NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body (Meeting in Public)			
Meeting Date	26 January 2022	**Action**	Receive
Item No.	11.3	**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.

A detailed report outlining performance for NHS Bury CCG patients against key national indicators set out within the NHS Constitution is presented to the Quality and Performance Committee on a monthly basis. A summary of the latest report is then presented to the Governing Body via this report every two months.

The report presents the CCG's performance position primarily for October 2021 with more recent data referenced where available. The report also includes relevant updates in relation to the COVID-19 pandemic.

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	12/01/2022	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 January 2022 which related to the published position for October 2021.

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.

2.3. The transaction of the remaining Pennine Acute Hospitals Trust (PAHT) sites took place on 1st October 2021 and together with Salford Royal NHS Foundation Trust (SRFT) is now the Northern Care Alliance NHS Foundation Trust (NCA). This impacts on trust-level data within this report that relates to October 2021 and later.

3. NHS Operational Planning for 2022-23

3.1 During December 2021, the NHS in England launched guidance documentation relating to the development of operational plans for 2022-23. The general principles of the guidance are to:

- Accelerate plans to grow substantive workforce and work differently with a focus on the health, wellbeing and safety of staff;
- Rapidly and consistently adopt new models of care using digital technology;
- Work in partnership as systems to make the most effective use of resources across acute, community, primary and social care to reach above pre-pandemic levels of activity; and
- Use additional funding to increase capacity and invest in buildings and equipment.

3.2 To allow sufficient time for the new Health and Care Bill to pass through parliament, the guidance also confirms a three month delay in the transition to an Integrated Care System (ICS) structure. The new target date for implementation is 1st July 2022.

3.3 Further guidance is awaited at the time of this report with regards to the requirements around activity and performance plan submissions to support the planning process.

4. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

4.1. Reflecting the national picture, there has been a sharp rise locally in COVID-19 case numbers in recent weeks with Bury's rate now more than three times higher than it was in early December. Omicron is the now the dominant variant both in Bury and nationally.

4.2. Following a period of stable COVID-19 positive inpatient numbers at the Fairfield General Hospital (FGH) site, this too has seen a significant increase over the Christmas period. At the time of this report (9th January) the number stands at 60, having reached 73 earlier that week. Peaks during previous waves were 132 in November 2020 and 79 in January 2021.

4.3. On 4th January 2022, it was announced that elective activity across Greater Manchester (GM) hospital sites, including FGH, would be stood down. This is largely due to the system pressure caused by increased staff absence coupled with higher COVID-19 positive inpatient numbers. Cancer and other urgent treatment is expected to continue as is most outpatient activity, where this can be facilitated.

4.4. Patient flow is also a particular concern currently due to some care homes being closed to new admissions. Although the national ambition is to re-commission Nightingale hospitals, this is not an option for GM due to workforce gaps.

4.5. To meet the government's target of offering all eligible adults a booster vaccination by the end of December 2021, additional vaccination clinic sessions were established across the borough. Vaccinations are also available at FGH and at a number of pharmacies. With primary care colleagues integral to achieving this stretch target around vaccination delivery, general practice was advised to pause non-urgent and routine care where it is safe to do so until the new year.

Planned (Elective) Care

4.6. The inaugural meeting of Bury's Elective and Cancer Care Recovery and Reform Programme Board will take place in February 2022 following recent approval to proceed by the Integrated Delivery Collaborative (IDC) Board. This Board will oversee a single integrated plan across the locality, ensuring delivery of elective care changes whilst monitoring progress in cancer care for which there is oversight by GM Cancer.

4.7. The CCG continues to work with system-wide partners to progress the development and implementation of a transformation plan for elective care. The initial focus has been on orthopaedics with a view to expansion to other specialties, for example urology for which a Bury pathway is to be developed. This complements the NCA-led transformation work which has a programme split into Being Well, Deciding Well and Recovering Well.

4.8. The locality is also engaged in the GM-level work programme. This includes in dermatology where demand and pressure has increased further in recent months. There are a number of workstreams established looking into referral pathways, workforce fragility and supported self-management of dermatological conditions. The referral pathways workstream includes expansion of the teledermatology service which is being piloted in Salford initially. There is also a GM bid in place to provide dermatology education to all GPs in GM.

