Meeting: Strategic Commissioning Board			
Meeting Date	04 October 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 (GM), 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. Particular focus in this report has been placed on the current position with elective waiting lists. 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 requested?	Yes	☐	No	☒	N/A	☐
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		

Introduction

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

2. Background

2.1. This paper is a summary of the information presented to the CCG's Quality and Performance Committee in September 2021 which related to the published position as at June 2021. 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 GM, North West and England averages. The period to which the data relates is included for each metric. This varies across the metrics due to data being published at different times and to some data collections having been paused as part of the COVID-19 response.

3. NHS Oversight Framework (NHSOF)

3.1 The NHSOF is to become the NHS System Oversight Framework for 2021-22 and a review of this is currently underway with a view to providing a summary to an upcoming Quality and Performance Committee once all relevant guidance has been published. At this stage it is understood that a national dashboard will be produced to support this framework. Arrangements for assurance visits under this framework are yet to be confirmed.

4. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

4.1 Data shows continued fluctuation is case numbers for Bury patients with recent data showing a seven day average of 77 cases at 7th September with the peak during this wave standing at 185 in mid-July. The full impact of schools reopening following the summer break is yet to be seen.

4.2 Data also shows fluctuation in the number of COVID-19 positive patients occupying beds locally. At the Fairfield General Hospital (FGH) site, these numbers started to increase from mid-June and reached a peak of 35 on 3rd September with the figure standing at 26 at 10th September. Peaks in previous waves have been 132 in November 2020 and 79 in January 2021.

4.3 Throughout this latest COVID-19 wave, the Northern Care Alliance (NCA) has continued to carry out elective procedures, facilitated at FGH through use of the protected 'green floor' space, though expansion of this has been limited at times due to the pressures experienced in urgent care.

Planned (Elective) Care

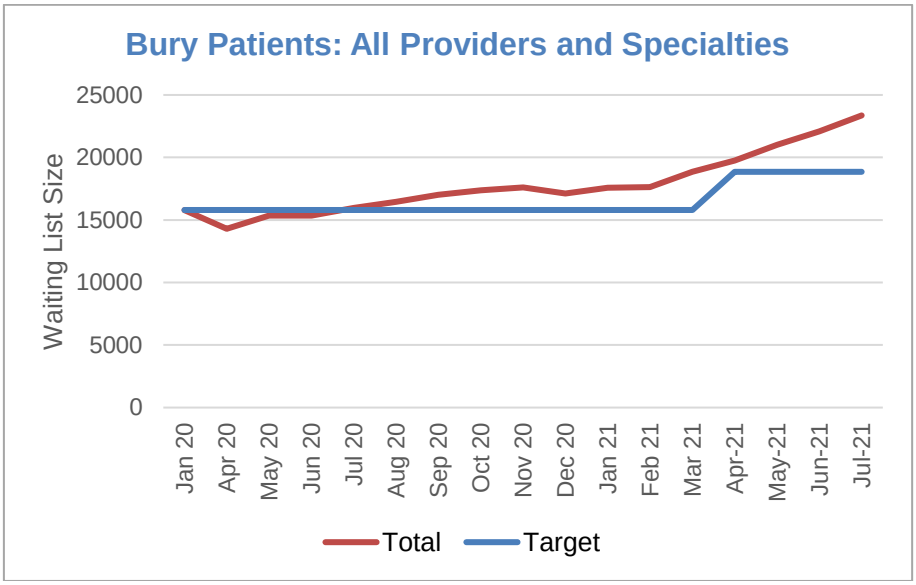
4.4 The operational planning guidance for 2021-22 set a requirement for providers to achieve 85% of the 2019-20 baseline across Quarter 2 for restoring elective activity and this was one of the gateway measures associated with being able to access the Elective Recovery Fund (ERF). During July, NHS England announced that this gateway measure target had increased to 95%.

4.5 Elective activity for Bury patients across Quarter 1 was a little below the planned level though monies flowed regardless. In the early part of Quarter 2 (July), the aggregate position across elective services (admissions and outpatients) was 85.5% of the 2019-20 baseline. The breakdown for each point of delivery is shown below.

