

PART 1 GOVERNING BODY 2022/23

Date of Meeting:	20 May 2022
Agenda Item:	3.2
Subject:	Performance Report
Reporting Officer:	Nadia Baig
Aim of Paper	To provide Governing Body on performance against NHS Constitutional indicators

Governance route prior to Governing Body	Meeting Date	Objective /
Governing Body - Statutory		
Audit Committee - Statutory		
Remuneration Committee - Statutory		
Primary Care Commissioning Committee - Statutory		
Clinical and Professional Advisory Panel		
Information Governance Management Group		
Locality Engagement Group		
Patient and Public Engagement Committee		
Quality and Safeguarding Committee / Group		
Integrated Commissioning Board (RBC/HMR CCG)		
Strategic Place Board (previous HWBB – RBC)		
Other:		

Governing Body Resolution Required:	For Discussion
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Recommendation: Governing body is asked to note and comment on this item

Link to Strategic Objectives (SO):

SO1: To be a high performing CCG, deliver out statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital – Urgent Care (Getting more help)	Yes
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

RISK LEVEL (To be reviewed in line with the Risk Policy)**RAG Status:** RED**Comments:** The CCG performance against constitutional indicators in 2021/22 is being impacted by the Covid-19 pandemic and pressures across the system.**CONTENT APPROVAL / SIGN OFF****The contents of this paper have been reviewed and approved by:**

Assistant Director of Commissioning - Nadia Baig

Clinical Content signed off by:

Not applicable

Financial content signed off by:

Not applicable

Clinical Engagement taken place: Not Applicable**Patient and Public Involvement:** Not Applicable**Patient Data Impact Assessment:** Not Applicable**Equality Analysis / Human Rights Assessment Completed:** Not Applicable

Diagnostic Waiting List

7,407

Local target 4,750



% Waiting 6 Weeks for Diagnostics

36.7%

Local target <1%



RTT incomplete pathways

55.7%

Local target 90%



Cancer KPIs: 31 days

97%

Local target 96%



2 weeks

72.3%

Local target 93%



2 weeks (breast symptoms)

4%

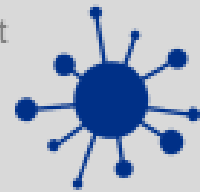
Local target 93%



62 days

48.2%

Local target 85%



Elective Care Waiting List

Current:

30,186



52 Week Waits:

1,390



104 Week Waits:

101



Mental health KPIs

IAPT roll-out

15.6%

IAPT recovery rate

51.6%



YTD activity against 2019/20 levels – Urgent Care

12 Hour Waits in A&E

6.3%



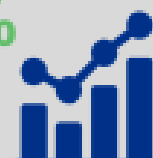
0 LOS Admissions

-2.2%



1+ LOS Admissions

-12%



Mental Health KPI

Memory Assessment Diagnosis < 12 Weeks

8%



Monthly direction of travel



Performance against target

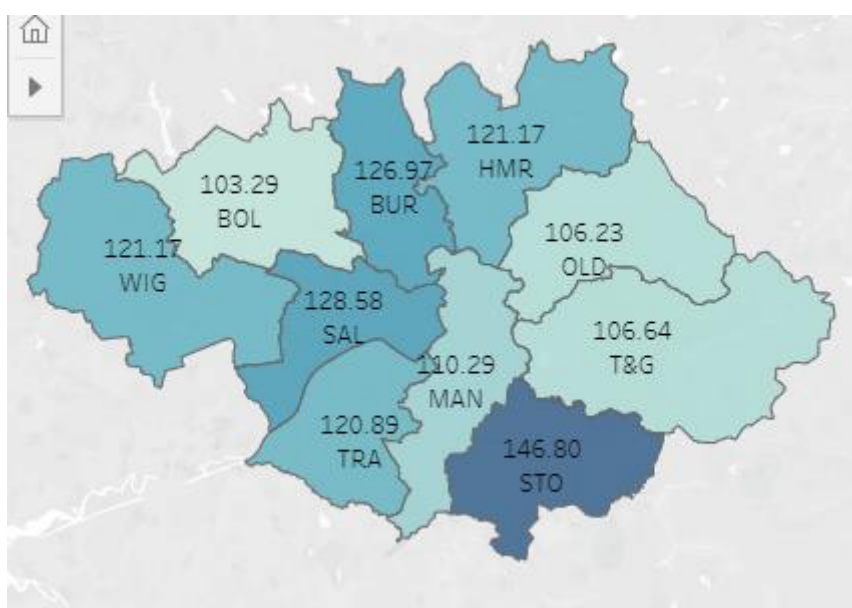
The purpose of this report is to provide an overview of the CCG's performance against key national standards.

