Meeting: Strategic Commissioning Board			
Meeting Date	06 December 2021	**Action**	Receive
Item No.	10a	**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. 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 prepared for the CCG's Quality and Performance Committee in November 2021 which related to the published position as at August 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 System Oversight Framework

3.1 The NHS System Oversight Framework (NHS SOF) was implemented during 2021-22. Data is published in a national dashboard and a summary of performance against key metrics will be presented to relevant Committees on a quarterly basis. Under the NHS SOF, assurance visits to localities are expected to take place on a periodic basis.

4. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

4.1 Following several weeks of increasing case numbers, the latest weekly data shows a decrease. Higher case numbers related primarily to school-aged children following the new term start in September with subsequent household transmission also a factor. If the most recent reduction relates to fewer children mixing during the half-term break in October then there could be a further increase in the coming weeks.

4.2 There has also been an increase in the number of COVID-19 positive inpatient at the Fairfield General Hospital (FGH) site. The number started to increase from mid-June and reached a peak of 49 on 2nd November though has reduced in recent days and stands at 23 at 15th November. Peaks during previous waves were 132 in November 2020 and 79 in January 2021.

4.3 Operational planning for the period October 2021 to March 2022 (H2) has recently concluded and a separate paper outlining NHS Bury CCG's plan has been prepared for this Board.

Planned (Elective) Care

4.4 In terms of the waiting list position, there were 23993 incomplete pathways at the end of September and this marks a 27.3% (5140 pathways) increase in waiting list size

when compared to March 2021. The target now across the H2 period is to stabilise the waiting list at the September 2021 level.

4.5 In the Year to Date (YTD) to September, the most significant increases have occurred in Ear Nose and Throat (ENT) (+66%), ophthalmology (+52%), dermatology (+46%) and cardiology (+89%). Although the waiting list for gastroenterology remains significant, there was some improvement during September.

4.6 Despite the waiting list growth referenced above, the number of 52+ week waits remained very similar to the August position, standing at 1190 in September and representing a 30% (-507 pathways) reduction when compared to March 2021. The biggest specialty decrease remains in orthopaedics where there has been a 45% decrease (-166 pathways) during this period.

4.7 Despite the reduction in the 52+ week waiting list, September saw a further increase in the number of pathways exceeding 104+ weeks with most attributed to general surgery, ENT and gynaecology. For the first time, September saw such breaches in orthopaedics too. A requirement of H2 planning is to eliminate 104+ week waits though the Northern Care Alliance (NCA) plan shows such waits remaining at year-end. The impact of this for Bury patients will be reviewed.

4.8 The CCG continues to work with system-wide partners through the Elective Care Recovery and Transformation Group to progress the development and implementation of a transformation plan for elective care with focus initially on orthopaedics. Linked to this, the GM While You Wait framework was launched in Bury on 11th October alongside the Bury-specific information via the Bury Directory, with dedicated Orthopaedics information currently being finalised. The GM specialty specific resources will focus initially on children's surgery, orthopaedics and gastroenterology.

4.9 This work complements the efficiencies work being undertaken by the NCA that includes waiting list validation and maximising theatre utilisation. The NCA is also embarking on a consolidation programme split into four areas: Being Well, Deciding Well, Waiting Well and Recovering Well. The Deciding Well programme is being led by the Bury Care Organisation (BCO) and this includes the expansion of Specialist Advice for which an H2 target has been set of there being 12 specialist advice requests for every 100 first outpatient attendances. A task and finish group has been established to take this forward that ensures primary care engagement too.

4.10 A new Elective and Cancer Care Recovery and Reform Programme Board is currently being established in Bury and this will result in a single integrated plan being put in place across the locality to take all developments forward.

4.11 With regards to diagnostics, performance has deteriorated for Bury patients across recent months with the latest data for September showing 40.6% of patients waiting longer than six weeks to be seen, against a target of <1.0%. There remains a significant variance between Bury and Pennine Acute Hospital Trust (PAHT) performance and that of both GM and England, though the variance has stabilised in recent months.

4.12 Significant diagnostics pressures remain at the NCA, particularly in endoscopy and echocardiography. The GM modular endoscopy unit remains in situ at the FGH site with a proposal to extend the facility until the end of the financial year supported by the GM Elective Care Recovery and Reform Programme Board in October. The Board

set a requirement for utilisation to be maximised and for trusts to plan replacing this capacity from April 2022 onwards.

4.13 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.

Cancer Care

4.14 Suspected cancer referrals (2WW) in Bury in the YTD to September remain higher than in the same period of 2019-20 (+27.8%). Variation between tumour groups remains with the most marked increase in this period noted for gastroenterology (+105%) whilst the most significant decrease in this period can be seen in lung (-12%).

4.15 That said, the operational plan for April to September 2021 (H1) set an expectation for additional outpatient capacity to be put in place to manage the shortfall seen in 2020-21 but to the end of August, there were 13% fewer Bury patients seen than had been planned.