4.9. In terms of performance, the overall elective waiting list and 52+ week waits are now monitored against a September 2021 baseline. The waiting list grew by 3.9% in October whilst there were two fewer 52+ week breaches. There was, however, a further increase in 104+ week breaches. The impact on performance of the recent standing down of elective activity will be seen in future months.

4.10. The most significant increases in waiting list size October were in dermatology, orthopaedics and Ear Nose and Throat (ENT) with decreases noted in gastroenterology and general surgery.

4.11. Diagnostics performance remains significantly below standard with most pressure continuing in echocardiography and endoscopy.

4.12. Planning for the Community Diagnostic Hub (CDH) programme continues and the NCA is currently awaiting approval of its planning application for the Community Diagnostics Centre in Oldham. Alongside this, a task and finish group is meeting to progress the development of a diagnostics strategy for Bury which will include provision for local pathology and phlebotomy services.

Cancer Care

4.13. Despite suspected cancer (2WW) referrals remaining higher than in the pre-pandemic period, the number of patients seen in a first outpatient appointment is below the planned level which included provision to address the 2020-21 shortfall. First cancer treatments are also below the planned level. Work has commenced in Bury to review potential health inequalities within cancer care.

4.14. Whilst elective activity was paused in early January, treatment for cancer patients continued with The Christie and the NCA's Rochdale site continuing to provide cancer treatment in a Covid secure manner for GM patients.

4.15. In terms of performance, more measures were achieved in October than in previous recent months though pressure does remain evident for 2WW and 2WW breast symptomatic standards along with 62 day waits following a GP referral. 100% performance is noted for each of the 31-day standards for subsequent cancer treatment and for the 62-day wait standard following a screening referral.

4.16. Dermatology, breast and gynaecology remain the biggest pressure points in 2WW delivery, linked mainly to increased demand alongside some staffing issues. GM education events are planned for February for breast and new algorithms have also been shared with colleagues to support appropriate management of certain conditions within primary care.

4.17. The NCA has an improvement plan in place for each specialty and these are monitored and scrutinised regularly through the Cancer Improvement Committee (CIC) structure. A full review of the gynaecology plan is scheduled to ensure that actions are identified that will have the biggest impact on performance and on patient outcomes.

4.18. In dermatology, pressure has been evident across GM for a number of months and whilst the NCA continues to implement its specialty level improvement plan, a GM Dermatology Transformation Board is also to be established with short, medium and longer term actions to be scoped at pace.

4.19. Formal monitoring against the 28-day Faster Diagnosis Standard (FDS) commenced in October with an expectation that 75% of patients referred will either receive a cancer diagnosis or have cancer ruled out within 28 days of referral. Although performance is currently below standard, it is noted that data completeness and reporting is improving and this will support robust monitoring over the coming months.

4.20. Rapid Diagnostic Centre (RDC) development continues to be an important component in earlier diagnosis of cancer. Since the NCA's RDC was launched, it has received almost 1900 referrals with the number of referrals for Bury patients having gradually increased over time. The RDC model has continued to expand to include additional pathways.

Urgent Care

4.21. The urgent and emergency care (UEC) system continues to experience significant pressure with daily system-wide bronze meetings in place alongside silver meetings as required. A process has been developed should the Bury system need to declare a Level 4 incident under the Operational Pressures Escalation Levels (OPEL) arrangements.

4.22. Bed occupancy at the FGH site continues to consistently run close to 100% and further focus is being placed on weekend working to ensure that discharges can be facilitated, particularly on a Sunday. Patient flow is a particular concern currently due to some care homes, both in Bury and across GM, having closed to new admissions.

4.23. The current pressures continue to impact negatively on performance across urgent care metrics with performance against the 4-hour wait standard significantly below standard. In terms of benchmarking, however, when viewing performance for the highest acuity attendances (Type 1), the FGH site is currently the second best adult site in GM.

4.24. Attendances to A&E at FGH's Emergency Department (ED) continue to be a little below the 2019-20 level (-4.8%). A reduction in attendances has been achieved through the implementation of a deflections work programme that ensures patients are treated in the most appropriate environment for their needs. This programme includes pre-ED streaming and urgent and emergency care by appointment (UECA) for patients experiencing mental health issues.

