

Integrated Commissioning Board Performance Dashboard-Constitution Exception Report

Predicted performance - Referral to Treatment

Our local RTT performance mirrors trend nationally. Based on Pennine Acute Hospitals NHS Trust (PAHT) delivery against the recovery trajectories in the last 12 months confidence that recovery will be met is low. Within regards to 52 week breaches this target has not be met, which mirrors the Greater Manchester position. However providers have been forthcoming about the likely increase in breaches, whilst they work towards RTT recovery. Both PAHT and MFT are proactively validating their patient access systems to ensure that no patients have been left untreated. This has led to identified breaches.

Statistically when projecting to the remainder of the year, as at Sept 18, we will underachieve target with 86.4%.

Indicator	2017/18 Results	Target	2018/19							GM Peers 1 best 10 worst	Timeline rolling 12 months	Commentary
			Apr	May	Jun	Jul	Aug	Sep	YTD			
Referral to Treatment (RTT) -How many Rochdale patients are treated within 18 weeks following referral from a GP?	83.6%	88.5%	88.9%	89.0%	88.1%	87.9%	87.2%	86.8%	88.2%	9/10		<p><i>Background and current performance</i></p> <p>Incompletes- RTT performance has been declining nationally and locally in response to increasing demand. The limited capacity is further restricted by growth in demand for urgent treatment that takes priority, including investigation and treatment of suspected cancer and urgent care in winter months. The 18/19 planning guidance asked CCGs to work with providers to ensure that performance does not dip below the 17/18 March position of 88.5%, and ideally improve. The national target was previously 92%. In order for providers to be exempt Providers had to agree control totals with NHS Improvement. Pennine Acute NHS Trust were unable to accept the control total proposed by NHS Improvement and the consequence of this is that the Trust will not have access to the reduced RTT indicator target. Pennine Acute as a trust are reported above against the 92% target. The majority of HMR patients are treated by Pennine Acute Hospitals NHS Trust (PAHT), with significant activity at University of Manchester Foundation Trust (UMFT) and Salford Royal Foundation Trust (SRFT). PAHT and UMFT are both experiencing significant capacity problems in the majority of specialties which has had an impact on commissioners RTT position. At present PAHT and all providers combined are performing below the target standard for commissioned patients.</p>
Pennine Acute Performance	90.3%	92.0%	88.2%	88.5%	87.6%	87.0%	86.5%	85.7%	87.3%			
Waiting List - Rochdale's current patients waiting to be treated	16,680	<16680	16,447	16,934	16,962	17,560	17,692	17,790	17,790	4/10		
52 week breaches	3	0	4	3	10	7	7	5	n/a	3/10	How many Rochdale patient breaches have there been of the zero tolerance to any 52 week breaches-Rochdale have failed the 52 week target-further detail reported below.	

Action:
 Waiting Lists- Commissioners have commissioned new pathways for Gastroenterology, Ear/Nose/Throat, Gynaecology, Urology and Orthopaedics in order to try and better integrate NHS and Independent Sector capacity in Rochdale. Integrated Elective Care Pathways (IECP) aims to get more patients into community-based alternatives to hospital-based care, reduce avoidable surgical and medical treatments, and prevent duplication of appointments and diagnostic tests. Commissioners plan to undertake a formal review of this service during Q3 and Q4, and to work with the lead provider to agree a transformation plan that accelerates delivery of these ambitions.
 Commissioners have been working with providers to commission a new service that would improve the management of referrals for elective care, known as the 'single elective access model'. Unfortunately the preferred-provider has not been able to take on this service, so the CCG is exploring other commissioning options.
 Commissioners are continuing to work in partnership with Pennine Acute and other North East Sector CCGs to introduce new processes that will reduce procedures of limited clinical value, thus freeing up capacity for priority treatments.