Whilst existing performance standards remain in place and some data is being shared, it's acknowledged at a national level that under the 'command and control' arrangements, the CCG is unable to actively contract manage at this time. This report provides updates where they are available.

2. Waiting List

There was sizeable growth in the waiting list in March 2022, increasing by 831 patients to 30,186. Referrals are increasing at a higher rate than completed pathways, despite elective care reaching 120% of 2019-20 levels.

Comparing the national waiting list data for **February 2022**, all CCGs across GM had growth in their waiting lists, with Oldham showing the highest growth of over 1,300 patients.



3. 104 Week Waits and 52 Week Waits

Good progress was made on reducing 104 week waits in March 2022. The numbers reduced from 158 to 101, as providers plan to eliminate two year waits by end of June 2022.

The Northern Care Alliance (NCA) is monitoring the progress on a weekly basis and has provided commissioners with a breakdown by speciality and initial trajectories.

Provider	No Waiting > 104 Weeks
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	40
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	34
CIRCLE HEALTH GROUP LIMITED	26

Reductions were also seen in 78 week-wait patients, from 209 to 143. Patients waiting over 78 weeks should be eliminated by April 2023, noting that there are a considerable number of 52 week waits that will impact on this indicator. Trusts have been requested to conduct three-monthly reviews for this cohort of patients.

Provider	No Waiting > 78 Weeks
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	73
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	48
CIRCLE HEALTH GROUP LIMITED	15

52 week waits saw a small increase of 27 patients to 1,390, CCGs, working with local systems, are asked to reduce the overall number of people waiting by the end of this financial year.

Provider	No Waiting > 52 Weeks
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	820
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	408
CIRCLE HEALTH GROUP LIMITED	116
RAMSAY HEALTHCARE UK OPERATIONS LIMITED	12

The national data shows that in **February 2022**, HMR was towards the bottom of the table in Greater Manchester for 52 week waits (rate per 1,000 population).

Rank	CCG	No of 52 Weeks	Variance on Jan 22	52 Weeks as a rate per 1000 population
1	NHS Stockport CCG	4,112	36	13.11
2	NHS Salford CCG	3,114	146	11.40
3	NHS Trafford CCG	2,294	123	9.27
4	NHS Manchester CCG	5,539	348	8.93
5	NHS T&G CCG	1,700	-31	6.78
6	NHS Bury CCG	1,228	-20	5.99
7	NHS HMR CCG	1,363	23	5.92
8	NHS Bolton CCG	1,661	8	5.35
9	NHS Wigan Borough CCG	1,654	-108	4.97
10	NHS Oldham CCG	1,163	31	4.60

The Northern Care Alliance has completed the Equality Impact Assessment for Patient Initiated Follow Up (PIFU), which has been distributed for feedback. PIFU enables patients to book their own follow-up appointment when appropriate, rather than the hospital routinely booking a follow-up appointment.

PIFU went live in Rheumatology in March 2022, the monthly target for the service is 27 and 41 patients have opted in to PIFU. Other specialties including ENT and Gastroenterology are live, but current numbers are low. Urology and Diabetes are the next specialties to look at adopting this approach.