4.16 Due to the impact of Lower GI on cancer waiting lists, an improvement week took place in late-August across GM and is designed to act as a catalyst for change. As with other local reviews, this showed the most significant factor being the time taken to initial diagnosis and this therefore is the focus of improvement plans.

4.17 Although the priorities in H2 remain the same as in H1, a particular focus is to be placed on ensuring that all available capacity is maximised, including via hub models and the independent sector, ensure sufficient diagnostic and treatment capacity to meet increased referral levels and to accelerate the development of Rapid Diagnostic Centre (RDC) pathways for those pathways most challenged by COVID-19.

4.18 In terms of performance against the NHS Constitution standards, the Quarter 2 outturn shows a slight improvement when compared to Quarter 1 with a slightly lower number of breaches noted. For the main 62-day wait standard following a GP referral, however, Quarter 2 performance was below that of Quarter 1 though improvement is evident in September data.

4.19 2WW performance continues to be affected primarily by dermatology where ongoing pressure is evident, not only at the NCA but also across GM with two Consultants recently retired at Wrightington Wigan and Leigh (WWL) FT. Referrals for Bury patients had settled during Quarter 1 to the 2019 level though referrals in Quarter 2 were 24.8% higher than in the same period of 2019. The NCA continues to progress the specialty level improvement plan which includes future expansion of one-stop clinics and the implementation of a 2WW dermatology Referral Assessment Service (RAS) pilot which went live during October 2021 for Salford GPs and which will be rolled out to Bury and other localities in the near future.

Urgent Care

4.20 H2 planning guidance sets an overarching requirement to transform community and urgent and emergency care to prevent inappropriate attendances at emergency

departments (ED), improve timely admission and reduce length of stay. To support this, post-discharge recovery placements will continue to be funded for up to four weeks for the remainder of the financial year.

4.21 At PAHT, performance in September remained below target for the 4 hour wait standard though reduced performance is reflected across other GM adult sites too. When looking at all A&E activity, PAHT had the second worst performance in GM in Quarter 2. However, when considering Type 1 activity only, the FGH site remains amongst the best performing in GM.

4.22 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. The FGH position, however, is in the context of ED streaming and other deflection schemes being in place without which there would have been a significant increase in attendances during 2021-22.

4.23 Following the visit to FGH by the NHS Emergency Care Improvement Support Team (ECIST) during September, a programme of work is being developed that complements existing schemes and which will be incorporated into the overall improvement plan. Subsequent to the ECIST feedback, ten task and finish groups have been established which sit under Site Management, Discharge Processes and Ward Routines. Progress will be reported into the regular implementation group meeting with updates provided to the monthly Bury-locality Urgent and Emergency Care Board.

4.24 A dip in performance for stranded and super-stranded measures (length of stay of 14 or more and 21 or more days, respectively) is noted with the NCA having the highest proportion of each in GM in Quarter 3 to mid-November. This is in the context of both the FGH and Salford Royal sites having clinical pathways that necessitate longer stays.

4.25 Urgent care issues over recent months are reflected in deteriorated ambulance performance in terms of both response times and the number of handover delays. Such increased pressure is reflected nationally too.

4.26 Winter planning remains ongoing in Bury with a winter sub-group established and all required actions to date complete. An operational plan to cover the Christmas and new year period will be completed during early December once staffing and on-call arrangements across the borough are confirmed.

4.27 Officers from Bury's Integrated Delivery Collaborative team working with CCG colleagues and others continue to lead the implementation of the urgent care redesign programme. A potential new-build Urgent Treatment Centre (UTC) is not included in capital plans at NCA for this year. Over recent months, however, the existing facility has been expanded and now has a robust waiting area and several clinic rooms. During Quarter 3, the UTC at the FGH site will undergo formal assessment for UTC accreditation and work will continue to resolve the current digital issues. Although it is likely the unit will receive the required accreditation, retention of the existing space would act as a barrier to the Bury ambition in terms of expansion for community pathways.

Maternity and Childrens Performance Measures

4.28 Pressures reported previously by Pennine Care Foundation Trust (PCFT) continue and business continuity arrangements remain in place. Within the child and adolescent mental health service (CAMHS), 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. Referrals into the HYM service continue to be significantly higher in 2021-22 than in 2019-20 (approximately 50% higher to September).

4.29 Recruitment to newly CCG funded posts within the PCFT Tier 2 service is underway and the service expects to be at full staffing establishment by January 2022, subject to recruitment progressing as planned.

4.30 The Strategic Commissioning Board (SCB) in September had also approved funding for additional third sector posts with November start dates having been agreed for new recruits. The additional funding includes community based Emotional Health and Wellbeing practitioners and additional bereavement support.

4.31 Children and Young Peoples (CYP) Access remains strong with a 12-month rolling average of 49.5% against a target of 35%. As in previous years, access across Quarter 1 was very high with lower numbers seen in Quarter 2.

Mental Health

4.32 The dementia diagnosis standard continues to be achieved for Bury patients and the re-establishment of the GP-led Cognitive Impairment Model is complete with associated training to primary care colleagues having been delivered too. PCFT performance for the assessment of patients in the memory assessment service deteriorated during the period of increased referrals and this will continue to be below the standard until the backlog is cleared.

