

Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Receive
Item No	10	Confidential / Freedom of Information Status	No
Title	Performance Report		
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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.
Add details here.	

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 November 2019 for Urgent Care, Elective Care, Cancer and Mental Health.

### **2. Background**

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

### **3. Performance Review**

#### **Urgent Care**

##### **A&E 4 hour waits**

- 3.1 Pennine Acute Hospitals NHS Trust (PAHT) performance was 75.1% in November and 78.7% at Fairfield General Hospital (FGH) specifically.
- 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 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). This is subject to a separate report on this agenda.

- 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 Whilst most of the Bury Urgent Care system is “holding its own” over the winter period so far, the aspect where there have been the most significant increases for the first time at FGH is around an increased number in Delayed Transfers of Care. Whilst Bury has continued to have DToCs at NMGH over the last 12 months, up until September this year there have been none at FGH. However in October, 19 individual patients were delayed at FGH but this has subsequently reduced to 3 patients in November.
- 3.9 The two main reasons why patients have not been transferred from hospital when they are medically fit are; 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 significant in September and October due to Bury Social Work availability to undertake assessments and to 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. GMs latest deteriorating position 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 has been stepped down across December and January with the exception of urgent or suspected cancer cases and those waiting >40 weeks.
- 3.14 FGH has opened an additional 50 beds over this period and planned activity has been stepped down for December 2019 and January 2020 to create more capacity for additional emergency care.

### Planned Care

- 3.15 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.
- 3.16 The variance from March 18 to November 19 for Bury CCG is an additional 3,167

patients waiting. Most patients are waiting for treatment at Pennine Acute Hospitals with the remainder principally split between SRFT and MRI.

- 3.17 The biggest increases continue to be for Ophthalmology (eye) and Dermatology (skin).
- 3.18 Other specialties where most significant increases have been seen include Trauma and Orthopaedics, Ears Nose and Throat, Cardiology and Gynaecology.
- 3.19 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. One of the actions undertaken was a validation of waiting lists which is likely to reduce the total number of patients waiting at Pennine by 4,500. The Trust estimates that it will still be 2,000 patients over its March position by March 20.
- 3.20 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.
- 3.21 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), North East Sector CCGs and Manchester & 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.

## 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.
- 3.25 At an aggregate level, PAHT achieved the constitutional standard with a performance of 93.5%. And there has been an improvement at SRFT who have achieved 83.6% in November.
- 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.

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

- 3.27 Continued under-performance in October of 49% for CCG. PAHT performance has continued to improve (91.4% in October). In November of 62.5% has been achieved which is an improvement from the October position.
- 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.

## **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.
- 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 will meet for the first time on 8<sup>th</sup> January. 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 is being held at the Clinical Cabinet on the 5<sup>th</sup> February.

## **Mental Health Improving Access to Psychological Therapies (IAPT)**

- 3.35 The CCG has continued not to achieve the standard for patients requiring psychological therapies to be seen within 6 weeks. The current position for PAHT for November is 41.4% (indicative) with waits increasing to 7.1 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.
- 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 for 2019/20.

## **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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