

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 24 October 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: This report provides the Strategic Commissioning Board with a Health and Care performance report for comment.

This report provides the Strategic Commissioning Board with a health & care performance update at August 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 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.

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

- Referral To Treatment - 18 weeks

Recommendations: The Strategic Commissioning Board are asked to:-

- 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 the 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?	There are no equality or diversity implications associated with this report.
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:

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



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1. BACKGROUND

1.1 This report provides the Strategic Commissioning Board with a health and care performance update at October 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 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.

2. 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)	3	Referral To Treatment-18 Weeks
ON WATCH (monitored)	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	47	65+ at home 91days

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

18 Weeks Referral to Treatment

2.3 Performance for August is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 91.8%. 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 University NHS Foundation Trust and the recovery plan submitted to Greater Manchester reflected that fact that failure at Manchester University NHS Foundation Trust could mean Tameside and Glossop performance would be below the required standard. Manchester University NHS Foundation Trust is failing to achieve the RTT national standard. Manchester University NHS Foundation Trust (formerly UHSM) revised its improvement trajectory and is currently on track. Manchester University NHS Foundation Trust (formerly CMFT) is slightly below target although there have been improvements in children's services. Discussions are taking place with lead commissioners regarding the need for comprehensive recovery plans.

3. 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 performance indicators for August with none of the key performance indicators achieving the performance standards:-

- Calls Answered (95% in 60 seconds) = 70.13%
- Calls abandoned (<5%) = 8.11%
- Warm transfer (75%) = 22.39%
- Call back in 10 minutes (75%) = 40.84%

3.3 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 key performance indicators 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

3.4 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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-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
Provider	Manchester Foundation Trust	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	27	20	14
Specialty	Plastic Surgery	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	6	6	6
Specialty	ENT	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	17	9	7
Specialty	General Surgery	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	2	2	1
Specialty	Ophthalmology	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	1	1	0
Specialty	Other	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	1	2	0

3.5 All of the breaches have occurred at Manchester Foundation Trust and in the speciality of Plastic Surgery, which has had capacity pressures. More recently there has been a further review of long waiters and investigation of the PAS system, identified further long waiters.

3.6 Manchester University NHS Foundation Trust has identified an emerging risk in relation to the management of waiting lists on the Manchester Royal Infirmary site.

- 3.7 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.
- 3.8 Reasons are multi-factorial - around systems and processes
- 3.9 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.
- 3.10 They have taken a number of immediate actions across all hospitals:-
1. They have written to each patient identified as having waited more than 52 weeks for their treatment and apologised immediately.
 2. Undertaken a clinical review of the patients – so far they have not identified any significant patient harm as a result of the delay.
 3. Made plans to treat all the patients by the end of September.
 4. 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.
 5. 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.
 6. They have informed regulators, GM and the Board of the plan.
 7. 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.
 8. 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.
- 3.11 As at September 18, Tameside and Glossop is now down to 10 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 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.
- 3.12 Whilst this is a reduction since last month plans are in place to treat all patients over 52 weeks by the end of September. The current number of people waiting by specialty for Tameside and Glossop is tabled below.

Specialty	No Of Patients	Without a date	With a date
Plastic Surgery	5	5	0
ENT	4	1	3
General Surgery	1	0	1
Total	10	6	4

A&E- Manchester University Hospital NHST

- 3.13 A&E – There is an overall increase in the number of attendances of 7.2% when compared against the same time period in 17/18.
- 3.14 There is a real increase in activity of 7.2% when compared against last year. A deep dive has been conducted and it has since become clear that there is a change in casemix of patients turning up at A&E. It would appear that Tameside and Glossop patients are presenting at A&E with more serious conditions, which attracts a higher tariff and are of a category 2 or more with 1-3 further treatments. There is also a 10% increase in the number of patients presenting at A&E, which have resulted in 'No Investigation' and with 'No Significant Treatment'.

3.15 A detailed analysis will be undertaken to fully understand the details including the following:-

- Sharing of the patient details with Tameside and Glossop practices for investigation.
- Comparison of performance across all providers.
- Analysis of age and conditions.
- Have the list sizes for bordering practices changed.
- Analysis of other CCG performance at Manchester University NHS Foundation Trust.

3.16 An update will be provided at the next meeting.

Elective waiting lists.

3.17 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.

