

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	12 December 2018
Officer of Strategic Commissioning Board	Sarah Dobson, Assistant Director Policy, Performance and Communications.
Subject:	DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE
Report Summary:	<p>This report provides the Strategic Commissioning Board with a Health and Care performance report for comment.</p> <p>This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at December 2018. The report covers:</p> <ul style="list-style-type: none"> • <u>Health & Care Dashboard</u> – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target • <u>Other intelligence / horizon scanning</u> – including updates on issues raised by Strategic Commissioning Board (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) need to be made aware. • <u>In-focus</u> – a more detailed review of performance across a number of measures in a thematic area. <p>This is based on the latest published data (at the time of preparing the report). This is as at the end of September 2018.</p> <p>The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board (SCB) the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).</p> <p>The following have been highlighted as exceptions:</p> <ul style="list-style-type: none"> • A&E 4 Hour Standard • Referral To Treatment- 18 weeks • Direct Payments • 65+ at home 91days.
Recommendations:	<p>The Strategic Commissioning Board are asked:</p> <ul style="list-style-type: none"> • Note the contents of the report, in particular those areas of performance that are currently off track and the need for appropriate action to be taken by provider organisations which should be monitored by the relevant lead commissioner.

- Support ongoing development of the new approach to monitoring and reporting performance and quality across the Tameside & Glossop health and care economy.

How do proposals align with Health & Wellbeing Strategy? Should provide check & balance and assurances as to whether meeting strategy.

How do proposals align with Locality Plan? Should provide check & balance and assurances as to whether meeting plan.

How do proposals align with the Commissioning Strategy? Should provide check & balance and assurances as to whether meeting strategy.

Recommendations / views of the Professional Reference Group: This section is not applicable as this report is not received by the professional reference group.

Public and Patient Implications: Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The performance is monitored to ensure there is no impact relating to patient care.

Quality Implications: As above.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer) The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.

Legal Implications:
(Authorised by the Borough Solicitor) As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all part sot account and understanding best where to focus resources and oversight. This report and framework needs to be developed expediently to achieve this. It must include quality and this would include complaints and other indicators of quality.

How do the proposals help to reduce health inequalities? This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.

What are the Equality and Diversity implications? None.

What are the safeguarding implications? None reported related to the performance as described in report.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

There are no Information Governance implications. No privacy impact assessment has been conducted.

Risk Management:

Delivery of NHS Tameside and Glossop's Operating Framework commitments 2017/18

Access to Information :

- **Appendix 1** – Health & Care Dashboard;
- **Appendix 2** – Exception reports;

The background papers relating to this report can be inspected by contacting Ali Rehman by:



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1.0 BACKGROUND

1.1 This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at December 2018 using the new approach agreed in November 2017. The report covers:

- Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target;
- Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) need to be made aware;
- In-focus – a more detailed review of performance across a number of measures in a thematic area.

1.2 The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board (SCB) the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).

2.0 HEALTH AND CARE DASHBOARD

2.1 The Health and Care Dashboard is attached at **Appendix 1**, and the table below highlights which measures are for exception reporting and which are on watch.

EXCEPTIONS (areas of concern)	1	A&E- 4 hour Standard
	3	Referral To Treatment-18 Weeks
	40	Direct Payments
	45	65+ at home 91days
ON WATCH (monitored)	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	41	LD service users in paid employment

2.2 Further detail on the measures for exception reporting is given below and at **Appendix 2**.

A&E waits Total Time with 4 Hours at Tameside and Glossop Integrated Care Foundation Trust (ICFT)

2.3 The A&E performance for September was 92.7% for Type 1 & 3 which is below the target of 95% nationally, and above the GM 90% target. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There is still medical cover and specialty delays when teams are in Theatres. The trust reports acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need. Tameside and Glossop Integrated Care Foundation Trust are ranked first in GM for the month of September 2018 and 22nd out of 133 trusts nationally.

