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**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 26<sup>th</sup> June 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 June 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 March 2019.

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
- IAPT- Access Rate
- IAPT- Recovery rate

**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.

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**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 2018/19

**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 with a health & care performance update at April 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 members from previous reports, any measures that are outside the 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;
- 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 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
	17	IAPT-Access Rate
	18	IAPT –Recovery Rate
ON WATCH (monitored)	4	Diagnostic tests waiting times
	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	19- 20	IAPT
	41	LD service users in paid employment
	40	Direct Payments
	45	65+ at home 91days

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 April was 86.0% for Type 1 & 3 which is below the target of 95% nationally. Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy. It should be noted that this performance meant that the Trust was ranked first in Greater Manchester and in the upper quartile for the national peer

### **18 Weeks Referral To Treatment**

- 2.4 Performance for March is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 89.8%. This is a deterioration in performance compared to the previous month, February which also failed to achieve the standard at 90.4%. A number of providers are failing the national standard including MFT.

MFT has seen growth in GP referrals. This is primarily due to local GP referrals, but also increases from commissioners outside of Trafford and Manchester, including ENT, cardiology and paediatrics.

Given the demand and capacity pressures, MFT did not meet the RTT standard and waiting list ceiling target by March 2019.

Actions include MFT to outsource where possible with existing contracts in place with a number of providers including BMI, Spire, HCA and MSS. Support is to be provided from NHSI IST.

Discussions are taking place with lead commissioners re the need for comprehensive recovery plans.

### **Improving Access to Psychological Therapies-Access Rate**

- 2.5 Performance for February is below the Standard for Improving Access to Psychological Therapies-Access Rate (4.75%) achieving 2.77%. This is a deterioration on the previous month, January where performance was 3.3%. The focus on reducing secondary waits and lower referral rates have impacted on prevalence. Joint action plan is in place and prevalence is rising. Business case in development to reach 22%.

### **Improving Access to Psychological Therapies-Recovery Rate**

- 2.6 Performance for February is below the Standard for Improving Access to Psychological Therapies Recovery Rate (50%) achieving 45.7%. This is an improvement in performance compared to the previous month, January which achieved 45.5%. Recovery has been affected due to waiting list initiatives. Plan to improve includes review of supervision and therapeutic doses of intervention. Case note audits and increased use of anxiety disorder specific measures. Anticipated to achieve 50% rate in Q1 2019/20.

## **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 are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware.

### **Diagnostics Issues MRI and Non Obstetric Ultrasound**

- 3.2 Salford Royal Foundation Trust (SRFT) has seen a significant rise in demand for MRI and Non Obstetric Ultrasound in the months between January and April 2019. This has caused a backlog with the services.

Demand for MRI has increased between 8% and 20% over this period. Along with the increase in demand there has been issues around capacity linked to the national shortage of radiographers.

There has been an issue at SRFT of radiographers refusing to pick up overtime. A lot of their radiographers do work for an independent company RMS – which provides

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outsourced radiology for SRFT and other Trusts. This has made it difficult for SRFT to fill weekend shifts with demand rising alongside the reduction in capacity.

The Trust is therefore forced to use more outsourcing arrangements to meet demand. Demand for RMS has risen in this period and they have been turning down scanning hours. The 10 hours on Saturday and 10 hours on Sunday, which was previously picked up by RMS, is no longer in place. There has therefore been a greater increase in instances of RMS not being able to cover these tests.

SRFT have been using the scanner at the Oakland's 3 days per week at the beginning of 2019. However, this has recently been reduced to 1 day per week, reducing capacity further. This has contributed to the April backlog.

Non Obstetric Ultrasound has had no staffing issues. However, the significant rise in demand in recent months has seen the deterioration in performance.

### **Mitigating Actions**

- Use of MRI Scanner at Fairfield Hospital for 10-15 days per month planned worked well in May and SRFT have MR slots in place for June, July and August.
- A plan to use another private company, South Manchester Diagnostics, to provide an additional 50 MRI slots per month. With this capacity the service are confident they can meet demand and get the backlog down.
- The service manager will continue to liaise with staff to encourage them to do overtime.
- The service has been given the go-ahead for a new MR scanner which, if they can staff, can provide an additional 5-6 days at SRFT.
- The service manager is looking at outsourcing some capacity in Non-Obstetric Ultrasound. They are working with a company called Atlas to increase capacity to meet demand.

