NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body (Meeting in Public)			
Meeting Date	22 June 2022	**Action**	Receive
Item No.	10.2	**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.

A detailed report outlining performance for NHS Bury CCG patients against key national indicators set out within the NHS Constitution is presented to the business meeting of the System Assurance Committee every two months. The process to expand the remit of the report to also include some local authority care metrics has commenced with the inclusion of some adult and children's social care metrics within a separate dashboard. Over the coming months, the health and care metrics will become integrated and narrative to support the care metrics will be developed. A summary is also included within the performance report that is presented to the Locality Board on a monthly basis.

This report presents the CCG's performance position primarily for March 2022 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 NHS data along with those measures for which data collection is currently suspended whilst Appendix B shows the social care metrics referenced above. Once data for the new financial year is available, these dashboards will have been combined into a single one.

Recommendations

It is recommended that the Governing Body:

- Receives this performance update, noting the areas of challenge and action 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**
System Assurance Committee	15/06/2022	

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 previously to the CCG's Quality and Performance Committee and more recently to the business meeting of the new System Assurance Committee.

2.2 The report reflects the published position for March 2022 though publication timeframes mean that some data pre-dates this.

2.3 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 Operational Planning for 2022-23

3.1 The NHS operational planning process for 2022-23 is now complete with regard to setting activity and performance plans. Plans were set at an ICS level with both CCGs and providers feeding into this process. The NHS Bury CCG share of the final plan was submitted to the Greater Manchester Health and Social Care Partnership (GMHSCP) on 25th April 2022 in advance of the national deadline of 28th April. Both provider and CCG plans remained largely unchanged from the draft submissions.

3.2 Where possible and at a high level, plan alignment was achieved. For example, the CCG demonstrated achievement of required activity levels by phasing to achieve targets by March 2023. This approach was also adopted by many other GM CCGs and provider assumptions received from the Northern Care Alliance NHS Foundation Trust (NCA) also indicated achievement in key areas. Alignment of actual figures, however, was more difficult to demonstrate for several reasons. Firstly, the organisational transactions relating to the North Manchester General Hospital (NMGH) and Pennine Acute Hospitals Trust (PAHT) sites meant that GM and NCA baseline data differed and, secondly, as provider plans were generated at an aggregate trust-level, this prevented localities from being able to determine their share of activity.

3.3 The following is a summary of the CCG plan for 2022-23:

- Outpatient attendances (each phased to achieve by March 2023):
    - First outpatient attendances increasing by 10% over the 2019-20 baseline.
    - Follow-up outpatient attendances reducing by 25% against the 2019-20 baseline.
    - Specialist Advice requests (including Advice and Guidance) reaching 16 requests per 100 first outpatient attendances.
- Elective admissions. Day case and ordinary admissions increasing by 10% over the 2019-20 baseline, phased to be achieved by March 2023.
- Referral to Treatment. Completed episodes of care to increase by 10% above the 2019-20 baseline, phased to be achieved by March 2023.

- Diagnostics. Activity for seven specific test types to increase by 20% over the 2019-20 baseline, phased to be achieved by March 2023.
- Rapid Response. The CCG plan shows 2-hour urgent response contacts increasing by 10% per quarter to reflect the implementation of the Care Home In-reach element of the service which commenced in April 2022.
- Children's wheelchair waits. The CCG plan shows achievement of the target for 92% of children to receive their equipment within 18 weeks of referral. There are, however, some delays in the supply chain that may put this at risk. The service has mitigated this by increasing the amount of stock held locally though this is not possible in all cases due to the specialised and bespoke nature of some equipment.
- Appointments in General Practice. The CCG plan shows restoration to the 2019-20 level. Progress towards this is difficult to evidence as AskMyGP data is currently not currently included in national data.
- Personal Health Budgets (PHB). The CCG has accepted the original NHS Long Term Plan (LTP) trajectory of 650 PHB for 2022-23. Although this is a significant increase on the 2021-22 position, the Posture and Mobility Service implemented the provision of personal wheelchair budgets from 1st April. Jointly funded budgets will also be included this year.
- Social Prescribing. Under the LTP, Bury had been allocated a trajectory that showed 14.5 whole time equivalent (WTE) Social Prescribing Link Workers (SPLW) being in post by 2022-23. As at March 2022, there were seven WTE in post with plans for a further two to be recruited during 2022-23, therefore setting the plan at nine WTE. Alongside this is a plan for 1600 referrals to be received by the team across the year. This equates to 200 per SPLW already in post and 100 for each of the new recruits who are likely to start around mid-year.
- Personalised Care. This area covers dementia care plans in primary care, maternity care plans on an antenatal pathway and primary care support plans. Under the LTP Bury had a combined target of 3080 for 2022-23. Based on progress in 2021-22, this target was felt to be appropriate.

