

<b>Meeting: Strategic Commissioning Board</b>			
<b>Meeting Date</b>	02 December 2019	<b>Action</b>	Receive
<b>Item No</b>	10.2	<b>Confidential / Freedom of Information Status</b>	No
<b>Title</b>	Performance Report		
<b>Presented By</b>	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
<b>Author</b>	Susan Sawbridge, Performance Manager		
<b>Clinical Lead</b>	-		
<b>Council Lead</b>	-		

### Executive Summary

The CCG alongside other CCGs in Greater Manchester has challenges in achieving the national Constitutional Standards in a number of key areas. This report sets out the current position, and actions being taken.

### Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives this performance update – note the areas of challenges and action being taken.

<b>Links to Strategic Objectives/Corporate Plan</b>	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

<b>Implications</b>						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

from the proposal or decision being requested?						
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

## Performance Review

### 1. Introduction

- 1.1. The purpose of this report is to provide an overview of performance in September 2019 for Urgent Care, Elective Care, Diagnostics and Cancer.

### 2. Background

- 2.1. This paper is a summary of the information that will be presented to the Quality & Performance Committee in December and relates to the position as at September 2019.

### 3. Performance Review

#### Urgent Care

##### A&E 4 hour waits

- 3.1 Pennine Acute Hospitals (PAHT) performance is 81.4% in September and 85% at Fairfield General Hospital (FGH).
- 3.2 For Type 1 attendances, (most poorly) for adults at FGH is the best performing in GM (82% seen in 4 hours against a target of 95%).
- 3.3 At PAHT, Type 1 attendances were 6.8% higher between April and October 2019 when compared to same period last year. Similar increase of 6.5% seen at FGH in same period. A demand and capacity review commissioned by GMHSCP confirmed the increase in attendances is predominantly 'walk in' rather than ambulance conveyance. If admitted, these patients tend to stay for just 24-48 hours. Despite the increase in attendances, the conversion rate between A&E attendance and admission has remained stable.
- 3.4 A subsequent Utilisation Management Unit (UM) audit found that most patients reviewed did not require care or treatment in A&E and could have been deflected at an earlier stage, eg triage. The Bury Urgent Care Partnership Group will review the recommendations with a view to agreeing an action plan.
- 3.5 Improvement schemes in place include extended participation in GM Clinical Assessment Service, continued development of Urgent Treatment Centre (UTC) at FGH, expansion of Green Car scheme, multi-disciplinary team approach via Integrated Neighbourhood Teams for high intensity service users and recruitment of additional staff to Crisis response and Re-enablement teams.
- 3.6 There are also two major service reviews taking place in Bury during 2019-20; one for urgent care and one for intermediate care. The main focus of the urgent care review is to redesign the urgent care system in Bury to ensure that we appropriately maximise the use of services, including the Urgent Treatment Centre and Same Day Emergency Care (SDEC).

3.7 PAHT was the second best performing GM trust for both “stranded” (still in hospital 7 days after admission) and super-stranded (>21 days) patients across Q2 with strong performance continuing into Q3.

### Delayed Transfers of Care (DToC)

3.8 Increase in DToC for Bury patients has been noted since about July and more marked in September. The main reason currently is ‘completion of assessment’ accounting for 46% of delay days in September. Delays for this reason equated to 79 days in April compared to 396 days in September.

3.9 The main issue currently is at North Manchester (NMGH) site. Management support provided by Manchester City Council to the Integrated Discharge Service was withdrawn during the summer and performance has deteriorated since. This was compounded by sickness absence within the Bury social work team and the loss of a member of staff. Management support has now been restored with personnel from Bury and the team has returned to full establishment. Some improvement is expected to be seen in October/November data.

3.10 In July and August there were no Bury patient DToC at the FGH site. September data from PAHT is awaited to confirm that this remains the case.

3.11 Below is a breakdown of delays for September at PAHT, broken down by reason:

	Total	NHS / SC	NHS Total	SC Total	A	B	C	Di	Dii	E	F	G	H	I	O	
PAHT	394	NHS	169		98		4	4	1		25	37				
		Soc Care		205	157					46	2					
		Both		20	13				7							

Reason Codes: A: Completion of assessment; B: Public funding; C: Waiting further NHS non-acute care; Di: Awaiting residential home placement or availability; Dii: Awaiting nursing home placement or availability; E: Awaiting care package in own home; F: Awaiting community equipment and adaptations; G: Patient or family choice; H: Disputes; I: Housing; O: Other.

### Planned Care

3.12 Waiting lists have increased further in September with there being 25.9% (3362) more patients waiting in September 2019 than in March 2018 with Ophthalmology and Dermatology being the two specialties where highest increases have been seen across the year.

3.13 Schemes for ophthalmology include implementation of Enhanced Cataract Referral Service and plans for a Glaucoma Virtual Clinic.

3.14 Schemes for dermatology include use of dermatoscopes for people referred for an urgent opinion within 2 weeks which will in turn start to free up some elective capacity. Tele-derm is also on schedule to be implemented in early 2020.

3.15 Other specialties where significant increases have been seen include Trauma and Orthopaedics (T&O), Ears, Nose and Throat (ENT), Cardiology, Gynaecology and

Urology. Some improvement seen in T&O and ENT in September whilst further increases have been seen in Dermatology.