### **Stockport Breast Services**

3.3 In May 2019 Stockport NHS Foundation Trust took the decision to temporarily suspend 2ww referrals into their breast service, due to an increase in referrals and workforce pressures, to enable the Trust to stabilise the service and develop a long term solution.

The provider continued to treat all NHS T&G CCG patients who were already receiving treatment or had an appointment booked. Patients who were waiting for an appointment were offered an alternative choice of providers to ensure they were seen in timely manner.

Of the 900 patients across GM this affected, the risk to not being seen within 2 weeks for NHS T&G patients was relatively low due to the low numbers (100 patients) involved and the support the team at NHS T&G ICFT already receive from MFT.

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3.4 **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	Dec-18	Jan-19	Feb-19	Mar-19
CCG	Patients waiting 52+ weeks on an incomplete pathway	L	Zero Tolerance	4	4	27	20	14	6	6	4	4	2	2	1
Provider	Manchester Foundation Trust	L	Zero Tolerance	4	4	27	20	14	5	4	3	2	1	1	1
Provider	Stockport Foundation Trust	L	Zero Tolerance	0	0	0	0	0	1	0	0	0	0	0	0
Provider	Leeds Teaching Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	0	0	0	0	0
Provider	The Robert Jones and Agnes Hunt Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	1	1	1	1	0
Provider	Pennine Acute	L	Zero Tolerance	0	0	0	0	0	0	0	0	1	0	0	0
Specialty	Plastic Surgery	L	Zero Tolerance	4	4	6	6	6	5	4	3	2	1	1	1
Specialty	ENT	L	Zero Tolerance	0	0	17	9	7	1	0	0	0	0	0	0
Specialty	T&O	L	Zero Tolerance	0	0	0	0	0	0	1	1	1	1	1	0
Specialty	General Surgery	L	Zero Tolerance	0	0	2	2	1	0	0	0	1	0	0	0
Specialty	Ophthalmology	L	Zero Tolerance	0	0	1	1	0	0	0	0	0	0	0	0
Specialty	Other	L	Zero Tolerance	0	0	1	2	0	0	1	0	0	0	0	0

There is 1 patient waiting at MFT, which has now been seen. Breaches have occurred at Manchester Foundation Trust in the speciality of Plastic Surgery (highly-specialised DIEP (deep inferior epigastric perforator) flap reconstructive surgery procedure) which has had capacity pressures.

3.5 **Elective waiting lists.**

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.

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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	Dec-18	% Variation from Mar 18	Jan-19	% Variation from Mar 18	Feb-19	% Variation from Mar 18	Mar-19	% Variation from Mar 19
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%	4	-20.0%	7	40.0%	5	0.0%	6	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%	98	21.0%	97	19.8%	98	21.0%	102	25.9%
Manchester University FT	3,017	3,053	1.2%	3,096	2.6%	3,218	6.7%	3,446	14.2%	3,567	18.2%	3,509	16.3%	3,472	15.1%	3,513	16.4%	3,515	16.5%	3,546	17.5%	3,611	19.7%	4,184	38.7%
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%	380	2.7%	338	-8.6%	389	5.1%	435	17.6%
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%	349	89.7%	330	79.3%	298	62.0%	320	73.9%
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%	42	44.8%	41	41.4%	39	34.5%	46	58.6%
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%	189	53.7%	179	45.5%	178	44.7%	191	55.3%
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%	420	1.9%	446	8.3%	529	28.4%	558	35.4%
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%	496	5.1%	500	5.9%	510	8.1%	500	5.9%
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%	932	-1.8%	885	-6.7%	914	-3.7%	878	-7.5%
T&G ICFT	11,367	11,507	1.2%	11,761	3.5%	11,825	4.0%	11,844	4.2%	11,377	0.1%	11,756	3.4%	12,165	7.0%	12,105	6.5%	11,599	2.0%	11,618	2.2%	11,907	4.8%	12,294	8.2%
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%	63	-33.0%	59	-37.2%	74	-21.3%	68	-27.7%
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%	18,087	5.8%	18,046	5.5%	18,552	8.5%	19,582	14.5%
																									Unvalidated