4.25. Following the visit to FGH by the NHS Emergency Care Improvement Support Team (ECIST) during September, a programme of work is being implemented, broken down into ten task and finish groups which sit under Site Management, Discharge Processes and Ward Routines. Progress will be reported into the regular implementation group meeting with updates provided to the monthly Bury-locality Urgent and Emergency Care Board which has now been established.

4.26. Winter planning remains in place with initiatives in situ until the end of March. This includes schemes proposed by general practice and the GP Federation against the Winter Access Fund. The Bury plan is focused on the expansion of additional sessions within the existing staffing establishment, recruitment of locums and additional administrative staff, increasing the Extended Working Hours (EWH) provision and providing resilience to urgent care services by focusing on prioritising care for patients who need it such as those with long term conditions.

4.27. Implementation of the urgent care redesign programme in Bury continues with planning for Phase 2 of the Bury programme underway. The FGH Urgent Treatment Centre (UTC) underwent assessment during Quarter 3 with a view to receiving formal accreditation of the unit with digital issues expected to be resolved at a point after this.

4.28. The impact of increased pressure can also be seen in deteriorated performance in ambulance response times and an increase in the number of handover delays. Such increased pressure is reflected nationally too.

Children and Young Peoples (CYP) Mental Health

4.29. Pennine Care Foundation Trust (PCFT) continues to experience severe operational pressures and business continuity arrangements remain in place with ongoing implementation of the associated action plan.

4.30. CYP Access remains strong in the 12-month rolling average data though access in Quarter 2 was much lower than in Quarter 1. Referrals to the Bury Child and Adolescent Mental Health Service (CAMHS) continue to be significantly higher than in 2019-20 (approximately 50% higher to October). Following increased investment agreed by the Strategic Commissioning Board (SCB) in September 2021, the PCFT CAMHS service expects to be at full staffing establishment by the end of January 2022.

4.31. Pressure across the neurodevelopmental pathway also remains in Bury, GM and nationally. Work is ongoing at all levels and in Bury additional investment agreed by the SCB will see pre and post diagnostic support provided by First Point Family Support Service from January 2022.

4.32. In terms of the CYP Eating Disorder Service, there was slight under-performance in the 12 months to September in routine cases commencing treatment within the four week timeframe. This is the result of a very small number of breaches. The rolling 12 month position for urgent cases continues to show 100% seen within the required one week time frame.

Mental Health

4.33. The dementia diagnosis standard continues to be achieved for Bury patients and following approval by SCB to re-establish a GP-led Cognitive Impairment Model, PCFT reports that referrals now appear to be being appropriately managed within primary care.

4.34. Strong performance also continues against the Early Intervention in Psychosis (EIP) standard. In line with the Long Term Plan (LTP), future developments in EIP services will focus on ensuring that NICE concordance packages of care can be delivered.

4.35. Implementation of the locality's Thriving in Bury programme continues. This is broken down into three key areas: Coping and Thriving; Living Well (was formerly Getting Help and Getting More Help) and Risk Management and Crisis Support, with locality wide groups established to progress each.

4.36. Four papers seeking additional investment were presented to and approved by the Governing Body in December. These related to the adult Community Eating Disorder Service, development of a Core-24 'light' service, extension and expansion of the Bury peer-led crisis service and an extension to Bury's GettingHelpline. Together with previous investment, these developments will help Bury's progress in development of the Thrive model.

4.37. Winter pressures monies from NHS England are being used to increase capacity to support those in mental health crisis until the end of the financial year.

4.38. Published data for Quarter 2 confirms ongoing under-performance for three of the four main IAPT standards; namely IAPT Access and IAPT 6 and 18 week waits. The Recovery standard was achieved in Quarter 2.

4.39. IAPT Access has been affected by the cessation of single episode community events, such as wellbeing events held in local colleges. As is the case across GM and wider, group therapy is yet to return to pre-pandemic levels and work is ongoing to determine how best to achieve this. Support has been provided to PCFT to look at ways to maximise the promotion of the service to ensure that the message reaches potential new service users. The local IAPT working group also continues to meet regularly.