4.33 The Early Intervention in Psychosis (EIP) standard also continues to be fairly consistently achieved though PCFT has highlighted pressures within the service which may impact on performance in future months. Future developments around EIP services to ensure compliance with the Long Term Plan include ensuring that NICE concordant packages of care can be delivered and this will require recruitment to specific roles.

4.34 As referenced in the above section of this report, business continuity arrangements remain in place at PCFT and relate mainly to increased demand and staff absence. Pressure is reported most acutely around inpatient services though some community services are affected too, particularly by increased staff absence.

4.35 Recruitment is underway to the additional Community Mental Health Team (CMHT) posts approved by the SCB in September is underway as is recruitment to new Mental Health Practitioner posts as part of the Additional Roles Reimbursement Scheme (ARRS). There will be one such post in each of Bury's five Integrated Neighbourhood Teams.

4.36 There have been positive interim evaluation reports of both the PCFT Urgent and Emergency Care by Appointment (UECA) assessment service and the Bury Involvement Group (BIG) peer-led community crisis service. Each of these services is

in place for an initial 12 months and papers are currently being prepared with a view to securing funding to allow ongoing commissioning.

4.37 With regard to the Improving Access to Psychological Therapies (IAPT) measures, indicative Quarter 2 data (to August) shows a continuing pattern with the IAPT Recovery standard expected to achieve whilst under-performance continues for the access and waiting times standards. Within the Bury locality, regular system meetings continue with PCFT to review and progress IAPT developments, including a review of the current significant waiting lists. A briefing paper is currently in development to consider options to address the current waiting list and pathway redesign.

5. Actions Required

5.1 The audience of this report is asked to:

- Receive this report.

Susan Sawbridge
Head of Performance
November 2021

Appendix A: Greater Manchester Constitutional Standards Summary

Measure Name	Standard	Latest Dat	GM	Bury	North West	England
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95.0%	Sep-21	67.4%	64.9%	71.8%	75.2%
A&E 12 Hour Trolley Wait	0	Sep-21	370	250	990	5025
Delayed Transfers of Care - Bed Days *(FAHFT)*	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	Sep-21	2662	291	6645	43762
Super-Stranded Patients (LOS 21+ Days)	Null	Sep-21	1038	96	2657	16022
Referral To Treatment - 18 Weeks	92.0%	Sep-21	60.9%	60.0%	64.9%	66.5%
Referral To Treatment - 52+ Weeks	0	Sep-21	21728	1190	43075	302057
Diagnostics Tests Waiting Times	1.0%	Sep-21	31.8%	40.6%	27.9%	26.1%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Sep-21	86.5%	77.1%	88.5%	84.1%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Sep-21	77.9%	50.0%	84.8%	83.7%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Sep-21	94.6%	95.1%	94.0%	92.6%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Sep-21	94.1%	94.7%	86.3%	83.7%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Sep-21	99.6%	100.0%	99.3%	98.9%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Sep-21	99.7%	100.0%	99.9%	95.0%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Sep-21	69.5%	64.5%	70.2%	68.0%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90.0%	Sep-21	66.7%	66.7%	63.2%	70.8%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Sep-21	75.5%	72.4%	77.8%	78.2%
Cancer - 104-Day Wait	0.0%	Sep-21	53	6	151	3156
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Mar-21	60.6%	71.8%	59.4%	61.4%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Mar-21	68.5%	71.2%	70.0%	70.7%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Jul-21	68.8%	71.4%	70.1%	69.1%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Jul-21	74.2%	74.5%	74.2%	75.1%
MRSA	0.0%	Sep-21	6	0	8	53
E.Coli	Null	Sep-21	152	9	366	3221
Estimated Diagnosis Rate for People with Dementia	66.7%	Sep-21	68.5%	74.1%	66.1%	62.0%
Improving Access to Psychological Therapies Access Rate	5.3%	Aug-21	4.85%	2.78%	4.24%	5.02%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Aug-21	48.4%	51.7%	49.0%	50.8%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Aug-21	81.0%	39.3%	85.4%	91.8%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Aug-21	98.8%	89.3%	98.1%	98.8%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Aug-21	80.0%	79.0%	42.2%	62.4%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Aug-21	94.3%	100.0%	87.9%	59.7%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Aug-21	92.3%	93.9%	65.2%	62.3%
Access Rate to Children and Young People's Mental Health Services	34.0%	Aug-21	48.3%	49.4%		
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	Sep-21	08:09	08:50	09:12	09:01
Ambulance: Category 1 90th Percentile	900	Sep-21	13:17	14:16	15:35	15:56
Ambulance: Category 2 Average Response Time	1080	Sep-21	55:18	56:20	57:12	45:30
Ambulance: Category 2 90th Percentile	2400	Sep-21	1:56:44	1:54:00	2:06:26	01:38:03
Ambulance: Handover Delays (>60 Mins)	Null	Sep-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 09/11/2021. Assurance>Greater Mancheser Constitutional Standards Summary/Constitutional Standards Summary