18 Weeks Referral To Treatment

2.4 Performance for September is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 91.1%. This is an improvement in performance compared to the previous month, July which also failed to achieve the standard at 91.3%. The national directive to

cancel elective activity was expected to reduce performance from January. The impact for Tameside and Glossop was expected to be greatest at Manchester Foundation Trust (MFT) and the recovery plan submitted to GM reflected that fact that failure at MFT could mean Tameside and Glossop performance would be below the required standard. MFT is failing to achieve the Referral to Treatment national standard. MFT (formerly UHSM) revised its improvement trajectory and is currently on track. MFT (formerly CMFT) is slightly below target although there have been improvements in children's services. Discussions are taking place with lead commissioners re the need for comprehensive recovery plans.

Proportion of people using social care who receive self-directed support, and those receiving Direct Payments

- 2.5 Performance for Quarter 2 is below the threshold for total proportion of people using social care who receive self-directed support and those receiving direct payments (28.1%) achieving 13.71%. This is an improvement in performance compared to the previous quarter, which also failed to achieve the standard at 12.84%. Tameside performance in 2016/2017 was 12.47%, this is a decrease on 2015/2016 and is below the regional average of 23.8% for 2016/2017. Nationally the performance is 28.3% which is above the Tameside 2016/17 outturn. Additional capacity was provided within the Neighbourhoods funded from the Adult Social Care transformation funding. Four Direct Payment workers have been recruited and have been working on a marketing programme to promote direct payments and encourage take up within the neighbourhoods. Although take up has increased there remains a problem with recruitment to Personal Advisor roles. In order to address this Direct payment Workers are working on a Personal Advisor pool and are also working on a marketing programme to raise awareness of the role of Personal Advisor and promote this as a valuable career pathway

Proportion of older people (65+) who were still at home 91 days after discharge from hospital

- 2.6 Performance for Quarter 2 is below the threshold for the proportion of older people (65+) who were still at home 91 days after discharge from hospital (82.7 %) achieving 77.2%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 77.4%. Tameside performance in 2016/2017 was 81.8%, this is a decrease on 2015/2016 and is below the regional average of 82.8% for 2016/2017. Nationally the performance is 82.5% which is still above the Tameside 2016/17 outturn. We are starting to monitor this more frequently to understand why the numbers are not reaching the expected goal. Asset based working has been re-launched with the Reablement Team as part of the review of the service and we would expect this to make an impact from the next quarter onwards.

3.0 OTHER INTELLIGENCE / HORIZON SCANNING

- 3.1 Below are updates on issues raised by Strategic Commissioning Board members from previous presented reports, any measures that are outside the Health and Care Dashboard but which Strategic Commissioning Board are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware.

NHS 111

- 3.2 The North West NHS 111 service performance has deteriorated in all of the key KPIs for September with none of the KPIs achieved the performance standards:

- Calls Answered (95% in 60 seconds) = 70.26%
- Calls abandoned (<5%) = 7.76%
- Warm transfer (75%) = 24.13%
- Call back in 10 minutes (75%) = 39.88%

Average call pick up for the month was 2 minutes 2 seconds. Performance was particularly difficult to achieve over the weekend periods. The Service has had a challenging month and performance against KPIs reflects this. The performance improvement plan (approved by the Strategic Partnership Board) continues to be implemented and reviewed with additional actions being considered in collaboration with CCG Commissioners.

52 Week waiters.

3.3 The Clinical Commissioning Group has had a number of 52 week waiters over the last few months. The table below shows the numbers waiting by month, which provider it relates to and the specialty.

		Better is...	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
CCG	Patients waiting 52+ weeks on an incomplete pathway	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	27	20	14	6
Provider	Manchester Foundation Trust	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	27	20	14	5
Provider	Stockport Foundation Trust	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	0	0	0	1
Specialty	Plastic Surgery	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	6	6	6	5
Specialty	ENT	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	17	9	7	1
Specialty	General Surgery	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	2	2	1	0
Specialty	Ophthalmology	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	1	1	0	0
Specialty	Other	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	1	2	0	0

3.4 Breaches have occurred at Manchester Foundation Trust and Stockport Foundation Trust in the specialty of Plastic Surgery (highly-specialised DIEP (deep inferior epigastric perforator) flap reconstructive surgery procedure) which has had capacity pressures, and ENT. More recently there has been a further review of long waiters and investigation of the Patient Administration System (PAS), identified further long waiters at Manchester Foundation Trust (MFT).

