

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 13 February 2019

Officer of Strategic Commissioning Board Sarah Dobson, Assistant Director Policy, Performance and Communications.

Subject: **DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE**

Report Summary: This report provides the Strategic Commissioning Board with a Health and Care performance report for comment.

This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at February 2019. 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.

This is based on the latest published data (at the time of preparing the report). This is as at the end of November 2018.

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).

The following have been highlighted as exceptions:

- A&E 4 Hour Standard
- Referral To Treatment- 18 weeks
- Cancer 62 day referral to treatment
- Direct Payments
- 65+ at home 91days.

Recommendations: The Strategic Commissioning Board are asked:

- 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 and care performance update at February 2019 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 & CARE DASHBOARD

2.1 The Health & 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
	11	Cancer 62 day referral to treatment
	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 November 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. Lack of physical capacity in the ED to see patients during periods of high demand; Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy; Increased paediatric demand (seasonal increase from September). Tameside and Glossop ICFT are ranked first in GM for the month of November 2018 and 29th out of 134 trusts nationally.

18 Weeks Referral to Treatment

2.4 Performance for November is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 90.9%. This is a deterioration in performance compared to the previous

month, October which also failed to achieve the standard at 91.2%. 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.

Cancer: 62 day referral to treatment

- 2.5 Performance for November is below the Standard for Cancer 62 day Referral to Treatment (85%) achieving 82.7%. This is the same performance compared to the previous month, October which also failed to achieve the standard at 82.7%. The national directive to cancel elective activity was expected to reduce performance from January. The significant increase in 2 week waits referrals, converts to an increase in demand for 62 day. We are aware that there is variation within this performance, when the detail is looked at for specific pathways (Q3 breaches: Urological, Colorectal, Gynaecological and Lung), and we will address this in the work of the locality cancer board and our involvement in GM Cancer Commissioning. On interrogation of the breach data delays were mainly due to delays in diagnostics, patient choice or complex diagnostic pathways/patients with comorbidities. The data on the GM Cancer data portal shows that Tameside and Glossop CCG was the second highest in GM against the 62 day Q2 standard, and indicates an upward trend for Q2.

There has been failure also in 62 Day Screening Standard monthly report (2 breaches) though due to the low numbers involved the De Minimis rule will apply.

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

- 2.6 Performance for Q3 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 13.56%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 13.71%. 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. Work is ongoing to continue to promote Direct Payments (DP) sign up. In 2018 there was a total of 49 new sign ups. This is an improvement to the previous year when there was a total of 24 new sign ups. Although we have promoted DP as a service option for individuals, Personal Assistants (PA) recruitment remains slow and therefore impacting on overall figures. This is a key component to people taking up Direct Payments, and the feedback we have received as to potential barriers. As such, a leaflet has been developed to try and increase PA sign up. We are currently looking at potential training opportunities that could be offered to a PA to attract staff into this role and to market it as a positive career pathway. By doing this, it should impact positively on DP uptake furthermore.

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

- 2.7 Performance for Q3 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 79.9%. This is an improvement in performance compared to the previous quarter, which also failed to achieve the standard at 77.2%. 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. We are working with Social Care Institute for Excellence (SCIE) and National Audit for Intermediate Care (NAIC) to ensure that we continually review current practice against national developments.

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 November with none of the KPIs achieved the performance standards:

- Calls Answered (95% in 60 seconds) = 72.65%;
- Calls abandoned (<5%) = 8.36%;
- Warm transfer (75%) = 27.41%;
- Call back in 10 minutes (75%) = 44.90%.

Average call pick up for the month was 2 minutes 1 second. The Service has seen a small improvement in month and performance, KPIs reflects this. Implementation of the performance improvement plan continues, with the focus relating to recruitment and retention, improving the technology within our call centres and collaboration with other 111 providers to identify efficiencies and better ways of working in partnership.

3.3 52 Week waiters.

The CCG 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 speciality.

	Better is...	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Patients waiting 52+ weeks on an incomplete pathway	L	Zero Tolerance	4	4	27	20	14	6	6	4
Manchester Foundation Trust	L	Zero Tolerance	4	4	27	20	14	5	4	3
Stockport Foundation Trust	L	Zero Tolerance	0	0	0	0	0	1	0	0
Leeds Teaching Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	0
The Robert Jones and Agnes Hunt Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	1
Plastic Surgery	L	Zero Tolerance	4	4	6	6	6	5	4	3
ENT	L	Zero Tolerance	0	0	17	9	7	1	0	0
T&O	L	Zero Tolerance	0	0	0	0	0	0	1	1
General Surgery	L	Zero Tolerance	0	0	2	2	1	0	0	0
Ophthalmology	L	Zero Tolerance	0	0	1	1	0	0	0	0
Other	L	Zero Tolerance	0	0	1	2	0	0	1	0

3.4 Breaches have occurred at Manchester Foundation Trust in the specialty of Plastic Surgery (highly-specialised DIEP (deep inferior epigastric perforator) flap reconstructive surgery procedure) which has had capacity pressures. There are 3 patients, two of these have a date to be seen and 1 awaits a date. There is one patient waiting at Robert Jones and Agnes Hunt hospital. We have been informed that this patient is likely to be waiting till Jan as this patient is awaiting ACI (Autologous Chondrocyte Implantation). A harms review has been undertaken by the trust and no harm has been identified for the patient.