3.18 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
Bolton	5	2	-60.0%	4	-20.0%	5	0.0%	4	-20.0%	6	20.0%
Christie	81	97	19.8%	92	13.6%	130	60.5%	113	39.5%	109	34.6%
Manchester University FT	3,017	3,053	1.2%	3,096	2.6%	3,218	6.7%	3446	14.2%	3567	18.2%
NWCATS Care UK/Inhealth	370	401	8.4%	461	24.6%	417	12.7%	374	1.1%	385	4.1%
Other	184	237	28.8%	262	42.4%	300	63.0%	309	67.9%	289	57.1%
SPIRE MANCHESTER HOSPITAL	29	33	13.8%	30	3.4%	37	27.6%	45	55.2%	39	34.5%
BMI - THE ALEXANDRA HOSPITAL	123	152	23.6%	179	45.5%	177	43.9%	181	47.2%	202	64.2%
PAHT	412	370	-10.2%	371	-10.0%	366	-11.2%	403	-2.2%	407	-1.2%
Salford	472	462	-2.1%	427	-9.5%	449	-4.9%	415	-12.1%	484	2.5%
Stockport	949	1,011	6.5%	1,047	10.3%	1,020	7.5%	1035	9.1%	1028	8.3%
T&G ICFT	11,367	11,507	1.2%	11,761	3.5%	11,825	4.0%	11844	4.2%	11377	0.1%
WWL	94	86	-8.5%	79	-16.0%	87	-7.4%	96	2.1%	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%
										Unvalidated	

3.19 This shows that the waiting list position as at the end of August 2018 is 5.1% higher than the March 2018 position. This is an improvement compared to the previous month where it was 6.8%. There are a number of providers where the waiting list is on the increase, Tameside and Glossop ICFT, Manchester University NHS Foundation Trust, Stockport and the Christie are the main contributors.