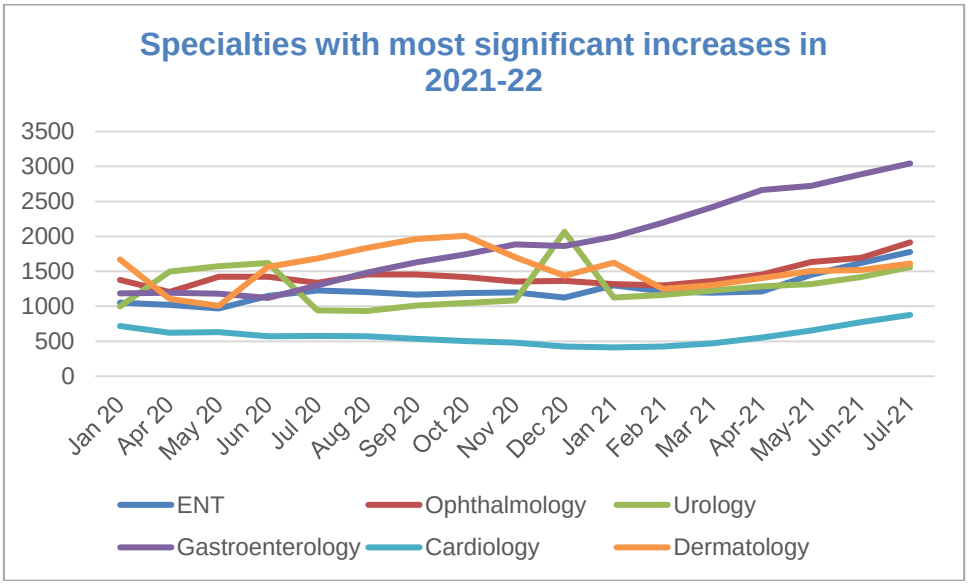
Activity Type	Baseline *Jul-19*	Actual *Jul-21*	% of 2019-20 *Baseline*
Total Outpatients	23177	20174	87.0%
Total Elective Admissions	2786	2025	72.7%
Total Elective Activity	25963	22199	85.5%

4.6 As assessment for the ERF is based on system performance at a GM level, the impact of activity levels along with assessment of other gateway measures will be confirmed once this information becomes available.

4.7 In terms of the waiting list position, there were 23362 incomplete pathways at the end of July and this marks a 23.9% (4509 pathways) increase in waiting list size when compared to March 2021 and this is reflected in the chart below which shows the position since April 2020. During 2020-21, the target was to reduce the waiting list size to the January 2020 position (15800 pathways). Whilst there is no specific target set for 2021-22, March 2021 (18853 pathways) has been used as a proxy baseline against which to compare.



4.8 In the Year to Date (YTD) to July, the most significant increases have occurred in Ear Nose and Throat (ENT) (+49%), ophthalmology (+40%), gastroenterology (+26%), urology (+27%), dermatology (24%) and cardiology (+87%) and these increases are reflected in the following chart.



4.9 Despite the waiting list growth referenced above, there was a further slight decrease in the number of 52+ week waits in July with this figure standing at 1266 and representing a 25.4% (-431 pathways) reduction when compared to March 2021. The biggest specialty decrease has been in orthopaedics where there has been a 38% decrease (-138 pathways) during this period.

4.10 The reason for a reduction in 52+ week waits is likely to be two-fold. Firstly, an expectation was set in both the operational planning and ERF guidance for providers to take account of long wait times as part of the prioritisation process. Secondly, as referrals to secondary care were reduced early in the pandemic, there are fewer patients reaching the 52 week mark during this period. It is therefore possible that numbers may increase to reflect the increasing pattern of referrals over the autumn months.

4.11 Referral to Treatment (RTT) data in 2021-22 also now includes details of pathways that have exceeded 104 weeks. This figure grew further in July with 43 such pathways for Bury patients with almost two thirds related to general surgery, ENT and gynaecology.