3.4 As the transition to an ICS structure continues to progress, work continues to align reporting requirements to the various elements of the emerging Bury-locality structure. To allow time for the new Health and Care Bill to pass through parliament, a new target date of 1st July 2022 has been set for transition to the ICS structure.

4. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

4.1 Following the cessation in February of the legal requirement to self-isolate following a positive COVID-19 test, community case numbers started to rise again and this did have an impact on staff availability and demand for services, particularly in the run-up to the Easter period. The most recent data shows a reducing trend in cases.

4.2 In terms of the number of COVID-19 positive inpatients occupying a bed at the Fairfield General Hospital (FGH) site, there has been some fluctuation in this position since reaching a peak in the current wave of 73 on 7th January. Initially there was a steady decrease with the number settling between around 8 and 13 for a while prior to starting to increase a little around mid-March and then more sharply from late-March, reaching 50 on 16th April. Since then, the number has started to reduce again and stands at 5 on 19th May. Peaks in previous waves were 132 in November 2020 and 79 in January 2021.

Planned (Elective) Care

4.3 Work remains ongoing within GM to identify the additional key challenges presented by NHS England's Delivery Plan which was published during February. With regard to increasing elective activity, GM modelling has indicated it could take eight years to return to a pre-pandemic level of activity. There are plans in place within GM to increase capacity by maximising theatre usage across six and then seven days per week and by using the elective hubs at weekends. A focus on 'high volume low complexity' pathways is expected to increase productivity whilst technology will help to manage demand, for example via 'smart triage'. Workforce is acknowledged as a key challenge to all plans.

4.4 Bury's Elective and Cancer Care Recovery and Reform Programme Board, which is attended by key system partners, continues to meet on a monthly basis. The Board planned a large scale change system workshop which took place on 9th May. The workshop brought system partners together with the aim of agreeing joint areas of focus with a view to developing a single system-wide transformation plan. Following the workshop, a working group has been established with output to be reviewed when the board next meets in June.

4.5 In terms of the waiting list, this has increased further in recent months, standing 10.8% (+2584 pathways) above the September 2021 baseline by the end of March 2022. Ear Nose and Throat (ENT), cardiology, dermatology, gynaecology and urology are where the biggest growth has been seen since September. Across the same period, there has been some improvement for some specialities, most notably gastroenterology for which the waiting list has reduced by 9.7%.

4.6 For context in terms of the impact of COVID-19, Bury's waiting list increased by 80.1% (+11823 pathways) between March 2020 and March 2022.

4.7 The number of 52+ week waits reduced slightly in February with that level maintained in March 2022 (1228 pathways). For context, across 2019-20 there were 34 breaches against this standard in total. This increased to 9314 in 2020-21 and then to 15154 in 2021-22. Of note, each pathway will be counted in each month that it exceeds 52+ weeks.

4.8 Overall since September 2021, there has been a slight increase in the number of 52+ week breaches, predominantly in gynaecology, ENT and dermatology. Increases in these specialities have been offset by a reduction in general surgery (-75 pathways) and 'other' surgery (-52 pathways) with a smaller reduction noted in urology.