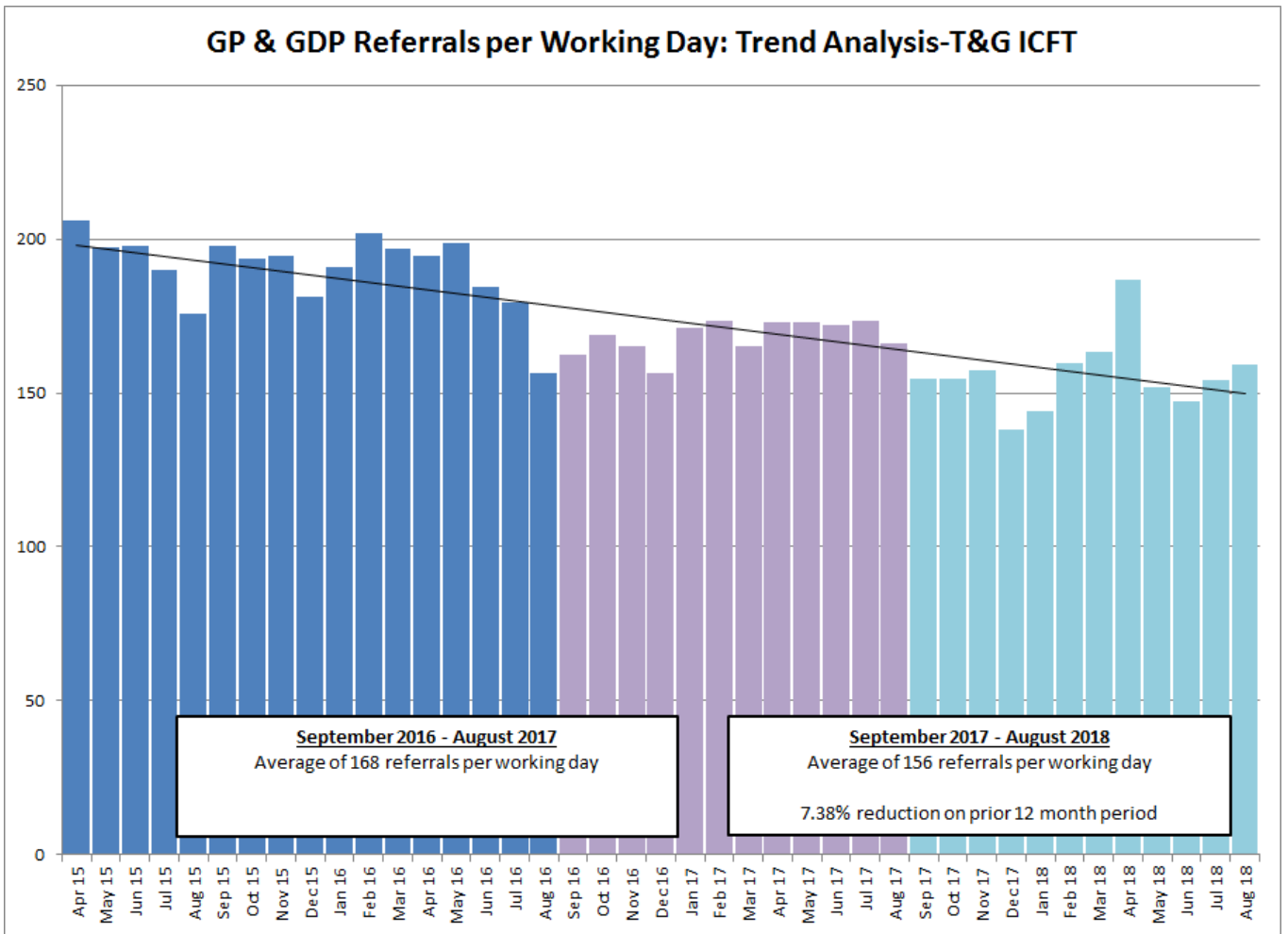
T&G CCG Total	March	April	May	June	July	August	Var Mar v Aug
100 - General Surgery	2172	2162	2276	2337	2364	2249	77
101 - Urology	1041	1122	1147	1072	1159	1144	103
110 - Trauma & Orthopaedics	2769	2751	2730	2776	2839	2646	-123
120 - Ear, Nose & Throat (ENT)	1342	1318	1388	1356	1335	1335	-7
130 - Ophthalmology	1258	1272	1427	1543	1677	1721	463
140 - Oral Surgery	0	0	0	0			0
150 - Neurosurgery	8	12	30	51	66	81	73
160 - Plastic Surgery	183	182	175	210	223	241	58
170 - Cardiothoracic Surgery	51	43	49	53	42	48	-3
300 - General Medicine	590	603	569	533	488	461	-129
301 - Gastroenterology	742	990	852	871	861	760	18
320 - Cardiology	1015	961	1043	1042	1035	1000	-15
330 - Dermatology	777	876	917	936	1004	1072	295
340 - Thoracic Medicine	491	513	576	584	556	575	84
400 - Neurology	6	6	7	6	7	1	-5
410 - Rheumatology	392	405	417	416	384	418	26
430 - Geriatric Medicine	12	15	15	18	22	20	8
502 - Gynaecology	1453	1412	1383	1343	1342	1430	-23
X01 - Other	2801	2768	2808	2884	2861	2778	-23
Total	17103	17411	17809	18031	18265	17980	877

