Meeting: Strategic Commissioning Board			
Meeting Date	12 April 2021	**Action**	Receive
Item No.	12	**Confidential**	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Susan Sawbridge, Head of Performance		
Clinical Lead	-		
Council Lead	-		

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 against a number of the main CCG Performance Indicators along with an overview of the impact to these during the current response to the COVID-19 pandemic. A further, more detailed, report setting out the position on all the indicators is presented to the Quality and Performance sub-committee on a monthly basis and to the Governing Body every two months.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives this performance update, noting the areas of challenge and action being taken.

Links to Strategic Objectives/Corporate Plan	Choose an
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.
Add details 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	Yes	☐	No	☒	N/A	☐

requested?						
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☐
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	☒	No	☒	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☒	No	☐	N/A	☐
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

1. Introduction

1.1. The purpose of this report is to provide an overview of performance in the key areas of urgent, elective, cancer and mental health care along with an overview of the impact of the COVID-19 response to these areas as the locality moves through the phases of the COVID response.

2. Background

2.1. This paper is a summary of the information presented to the CCG's Quality and Performance Committee in March 2021 which related to the published position as at December 2020. However, where later data has since been published, this too is referenced within the report.

2.2. A summary of NHS Bury CCG's performance against key NHS Constitution standards is shown at Appendix A and this includes a comparison with the Greater Manchester (GM), North West and England averages. The period to which the data relates is included for each metric. This varies across the metrics, firstly because data is published at different times and secondly due to some data collections having been paused as part of the COVID-19 response.

3. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

3.1 The NHS COVID-19 response was reduced to a level 3 incident with effect from 25th March 2021, with management of the incident moving from a national to a regional command, control and co-ordination structure. This mirrors the structure in place across summer 2020.

3.2 Subject to continued reducing community transmission and deaths, the national lockdown imposed on 6th January is being lifted in a phased manner. Bed occupancy at Fairfield General Hospital (FGH) of COVID-19 positive patients has reduced since the new year though has plateaued around 22-25 in the week leading up to 26th March.

3.3 National operational and financial planning guidance for 2021-22 was published on 25th March and outlines the following priorities for the year:

- Support the health and wellbeing of staff and take action on recruitment and retention;
- Deliver the COVID vaccination programme and continue to meet the needs of patients with COVID-19;
- Build on what has been learned to transform the delivery of services, accelerate the restoration of elective and cancer care, and manage the increasing demand on mental health services;
- Expand primary care capacity to improve access, local health outcomes and address health inequalities;
- Transform community, urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay; and
- Work collaboratively across systems to deliver on these priorities.

3.4 To achieve the above, additional funding is being made available for the first six months of 2021-22 with funding arrangements for the latter part of the year to be agreed at a later date.

3.5 The planning guidance is currently being reviewed locally to fully understand the requirements around the formulation and submission of financial, activity and performance plans. The guidance suggests that system, ie GM, level plans will be required and the expectation is that these will be based on individual CCG submissions.

Planned (Elective) Care

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

3.7 The first in a series of workshops led by the Bury Elective Recovery and Transformation Group took place during March with a second planned for late-April. The first workshop brought key partners together to ensure a single shared understanding of the current challenge exists and to agree a set of principles that can be applied to future transformation. The second workshop will set neighbourhood working at its core.

3.8 In line with national guidance, the NCA has a structure in place to ensure clinical prioritisation of elective activity takes place. Although some elective activity remains paused, the NCA has continued to undertake surgery and procedures for those in most clinical need and this includes cancer or suspected cancer patients.

3.9 Capital works have also been undertaken at the FGH site to create a ‘Green Floor’ and this has enabled additional intermediate acuity capacity. To date this has allowed for ring-fenced inpatient capacity in Trauma and Orthopaedics (T&O) along with a recommencement of both day case and inpatient Ear Nose and Throat (ENT) surgery. Plans also include a review of the workforce strategy to enable the FGH site to be used to undertake some urology, general surgery and gynaecology procedures on behalf of other NCA care organisations.

3.10 Overall, the waiting list reduced slightly in December before increasing slightly again in January. There has, however, been a significant month on month increase in the number of patients waiting more than 52 weeks to commence treatment. For comparison, there were 1400 such waiters in January 2021 compared to 34 across the whole of 2019-20.

3.11 Specialty level developments include dermatology where, following a successful pilot in Bury, the tele-dermatology service is now being sustained through use of the SRFT Referral Assessment Service (RAS). In Ophthalmology, focus has now switched to the glaucoma pathway for which a GM-wide pathway has been agreed. Whilst the outcome of a pilot scheme at MFT is awaited, NHS Bury CCG is progressing plans to be able to implement some changes in advance of the future required workforce being in place.

3.12 Diagnostic performance remains a concern with significant under-performance continuing for Bury patients across all test types. Endoscopy, however, remains the single biggest diagnostic pressure and inevitably has a knock-on effect to elective and cancer waits. Plans are progressing within the locality with regard to the implementation of Community Diagnostic Hubs.