4.9 With a national focus on 104+ week waits, March saw a reduction in this figure from 135 breaches in February to 76 in March with a target to reach zero by the end of June 2022. The main reductions in March were in general surgery, gynaecology, paediatrics and urology with a small increase in orthopaedics.

4.10 A trajectory to reduce the number of 104+ week breaches has been set at a GM-level and provisional data to the end of April 2022 shows fewer such patients than anticipated. Within this the NCA has fewer patients waiting than planned whilst Manchester University Hospital NHS FT (MFT) has more. The lists include some residual pathways with trusts seeking support from other providers, for example MFT has transferred some cases to Alder Hey and both the NCA and Stockport NHS FT are working with the national team to seek capacity outside of GM.

4.11 A GM-level trajectory is also under development to show 78+ week breaches reducing to zero by March 2023.

4.12 Diagnostics waiting times improved significantly for Bury patients during March to the best level seen since before the pandemic (32.5% against the <1% target). The improvement is noted across all test domains (endoscopy, imaging and physiological test) and imaging test activity levels were higher than in any other month of 2021-22

4.13 Bury's diagnostics performance is impacted most by the NCA where significant pressures remain in endoscopy and echocardiography.

4.14 The NHS planning requirement is for an additional 20% of diagnostics activity to be undertaken in 2022-23. Bury's plan shows a phased increase before achievement in March 2023. A report setting out the findings of a diagnostic mapping exercise in Bury will be presented to the Elective Care and Cancer Recovery and Reform Board in June prior to being presented for discussion at the Integrated Delivery Collaborate Board (IDCB). Discussion at the IDCB is intended to inform agreement about governance for this work programme with the potential for a 5-year diagnostic strategy for Bury to be developed.

4.15 At a GM level, the Clinical Reference Group (CRG) model continues and the groups will now be aligned to five key themes: productivity, independent sector usage, elective hubs, waiting list management and transformation. Two new CRG covering urology and anaesthetics have recently been approved and all will continue to report into the GM Recovery task and finish group.

Cancer Care

4.16 Subsequent to Bury's initial Health Inequalities in Cancer workshop, a multi-agency task and finish group was established to further review the data. Output from this group was then shared at the next workshop in late-May with a view to developing an action plan.

4.17 Although two week wait (2WW) referrals in Bury remain higher than in 2019-20, there continues to be variance between tumour groups with a significant increase in 2WW gastrointestinal referrals alongside a reduction in lung referrals. It is reported nationally that lung cancer outcomes have been set back by ten years as a result of COVID-19 with diagnosis occurring at a later stage. GM Cancer is currently reviewing a proposal to expand the volume of specialist diagnostic tests with a view to ensuring accelerated pathways with equitable access for all patients.

4.18 Overall, performance to the end of March has remained similar to previous months with positive performance noted against the 31-day wait standards alongside real challenge for the 2WW and 62-day wait standards.

4.19 In 2WW services, the highest breach numbers continue in dermatology and breast services though there has been some recent improvement in gynaecology and head and neck services.

4.20 2WW dermatology referrals reduced during Quarter 4 though these are likely to increase again as the weather becomes warmer. The Bury locality has expressed an interest to participate in an eDerm pilot which would support the triage of 2WW dermatology referrals by an independent sector organisation. This is currently being taken through

governance for approval to proceed prior to mobilisation.

4.21 In breast services, there is an extensive MFT improvement plan in place which covers referral management, workforce, pathway improvements, support services efficiency and site development. NHS Manchester CCG is working closely with the trust and a joint briefing has been developed for sharing with primary care colleagues. Work is also ongoing across GM to progress the recommendations out of workshops held in December. The recommendations are focused on improving the quality and appropriateness of referrals, developing an alternative pathway for breast pain and expediting the expansion of the breast radiology workforce.