This shows that the waiting list position as at the end of March 2019 is 14.5% Higher than the March 2018 position. This is a deterioration compared to the previous month where it was 8.5%. There are a number of providers where the waiting list is on the increase, however the three key contributors are T&G ICFT, MFT, and Pennine Acute. All three have growth in the following four specialties, Ophthalmology, Gastroenterology, General Surgery and Urology. The ICFT continue to have a backlog in Dermatology as seen in the table below.



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T&G CCG Total	March	April	May	June	July	August	September	October	November	December	Var Mar v Dec	January	Var Mar v Jan	February	Var Mar v Feb	March	Var Mar v Mar
100 - General Surgery	2172	2162	2276	2337	2364	2249	2,338	2,332	2,400	2,249	77	2,277	105	2,327	155	2,443	79
101 - Urology	1041	1122	1147	1072	1159	1144	1,132	1,105	1,190	1,133	92	1,144	103	1,181	140	1,189	30
110 - Trauma & Orthopaedics	2769	2751	2730	2776	2839	2646	2,810	2,992	2,972	2,862	93	2,755	- 14	2,729	- 40	2,790	- 49
120 - Ear, Nose & Throat (ENT)	1342	1318	1388	1356	1335	1335	1,296	1,311	1,223	1,254	- 88	1,382	40	1,450	108	1,575	240
130 - Ophthalmology	1258	1272	1427	1543	1677	1721	1,837	1,997	1,980	1,941	683	1,814	556	1,819	561	1,904	227
140 - Oral Surgery	0	0	0	0				-	-	-	-	-	-	-	-	1	1
150 - Neurosurgery	8	12	30	51	66	81	97	110	119	120	112	4	- 4	5	- 3	9	- 57
160 - Plastic Surgery	183	182	175	210	223	241	259	308	321	319	136	300	117	278	95	256	33
170 - Cardiothoracic Surgery	51	43	49	53	42	48	53	43	54	57	6	51	-	55	4	49	7
300 - General Medicine	590	603	569	533	488	461	492	513	470	443	- 147	460	- 130	472	- 118	496	8
301 - Gastroenterology	742	990	852	871	861	760	848	879	840	829	87	924	182	971	229	1,111	250
320 - Cardiology	1015	961	1043	1042	1035	1000	1,052	1,022	966	946	- 69	949	- 66	983	- 32	1,045	10
330 - Dermatology	777	876	917	936	1004	1072	1,132	1,158	1,120	935	158	877	100	895	118	953	- 51
340 - Thoracic Medicine	491	513	576	584	556	575	544	561	562	519	28	548	57	565	74	612	56
400 - Neurology	6	6	7	6	7	1	12	12	9	6	-	7	1	13	7	10	3
410 - Rheumatology	392	405	417	416	384	418	410	429	452	409	17	412	20	402	10	411	27
430 - Geriatric Medicine	12	15	15	18	22	20	17	17	32	33	21	40	28	53	41	51	29
502 - Gynaecology	1453	1412	1383	1343	1342	1430	1,395	1,347	1,327	1,282	- 171	1,313	- 140	1,456	3	1,472	130
X01 - Other	2801	2768	2808	2884	2861	2778	2,604	2,655	2,740	2,750	- 51	2,789	- 12	2,898	97	3,205	344
	17103	17411	17809	18031	18265	17980	18,328	18,791	18,777	18,087	984	18,046	943	18,552	1,449	19,582	1,317

The analysis of our activity shows that YTD referrals are 5.7% below plan and 4.6% below 17/18 which suggests that the increased backlog is down to capacity rather than demand.

Discussions with the ICFT suggested the backlog would decrease for March 2019, however the ICFT did not achieve the zero growth in waiting list at the end of March. MFT ended the year with a waiting list growth of circa 1135.

#### 4.0 RECOMMENDATIONS

4.1 As set out on the front of the report.

#### 5.0 APPENDICES

5.1 The following appendices are attached.

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