Cancer Care

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

3.14 The increase in suspected cancer referrals (2WW) seen in recent months has been sustained though variation between tumour groups continues. In particular, suspected lung cancer referrals both nationally and in Bury remain significantly below the pre-COVID-19 level and the associated 'Do It For Yourself' awareness campaign is currently underway. In Bury, the reduction for lung is offset by a significant increase in suspected gastrointestinal cancer referrals.

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

3.16 Dermatology and breast services continue to present the biggest challenge in the most recent data though improvement has been noted within gynaecology following some short-term staffing issues. Within dermatology, the NCA aims to expand the use of one-stop clinics which require patients to attend fewer appointments. The trust has also recently undertaken a small pilot to electronically triage 2WW skin referrals with an option to provide advice and guidance if appropriate. The NCA has an improvement plan in place for dermatology and oversight of this is managed through the NCA Cancer Improvement Committee.

3.17 Breast services are impacted by both workforce capacity and clinical space constraints at the NMGH site though it is also noted that suspected breast cancer referrals have increased across GM this year too.

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

Urgent Care

3.19 Performance at PAHT against the A&E four hour wait standard remains below target though this is reflected across GM too. The most recent data shows a further significant increase in the number of 12 hour breaches too. Between April and August 2020 there had been just one 12 hour trolley wait whilst there were 961 such waits between September and January.

3.20 In terms of A&E attendance numbers at PAHT, although there have been approximately 23% fewer attendances in 2020-21 than in 2019-20, a spike was seen in March 2021. At FGH specifically, there were an average of 155 attendances per day in January and

February 2021 though this increased to 187 per day in March (to 23rd). The increase in March has been most marked since around the 8th with the daily average standing at 193 for the period 8th to 23rd March. Work is ongoing within the locality to better understand what is driving the increase which is also reflected across GM.

3.21 Implementation of the urgent care redesign programme in Bury continues with planning for Phase 2 which will include the capital works required to develop a new purpose built Urgent Treatment Centre (UTC) now underway. The redesign programme is being led by the Locality Care Organisation (LCO) with oversight provided by the Urgent Care Programme Board.

3.22 The LCO is also leading on the implementation of the national urgent care transformation schemes and both streaming of patients upon arrival at the FGH A&E department and the NHS 111 First programme are both now fully operational in Bury with BARDOC providing the streaming function whilst PAHT continues to deliver the UTC function.

3.23 Renewed focus on discharge planning has taken place since the new year and has resulted in noticeable improvements in patient flow and continued strong performance at PAHT with regard to admissions with a length of stay in excess of both 7 and 21 days. National planning guidance for 2021-22 has confirmed that funding for discharge placements will continue for six months though the period funded is expected to reduce to four weeks from July 2021. An admission avoidance scheme was also implemented at the end of January as part of a GM-wide initiative. This scheme involves two GM hubs accessing appropriate NWAS incidents and deflecting these to a single point of contact in each locality.

3.24 Following approval at January's Strategic Commissioning Board (SCB) of the intermediate care review business case, a period of employee consultation is now underway for those staff affected by the recommendations. Notice has been served to the NCA on the service previously provided at the Bealey site and the LCO remains on target to implement the changes by summer 2021. The programmes aims to create a more balanced model of both bed and home-based care to support Bury residents at different stages of their recovery.

Mental Health

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

3.26 Challenge does, however, remain in achievement of the key Improving Access to Psychological Therapies (IAPT) standards. Although the recovery rate and 18 week wait standards have largely been achieved across the year to date, there is continued under-performance for the access and 6 week wait measures. Access numbers have been reduced in 2020-21 partly due to fewer referrals but also due to the suspension of community events, eg in local colleges, which can attract fairly significant numbers. Although such one-off events contribute towards the access target where a treatment element is included, they are unlikely to be reinstated to the same degree in the future by the PCFT service in order that there can be a focus on those requiring a fuller treatment episode. Digital therapy for IAPT continues via Silver Cloud for which waiting times are significantly shorter than for clinician-facing therapy.

3.27 A number of locally commissioned schemes to improve access to services have commenced in recent months. These include the newly commissioned urgent care by appointment for mental health scheme for which efforts are underway to secure funding into 2021-21, mental health practitioners now embedded within each Integrated Neighbourhood Team (INT), dedicated support to homeless people to support access to services and a new Consultant Access Service which was launched in October 2020.

3.28 Implementation of Bury's adult community crisis service continues and is expected to become operational during April 2021 with the contract for this 12 month pilot having been awarded to Bury Involvement Group (BIG). BIG will directly operate the evening service whilst the daytime element will be delivered by the Beacon Service under sub-contract arrangements.

3.29 PCFT currently operates a 24-hour crisis helpline, funded through dedicated COVID-19 monies and the expectation is for this to continue to be delivered during 2021-22 and funding arrangements for this are currently being finalised..