3.5 MFT has identified an emerging risk in relation to the management of waiting lists on the Manchester Royal Infirmary site. Following a review of the longest waiting patients, and some subsequent investigation of our PAS system, they have identified that approximately 250 patients are waiting over 52 weeks for treatment, primarily in the specialties of General Surgery and ENT. These are in addition to the 30 DIEP plastic surgery patients. The reasons for this are multi-factorial and around systems and processes. They recognise that these are clearly unacceptable delays for any patient, which is why they have been working intensely to investigate what happened and make the necessary changes and improvements. They have taken a number of immediate actions across all hospitals.

- They have written to each patient identified as having waited more than 52 weeks for their treatment and apologised immediately.
- Undertaken a clinical review of the patients – so far they have not identified any significant patient harm as a result of the delay.
- Made plans to treat all the patients by the end of September.
- A Task Force has been set up to oversee immediate treatment of patients but also to review the IT and operational processes – a detailed action plan is in place.

- They are making plans to introduce a more modern version of the waiting list system although this will take up to two years to complete
- They have informed regulators, GM and the Board of the plan.
- Director of Performance at MHCC is a member of the task force referenced above – weekly meetings are scheduled for the next few months and the performance team will be the single point of contact to CCGs and the GM Partnership in relation to this issue.
- A weekly briefing note will be provided to commissioners (via contracting leads) the GM partnership, NHSI and the CQC, updating on actions and patient numbers

3.6 As at November 2018, Tameside and Glossop is now down to 3 patients, as the Trust carries out urgent remedial action. We are informed following a clinical review that no patient harm to date has occurred as a result of the delay. This is clearly unacceptable and we are being assured by the host CCG that systems and improvements are being put in place. This is also being discussed and lead by the quality leads group. The current number of people waiting by speciality for Tameside and Glossop is tabled below.

Specialty	No Of Patients	Without a date	With a date
Plastic Surgery	3	2	1
Total	3	2	1

A&E- Manchester University Hospital NHST

3.7 Following a 7.2% increase in A&E activity and a 16.5% increase in Non-Elective activity as at month 4 at Manchester Foundation Trust, a task and finish group was established to conduct a deep dive to understand the position. A summary of the findings can be found below. The analysis did not identify any clear specific cause or reason for the increase which suggests it is as a result of multiple factors. The key points from the initial analysis are:

- Tameside and Glossop were not the only CCG seeing increases at MFT with Salford CCG and Bury CCG seeing similar levels of increase and others seeing smaller increases.
- There was no correlating decrease at the ICFT or other providers.
- The increases in the activity was mainly during the months of April and May and is now stabilising (analysis to month 6 (sept)).
- The increase was mostly self-presenters rather than those arriving by ambulance.
- Time of the day and day of the week analysis did not show anything particular or out of the norm.
- The age analysis shows that there were increases in the following age bands: 0-4 years, 5-9 years, 35-39 years, 55-59 years and 70-74 years.
- The main diagnosis which saw increases were: Gynaecological conditions, dislocation/fracture/joint, laceration and there was some increase in the nothing abnormal category.
- There were a number of practices where there were increases in activity compared to the same period last year, these were Medlock Vale, Bedford House and Haughton Thornley.

3.8 The following key actions have been agreed:

- Specific discussions with Medlock Vale, Bedford House and Haughton Thornley to identify how to reduce the risk of increases reoccurring.
- Triangulate GP survey results with those practices that have seen increases in activity
- Review of practice list sizes in the Denton locality to identify if any significant increases in registered population.

- Commissioning Business Managers to discuss with neighbourhoods/practices that have had high usage of A&E particularly at MFT to identify ways of reducing attendance.
- The Wider Associate contracts group will continue to monitor the activity going forward and will provide feedback as appropriate.

Elective waiting lists.

3.9 The operating guidance Refreshing NHS Plans for 2018/19 section 3.7 states:

“A more significant annual increase in the number of elective procedures compared with recent years means commissioners and providers should plan on the basis that their RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018 and, where possible, they should aim for it to be reduced.”

The table below shows the RTT waiting list position for the CCG by month compared to the baseline of March 2018.