5. Actions Required

5.1. The audience of this report is asked to:

- Receive this report.

Susan Sawbridge
Head of Performance
susansawbridge@nhs.net
January 2022

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	Oct-21	93.0%	76.2%	82.0%	71.7%	80.1%	80.4%	77.1%	69.3%						-	76.5%	79.1%	69.3%	
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	✓	✗	M/Q	CCG	Oct-21	93.0%	47.3%	57.3%	69.2%	67.3%	75.7%	50%	27.7%						-	58.1%	62.2%	27.7%	
E.B.27		Cancer 28 day waits: Faster Diagnosis	✗	✓	✗	M/Q	CCG	Oct-21	75.0%	66.2%	68.5%	75.2%	77.0%	71.3%	65.2%	58.6%						-	70.2%	70.6%	58.6%	
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	✓	✓	✗	M/Q	CCG	Oct-21	96.0%	93.3%	98.6%	93.0%	97.8%	95.8%	95.1%	97.6%						-	97.0%	96.2%	97.6%	
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	✓	✓	✗	M/Q	CCG	Oct-21	94.0%	87.5%	90.5%	100.0%	100.0%	100.0%	94.7%	100.0%						-	91.1%	97.6%	100.0%	
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	M/Q	CCG	Oct-21	98.0%	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	Oct-21	94.0%	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	Oct-21	85.0%	65.3%	78.8%	63.0%	58.9%	59.6%	64.5%	64.3%						-	67.6%	61.1%	64.3%	
E.B.13		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	M/Q	CCG	Oct-21	90.0%	75.0%	100.0%	66.7%	71.4%	85.7%	66.7%	100.0%						-	78.9%	75.0%	100.0%	
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	✓	✓	✗	M/Q	CCG	Oct-21	85.0%	71.4%	78.3%	83.9%	71.4%	86.4%	72%	85.0%						-	78.0%	76.4%	85.0%	
E.B.3 / 129a	Elective Care Cath Tickle	Referral To Treatment: Incomplete pathways within 18 weeks.	✓	✓	✓	M/Q	CCG	Oct-21	92.0%	62.4%	64.4%	64.5%	62.6%	61.3%	60.0%	59.4%						62.0%	63.8%	61.3%	59.4%	
129b		Referral To Treatment: Incomplete pathways within 18 weeks (number of people waiting)	✗	✓	✓	M/A	CCG	Oct-21		19767	21012	22076	23362	23761	23993	24936						-	-	-	-	-
E.B.S.4 / 129c		Referral To Treatment: Incomplete patients waiting 52 week waits or more	✓	✓	✓	M	CCG	Oct-21	0	1544	1413	1316	1266	1192	1190	1188						9109	-	-	-	-
E.B.4 / 133a		Diagnostic test waiting times (waiting 6 weeks or more)	✓	✓	✓	M	CCG	Oct-21	1.0%	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%						-	35.9%	40.5%	45.7%	
E.B.S.2.i		Cancelled Operations (28 day guarantee) - Quarterly	✓	✗	✗	Q	NCA	Resume Q3	0	-	-	Paused	-	-	Paused	-	-		-	-			Paused	Paused		
E.B.S.6		Urgent operations cancelled for a second time	✓	✗	✗	M	NCA	Resume Q3	0			Paused			Paused								-	-	-	-
E.0.1		Percentage of children waiting less than 18 weeks for a wheelchair	✗	✓	✗	Q	CCG	Q2 21/22	92.0%	-	-	Paused	-	-	78.8%	-	-		-	-			Paused	78.8%		
E.P.1 / 144a		E-Referrals - Increase in the proportion of GP referrals made by e-referrals	✗	✗	✓	M	CCG	Sep-21	92.0%	67.1%	59.5%	64.8%	56.8%	64.1%	59.5%							-	-	-	-	-
E.H.9	Maternity & Childrens Jane Case	Improve access rate to CYPMH (MHSDS published-rolling)	✗	✓	✗	M/Q	CCG	Sep-21	35.0%	48.6%	49.4%	49.5%	49.5%	48.6%	47.7%							-	49.5%	47.7%		