3.20 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.

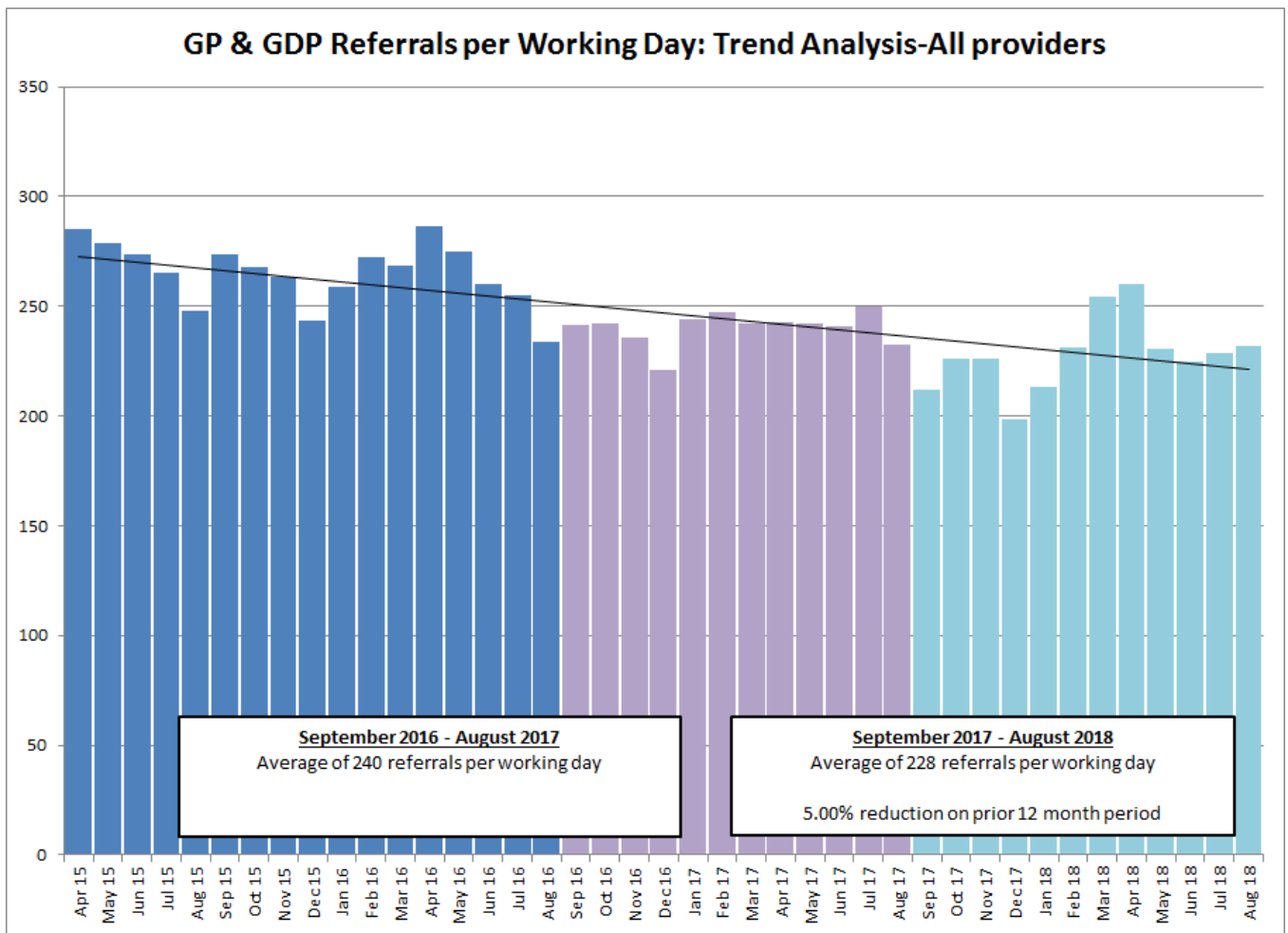
3.21 We are trying to understand what is driving the increase in increased demand, e.g. cancer activity following national cancer campaigns, or insufficient capacity. We are working with individual providers to ensure there is a plan to reduce the waiting lists as per the operating guidance. The ICFT 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

3.22 The chart below shows the GP referrals trend for Tameside and Glossop CCG at the ICFT. This shows that there has been a 7.38% reduction on the prior 12 month period (September to August). The average number of referrals per working day was 156 over the last 12 months compared to 168 for the same period last year.



3.23 The chart below shows the GP referrals trend for the CCG at all providers. This shows that there has been a 5% reduction on the prior 12 month period (September to August). The average number of referrals per working day was 228 over the last 12 months compared to 240 for the same period last year.



3.24 The table below shows the GP referral data for each CCG against plan. Tameside and Glossop CCG is 1% below plan as at Month 4 (July).

GP Referrals	YTD Actual Activity	YTD Planned Activity	YTD % Var. to Plan
GM	225,241	230,620	-2.3%
Stockport CCG	26,332	26,444	-0.4%
Bolton CCG	23,061	22,654	1.8%
Manchester CCG	42,092	40,608	3.7%
Tameside & Glossop CCG	19,134	19,320	-1.0%
Bury CCG	16,327	17,629	-7.4%
Oldham CCG	15,488	16,718	-7.4%
Trafford CCG	18,962	19,904	-4.7%
HMR CCG	16,620	19,228	-13.6%
Salford CCG	17,385	19,053	-8.8%
Wigan Borough CCG	29,840	29,062	2.7%
	225,241	230,620	-2.3%

3.25 The Table below shows GP referrals against the same period last year. This shows that Tameside and Glossop CCG has had a 4.4% reduction in GP referrals compared to the same period last year as at month 4 (July).

GP Referrals	YTD Actual 18/19 Activity	YTD Actual 17/18 Activity	YTD % Var. 17/18
GM	225,241	229,913	-2.0%
Stockport CCG	26,332	25,767	2.2%
Bolton CCG	23,061	22,533	2.3%
Manchester CCG	42,092	41,207	2.1%
Tameside & Glossop CCG	19,134	20,006	-4.4%
Bury CCG	16,327	17,008	-4.0%
Oldham CCG	15,488	16,514	-6.2%
Trafford CCG	18,962	20,383	-7.0%
HMR CCG	16,620	19,420	-14.4%
Salford CCG	17,385	18,929	-8.2%
Wigan Borough CCG	29,840	28,146	6.0%
	225,241	229,913	-2.0%

4. RECOMMENDATIONS

4.1 As set out on the front of the report.