4.12 To address the current waiting list position, the CCG and locality partners continue to progress the development and implementation of a transformation plan for elective care that includes both 'quick wins' and longer-term transformation. This work complements the efficiencies work being undertaken by the NCA that includes waiting list validation and maximising theatre use. A project plan and progress report were presented recently to the Integrated Delivery Collaborative (IDC) Board and the Strategic Commissioning Board (SCB) and included an overview of the improvement work currently underway in orthopaedics as an exemplar to a different way of addressing waiting list pressures and supporting patients.

4.13 The locality developments complement the GM programme and includes the implementation of the Waiting Well initiative for which a delivery group has been established in Bury with a view to the framework being implemented in orthopaedics initially with patients directed to information primarily via the online Bury Directory. Bury's programme lead presented the approach at a recent GM-led learning event at

which it was well received as the locality is seen to be a pathfinder across GM through integrating the GM perspective with local systems and services.

4.14 In time, data is expected to demonstrate the positive impact of these schemes on the wellbeing of Bury patients and on the waiting list size. Such information will be shared with relevant committees once available.

4.15 In conjunction with the Bury Care Organisation (BCO), opportunities in cardiology, urology and respiratory are also under review. This includes a successful bid for funding to implement a cardio prehabilitation service (preparation for surgery) for which planning can now commence.

4.16 With regard to diagnostics, performance has deteriorated for Bury patients across June and July with the latest data showing 40.1% of patients waiting longer than six weeks to be seen, against a target of <1.0%. A downturn in performance was also noted at NCA organisations, at GM and at an England level too.

4.17 Significant diagnostics pressures remain at Pennine Acute Hospitals Trust (PAHT) though an improvement plan is in place. The main pressures currently relate to endoscopy and echocardiography. For endoscopy, it has been confirmed that the GM modular unit will remain in place at the FGH site until December 2021. In echocardiography, PAHT has confirmed that additional staff and sessions have now been secured and it is therefore expected that performance will start to improve.

4.18 Planning for the Community Diagnostic Hub (CDH) programme continues with the NCA business case having been submitted for inclusion as part of the GM-wide strategy. Alongside the CDH scheme, work to develop a diagnostics strategy for the Bury locality continues also.

4.19 In terms of diagnostic activity levels, delivery in July was 95% of the 2019-20 baseline level though variation between test types is noted with reduced endoscopy activity offset by increased imaging tests.

Cancer Care

4.20 Suspected cancer referrals (2WW) in Bury in the YTD to July remain higher than in the same period of 2019-20 (+23.2%). Variation between tumour groups remains with the most marked increase in this period noted for gastroenterology with a decrease seen in 2WW lung and breast referrals. Although lung referrals remain below pre-pandemic levels, there has been a marked increase in recent months.

4.21 To partly address the above, GM Cancer is progressing a proposal to fund a Cancer Champion in each Primary Care Network (PCN) to help drive an increase in identification and referral of patients with suspected cancer.

4.22 A data review by the NCA has confirmed that most delays in cancer treatment take place in the early part of the pathway and therefore as the trust revises its specialty improvement plans into a ‘plan on a page’ format, it will ensure focus is given to high impact changes designed to reduce delays in the early stage of a pathway.

4.23 The NCA’s Rapid Diagnostic Centre (RDC), in collaboration with the GM Cancer Alliance, was shortlisted for a Health Service Journal (HSJ) Value award within the Cancer Care Initiative of the Year category.

4.24 In terms of performance against the NHS Constitution standards, a reduction in 2WW breaches resulted in slightly improved performance though there was a slight drop in performance against the 62-day wait following a GP referral standard. 2WW performance continues to be affected primarily by dermatology though there were fewer breaches noted in July. Following a significant increase in 2WW skin referrals in Quarter 4, this has levelled off somewhat in 2021-22 with referrals in the YTD to August being 4.9% higher than in the equivalent period of 2019-20. An improvement plan is in place and includes a new Referral Assessment Service (RAS) which will be piloted for Salford patients initially from October. The NCA is also currently reviewing options to be able to provide some additional capacity for Bury patients away from the FGH site.

4.25 Most breaches against the 62+ day wait standard continue to be seen in gastroenterology, lung and urology, a picture that is reflected in other localities too. The NCA data review referenced above confirms that many of these breaches are impacted by diagnostic and outpatient capacity in the early stages of the pathway and aims to address this through revision of the improvement plans.