RTT	Mar 18 Base	Apr-18	% Variation from Mar 18	May-18	% Variation from Mar 18	Jun-18	% Variation from Mar 18	Jul-18	% Variation from Mar 18	Aug-18	% Variation from Mar 18	Sep-18	% Variation from Mar 18
Bolton	5	2	-60.0%	4	-20.0%	5	0.0%	4	-20.0%	6	20.0%	3	-40.0%
Christie	81	97	19.8%	92	13.6%	130	60.5%	113	39.5%	109	34.6%	95	17.3%
Manchester University FT	3,017	3,053	1.2%	3,096	2.6%	3,218	6.7%	3446	14.2%	3567	18.2%	3509	16.3%
NWCATS Care UK/Inhealth	370	401	8.4%	461	24.6%	417	12.7%	374	1.1%	385	4.1%	424	14.6%
Other	184	237	28.8%	262	42.4%	300	63.0%	309	67.9%	289	57.1%	322	75.0%
SPIRE MANCHESTER HOSPITAL	29	33	13.8%	30	3.4%	37	27.6%	45	55.2%	39	34.5%	47	62.1%
BMI - THE ALEXANDRA HOSPITAL	123	152	23.6%	179	45.5%	177	43.9%	181	47.2%	202	64.2%	206	67.5%
PAHT	412	370	-10.2%	371	-10.0%	366	-11.2%	403	-2.2%	407	-1.2%	409	-0.7%
Salford	472	462	-2.1%	427	-9.5%	449	-4.9%	415	-12.1%	484	2.5%	476	0.8%
Stockport	949	1,011	6.5%	1,047	10.3%	1,020	7.5%	1035	9.1%	1028	8.3%	994	4.7%
T&G ICFT	11,367	11,507	1.2%	11,761	3.5%	11,825	4.0%	11844	4.2%	11377	0.1%	11756	3.4%
WWL	94	86	-8.5%	79	-16.0%	87	-7.4%	96	2.1%	87	-7.4%	87	-7.4%
Total	17,103	17,411	1.8%	17,809	4.1%	18,031	5.4%	18,265	6.8%	17,980	5.1%	18,328	7.2%
													Unvalidated

3.10 This shows that the waiting list position as at the end of September 2018 is 7.2% higher than the March 2018 position. This is a deterioration compared to the previous month where it was 5.1%. There are a number of providers where the waiting list is on the increase, Tameside and Glossop Integrated Care Foundation Trust, Manchester Foundation Trust, Stockport and the Christie are the main contributors.

