

Meeting: Strategic Commissioning Board			
Meeting Date	02 March 2020	Action	Receive
Item No	10	Confidential / Freedom of Information Status	No
Title	Performance Report		
Presented By	Margaret O'Dwyer, Director		
Author	Susan Sawbridge, Head of Performance		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>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, against a number of the main CCG Performance Indicators. A further report setting out the position on all the Indicators is reviewed by the Quality and Performance sub-committee prior to submission to the Governing Body.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Receives this performance update – note the areas of challenges and action being taken.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
<i>Add details here.</i>	

Implications						
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"/>

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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 November/December 2019 for Urgent Care, Elective Care, Cancer and Mental Health.

2. Background

- 2.1. This paper is a summary of the information presented to the Quality & Performance Committee in February and relates to the position as at November 2019 with reference to more recent information where this is available.
- 2.2. Appendix A shows a summary of performance against a specific set of metrics and includes a comparison between the Bury CCG, Greater Manchester (GM), North West and England positions.

3. Performance Review

Urgent Care

A&E 4 hour waits

- 3.1 Pennine Acute Hospitals NHS Trust (PAHT) performance was 75.1% in November (78.7% at Fairfield General Hospital (FGH)) and 73.9% in December (69.8% at FGH). Provisional data for January shows performance at 74.4% at FGH.
- 3.2 For Type 1 attendances for adults (standard A&E unit), FGH remains the best performing in GM.
- 3.3 At PAHT, Type 1 attendances were 7.9% higher between April and December 2019 when compared to same period last year with a similar increase of 7.7% 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 the 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). The public consultation period for this review commenced on 10th February and is scheduled to last four weeks.
- 3.7 PAHT has remained second best performing GM Trust for both “stranded” (admissions >7 days) and “super-stranded” (>21 days) patients across Q2 and Q3.

Delayed Transfers of Care (DToC)

- 3.8 Following a significant increase in October of Bury patients being delayed at FGH, a reduction to 3 patients was seen in November. This follows several months where there were zero Bury patients delayed at FGH.
- 3.9 The two main reasons why patients have not been transferred from hospital when they are medically fit continue to be completion of assessment and housing.
- 3.10 Below is a breakdown of delays for November at PAHT, broken down by reason:

PAHT DToC by Site – November 2019		
PAHT Site	No of Delay Days	No of Individual Patients
Fairfield	35	3
North Manchester	168	32
Oldham	36	6
Rochdale	0	0

Data provided by PAHT on 24/01/2020

- 3.11 Delays of Bury patients from NMGH continue to be the main area of concern. The numbers increased significantly across the autumn due to Bury Social Work availability to undertake assessments and the withdrawal of management support provided by Manchester City Council to the Integrated Discharge Service.
- 3.12 The position of DToCs is now an area of major concern for the GM Partnership. The deteriorating GM picture from a relatively good position over the last 2 years is now on the NHSE/I regional radar.
- 3.13 The locality’s winter plan has been mobilised. As part of this, elective activity was stepped down across December and January with the exception of urgent or suspected cancer cases and those waiting >40 weeks. Additionally, FGH has opened an additional 50 beds over the winter period.

Planned Care

- 3.14 There is a national requirement to maintain or improve the number of Bury patients on hospital waiting lists to the same number as at March 2018.
- 3.15 The variance from March 18 to December 19 for Bury CCG is an additional 2945

patients waiting, this being a slight improvement on the November position. Most patients are waiting for treatment at PAHT with the remainder principally split between SRFT and MFT.

- 3.16 The biggest increases continue to be for Ophthalmology (eye) and Dermatology (skin).
- 3.17 Other specialties where most significant increases have been seen include Trauma and Orthopaedics, Ear Nose and Throat, Cardiology and Gynaecology.
- 3.18 The waiting list at PAHT in November was significantly worse than had been predicted in the trajectory the trust had provided and there was a further slight increase in December. This is confirmed to be linked to the implementation of Pathway Plus, a pathway management tool that has replaced an old in-house system. Most of the increase is understood to be linked to process changes and not to 'real' growth and the trust is currently undertaking an extensive validation exercise to ensure that duplicated pathways are appropriately closed down. Approximately 4500 duplicate/mismatch records have been identified in the initial cohort to be validated. This software implementation is part of PAHT's Elective Access Transformation (EAT) programme.
- 3.19 Of note, the operational planning guidance for 2020-21 has reset the baseline for measuring waiting list growth with the new target being that the waiting list in January 2021 should be no bigger than it is in January 2020. Once data for January is published (mid-March), this new target position will be confirmed.
- 3.20 Advice & Guidance (A&G) has been implemented across a number of specialties: gastroenterology, gynaecology, paediatrics, cardiology, endocrinology, haematology, general surgery and trauma and orthopaedics.
- 3.21 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.
- 3.22 The CCG is also engaged in joint work with Northern Care Alliance (NCA), North East Sector CCGs and Manchester & Salford CCGs with consultancy from Four Eyes Insight to look into outpatient management. The six-week diagnostic phase of this is now complete with recommendations being reviewed so that next steps can be agreed.
- 3.23 December also saw three 52-week breaches reported for Bury. One of these is for gynaecology and information is awaited to confirm the specialties of the others. In 2019-20 the CCG is charged a financial penalty of £2,500 for each breach. The value of the financial penalty for 2019-20 to the end of December is £50,000.

