

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	Action	Receive
Item No	9	Confidential / Freedom of Information Status	No
Title	Performance Report		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
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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, 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.

Links to Strategic Objectives/Corporate Plan	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>	

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"/>
Are there any conflicts of interest arising from the proposal or decision being	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

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 October 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 January and relates to the position as at October 2019.

3. Performance Review

Urgent Care

A&E 4 hour waits

- 3.1 Pennine Acute Hospitals NHS Trust (PAHT) performance was 81.7% in October and 80% at Fairfield General Hospital (FGH) specifically.
- 3.2 For Type 1 attendances for adults (standard A&E unit), FGH is the best performing in GM in Q3 (77% seen in 4 hours against a target of 95% to 22nd Dec).
- 3.3 At PAHT, Type 1 attendances were 8.1% higher between April and November 2019 when compared to same period last year. Similar increase of 7.4% 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).

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 Increase in DToC for Bury patients has been noted since about July though some improvement is evident in October. The biggest single reason for delays across all hospital sites remains ‘completion of assessment’ which accounts for 32% of delay days in October, though this is reduced when compared to September. The most significant in-month increase, however, relates to ‘housing’ at Pennine Care FT (PCFT) which increased from 81 days in September to 200 days in October.

3.9 The main issue in acute services in recent months has been at the North Manchester (NMGH) site linked to workforce gaps in the Social Work team alongside the withdrawal of management support provided by Manchester City Council to the Integrated Discharge Service. These issues have since been resolved.

3.10 Following several months where there were no Bury patient DToC at the FGH site, an increase is noted in September and October, with 19 individual Bury patients affected at FGH in October.

3.11 Below is a breakdown of delays for October 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	289	NHS	199		109		20		13	5	3	23		26		
		Soc Care		90	53					28		9				
		Both		0												

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.

3.12 The locality’s winter plan has been mobilized. As part of this, elective activity has been stepped down across December and January with the exception of urgent or suspected cancer cases and those waiting >40 weeks.

3.13 To support the winter pressures, providers were invited submit proposals for additional monies. Through this, FGH has received monies to open 22 extra beds. PCFT has also received additional monies.

Planned Care

3.14 Waiting lists reduced in October with 606 fewer waiting than in September. This means there were 21.1%, or 2755, more patients waiting in October 2019 than in March 2018. Reductions were noted in October for general surgery, urology, Trauma & Orthopaedics (T&O), Ear, Nose & Throat (ENT), gastroenterology and dermatology. Ophthalmology and Dermatology remain the two specialties where highest increases have been seen across the year.

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

- 3.16 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.
- 3.17 Other specialties where most significant increases have been seen include T&O, ENT, Cardiology and Gynaecology.
- 3.18 In terms of hospitals, 88% of the variance relates to increases at PAHT, Salford Royal FT (SRFT), Manchester FT (MFT) and Oaklands. Decreases were seen at PAHT, SRFT and Oaklands in October with a further increase at MFT.
- 3.19 PAHT has now implemented an Elective Access Transformation (EAT) programme to enhance digital technology to better manage patient pathways. This includes enhancement to the Patient Administration System and implementation of Pathway Plus which will support the internal validation of waiting lists throughout Q4. The trust has also received NHSE/I investment for this purpose. The trust has also received monies (£650k) to out-source some elective activity.
- 3.20 PAHT has provided a trajectory that shows the waiting list size reducing to 41,500 by March 2020 along with a proposal of how this can be achieved. This would result in a variance of 8.3% when compared back to the March 2018 position. Further detail has been requested from the trust around the plans and trajectory provided.
- 3.21 Advice & Guidance (A&G) has been implemented across a number of specialties: gastroenterology, gynaecology, paediatrics, cardiology, endocrinology, haematology, general surgery and trauma and orthopaedics.
- 3.22 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.
- 3.23 The CCG is 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

- 3.24 Against a target of fewer than 1% of patients waiting longer than six weeks for a diagnostic test, the CCG saw significant improvement in October with performance of 1.8%.
- 3.25 Bury patients have been impacted by poor performance at PAHT and SRFT in recent months though both improved in October (PAHT: 1.2%; SRFT: 4.1%).
- 3.26 Most PAHT breaches in October were for echocardiography (echo). The trust is currently implementing a technician-led service due to the difficulties in recruitment.
- 3.27 Most SRFT breaches have been Magnetic Resonance Imaging (MRI) and NOUS though a reduction in breaches is noted in October. MRI issues have been due to a

mixture of capacity and increased demand whilst NOUS is reported to be a pure demand increase.

- 3.28 Both hospitals have been significantly impacted by pensions tax issue and both have mitigating actions underway. PAHT has also increased the outsourcing of diagnostic reporting with new contracts having commenced in early December.

Cancer

Two Week Waits (2WW)

- 3.29 CCG performance of 82.2% against 93% target in October for patients referred by their GP with a suspicion of cancer. Almost 60% of October breaches were dermatology at SRFT with gynaecology at PAHT accounting for the next largest proportion.
- 3.30 At an aggregate level, SRFT performance was 66.7% in October, dropping to 44.4% 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.
- 3.31 Early data from the implementation of dermatoscopes in Bury is positive with 2WW demand significantly reduced in the 19 practices where this is implemented.
- 3.32 PAHT achieved the standard in October with 93.2% noted against the 93% standard. With haematology performance having recovered in October, gynaecology remains the main under-performing specialty.
- 3.33 Gynaecology has been impacted by increasing demand coupled with sickness absence and vacant posts. Recruitment is underway to four vacant Consultant posts with two expected to commence during Q4. A new 2WW post-menopausal bleed clinic commenced in mid-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.
- 3.34 PAHT has provided a tumour-group level action plan which was discussed during a conference call in mid-December and further detail is awaited following this, particularly around a recovery trajectory.

Two Week Waits (2WW): Breast Symptomatic

- 3.35 Continued under-performance in October of 49% for CCG. PAHT performance has continued to improve (91.4% in October).
- 3.36 The main issue remains with Bolton FT where aggregated performance was 7.6% in October. 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

- 3.37 CCG performance remains below standard in October (75.4% against 85% standard). This is a similar level to the previous month.
- 3.38 Fourteen breaches noted in October, 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.
- 3.39 As referenced above, a tumour-group level action plan has been provided by PAHT though the accompanying recovery trajectory is awaited.
- 3.40 A North East Sector and GM Health and Care Partnership Task and Finish Group has been established and will meet for the first time on 8th January. The aim is to identify and scrutinise improvement trajectories in planned care, cancer and diagnostics with PAHT.
- 3.41 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.
- 3.42 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.

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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December 2019