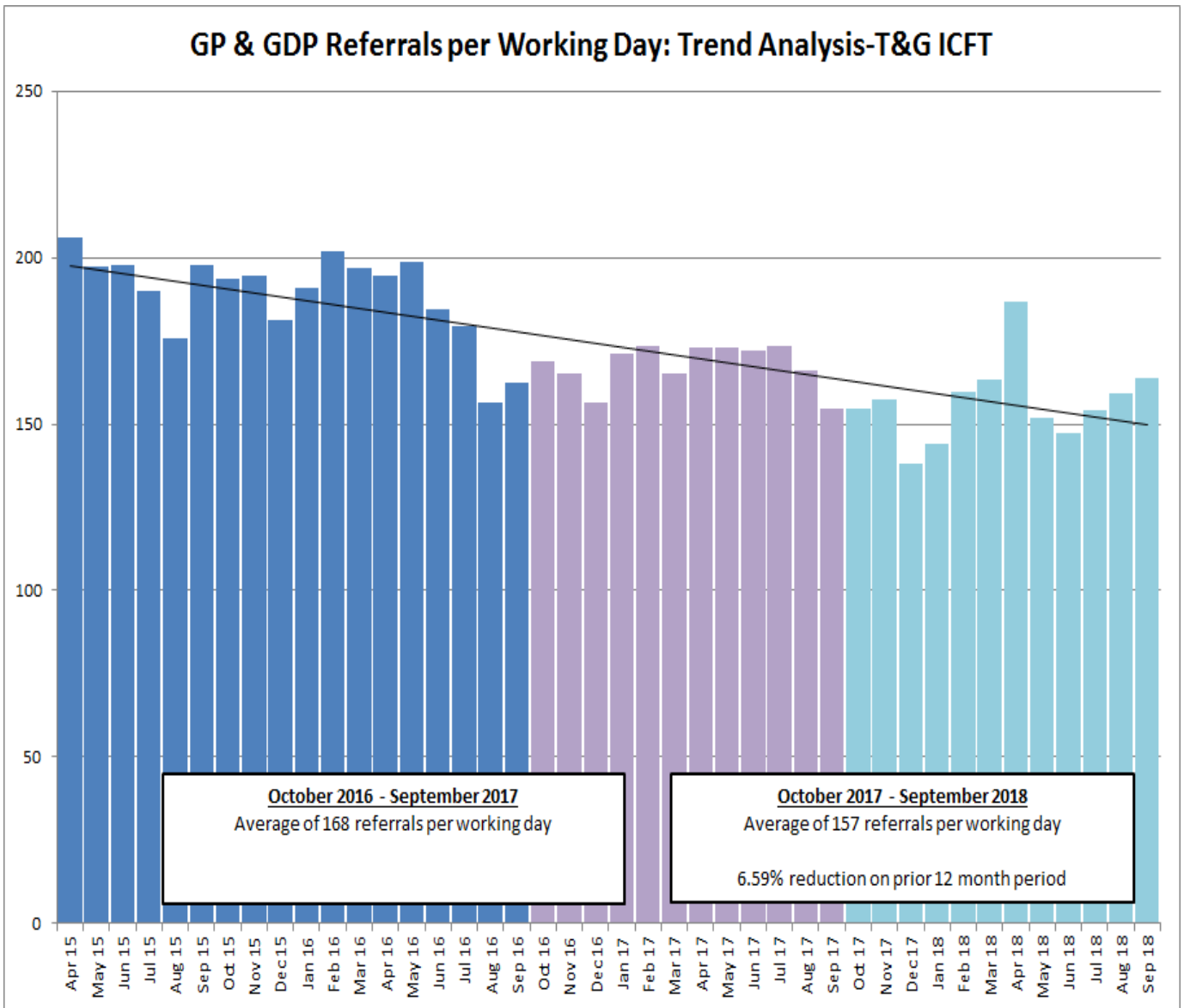
T&G CCG Total		March	April	May	June	July	August	September	Var Mar v Sept
100 - General Surgery		2172	2162	2276	2337	2364	2249	2,338	166
101 - Urology		1041	1122	1147	1072	1159	1144	1,132	91
110 - Trauma & Orthopaedics		2769	2751	2730	2776	2839	2646	2,810	41
120 - Ear, Nose & Throat (ENT)		1342	1318	1388	1356	1335	1335	1,296	- 46
130 - Ophthalmology		1258	1272	1427	1543	1677	1721	1,837	579
140 - Oral Surgery		0	0	0	0				-
150 - Neurosurgery		8	12	30	51	66	81	97	89
160 - Plastic Surgery		183	182	175	210	223	241	259	76
170 - Cardiothoracic Surgery		51	43	49	53	42	48	53	2
300 - General Medicine		590	603	569	533	488	461	492	- 98
301 - Gastroenterology		742	990	852	871	861	760	848	106
320 - Cardiology		1015	961	1043	1042	1035	1000	1,052	37
330 - Dermatology		777	876	917	936	1004	1072	1,132	355
340 - Thoracic Medicine		491	513	576	584	556	575	544	53
400 - Neurology		6	6	7	6	7	1	12	6
410 - Rheumatology		392	405	417	416	384	418	410	18
430 - Geriatric Medicine		12	15	15	18	22	20	17	5
502 - Gynaecology		1453	1412	1383	1343	1342	1430	1,395	- 58
X01 - Other		2801	2768	2808	2884	2861	2778	2,604	- 197
Total		17103	17411	17809	18031	18265	17980	18,328	1225

3.11 The table above shows the waiting list position by specialty for the CCG. The main specialties where the waiting list is above the March 2018 position are general surgery, Urology, Ophthalmology, Dermatology. An analysis of the data at provider level has been undertaken which shows which providers are contributing to this growth.