Cancer

Two Week Waits (2WW)

- 3.24 Significant improvement has been noted in November with a performance for the CCG of 91.5% against the 93% constitutional standard. Provisional data shows the

CCG achieving the target in December with improvement noted particularly for skin and gynaecology tumour groups.

- 3.25 At an aggregate level, PAHT achieved the constitutional standard with performance of 93.5%, whilst improvement is noted at SRFT (83.6% in November). Provisional data shows both providers achieving the standard in December.
- 3.26 Early data from the implementation of dermatoscopes in Bury is positive with 2WW demand significantly reduced in the 19 practices where this is implemented. Tele-dermatology was also launched in February with engagement and GP communication taking place throughout the month. Although this will impact mainly on planned demand, it should free up capacity in secondary to support 2WW management.

Two Week Waits (2WW): Breast Symptomatic (non-cancer)

- 3.27 Continued under-performance in November for the CCG with 62.5% noted against the 93% target though PAHT achieved the target for the first time since January 2018.
- 3.28 The main issue remains with Bolton FT where aggregated performance was 23.6% in November. 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. Confirmation has also been received that the “one stop shop” approach will continue due to the positive patient experience. This follows a review where it was confirmed there have been no adverse clinical incidents linked to extended waits.

62 day waits following GP Referral

- 3.29 CCG performance remains below standard in November (66.7% against 85% standard). This is a deteriorating position from the previous month though provisional December data shows a slight improvement.
- 3.30 Nineteen breaches noted in November, mainly at PAHT with smaller numbers at other trusts. Breaches spread across seven 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.
- 3.31 As referenced above, a tumour-group level action plan has been provided by PAHT though the accompanying recovery trajectory is awaited.
- 3.32 A North East Sector and GM Health and Care Partnership Task and Finish Group has been established and has now met several times. The aim is to identify and scrutinise improvement trajectories in planned care, cancer and diagnostics with PAHT.
- 3.33 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.
- 3.34 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. A full development session on Cancer was held at the Clinical Cabinet on the 5th February.

Mental Health Improving Access to Psychological Therapies (IAPT)

3.35 There are four related national targets for Improving Access to Psychological Therapies:

- a) Prevalence. By March 2020, 22% of adults with depression/anxiety disorders should have been identified and treatment commenced. As at December 2019, the figure for Bury is 13.69% and it is unlikely that the prevalence standard will be achieved;
- b) Access to treatment commencing within 6 weeks. The national standard for this is 75%;
- c) 95% of referrals should have access to treatment within 18 weeks;
- d) At least 50% of people who start treatment should recover.

Whilst recovery and 18-week standards are being met, prevalence and access to treatment within 6 weeks are not. The CCG has continued to under-perform against the standard for patients requiring psychological therapies to be seen within 6 weeks. The current position for PCFT for November is 41.4% and December is 54.7% (indicative). This is significantly below the 75% national standard. Average waits for treatment after initial assessment is also growing and stands at 7 weeks.

3.36 When producing the performance trajectory associated with the additional CCG funding, PCFT had advised that achievement of the six-week target would be impacted for some time to come. This is because this indicator measures the waiting time for those who have completed treatment, with the six-week period therefore relating to the time before recruitment took place. The target for patients to be seen within 18 weeks, however, largely continues to be achieved.

3.37 As referenced previously, the CCG funded Cognitive Behavioural Therapy staff have now commenced in post though a lag in recovery against this standard was anticipated due to the need to work through the backlog of cases. Options are currently being worked up for consideration about how the backlog can be addressed in the short term. The locality is also reviewing digital solutions as part of a revised future therapy model.

3.38 Bury continues to be one of the worst performing localities for achieving 6 weeks for IAPT. A recovery plan is being pursued, but because of staffing issues, the CCG is unlikely to recover the position until the second half of 2020-21.

