M	CCG	Nov-20	92.0%	39%	33%	36%	41%	48%	46%	50%	60%					-	-	-	-	-
E.H.9	Maternity & Childrens Jemma Billing	Improve access rate to CYPMH (MHSDS published)	✗	✓	✗	Q	CCG	Q2 20-21	A: 1888 Q: 472 M: 158	-	-	835	-	-	380	-	-		-	-		1215	835	380		
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	Q2 20-21	95.0%	-	-	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	Q2 20-21	95.0%	-	-	No Cases	-	-	100%	-	-		-	-		-	No Cases	100%		
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)	✗	✓	✓	M/Q/Y	CCG	Nov-20	A: 25.0% Q1-3: 5.5% Q4: 6.25%	0.67%	0.52%	0.70%	0.85%	0.83%	1.17%	0.61%	0.89%					0.78%	1.89%	2.85%	1.50%	
E.A.S.2 / 123a		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	✗	✓	✓	M/Q	CCG	Nov-20	50.0%	47.7%	50.0%	47.1%	56.7%	56.0%	47.5%	51.5%	48.4%					50.2%	48.1%	52.6%	50.0%	
E.H.1		IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Nov-20	75.0%	46.7%	50.0%	54.3%	61.3%	61.5%	67.5%	73.5%	72.7%					60.7%	50.0%	63.9%	73.1%	
E.H.2		IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Nov-20	95.0%	97.8%	100.0%	97.1%	96.8%	96.2%	97.5%	100.0%	100.0%					98.1%	98.1%	96.9%	100.0%	
E.H.4 / 123c		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	CCG	Q2 20-21	60.0%	-	-	89.0%	-	-	70.0%	-	-	95.0%	-	-			89.0%	70.0%	95.0%	
E.A.S.1 / 126c		Dementia diagnosis rate (65+)	✗	✓	✓	M	CCG	Oct-20	66.7%	79.5%	77.5%	76.3%	76.2%	76.1%	75.7%	76.2%	76.1%	75.6%				76.6%	-	-	-	-
E.B.S.3		Mental Health: Care Programme Approach	✓	✗	✗	Q	CCG		95.0%	-	-	Paused	-	-	Paused	-	-	Paused	-	-	Paused	-	Paused	Paused	Paused	Paused
E.B.S.1	Quality Carolyn Trembath	Single Sex Accommodation Breaches	✓	✗	✗	M	CCG		0	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused		-	-	-	-
105b		Personal Health Budget - Rate per 100k (NHSE published)	✗	✗	✓	Q	CCG		40-55	-	-	Paused	-	-	Paused	-	-		-	-		-	Paused	Paused		
E.B.5 / 127c	Urgent Care David Latham	A&E waiting time (waiting less than 4hrs) (PAHT ALL)	✓	✓	✓	M	PAHT	Dec-20	95.0%	89.7%	93.1%	88.8%	88.3%	85.3%	79.4%	73.3%	72.7%	83.3%				-	90.5%	84.3%	76.3%	
E.B.S.5		Trolley waits in A&E (12 hour waits)	✓	✗	✗	M	PAHT	Dec-20	0	1	0	0	0	0	37	200	337	199				774	-	-	-	-
E.B.23 C1Ai		Ambulance clinical quality: Category 1 - 7 minute response time (average)	✓	✗	✗	M	NWAS	Nov-20	7 minutes	Paused	Paused	Paused	07:06	07:27	07:27	08:03	07:51	07:36				-	-	-	-	-
E.B.23 C1Bi		Ambulance clinical quality: Category 1 - 90% of calls responded to within 15 minutes	✓	✗	✗	M	NWAS	Nov-20	15 minutes	Paused	Paused	Paused	11:55	12:35	12:27	13:22	12:58	12:44				-	-	-	-	-
E.B.23 C2Ai		Ambulance clinical quality: Category 2 - 18 minute response time (average)	✓	✗	✗	M	NWAS	Nov-20	18 minutes	Paused	Paused	Paused	20:54	27:37	32:16	45:40	28:57	26:29				-	-	-	-	-
E.B.23 C2Bi		Ambulance clinical quality: Category 2 - 90% of calls responded to within 40 minutes	✓	✗	✗	M	NWAS	Nov-20	40 minutes	Paused	Paused	Paused	42:02	59:30	70:35	100:28	61:19	55:49				-	-	-	-	-
E.B.25i		Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	✓	✓	✗	M	PAHT	Dec-20	0	364	284	345	460	440	604	782	889	788				4956	-	-	-	-
E.B.25ii		Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	✓	✓	✗	M	PAHT	Dec-20	0	18	8	7	23	29	68	169	185	123				630	-	-	-	-