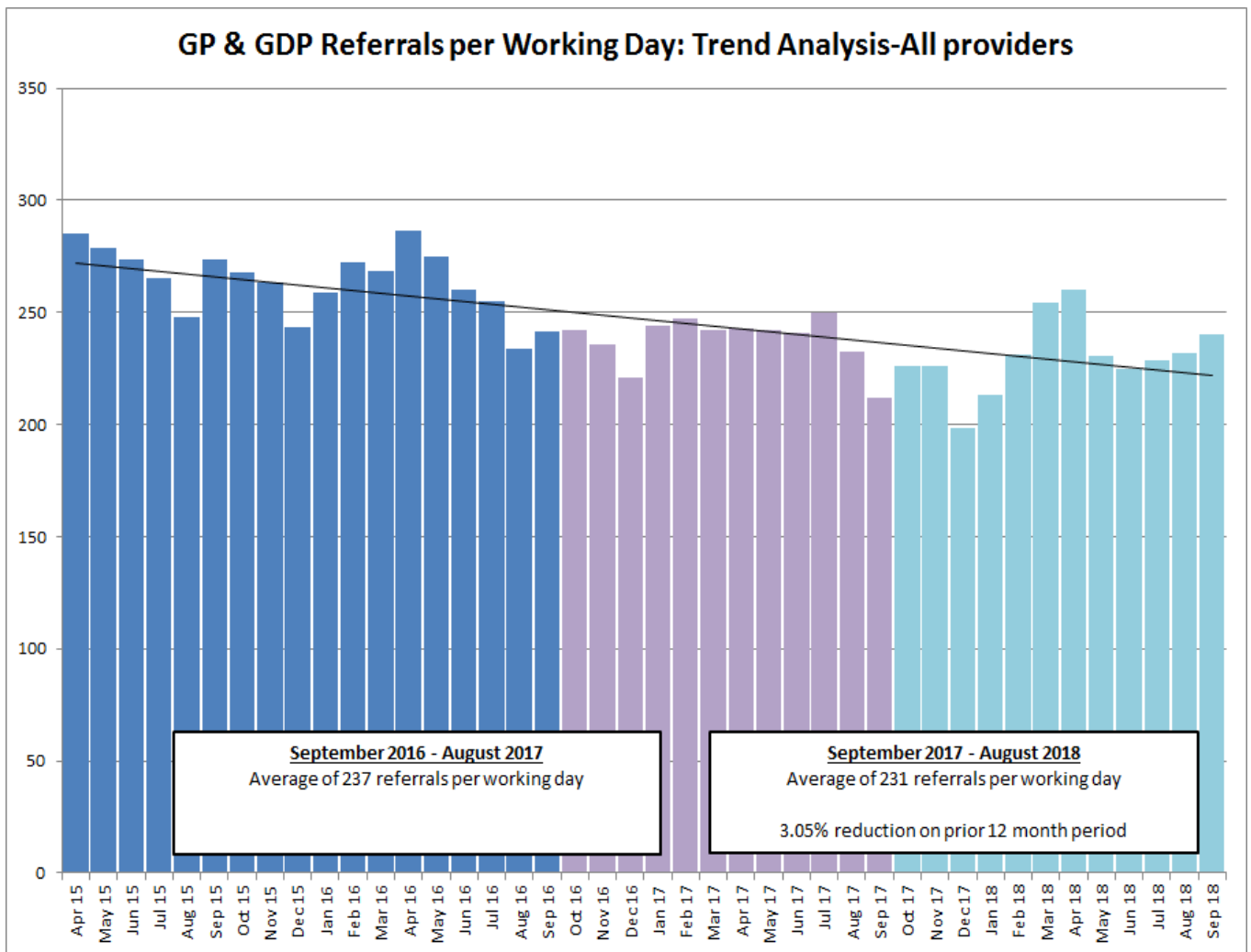
3.12 We are trying to understand what is driving the increase ie increased demand, e.g. cancer activity following national cancer campaigns, or insufficient capacity. We are working with individual providers to ensure there is a plan to reduce the waiting lists as per the operating guidance. The Integrated Care Foundation Trust have advised that such increases between April and July are usual and are predicting reductions in both waiting lists and backlog in the next few months.

