

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

**Date:** 24 April 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 April 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 February 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

**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

<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	Should provide check & balance and assurances as to whether meeting strategy.
<b>How do proposals align with Locality Plan?</b>	Should provide check & balance and assurances as to whether meeting plan.
<b>How do proposals align with the Commissioning Strategy?</b>	Should provide check & balance and assurances as to whether meeting strategy.
<b>Recommendations / views of the Professional Reference Group:</b>	This section is not applicable as this report is not received by the professional reference group.
<b>Public and Patient Implications:</b>	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.
<b>Quality Implications:</b>	As above.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	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.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	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.
<b>How do the proposals help to reduce health inequalities?</b>	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.
<b>What are the Equality and Diversity implications?</b>	None.
<b>What are the safeguarding implications?</b>	None reported related to the performance as described in report.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	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:



Telephone: 01613425637



e-mail: [alirehman@nhs.net](mailto:alirehman@nhs.net)

## 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
ON WATCH (monitored)	4	Diagnostic tests waiting times
	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	17- 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 February was 87.7% for Type 1 & 3 which is below the target of 95% nationally. Performance in February 2019 was better than that of February 2018 by 3.3%. 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 February is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 90.4%. This is the same performance compared to the previous month, January which also failed to achieve the standard at 90.4%. A number of providers are

failing the national standard including Manchester Foundation Trust (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 are reporting that they may not now meet the Referral to Treatment 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 NHS Improvement Intensive Support Team. Discussions are taking place with lead commissioners re the need for comprehensive recovery plans.

### **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.

#### **NHS 111**

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

- Calls Answered (95% in 60 seconds) = 72.96%;
- Calls abandoned (<5%) = 6.9%;
- Warm transfer (75%) = 38.37%;
- Call back in 10 minutes (75%) = 53.53%.

3.3 Average call pick up for the month was 1 minutes 46 seconds. The Service has had challenging month and performance against KPIs reflects this. Implementation of the performance improvement plan continues with additional staffing due out of training in February and March alongside improving the technology within the call centres and collaboration with other 111 providers to identify efficiencies and better ways of working in partnership.

#### **52 Week waiters**

3.3 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 specialty.

		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
CCG	Patients waiting 52+ weeks on an incomplete pathway	L	Zero Tolerance	4	4	27	20	14	6	6	4	4	2	2
Provider	Manchester Foundation Trust	L	Zero Tolerance	4	4	27	20	14	5	4	3	2	1	1
Provider	Stockport Foundation Trust	L	Zero Tolerance	0	0	0	0	0	1	0	0	0	0	0
Provider	Leeds Teaching Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	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
Provider	Pennine Acute	L	Zero Tolerance	0	0	0	0	0	0	0	0	1	0	0
Specialty	Plastic Surgery	L	Zero Tolerance	4	4	6	6	6	5	4	3	2	1	1
Specialty	ENT	L	Zero Tolerance	0	0	17	9	7	1	0	0	0	0	0
Specialty	T&O	L	Zero Tolerance	0	0	0	0	0	0	1	1	1	1	1
Specialty	General Surgery	L	Zero Tolerance	0	0	2	2	1	0	0	0	1	0	0
Specialty	Ophthalmology	L	Zero Tolerance	0	0	1	1	0	0	0	0	0	0	0
Specialty	Other	L	Zero Tolerance	0	0	1	2	0	0	1	0	0	0	0

3.4 There are 2 patients, both of these have now been seen. 1 at MFT, 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 is one patient waiting at Robert Jones and Agnes Hunt hospital. We have been informed that this patient was awaiting ACI (Autologous Chondrocyte Implantation). A harms review has been undertaken by the trust and no harm was 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 Referral to Treatment 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	Dec-18	% Variation from Mar 18	Jan-19	% Variation from Mar 18	Feb-19	% 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%	4	-20.0%	7	40.0%	5	0.0%
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%
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%
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%
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%
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%
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%
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%
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%
Stockport	949	1,011	6.5%	1,047	10.3%	1,020	7.5%	1,035	9.1%	1,028	8.3%	994	4.7%	969	2.1%	947	-0.2%	932	-1.8%	885	-6.7%	914	-3.7%
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%
NWL	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%
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%
																							Unvalidated

3.7 This shows that the waiting list position as at the end of February 2019 is 8.5% Higher than the March 2018 position. This is a deterioration compared to the previous month where it was 5.5%. There are a number of providers where the waiting list is on the increase, however the three key contributors are Tameside and Glossop 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.

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

3.8 The analysis of our activity shows that year to date referrals are 5.7% below plan and 4.6% below 2017/18 which suggests that the increased backlog is down to capacity rather than demand.

3.9 Discussions with the ICFT suggested the backlog would decrease for March 2019, however we anticipate that they will not achieve the zero growth in waiting list. It is expected that MFT will end the year with a waiting list growth of circa 500.

#### 4.0 RECOMMENDATIONS

4.1 As set out on the front of the report.