- 3.16 In terms of hospitals, 86% of the variance relates to increases at Pennine Acute, Salford Royal FT (SRFT), Manchester FT (MFT) and Oaklands. Further increases in September at PAHT and SRFT and decreases at MFT and Oaklands.
- 3.17 the CCG is engaged with GM Elective Care Reform Board which will focus initially on dermatology, ophthalmology and gastroenterology pressures across the whole of GM.
- 3.18 Advice & Guidance (A&G) has been implemented across a number of specialties: gastroenterology, gynaecology, paediatrics, cardiology, endocrinology, haematology, general surgery and trauma and orthopaedics.
- 3.20 CCG also engaged in joint work with Northern Care Alliance (NCA), NES CCGs and Mcr & Salford CCGs with consultancy from Four Eyes Insight to look into outpatient management. Six week diagnostic phase of this work is underway as part of a system wide outpatient transformation programme.

## Diagnostic Waits

- 3.21 CCG performance of 3.5% of patients not seen within 6 weeks in September against a target of 1%. Bury CCG has been impacted by poor performance at PAHT (4.6% in Sept) and SRFT (7.5% in Sept).
- 3.22 Most PAHT breaches in September were for computed tomography (CT), echo cardiology (Echo) and non-obstetric ultrasound (NOUS). For Echo, a technician-led service is being implemented due to the difficulties in recruitment. Potentially there is some capacity in community for PAHT to out-source NOUS activity.
- 3.23 Most SRFT breaches have been Magnetic Resonance Imaging (MRI) and NOUS. MRI has been due to a mixture of capacity issues and increased demand whilst NOUS is reported to be a pure demand increase.
- 3.24 Both hospitals have been significantly impacted by pensions tax issue and both providers have mitigating actions underway. PAHT has also increased the outsourcing of diagnostic reporting with new contracts due to commence in early December.
- 3.25 Provisional PAHT data for October shows improvement to 1.2%. A full recovery trajectory is awaited.

## Cancer

### Two Week Waits (2WW)

- 3.26 CCG performance of 82.4% against 93% target in September for patients referred by their GP with a suspicion of cancer. Two thirds of September breaches were

dermatology at SRFT with gynaecology at PAHT accounting for the next largest proportion. Breast breaches, however, reduced further in September.

- 3.27 At an aggregate level, SRFT performance was 63.2% in September, dropping to 44.8% for skin. Increased demand over last two years is reported as the main driver. SRFT has used waiting list initiatives (WLI) to create capacity though this is no longer sustainable due to (a) knock on to elective performance, (b) lack of clinic space and (c) pensions tax issue.
- 3.28 Early data from the implementation of dermatoscopes in Bury is positive with 2WW demand significantly reduced in the 19 practices where this is implemented.
- 3.29 PAHT performance in September was 91.4% with gynaecology and haematology remaining the two under-performing specialties though the trust has advised that provisional data shows clinical haematology to have recovered in October.
- 3.30 Gynaecology has been impacted by increasing demand coupled with sickness absence and vacant posts. Consultant interviews scheduled for September failed to recruit though further interviews have been set up. A new 2WW post-menopausal bleed clinic commenced in November and will provide a 'one-stop' clinic approach thus reducing the number of follow-up attendances. A GP master class is also scheduled for February with a focus on gynaecology.

### **Two Week Waits (2WW): Breast Symptomatic**

- 3.31 Continued under-performance in September of 56% for CCG though improvement across Q2 is noted when compared to Q1. PAHT performance has improved significantly (89.3% in September).
- 3.32 The main issue remains with Bolton FT where aggregated performance was 9.8% in September. NHS Bolton CCG has provided assurance that actions have been agreed with the trust. This includes demand management via referrals review along with the development of a breast pain pathway.

### **62 day waits following GP Referral**

- 3.33 CCG performance remains below standard in September (77.4% against 85% standard) though an improving trend is evident.
- 3.34 Twelve breaches in September, mainly at PAHT with smaller numbers at The Christie and MFT. Breaches spread across five different tumour groups, with most relating to delay in the pathway, eg diagnostics delay or outpatient capacity resulting in late transfer from one provider to another.
- 3.35 The CCG is fully engaged in the GM Best Timed Pathways for lung, colorectal and prostate and the Rapid Diagnostic Centre (RDC) developments, all of which will ultimately have a positive impact on cancer performance.
- 3.36 The CCG remains fully committed to making efforts to improve performance against this crucial standard and is engaging the support of the GM Cancer team to better

understand the likely impact of new schemes for the people of Bury.

- 3.37 A North East Sector and GM Health and Care Partnership Task and Finish Group is to be established to identify and scrutinise improvement trajectories in planned care, cancer and diagnostics with Pennine Acute Hospitals.

## **4 Recommendations**

- 4.1 For the Strategic Commissioning Board to accept this report, note the challenges and actions being taken.

## **5 Actions Required**

- 5.1 The Strategic Commissioning Board is required to:
- Receive this report.

**Susan Sawbridge**  
**Performance Manager**  
[susansawbridge@nhs.net](mailto:susansawbridge@nhs.net)  
November 2019