Referrals

3.13 The chart below shows the GP referrals trend for Tameside and Glossop Clinical Commissioning Group at the Integrated Care Foundation Trust. This shows that there has been a 6.59% reduction on the prior 12 month period (October to September). The average number of referrals per working day was 157 over the last 12 months compared to 168 for the same period last year.



3.14 The chart below shows the GP referrals trend for the CCG at all providers. This shows that there has been a 3.05% reduction on the prior 12 month period (October to September). The average number of referrals per working day was 231 over the last 12 months compared to 237 for the same period last year.



3.15 The table below shows the GP referral data for each CCG against plan. Tameside and Glossop Clinical Commissioning Group is 0.2% above plan as at Month 6 (September).

GP referrals	18-19					
	YTD Actual Activity	YTD Planned Activity	YTD No. Variance to Plan	YTD % Variance to Plan	GP Registered Population	Rate per: 1000
Stockport CCG	39,094	39,110	-16	0.0%	313,242	125
Bolton CCG	33,764	34,396	-632	-1.8%	310,545	109
Manchester CCG	68,048	61,426	6,622	10.8%	642,463	106
Tameside & Glossop CCG	29,033	28,980	53	0.2%	248,548	117
Bury CCG	23,144	26,235	-3,091	-11.8%	205,095	113
Oldham CCG	22,576	24,101	-1,525	-6.3%	256,452	88
Trafford CCG	28,295	29,856	-1,561	-5.2%	243,010	116
HMR CCG	24,300	28,427	-4,127	-14.5%	234,673	104
Salford CCG	25,192	28,394	-3,202	-11.3%	274,318	92
Wigan Borough CCG	43,745	42,380	1,365	3.2%	328,989	133
Total	337,191	343,305	-6,114	-1.8%	3,057,335	110

3.16 The Table below shows GP referrals against the same period last year. This shows that Tameside and Glossop CCG has had a 3.0% reduction in GP referrals compared to the same period last year as at month 6 (September).

GP referrals	17-18 vs 18-19					
CCG Name	YTD Actual (17/18)	YTD Actual (18/19)	YTD No. Variance to Actual	YTD % Variance to Actual	GP Registered Population	Rate per: 1000
Stockport CCG	38,837	39,094	257	0.7%	1,927	0.05
Bolton CCG	33,260	33,764	504	1.5%	2,343	1
Manchester CCG	61,954	68,048	6,094	9.8%	13,314	7
Tameside & Glossop CCG	29,938	29,033	-905	-3.0%	1,477	4
Bury CCG	25,876	23,144	-2,732	-10.6%	1,605	14
Oldham CCG	24,753	22,576	-2,177	-8.8%	2,891	10
Trafford CCG	30,653	28,295	-2,358	-7.7%	1,578	11
HMR CCG	28,557	24,300	-4,257	-14.9%	2,399	19
Salford CCG	28,203	25,192	-3,011	-10.7%	5,223	13
Wigan Borough CCG	41,676	43,745	2,069	5.0%	2,095	5
Total	343,707	337,191	-6,516	-1.9%	34,852	3

GP referrals	16-17 vs 18-19					
CCG Name	YTD Actual (16/17)	YTD Actual (18/19)	YTD No. Variance to Actual	YTD % Variance to Actual	GP Registered Population	Rate per: 1000
Stockport CCG	38,841	39,110	269	0.7%	310,998	-1
Bolton CCG	35,173	34,396	-777	-2.2%	307,709	-7
Manchester CCG	66,956	61,426	-5,530	-8.3%	630,885	-10
Tameside & Glossop CCG	33,049	28,980	-4,069	-12.3%	247,030	-13
Bury CCG	22,180	26,235	4,055	18.3%	203,345	17
Oldham CCG	24,379	24,101	-278	-1.1%	253,691	0
Trafford CCG	30,981	29,856	-1,125	-3.6%	241,257	-2
HMR CCG	32,668	28,427	-4,241	-13.0%	232,114	-19
Salford CCG	30,375	28,394	-1,981	-6.5%	269,928	-10
Wigan Borough CCG	41,796	42,380	584	1.4%	326,874	-1
Total	356,398	343,305	-13,093	-3.7%	3,023,829	-5

4.0 RECOMMENDATIONS

4.1 As set out on the front of the report.