4.22 With regard to early diagnosis, a public consultation on Targeted Lung Health Checks (TLHC) concluded on 8th June. Although there are some pilots of the TLHC already underway in GM, rollout to one Primary Care Network (PCN) in Bury is expected during 2023-24. At a national level, previously separate programmes to support diagnosing patients earlier have now been brought together into a Faster Diagnosis Programme. This includes Rapid Diagnostic Centres (RDC), Best Timed Pathways (BTP) and Elective Recovery Funding. From 2022-23 onwards, there will be a single planning process for these programmes with a single overall budget.

4.23 The NHS-Galleri cancer blood screening trial was in Bury during April with patients contacted directly with an offer to participate. Under this trial, where a positive cancer signal is noted, the patient is then referred directly onto a 2WW pathway.

4.24 With regards to RDC development, the NCA continues to investigate opportunities to expand this model. At a GM level, plans are progressing for RDC development in the four remaining localities of Wigan, Stockport, Tameside and Bolton.

4.25 62-day wait performance improved during February and March though does remain below standard. Across GM, an area of focus remains on increasing treatment volumes in order to clear the backlog and improve performance. The NCA achieved its trust-wide target for there to be fewer than 222 patients waiting more than 62 days to commence treatment by March 2022 and has a target to sustain this level through 2022-23. It is acknowledged, however, that further reduction will be required in order for 62-day performance to improve.

4.26 By early-April, waiting times for diagnostic tests were reported to be continuing to increase and this in turn will have a negative impact on 62-day waits as will the fact that cancer surgical treatment volumes are currently below the required level. The GM Cancer Alliance has confirmed that a previously recommended deep-dive into diagnostics is underway.

Urgent Care

4.27 Following a period of easing, immense pressure was then seen across the Bury urgent care system through March and April with patient flow affected by reduced care home bed availability due to ongoing COVID-19 cases.

4.28 A ‘reset the system’ exercise commenced on 25th April and focused on issues within the emergency department, same day emergency care, support from the Rochdale site, ward support and processes and facilitating earlier discharges. In addition to Bury system partners, the NHS Emergency Care Improvement Support Team (ECIST) was also on-site to support during the first week. Some improvement in performance and

process was evident during the first week and further re-set work continued into subsequent weeks though sustaining improvement proved to be a real challenge due to capacity and workforce constraints. Locality leads are in the process of producing a driver diagram to map out priority areas for improvement identified during this process and this will then be developed into an action plan that will be integrated with the existing urgent and emergency care plan.

4.29 In terms of performance, the Quarter 4 outturn for NCA performance against the 4-hour wait standard showed 60.1% of patients to have been treated in the required timeframe. This is against a target of 95%. Although the NCA is currently the worst performing trust in GM against this measure, the FGH site continues to be amongst the best performing adult sites for Type 1 attendances, ie those of the highest acuity.

4.30 In the early part of the new financial year (to mid-May), A&E attendances at FGH are 1.2% higher than in the same period of last year. With both the Royal Oldham and Salford Royal sites having seen more significant increases in this period, the overall NCA position shows a 5.4% increase. At FGH, the increase has come during the first two weeks of May where average daily attendances have reached 215 compared to 203 in April.

4.31 Recent improvements at NCA in stranded patient performance have been sustained with the NCA third best in GM in April, having been worst in Quarter 3 and fourth best in Quarter 4. Some improvement is also noted for super-stranded performance with the NCA currently fourth best in GM having been worst in Quarter 4. However, the number of inpatients identified as having 'no right to reside' (NRTR) has been above the desired level for several weeks with this impacted, in part, when care homes have to close to new admissions.

4.32 The GM Clinical Assessment Service (CAS) will remain in place until 1st July 2022 and the Bury locality has agreed to extend the 999 pathway until 31st March 2024 and the 111 pathway until 31st March 2023. For the latter, the locality will look to design a local solution to deliver the 111 pathway after March 2023.