Elective waiting lists.

3.5 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.”

3.6 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	Oct-18	% Variation from Mar 18	Nov-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%	3	-40.0%	4	-20.0%
Christie	81	97	19.8%	92	13.6%	130	60.5%	113	39.5%	109	34.6%	95	17.3%	111	37.0%	98	21.0%
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%	3472	15.1%	3513	16.4%
NWCATS Care UK/Inhealth	370	401	8.4%	461	24.6%	417	12.7%	374	1.1%	385	4.1%	424	14.6%	511	38.1%	500	35.1%
Other	184	237	28.8%	262	42.4%	300	63.0%	309	67.9%	289	57.1%	322	75.0%	327	77.7%	354	92.4%
SPIRE MANCHESTER HOSPITAL	29	33	13.8%	30	3.4%	37	27.6%	45	55.2%	39	34.5%	47	62.1%	55	89.7%	59	103.4%
BMI - THE ALEXANDRA HOSPITAL	123	152	23.6%	179	45.5%	177	43.9%	181	47.2%	202	64.2%	206	67.5%	223	81.3%	197	60.2%
PAHT	412	370	-10.2%	371	-10.0%	366	-11.2%	403	-2.2%	407	-1.2%	409	-0.7%	421	2.2%	440	6.8%
Salford	472	462	-2.1%	427	-9.5%	449	-4.9%	415	-12.1%	484	2.5%	476	0.8%	449	-4.9%	484	2.5%
Stockport	949	1,011	6.5%	1,047	10.3%	1,020	7.5%	1035	9.1%	1028	8.3%	994	4.7%	969	2.1%	947	-0.2%
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%	12165	7.0%	12105	6.5%
WWL	94	86	-8.5%	79	-16.0%	87	-7.4%	96	2.1%	87	-7.4%	87	-7.4%	85	-9.6%	76	-19.1%
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%	18,791	9.9%	18,777	9.8%
																	Unvalidated

3.7 This shows that the waiting list position as at the end of November 2018 is 9.8% Higher than the March 2018 position. This is a slight improvement compared to the previous month where it was 9.9%. There are a number of providers where the waiting list is on the increase, Tameside and Glossop ICFT, MFT, Stockport and the Christie are the main contributors.

T&G CCG Total	March	April	May	June	July	August	September	October	November	Var Mar v Nov
100 - General Surgery	2172	2162	2276	2337	2364	2249	2,338	2,332	2,400	228
101 - Urology	1041	1122	1147	1072	1159	1144	1,132	1,105	1,190	149
110 - Trauma & Orthopaedics	2769	2751	2730	2776	2839	2646	2,810	2,992	2,972	203
120 - Ear, Nose & Throat (ENT)	1342	1318	1388	1356	1335	1335	1,296	1,311	1,223	- 119
130 - Ophthalmology	1258	1272	1427	1543	1677	1721	1,837	1,997	1,980	722
140 - Oral Surgery	0	0	0	0				-	-	-
150 - Neurosurgery	8	12	30	51	66	81	97	110	119	111
160 - Plastic Surgery	183	182	175	210	223	241	259	308	321	138
170 - Cardiothoracic Surgery	51	43	49	53	42	48	53	43	54	3
300 - General Medicine	590	603	569	533	488	461	492	513	470	- 120
301 - Gastroenterology	742	990	852	871	861	760	848	879	840	98
320 - Cardiology	1015	961	1043	1042	1035	1000	1,052	1,022	966	- 49
330 - Dermatology	777	876	917	936	1004	1072	1,132	1,158	1,120	343
340 - Thoracic Medicine	491	513	576	584	556	575	544	561	562	71
400 - Neurology	6	6	7	6	7	1	12	12	9	3
410 - Rheumatology	392	405	417	416	384	418	410	429	452	60
430 - Geriatric Medicine	12	15	15	18	22	20	17	17	32	20
502 - Gynaecology	1453	1412	1383	1343	1342	1430	1,395	1,347	1,327	- 126
X01 - Other	2801	2768	2808	2884	2861	2778	2,604	2,655	2,740	- 61
	17103	17411	17809	18031	18265	17980	18,328	18,791	18,777	1,674

3.8 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.

3.9 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.

4.0 RECOMMENDATIONS

4.1 As set out on the front of the report.