- PAHT has identified a number of actions to reduce the number of patients waiting:
 - o Increase in theatre capacity starting in Q4. This will mainly increase the proportion of elective activity undertaken as day case procedures;
 - o Increase in outpatient activity by maximising Consultant PAs to focus on clinical sessions;
 - o New Endoscopy tender has been awarded with a start date of 1st November;
 - o Continued validation of waiting lists to reduce duplicates, e.g. 300 duplicate digestive disorder cases have been identified and closed;
 - o Review of waiting lists being undertaken to identify procedures of limited clinical value which could be repatriated back to primary care;
 - o Demand management. At a primary care level the CCG is engaging with GPs to explain the pressures and review referral pathways. Also underway is the re-introduction of further PC clinical triage, commencing with digestive disorders

52 week breaches- Commissioners are working with our main provider PAHT in order to validate patient waiting list data. As described in the RTT section, the CCG is working to integrate providers. An element of this is focussed on helping appropriate people to access treatment in community based settings as an alternative to hospital based care, thus helping to reduce waiting lists. For the 52 week breaches at MFT, Commissioners are receiving regular communications from contract colleagues at Manchester Health and Care Commissioning (HMCC) - as HMR is associate to their contract with MFT. We are proactively chasing information from MHCC and MFT colleagues to confirm the To Come In (TCI) date for the patients who have breached, to ensure that they are being treated and that no avoidable harm has occurred.
 Breaches at PAHT- the Trust provide updates to all North East Sector CCGs at a monthly elective care meeting. Commissioners are working with PAHT contract colleagues to agree a process that enables Commissioners to gather more bespoke information about its patients, including their TCI date and evidence that the patients have not had avoidable harm in waiting for their treatment.

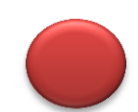
What does this mean for Rochdale patients?

At the end of Quarter 2 2018/19, 2,378 Rochdale patients had waited over 18 weeks for treatment, a 17% increase on the same period last year.

During Quarter 2 2018/19, 2,316 Rochdale patients commenced treatment in hospital, with a further 16,036 patients treated who did not require admission to hospital

Trauma & Orthopaedics, Gynaecology and Ear Nose and Throat and Ophthalmology remain the largest treated specialities accounting for 42% of all patient treated

At the end of Quarter 2 2018/19 17,930 patients were awaiting treatment, with only 17% of these having a date booked for treatment



Predicted performance - A&E

Statistically when projecting to the remainder of the year, as at Sept 18, we will be 4.7% above plan and underachieve target with 88.2%.

Indicator	2017/18 Results	Target	2018/19							GM Peers 1 best 10 worst	Timeline rolling 12 months	Commentary
			Apr	May	Jun	Jul	Aug	Sep	YTD			
A&E- How many Rochdale patients are seen within 4 hours of attending all A&E departments?	83.60% ✘	90%	85.8%	88.3%	88.9%	84.0%	86.7%		86.7%	5/10		<p>Background and current performance</p> <p>The requirement for providers and CCGs to achieve 95% for the four hour A&E waiting times by March 2018 was replaced by an ambition for performance to be at 90% for September 2018 and 95% by March 2019. In order for providers to be exempt Providers had to agree control totals with NHS Improvement. Pennine Acute NHS Trust were unable to accept the control total proposed by NHS Improvement and the consequence of this is that the Trust will not have access to the reduced A&E indicator target. Pennine Acute Hospitals Trust report trust level performance data via daily reporting. Year to date, as at 4th November 2018, PAHT are achieving 85.9% of patients seen within 4 hours. Performance by site is reported as; Fairfield General Hospital 92.7%, North Manchester General Hospital 80.5%, Royal Oldham 80.7% and Rochdale Infirmary Urgent Care Centre 97.7%. Rochdale is again the best performing across GM when using the accurate local datasets. Activity at A&E departments has increased, and is currently 2.8% over plan. The year to date comparisons have shown a 3.2% increase over the corresponding period in 2017/18</p>
Pennine Acute Performance	82.30%	95%	85.8%	88.3%	88.9%	83.9%	86.7%	84.2%	86.3%			
Local performance data, which is a true reflection of all Rochdale patients A&E activity			89.8%	91.6%	92.1%	89.5%			90.8%	1/10		

Action:
The development of the Urgent Care Plan via the Urgent Care Locality Board has a section focusing on strengthening the 'front door' of A&E departments. Workstream ongoing that aim to improve patient flow within A&E or meet the 4 hour target include;

- Streaming by Advanced Practitioner nurses, who will signpost and divert people away from A&E
- Ambulatory Care Referral Unit (AMRU) development assessment and ambulatory needs and then home
- Surgical Assessment Care Unit (SACRU) development-pre-assessment of surgical needs and then booked into planned care, as required

The recent MIAA review of the Rochdale Urgent Care Centre identified 30k patients are travelling to Royal Oldham Hospital and Fairfield for their urgent care needs. In response to this review, we are rebranding the UCC to Rochdale Urgent Treatment Centre (in response to NHSE requirement) and will positively promote it so that local people will increase usage of the Urgent Treatment Centre. Our intention is that 10k patients will be repatriated from Royal Oldham and Fairfield in 2019/20 which will reduce A&E referrals and admissions.