3.39 Of note in 2020-21, a new indicator will be introduced that measures the time between a patient's first and second appointment. These waiting periods are referred to as 'secondary waits' and often build up when there is pressure across the system.

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.

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February 2020

Appendix A: Greater Manchester Constitutional Standards Summary

Below standard	Achieving Standard	No Target
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Measure Name	Standard	Latest Data	GM	Bury	North West	England
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95.0%	Jan-20	77.4%	73.9%	79.8%	81.7%
A&E 12 Hour Trolley Wait	0	Jan-20	329	12	556	2846
Delayed Transfers of Care - Bed Days	200	Nov-19	384.1	47.3 (PAHT)		4862.5
				36.5 (PCFT)		
Delayed Transfers of Care - Per 100,000	Null	Nov-19	17.4	17.8	13.7	11.3
Stranded Patients (LOS 7+ Days)	2196	Nov-19	2911	469	7223	44497
Super-Stranded Patients (LOS 21+ Days)	Null	Nov-19	1342	174	3229	17254
Referral To Treatment - 18 Weeks	92.0%	Dec-19	82.9%	84.0%	84.1%	83.6%
Referral To Treatment - 52+ Weeks	0	Dec-19	42	0	52	1602
Referral To Treatment - % Waiting List Change from March 2018	0.0%	Dec-19	19.6%	24.4%	6.7%	4.4%
Diagnostics Tests Waiting Times	1.0%	Dec-19	3.3%	1.5%	3.5%	4.2%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Nov-19	92.9%	91.5%	92.8%	91.3%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Nov-19	84.4%	62.5%	86.1%	87.5%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Nov-19	97.0%	94.1%	96.0%	95.9%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Nov-19	99.1%	95.8%	93.7%	91.7%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Nov-19	99.5%	100.0%	99.8%	99.4%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Nov-19	99.8%	100.0%	99.5%	96.9%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Nov-19	74.1%	66.7%	78.1%	77.4%
Cancer - 62-Day Wait For Treatment Following Screening Service Referral	90.0%	Nov-19	83.9%	62.5%	84.3%	83.8%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Nov-19	77.4%	73.1%	83.9%	81.8%
Cancer - 104-Day Wait	0.0%	Nov-19	56	6	126	1031
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	May-19	68.5%	73.7%	70.6%	71.3%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	May-19	58.9%	62.5%	60.3%	60.6%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	May-19	71.1%	72.9%	72.3%	70.2%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	May-19	76.2%	76.6%	75.9%	76.4%
MRSA	0.0%	Dec-19	1	0		76
C.Difficile (Ytd Var to Plan)	0.0%	Dec-19	11.5%	-23.4%		
E.Coli	Null	Dec-19	145	5		3370
Estimated Diagnosis Rate for People with Dementia	66.7%	Dec-19	75.9%	82.9%	72.3%	67.8%
Improving Access to Psychological Therapies Access Rate	5.3%	Oct-19	5.24%	5.58%	4.43%	4.66%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Oct-19	51.8%	57.5%	50.2%	51.8%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Oct-19	74.4%	50.0%	82.8%	87.3%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Oct-19	95.0%	96.7%	96.9%	98.5%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Oct-19	75.0%	78.0%	72.6%	74.1%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Sep-19	91.1%	100.0%	72.5%	74.9%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Sep-19	91.2%	100.0%	88.4%	80.7%
Access Rate to Children and Young People's Mental Health Services	33.2%	Oct-19	42.1%	40.5%		34.4%
CPA follow up within 7 days	95.0%	Sep-19	95.6%	95.3%	96.1%	94.5%
Mixed Sex Accommodation	0.0%	Nov-19	0.63	0.45	1.03	1.09
Cancelled Operations	Null	Sep-19	1.5%	1.8%	1.1%	1.0%
Ambulance: Category 1 Average Response Time	420	Nov-19	7:00	07:23	07:27	07:28
Ambulance: Category 1 90th Percentile	900	Nov-19	11:23	12:14	12:38	13:11
Ambulance: Category 2 Average Response Time	1080	Nov-19	36:48	38:16	30:43	26:02
Ambulance: Category 2 90th Percentile	2400	Nov-19	1:18:40	01:23:08	01:07:14	53:44
Ambulance: Handover Delays (>60 Mins)	Null	Dec-19	10.8%	7.7%	10.2%	10.4%
Cancer Patient Experience	Null	Apr-18	8.88	8.72	8.87	8.80
General Practice Extended Access	Null	Mar-19	100.0%	100.0%		

Source: GM Tableau site: Assurance / Greater Manchester Constitutional Standards Summary / Constitutional Standards Summary sheet