4.33 Ambulance performance also remains below standard. Across 2021-22, handover delays exceeding 30 minutes were 43% higher than in 2019-20 whilst an increase of 173% is noted for delays over 60 minutes. There is an ambulance handover improvement plan in place for the FGH site and this area of performance will be subject to a deep dive at the next Bury Urgent and Emergency Care Integrated System Board meeting.

Maternity and Children's Services

4.34 The CCG's Quarter 4 data submission for the Smoking at the Time of Delivery (SATOD) standard shows 9% of Bury women to have been smoking at that point. Although comparison data for Quarter 4 is not yet available, performance for Bury women to Quarter 3 is better than both the GM and England average.

4.35 There was slight under-performance against the wheelchair waits standard for children with 91% against the 92% target in Quarter 4. The 2022-23 plan predicts achievement in each quarter though with a risk identified around some equipment supply delays.

4.36 In mental health, both the Eating Disorder waiting times and the children and young people (CYP) access standards continue to be achieved in the latest published data.

Referrals to Bury's CYP service remain approximately 50% above the pre-pandemic level.

4.37 Pennine Care NHS Foundation Trust (PCFT) commenced the gradual process to bring its Child and Adolescent Mental Health Service (CAMHS) out of business continuity arrangements on 1st March and this was completed by 31st March. This has been possible following increased funding and associated recruitment across the system though it is acknowledged that pressures do remain within the service.

4.38 The Bury locality is committed to a programme of transformation and to continue to work towards delivering the LTP requirements. An ongoing investment plan is being developed to ensure response to the COVID-19 impact whilst building stronger pathways and provision for those who need support.

Mental Health

4.39 Business continuity arrangements have been lifted for some PCFT adult services though remain in place at this time for North Ward and the Community Mental Health Team (CMHT). Workforce availability is the main contributory factor.

4.40 The staff consultation period related to the implementation of the MH Liaison Core 24 Light service has now concluded and recruitment is underway.

4.41 Implementation of the GM-funded 12-month discharge schemes continues. The Housing and Welfare Support scheme (Beacon service) is live though there have been some delays to the Welcome Home scheme relating to the Information Sharing Agreement. This has been escalated and resolution is now imminent.

4.42 Bury's Mental Health Joint Response Car (MHJRC) has been extended until July 2022 and an evaluation will take place to determine the sustainability of this scheme beyond this time. Initial reports from key partners including PCFT, NWAS and GM Police are positive and data available so far suggests reduced use of the S136 Suite alongside increased deflections away from the FGH A&E department..

4.43 Performance against the dementia diagnosis and Early Intervention in Psychosis (EIP) standards remains strong whilst under-performance in published Quarter 3 data is noted for each of the Improving Access to Psychological Therapies (IAPT) standards. The locality has expressed concerns about IAPT performance in writing to PCFT and a performance improvement plan will be developed and will form part of the contract for 2022-23.

5. Actions Required

5.1 The audience of this report is asked to:

- Receive this report.