1. Diagnostics

The number of patients waiting for a diagnostic test reduced by 371 in March to 7,407, this is the 5th consecutive month that the CCG has seen reduction. This was predominantly due to increased activity for CT scans, non-obstetric ultrasounds (NOUS), and MRIs. The

number of weeks that patients are waiting for NOUS continues to decrease, with patients now being seen within four to eight weeks.

An area of concern is the numbers waiting for Echocardiographs. The CCG continues to have the highest waiting list for Echocardiographs in GM by some considerable margin, presently HMR makes more referrals to NCA for echo requests than any other CCG, this is despite the availability of the HMR community offer.

The CCG has been promoting the community offer and encouraging GPs to make direct referrals to the service, who currently have capacity to see patients within four weeks. In the coming weeks, both providers will attend Primary Care Network (PCN) meetings to further encourage referrals to the community provider

The ground-breaking ceremony has taken place for the new Community Diagnostic Hub at Royal Oldham. This will be one of two new sites across GM.

2. Cancer

The performance for Breast Symptomatic two-week waits remains challenging. All breast referrals go through the two-week pathway, regardless of lump, breast pain or any other symptoms. This, plus other factors have led to a backlog:

- Increased demand not just in HMR but across all GM CCGs
- There are many staff absences due to covid and annual leave which has reduced clinic capacity
- High patient DNA rate because symptoms settle before the date of the outpatient appointment and they no longer need to attend.

Manchester Foundation Trust (MFT) continue to maximise clinic slots and hold extra evening & weekend clinics both at North Manchester and Royal Oldham. All referrals are clinically triaged by consultants and any patient who has red flag symptoms is given the earliest clinic appointment.

There have been education sessions for primary care in managing breast conditions to encourage GPs to reduce the demand on breast clinics. Recordings of the sessions have been circulated to primary care through Primary Care Network Cancer Leads.

The issues around MFT performance have been escalated to the GM Cancer Alliance and an improvement plan and remedial actions have been requested. The issue has also been added to the risk register.

Lung Cancer

The straight to CT pathway is now in place and the initial evaluation is that patients are being diagnosed 3 days earlier.

The 2 week-wait performance was 100% for the month of February, which is a significant increase on the previous months. Other metrics are improving and should improve further following the introduction of the new pathway.

Other Cancer Indicators

Improvements were seen in February 2022 for most of the other cancer indicators, and the CCG achieved the 31 day wait target, one of 4 CCGs achieving target in GM.

Performance for overall two-week waits in HMR improved due to substantial improvements in Gynaecology and Head and Neck.

3. Mental Health

Memory Assessment Service (MAS)

Performance remains low for the number of patients being diagnosed within 12 weeks. The service has been running with two clinicians that can provide diagnostic clinics, when their substantive level is four doctors. From w/c 9th May a 3rd doctor will run additional clinics.

Patients are currently waiting between 13 weeks and 32 weeks for diagnosis following the initial nursing assessment. The long waits can be due to a combination of factors, including patients not attending their clinic appointment. Currently patients can wait up to 15 weeks for MRI scans, but these waits can vary considerably.

Additional Saturday clinics have been held between August 21 and March 22 . During this time around 150 patients have been seen which supported a reduction in the numbers waiting for diagnosis, however a substantial backlog of patients remains due to a high number of referrals. Commissioners along with primary care and secondary care clinicians, are meeting to review different models of care, to support the Memory Assessment Clinic.

The service has provided assurance that if concerns are identified at the assessment stage referrals are made to the Older Peoples community team (HITS), adult social care, safeguarding or Thinking Ahead as appropriate.

IAPT (Increasing Access to Psychological Therapies)

The service is not achieving the access target, however initiatives are in place to improve performance. These include Stress Taster sessions, which historically convert into new referrals. The service is meeting all waiting times and the target for recovery.