What does this mean for Rochdale patients?

Rochdale performs consistently well when compared to Greater Manchester Peers and are currently the second best performing September YTD

To date the average wait in an A&E department for Rochdale patients at all Pennine Acute sites was 2 hours 46 minutes

Although performance in A&E has improved overall activity for HMR patients has increased, and is currently 2.8% over plan which is the equivalent to 1,492 attendances

Number of HMR patients brought to A&E via an ambulance has reduced by 3.97% (488 attendances) when comparing the first half of 2018/19 to the same period in 2017/18

In the first half of 2018/19 there were 70 patients that attended an A&E department a minimum of 10 times in this period, which equates to 1,192 attendances. This is an increase from 23 patients and 554 attendances in the first half of 2017/18.

Predicted performance - Early Intervention Psychosis (EIP)

A significant amount of money was awarded to PCFT as part of this funding a programme of work was initiated across the footprint. PCFT have reported that they are achieving target, as with IAPT this cannot be reflected within the dataset reported until the national data is published. PCFT are working closer the access team, along with additional recruitment into the team to boost the assessment function. In addition the commissioner holds regular performance and contracting meeting with the provider, which also has clinical lead involvement.

Statistically when projecting to the remainder of the year as at Sept 18, we will achieve with 56.3% (please note the number associated are very small and therefore the percentage result can vary significantly)

Indicator	2017/18 Results	Target	2018/19							GM Peers 1 best 10 worst	Timeline rolling 12 months	Commentary
			Apr	May	Jun	Jul	Aug	Sep	YTD			
Early Intervention Psychosis (EIP)- How many Rochdale patients with psychosis are treated within two weeks of referral?	15.7% ✘	53%	38.46%	71.43%	50.0%	66.7%	75.0%		67.4%	9/10		<p>Background and current performance</p> <p>Commissioners asked Pennine Care to be clearer on its approach to service improvement and managing risks to service delivery following an investment of £307k. This plan was requested in July 2018 but has not yet been received and is being followed up via contract meetings. Commissioners are not clear how the service has managed to achieve its targets over the past two months and significantly reduce its longstanding patient waiting list. Although the latest data shows that the monthly performance target for June has been achieved, there is a discrepancy in this data which is currently under review to provide confidence and assurance in the data.</p>

Action:
PCFT and HMR to benchmark EIP performance against high-performing services within PCFT footprint to determine reasons for under performance, review current service model
Clarification required on agreed additional investment into service and scrutiny around how (and if) this money has been spent on additional recruitment – still some severe risks around recruitment and retention that have potential to undermine PCFTs planned trajectory for EIP. HMR & PCFT clinical leads and commissioners to attend a joint meeting to collaboratively develop a service improvement plan and actions, understand challenges and seek mitigation on areas such as data quality provision.

What does this mean for Rochdale patients?

First episode psychosis occurs most commonly between late teens and late twenties, with more than three quarters of men and two thirds of women experiencing their first episode before the age of 35

In March 2017/18 there were 10 Rochdale patients still waiting to be seen (a decrease on the 25 reported in March). Pennine Care as a trust had waiting 32 (a decrease on the 106 reported in March). This equates to the 11th highest waiting list in England.

In Quarter 1 of 2018/19, 34 Rochdale patients commenced treatment for Psychosis, with 50% seen within the two weeks standard, against a target of 53%.

Predicted performance -Improving Access to Psychological Therapies (IAPT)

Thinking Ahead have reported locally that they have achieved Aug and Sept targets. Although this will not be reflected in the national datasets until publication. Confidence levels in Thinking Ahead target achievement has improved based on the following actions that they have undertaken which include; The service is now fully staffed, Staff have undertaken addition training that focusing on data quality and an understanding of Performance measures, patients are now routinely contacted and offered alternate interventions whilst on the waiting list, the commissioner and provider hold regular meetings to discuss operational, contracting and wider referral education gaps within GP practices.