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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	Mar-22	93.0%	76.2%	82.0%	71.7%	80.1%	80.4%	77.1%	69.3%	66.7%	70.6%	71.2%	70.1%	63.2%	-	76.5%	79.1%	68.7%	67.9%
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	✓	✗	M/Q	CCG	Mar-22	93.0%	47.3%	57.3%	69.2%	67.3%	75.7%	50%	27.7%	15.6%	22.9%	21.0%	17.3%	22.2%	-	58.1%	62.2%	22.1%	20.4%
E.B.27		Cancer 28 day waits: Faster Diagnosis	✗	✓	✗	M/Q	CCG	Mar-22	75.0%	66.2%	68.5%	75.2%	77.0%	71.3%	65.2%	58.6%	57.6%	53.5%	50.0%	62.2%	58.9%	-	70.2%	70.6%	56.6%	57.0%
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	✓	✓	✗	M/Q	CCG	Mar-22	96.0%	93.3%	98.6%	99.0%	97.8%	95.8%	95.1%	97.6%	94.7%	95.6%	89.3%	98.0%	100.0%	-	97.0%	96.2%	95.9%	95.6%
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	✓	✓	✗	M/Q	CCG	Mar-22	94.0%	87.5%	90.5%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	93.3%	100.0%	100.0%	92.3%	-	91.1%	97.6%	97.6%	97.3%
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	M/Q	CCG	Mar-22	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%	-	100.0%	100.0%	100.0%	100.0%
E.B.11		Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	✓	✓	✗	M/Q	CCG	Mar-22	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%	-	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	Mar-22	85.0%	65.3%	78.8%	63.0%	58.9%	59.6%	64.5%	64.3%	47.4%	50.0%	43.2%	68.6%	73.7%	-	67.6%	61.1%	53.9%	61.7%
E.B.13		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	M/Q	CCG	Mar-22	90.0%	75.0%	100.0%	66.7%	71.4%	85.7%	66.7%	100.0%	50.0%	83.3%	66.7%	71.4%	77.8%	-	78.9%	75.0%	70.6%	72.0%
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	✓	✓	✗	M/Q	CCG	Mar-22	85.0%	71.4%	78.3%	83.9%	71.4%	86.4%	72%	85.0%	81.0%	72.7%	81.0%	78.8%	73.3%	-	78.0%	76.4%	79.4%	78.3%
E.B.3 / 129a	Elective Care Cath Tickle	Referral To Treatment: Incomplete pathways within 18 weeks.	✓	✓	✓	M/Q	CCG	Mar-22	92.0%	62.4%	64.4%	64.5%	62.6%	61.3%	60.0%	59.4%	58.7%	56.3%	53.6%	52.8%	51.3%	58.6%	63.8%	61.3%	58.1%	52.5%
129b		Referral To Treatment: Incomplete pathways within 18 weeks (number of people waiting)	✗	✓	✓	M/A	CCG	Mar-22		19767	21012	22076	23362	23761	23993	24936	25222	25542	26166	26489	26577	-	-	-	-	-
E.B.S.4 / 129c		Referral To Treatment: Incomplete patients waiting 52 week waits or more	✓	✓	✓	M	CCG	Mar-22	0	1544	1413	1316	1266	1192	1190	1188	1155	1186	1248	1228	1228	15154	-	-	-	-
E.B.4 / 133a		Diagnostic test waiting times (waiting 6 weeks or more)	✓	✓	✓	M	CCG	Mar-22	1.0%	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%	-	35.9%	40.5%	43.5%	39.6%
E.B.S.2.i		Cancelled Operations (28 day guarantee) - Quarterly	✓	✗	✗	Q	NCA	Q4	0	-	-	Paused	-	-	Paused	-	-	1	-	-	20	21	Paused	Paused	1	20
E.B.S.6		Urgent operations cancelled for a second time	✓	✗	✗	M	NCA	Paused	0			Paused			Paused			Paused	Paused	Paused	Paused		-	-	-	-
E.0.1		Percentage of children waiting less than 18 weeks for a wheelchair	✗	✓	✗	Q	CCG	Q4 21/22	92.0%	-	-	Paused	-	-	78.8%	-	-	92.9%	-	-	90.9%		Paused	78.8%	92.9%	90.9%