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 4 quarters)	✗	✓	✗	Q	CCG	Q2 21/22	95.0%	-	-	93.3%	-	-	93.9%	-	-		-	-		-	93.3%	93.9%		
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 4 quarters)	✗	✓	✗	Q	CCG	Q2 21/22	95.0%	-	-	100%	-	-	100%	-	-		-	-		-	100%	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)	✗	✓	✓	Q	CCG	Q2 21/22	Q1: 1551 Q2: 1560 Q3: 1570 Q4: 1580	-	-	660	-	-	800	-	-		-	-		-	660	800		
E.A.S.2 / 123a		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	✗	✓	✓	Q	CCG	Q2 21/22	50.0%	-	-	51.6%	-	-	50.0%	-	-		-	-		-	51.6%	50.0%		
E.H.1		IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Q2 21/22	75.0%	-	-	54.6%	-	-	41.8%	-	-		-	-		-	54.6%	41.8%		
E.H.2		IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Q2 21/22	95.0%	-	-	93.8%	-	-	89.5%	-	-		-	-		-	93.8%	89.5%		
E.H.4 / 123c		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	CCG	Q2 21/22	60.0%	-	-	79.0%	-	-	73.0%	-	-		-	-			79.0%	73.0%		
E.A.S.1 / 126c		Dementia diagnosis rate (65+)	✗	✓	✓	M	CCG	Nov-21	66.7%	74.2%	73.5%	73.6%	75.2%	74.5%	74.1%	74.4%	74.8%					74.3%	-	-	-	-
E.B.S.3		Adult MH patients receiving a follow-up within 72 hours of discharge	✓	✓	✗	M	CCG	Sep-21	80.0%	42.9%	66.7%	66.7%	83.3%	50.0%	66.7%							-	-	-	-	-
E.B.S.1	Quality Carolyn Trembath	Single Sex Accommodation Breaches	✓	✗	✗	M	CCG	ResumeOct	0	Paused	Paused	Paused	Paused	Paused	Paused								-	-	-	-
105b		Personal Health Budget Count (cumulative)	✗	✗	✓	Q	CCG	Q2 21/22	n/a	-	-	Paused	-	-	39	-	-		-	-		-	Paused	39		
E.B.5 / 127c	Urgent Care David Latham	A&E waiting time (waiting less than 4hrs) (PAHT ALL)	✓	✓	✓	M	NCA	Nov-21	95.0%	77.7%	76.0%	71.7%	66.7%	66.3%	64.9%	62.6%	62.3%					-	75.0%	66.0%	62.5%	
E.B.S.5		Trolley waits in A&E (12 hour waits)	✓	✗	✗	M	NCA	Nov-21	0	21	11	67	70	231	250	433	410					1423	-	-	-	-
E.B.23 C1Ai		Ambulance clinical quality: Cat 1 - 7 minute response time (average)	✓	✗	✗	M	NWAS	Oct-21	7 minutes	07:29	07:51	08:19	09:02	08:42	09:12	09:14						-	-	-	-	-
E.B.23 C1Bi		Ambulance clinical quality: Cat 1 - 90% of calls responded to within 15 minutes	✓	✗	✗	M	NWAS	Oct-21	15 minutes	12:44	13:19	14:03	15:26	14:52	15:35	15:33						-	-	-	-	-
E.B.23 C2Ai		Ambulance clinical quality: Cat 2 - 18 minute response time (average)	✓	✗	✗	M	NWAS	Oct-21	18 minutes	23:52	27:13	38:15	56:16	49:05	57:13	67:42						-	-	-	-	-
E.B.23 C2Bi		Ambulance clinical quality: Cat 2 - 90% of calls responded to within 40 minutes	✓	✗	✗	M	NWAS	Oct-21	40 minutes	48:25	55:31	77:58	123:03	105:47	126:27	148:44						-	-	-	-	-
E.B.25i		Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	✓	✓	✗	M	NCA	Nov-21	0	427	489	586	751	695	748	1235	1125					6056	-	-	-	-
E.B.25ii		Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	✓	✓	✗	M	NCA	Nov-21	0	66	112	179	279	259	303	563	402					2163	-	-	-	-