The service is promoted widely through social media including through a new Instagram page. A pilot continues to promote access to guided digital therapy, SilverCloud, which may also result in increased performance.

Unfortunately, there have been challenges with the recruitment and retention of Psychological Wellbeing Practitioners who undertake the initial assessments. The service is working to resolve this and ensure the workforce is up to the substantive level.

Health Checks

Local data reports that the targets have been achieved for SMI health checks and LD health checks.

- SMI health checks achieved 63% against a 60% target.
- LD health checks achieved 79% against a 75% target

During 2021, a series of task and finish groups were set up to review poor activity and ensure improvements were made in the delivery of SMI Health Checks. Commissioners, Pennine Care, CCG BI, and Primary Care colleagues all attended the meetings.

Through a combination of data cleansing, better communication links with Community Mental Health Teams and Primary Care, combined with checks being undertaken within Early Intervention and Clozapine clinics, HMR have made significant improvements.

Within the borough we have seen an increase of 1,026 patients on the SMI register who have had all 6 facets of the Physical Health Check completed in 2021/22, finishing the year at 63.5%, exceeding the required national target of 60%. This is a huge improvement on previous years.

4. Urgent Care

After three months of lower attendances, March and April ED attendances have increased across all sites. Flow through A&E remains an issue, impacting on ambulance handovers and 12 hours waits.

A&E had the highest level of ambulance conveyances for 7 months, which resulted in 19 handovers taking over one hour and 43 handovers over thirty minutes. Royal Oldham are managing to maintain handovers breaches at similar levels to previous months, but Fairfield is showing a worsening position.

The high number of NWS incidents also contributed to a downturn in performance for ambulance waits, following 3 months of improvement. Category 2 ambulances slipped from 50 minutes to 1 hour 28 minutes.

Whilst A&E attendances are higher, non-elective admissions at Fairfield and Royal Oldham remain below predicted levels, which means less patients have unplanned admissions to hospital.

Actions

The NCA are planning to have Safety Summit's across all the Care Organisations following the publication of a study into the harm associated with patients who wait for long periods in A&E departments.

The planning guidance for 2022-23 has a focus on ambulance handover delays. Whilst the Rochdale UTC has no ambulance handover issues, the site continues to support pressures in neighbouring hospitals by accepting suitable patients and paramedics on site.

Rochdale Infirmary has strengthened its Same Day Emergency Care (SDEC) capacity which also includes the frailty pathway for NWS paramedics. Additionally, the Rochdale Infirmary team are setting up virtual wards using digital technology to support the management of patients in their own home/care setting, preventing the need for conveyance to hospital. HMR plan to have 30 virtual beds by July 2022 working towards a target of 100-120 virtual beds by December 2023. The initial focus is on step down pathways from SDEC, but scoping work will begin for stepping up patients into a virtual bed from a range of community services such as integrated neighbourhood teams.

The test of change for the Access Line for healthcare professionals has been running since 15th March 2022. The pilot aims to simplify access for healthcare professionals who are seeking urgent medical advice to prevent ED conveyance. The test of change has demonstrated the need to strengthen overnight provisions and continually communicate

these with NWS paramedics. A full evaluation of outcomes will be conducted early May and findings will be presented to HMR UEC Programme Board.

The NHS Pathways clinical triage system will be used for 999 calls from July 2022. This is the triage system that NHS 111 use, the existing link between the system and the NHS Directory of Services (Dos) will give the 999 call handlers more options following triage, taking place earlier in the patient journey rather than waiting for a call back. The DoS is being reviewed ready for go-live in July 2022.

The Community Pharmacy Consultation Service pilot from Fairfield A&E aims to deflect the lowest acuity patients to local community pharmacy. For HMR, three pharmacies have signed up to the scheme and the pilot is planned to go-live in early May.

9 Recommendations

Finance, Performance and Risk is asked to note the report and discuss areas of concern.