E.P.1 / 144a		E-Referrals - Increase in the proportion of GP referrals made by e-referrals	✗	✗	✓	M	CCG	Feb-22	92.0%	67.1%	59.5%	64.8%	56.8%	64.1%	59.5%	38.6%	47.7%	61.9%	64.7%	113.1%		-	-	-	-	-
E.H.9	Maternity & Childrens Jane Case	Improve access rate to CYPMH (MHSDS published-rolling)	✗	✓	✗	M/Q	CCG	Feb-22	35.0%	48.6%	49.4%	49.5%	49.5%	48.6%	48.1%	47.3%	46.6%	45.9%	45.8%	45.7%		-	49.5%	48.1%	45.9%	
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	Q4 21/22	95.0%	-	-	93.3%	-	-	93.9%	-	-	97.3%	-	-	95%	-	93.3%	93.9%	97.3%	95%
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	Q3 21/22	95.0%	-	-	100%	-	-	100%	-	-	100%	-	-	18%	-	100%	100%	100%	18%
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	-	-	1045	-	-		-	660	800	1045	
E.A.S.2 / 123a		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	✗	✓	✓	Q	CCG	Q2 21/22	50.0%	-	-	51.6%	-	-	50.0%	-	-	45.6%	-	-		-	51.6%	50.0%	45.6%	
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%	-	-	37.9%	-	-		-	54.6%	41.8%	37.9%	
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%	-	-	86.2%	-	-		-	93.8%	89.5%	86.2%	
E.H.4 / 123c		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	CCG	Q4 21/22	60.0%	-	-	79.0%	-	-	77.0%	-	-	100.0%	-	-	91.0%		79.0%	77.0%	100.0%	91.0%
E.A.S.1 / 126c		Dementia diagnosis rate (65+)	✗	✓	✓	M	CCG	Mar-22	66.7%	74.2%	73.5%	73.6%	75.2%	74.5%	74.1%	74.4%	74.8%	73.6%	73.7%	72.9%	73.9%	74.0%	-	-	-	-
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%	59.0%	95.0%	45.0%	61.0%	52.0%		-	-	-	-	-
E.B.S.1	Quality Carolyn Trembath	Single Sex Accommodation Breaches	✓	✗	✗	M	CCG	ResumeOct	0	Paused	Paused	Paused	Paused	Paused	Paused	5	3	3	29	6	13		-	-	-	-
105b		Personal Health Budget Count (cumulative)	✗	✗	✓	Q	CCG	Q4 21/22	n/a	-	-	Paused	-	-	39	-	-	40	-	-	39	-	Paused	39	40	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%	60.6%	59.9%	61.2%	59.5%	-	75.0%	66.0%	61.9%	60.1%
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	473	541	441	452	3330	-	-	-	-
E.B.23 C1Ai		Ambulance clinical quality: Cat 1 - 7 minute response time (average)	✓	✗	✗	M	NWAS	Mar-22	7 minutes	07:29	07:51	08:19	09:02	08:42	09:12	09:14	08:50	09:05	08:31	08:23	09:04	-	-	-	-	-
E.B.23 C1Bi		Ambulance clinical quality: Cat 1 - 90% of calls responded to within 15 minutes	✓	✗	✗	M	NWAS	Mar-22	15 minutes	12:44	13:19	14:03	15:26	14:52	15:35	15:33	14:55	15:17	14:31	14:29	15:23	-	-	-	-	-
E.B.23 C2Ai		Ambulance clinical quality: Cat 2 - 18 minute response time (average)	✓	✗	✗	M	NWAS	Mar-22	18 minutes	23:52	27:13	38:15	56:16	49:05	57:13	67:42	48:56	66:45	43:37	35:34	57:58	-	-	-	-	-
E.B.23 C2Bi		Ambulance clinical quality: Cat 2 - 90% of calls responded to within 40 minutes	✓	✗	✗	M	NWAS	Mar-22	40 minutes	48:25	55:31	77:58	123:03	105:47	126:27	148:44	105:31	153:59	101:35	78:50	134:36	-	-	-	-	-
E.B.25i		Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	✓	✓	✗	M	NCA	Mar-22	0	427	489	586	751	695	748	1235	1125	1161	944	749	879	9789	-	-	-	-
E.B.25ii		Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	✓	✓	✗	M	NCA	Mar-22	0	66	112	179	279	259	303	563	402	452	374	269	355	3613	-	-	-	-