Maternity and Childrens Performance Measures

3.30 Unusually, the standard for children and young people (CYP) accessing the Community Eating Disorder Service (CEDS) was not achieved for routine cases in Quarter 3 though indicative data from PCFT shows a return to 100% performance in January. All urgent cases referred across 2020-21 were seen within the required one week timeframe.

3.31 Following a significant increase in referrals to the PCFT Healthy Young Minds (HYM) service between September and December which led to the service invoking its business continuity plan, January 2021 saw a reduction to below the 2019-20 though it is unclear whether such a reduction will be sustained. Work remains ongoing across the locality with PCFT to look at both the short and longer term actions required to alleviate recent issues and ensure service provision can meet demand in the future. This includes the commissioning of a new advice line which will initially be operational for six months.

3.32 In terms of performance, although CYP mental health access was lower in Quarters 2 and 3, the very high access rate in Quarter 1 means that the year to date position to December 2020 showed achievement. However, with provisional data showing low access in January, achievement by year-end is at risk.

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

4 Actions Required

4.1 The audience of this report is asked to:

- Receive this report.

Susan Sawbridge
Head of Performance
March 2021

Appendix A: Greater Manchester Constitutional Standards Summary

Measure Name	Standard	Latest Data	GM	Bury	North West	England
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95.0%	Feb-21	79.4%	75.2%	81.8%	83.9%
A&E 12 Hour Trolley Wait	0	Feb-21	68	42	112	1038
Delayed Transfers of Care - Bed Days *(PAHT)*	200	Feb-20		35.1	917.1	5371.8
Delayed Transfers of Care - Bed Days *(PCFT)*				30.1		
Delayed Transfers of Care - Per 100,000	Null	Feb-20	19.2	12.2	15.6	12.4
Stranded Patients (LOS 7+ Days)	2196	Jan-21	2492	440	5829	36598
Super-Stranded Patients (LOS 21+ Days)	Null	Jan-21	979	155	2187	12406
Referral To Treatment - 18 Weeks	92.0%	Jan-21	61.4%	62.6%	63.9%	66.1%
Referral To Treatment - 52+ Weeks	0	Jan-21	22618	1400	44950	304916
Diagnostics Tests Waiting Times	1.0%	Jan-21	41.4%	52.1%	35.7%	33.4%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Jan-21	79.2%	74.5%	82.3%	83.4%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Jan-21	33.1%	9.9%	53.2%	62.7%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Jan-21	95.1%	98.7%	94.7%	94.0%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Jan-21	95.4%	100.0%	87.5%	86.3%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Jan-21	100.0%	100.0%	99.4%	98.0%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Jan-21	99.7%	100.0%	99.6%	96.0%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Jan-21	67.1%	61.9%	68.4%	71.2%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90.0%	Jan-21	84.6%	100.0%	86.1%	79.8%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Jan-21	78.7%	68.0%	81.1%	81.1%
Cancer - 104-Day Wait	0.0%	Jan-21	72	5	181	1029
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Mar-20	69.0%	75.0%	70.6%	71.9%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Mar-20	63.4%	63.8%	64.6%	65.4%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Mar-20	71.4%	73.3%	72.6%	70.1%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Mar-20	76.0%	76.2%	75.7%	76.1%
MRSA	0.0%	Jan-21	6	1	9	81
E.Coli	Null	Jan-21	130	11	310	2761
Estimated Diagnosis Rate for People with Dementia	66.7%	Feb-21	67.50%	74.3%	65.0%	61.1%
Improving Access to Psychological Therapies Access Rate	5.3%	Dec-20	4.17%	2.06%	3.59%	4.39%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Dec-20	46.6%	46.7%	46.3%	49.7%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Dec-20	86.2%	73.3%	90.0%	92.7%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Dec-20	96.9%	96.7%	97.6%	98.5%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Dec-20	78.7%	94.0%	50.5%	67.8%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Dec-20	100.0%	100.0%	96.8%	76.5%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Dec-20	96.6%	100.0%	88.8%	79.5%
Access Rate to Children and Young People's Mental Health Services	33.2%	Dec-20	45.4%	48.4%	42.2%	40.6%
CPA follow up within 7 days	95.0%	Dec-19	96.2%	98.1%	96.6%	95.5%
Mixed Sex Accommodation	0.0%	Feb-20	1.9	1.5	1.3	3.00
Cancelled Operations	Null	Dec-19	1.7%	2.0%	1.3%	1.1%
Ambulance: Category 1 Average Response Time	420	Jan-21	07:09	07:48	08:12	07:38
Ambulance: Category 1 90th Percentile	900	Jan-21	11:34	12:32	13:47	13:26
Ambulance: Category 2 Average Response Time	1080	Jan-21	29:03	27:49	35:35	29:40
Ambulance: Category 2 90th Percentile	2400	Jan-21	60:19	56:34	77:58	64:12
Ambulance: Handover Delays (>60 Mins)	Null	Feb-21	1.0%	1.2%	0.8%	2.1%
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%		

As per GM Tableau on 25/03/2021. Assurance>Greater Mancheser Constitutional Standards Summary/Constitutional Standards Summary