4.26 The new 28-day Faster Diagnosis Standard (FDS) was introduced from April 2021 with an expectation that the 75% target is achieved from Quarter 3 onwards. Data shows the standard to have been achieved in both June and July.

Urgent Care

4.27 At PAHT, performance remains below target for the 4 hour wait standard though reduced performance is reflected across other GM adult sites too. In Quarter 2, (to 9th September), the FGH site specifically is the third-best performing GM adult site for Type 1 activity, with Stockport and Wigan currently performing better.

4.28 A&E attendance figures at FGH remain just below the level seen in 2019-20 though the aggregate trust position shows a slight increase due to activity levels at the Royal Oldham hospital site.

4.29 Increased focus on managing patient flow at the FGH site is in place to improve the severe pressures currently being experienced and this includes regular Bury system bronze and silver command meetings taking place. An essential part of the current focus is to facilitate an increased number of inpatient discharges over weekends to support patient flow. Challenges in achieving this in recent weeks have resulted in some ambulance queuing and increased handover times to the Emergency Department (ED) along with temporary redeployment of surgical staff to a medical ward and occasional ambulance diversion to other sites and hospitals. Despite these pressures, PAHT continues to perform comparatively well in terms of stranded (> 7 days) and super-stranded (>21 days) admissions.

4.30 These issues, compounded by increased pressure within the ambulance service generally, are also reflected in deteriorated performance in June and July in ambulance response times and in the number of handover delays seen. Such increased pressure is reflected nationally too.

4.31 In the early part of September, NHS England and Improvement's ESIST team was invited into FGH to support in the review of ED pathways with a view to identifying areas for improvement. The outcome of this will be shared once available.

4.32 Work remains ongoing within the locality to ensure a single urgent care programme plan is in place that meets the agreed shared priorities. Actions taken to date include enhanced reporting via a regular Integrated System Pressure update to enable insight into emerging issues and a locally commissioned 'Surge Car' which became operational in mid-July.

4.33 Implementation of both the urgent care redesign (Phase 2) and Intermediate Care programmes in Bury continue to progress. With regard to the Intermediate Care review, the Bealeys inpatient facility is now closed with the plan to commission 13 intermediate care beds being considered by the SCB on 4th October. In Quarter 2, placements of up to four weeks are funded following an inpatient stay.

Maternity and Childrens Performance Measures

3.6 During August, Pennine Care Foundation Trust (PCFT) highlighted further challenges to partner organisations in respect of mental health service provision. Within the children and young peoples (CYP) service, there is a national shortage of inpatient beds and this is resulting in longer waits for those requiring admission. PCFT also reports an increase in staff absence contributing to the pressures. The trust has re-esablished its Gold and Silver command structure and has advised that non-essential meetings are being stepped down to allow focus to be given to the immediate pressures.

3.7 Quarter 1 data for the Community Eating Disorder service suggests increased demand. There were ten new routine cases in Quarter 1 which is almost 50% of the total in the previous two years. 100% of the routine cases in Quarter 1 were seen within the required four-week period. National data suggests that demand for CYP eating disorder services has almost doubled since the COVID-19 outbreak.

3.8 CYP Access remains strong with a 12-month rolling average of 49.4%. The precise target for 2021-22 is yet to be confirmed though is believed to be around 35%-37%.

3.9 The SCB in September approved additional Mental Health Investment Standard (MHIS) investment into CYP services, with a focus on Tier 2 as a jointly agreed priority with PCFT.

Mental Health

4.34 The dementia diagnosis standard continues to be achieved for Bury patients. Following approval of the business case by the SCB in August, the re-establishment of a GP-led Cognitive Impairment Model is now underway. This includes the identification of a Dementia Clinical Lead in each Primary Care Network (PCN) who will attend and cascade relevant training.

4.35 As referenced in the above section of this report, PCFT has highlighted further significant operational pressures due to increased demand and staff absence. As for the CYP service, most pressure is felt within the inpatient services and particularly the Psychiatric Intensive Care Unit (PICU) and out of area placements. PCFT has advised that the pressures are reflected across the North West with independent sector providers operating at capacity too. Some service business continuity plans have been invoked with staff redeployed temporarily to support inpatient services.

4.36 Improving Access to Psychological Therapies (IAPT) data is published on a quarterly basis though provisional data to the end of May suggests under-performance is likely against the IAPT rollout (prevalence), 6-week wait and 18-week wait standards though the indication at this stage is that the IAPT recovery standard may be achieved.

4.37 Work to understand and progress the demand and capacity modelling for the Bury IAPT service continues with regular meetings taking place. Data from the digital Silver Cloud therapy solution which is commissioned at a GM-level will also be used to inform this work once available. Once received, this information can then feed into the review of the locality's IAPT model which remains a key priority in Bury in 2021-22.

4.38 The SCB in September approved additional MHIS investment into the Community Mental Health Team (CMHT) services as a jointly agreed priority with PCFT.

4 Actions Required

4.1 The audience of this report is asked to:

- Receive this report.

Susan Sawbridge
Head of Performance
September 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%	Aug-21	70.5%	66.3%	73.5%	77.0%
A&E 12 Hour Trolley Wait	0	Aug-21	290	231	559	2794
Delayed Transfers of Care - Bed Days *(PAHT)*	200	Feb-20	428	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	Jul-21	2503	303	6242	38428
Super-Stranded Patients (LOS 21+ Days)	Null	Jul-21	994	113	2408	13090
Referral To Treatment - 18 Weeks	92.0%	Jul-21	63.7%	62.6%	67.0%	68.2%
Referral To Treatment - 52+ Weeks	0	Jul-21	22555	1266	45890	294605
Diagnostics Tests Waiting Times	1.0%	Jul-21	30.4%	40.1%	25.6%	23.5%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Jul-21	89.5%	80.1%	91.0%	85.6%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Jul-21	81.1%	67.3%	86.5%	74.7%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Jul-21	95.9%	97.8%	95.2%	94.7%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Jul-21	96.8%	100.0%	89.7%	87.2%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Jul-21	100.0%	100.0%	99.5%	99.2%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Jul-21	100.0%	100.0%	99.8%	97.4%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Jul-21	71.6%	58.9%	72.1%	72.1%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90.0%	Jul-21	69.1%	71.4%	75.7%	75.9%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Jul-21	76.6%	71.4%	80.9%	81.7%
Cancer - 104-Day Wait	0.0%	Jul-21	63	9	175	3187
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Dec-20	60.3%	72.6%	60.2%	63.5%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Dec-20	66.0%	65.9%	67.2%	70.0%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Apr-21	68.8%	71.4%	70.2%	68.9%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Apr-21	74.3%	74.7%	74.2%	75.0%
MRSA	0.0%	Jul-21	3	0	7	57
E.Coli	Null	Jul-21	162	7	410	3433
Estimated Diagnosis Rate for People with Dementia	66.7%	Jul-21	68.5%	75.2%	66.2%	62.1%
Improving Access to Psychological Therapies Access Rate	5.3%	Jun-21	4.73%	2.45%	4.24%	5.18%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Jun-21	48.6%	51.6%	50.0%	50.4%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Jun-21	83.0%	50.0%	87.5%	92.5%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Jun-21	98.3%	91.7%	97.7%	98.8%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Jun-21	55.1%	79.0%	43.5%	65.2%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Jun-21	97.3%	100.0%	61.6%	65.8%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Jun-21	92.8%	93.3%	70.2%	69.5%
Access Rate to Children and Young People's Mental Health Services	34.0%	Jun-21	47.8%	50.0%	46.7%	45.0%
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	Jul-21	08:16	09:15		
Ambulance: Category 1 90th Percentile	900	Jul-21	13:30	14:34		
Ambulance: Category 2 Average Response Time	1080	Jul-21	1:01:45	1:01:23		
Ambulance: Category 2 90th Percentile	2400	Jul-21	2:10:58	2:06:37		
Ambulance: Handover Delays (>60 Mins)	Null	Jul-21	5.5%	9.3%	4.5%	7.0%
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 10/09/2021. Assurance>Greater Mancheser Constitutional Standards Summary/Constitutional Standards Summary