Statistically when projecting to the remainder of the year, as at Sept 18, we will be 5.0% under plan and underachieve target with 45.0%

Indicator	2017/18 Results	Target	2018/19							GM Peers 1 best 10 worst	Timeline rolling 12 months	Commentary
			Apr	May	Jun	Jul	Aug	Sep	YTD			
Improving Access to Psychological Therapies (IAPT)-How many Rochdale patients with depression and/or anxiety disorders are recovering?	51.4%	50%	45.0%	47.8%	40.7%	40.7%				44.4%	Unavailable at present	<p>Background and current performance Initial reports reflect that 'Thinking Ahead' had achieved the recovery and prevalence targets for these months. When these figures were re-evaluated, it was found they had no longer achieved the expected recovery targets due to a combination of two data entry issues. Firstly, clients were recorded as having assessment instead of "assessment and treatment" and secondly, clinicians were not inputting discharge data after the national upload but back dated to dates before the national upload. This means that this data is not reflected in the national figures.</p>

Action:

As an outcome and action Thinking Ahead clinicians are now following strict policy and procedures to ensure data is accurately recorded prior to upload on database systems, and discharges will be managed by a senior administrator to ensure consistency and timely entering of data. Thinking Ahead have assured the CCG that they now have a more consistent and substantive workforce in place, and as part of any new staff induction all staff receive training which focuses data quality, with a specific focus on understanding KPI's and all data reporting requirements such as recovery data.

There is a clear focus on continued professional development to promote consistency and ensures all therapies are evidence based and follow nice guidelines. All Psychological Well Being Practitioners (PWP's) receive weekly case management and monthly clinical supervision. At step 2 the PWP workforce delivering IAPT treatments are IAPT qualified PWP's or in training, all substantive counsellors are trained in delivering CFD (Counselling for depression) and all High Intensity CBT Step 3 therapists are accredited.

What does this mean for Rochdale patients?

One in four adults will be affected by a mental health problem in their lifetime. 50% of all lifetime mental illness will be established by age 14, and 75% by the time a person reaches their mid-twenties.

The number of residents within Rochdale that are estimated to have depression and/or anxiety is 32,106, which is 14% of the total population

Only 15.6% of those clients in IAPT services received their 2nd appointment within 28 days of their 1st appointment. Only 41% received their 2nd appointment within 90 days of their 1st appointment.

Predicted performance - Cancer two week wait

One of the tumour groups with the highest referrals is Lower GI. There are three main remedial actions that require action to address current capacity issues in upper and lower GI, to mitigate increasing demand in colonoscopy waiting times : 1. The highest priority is FIT (Faecal Immunochemical diagnostic testing), which has buy in from the NES commissioning colleagues. Discussions are taking place with PAHT regarding analyser test costs, with anticipated costs of; cost per FIT at £8 versus colonoscopy at £403. 2. GP education on the IBS and IBD pathways, in order to avoid inappropriate 2ww referrals. 3. Having access to the data from PAHT sites to accurately measure conversion rates(number of cancers diagnosed versus number of referrals) and to accurately measure each cancer pathway. If these can be mobilised there is confidence that the 2 week wait

Statistically when projecting to the remainder of the year, as at Sept 18: Two week wait Breast- we will underachieve target with 86.5%. Two week wait total- we will underachieve target with 76.8%

Indicator	2017/18 Results	Target	2018/19							GM Peers 1 best 10 worst	Timeline rolling 12 months	Commentary
			Apr	May	Jun	Jul	Aug	Sep	YTD			
Cancer two week wait- How many Rochdale patients referred on the urgent two week suspected cancer pathway?	89.9%	93%	73.1%	79.0%	74.8%	71.1%	73.3%			74.3%	Unavailable at present	<p>Background and current performance Achievement of the cancer access targets is a key performance indicator for CCGs and the Trust. PAHT has been experiencing significant performance issues during 17/18 which have prevailed throughout 18/19 with significant failure in a high number of Cancer Waiting Times (CWT) targets, including the TWW suspected Cancer GP Referral target and the suspected Cancer GP Referral to Treatment target. This failure has significantly contributed to GM failing the 62DGP standard during 18/19 for the first time since 11/12. The cause of this poor and deteriorating performance is multi-factorial but significant capacity issues for both and support services is an underlying significant contributor.</p>
breast symptoms	73.1%	93%	50.8%	72.5%	79.4%	89.6%	94.7%			76.7%		

Action:

There are currently significant challenges to both delivering cancer performance and providing a consistent quality service to ensure positive patient experience and improve cancer survival. Commissioners, through the North East Sector, The Christie and GM Cancer have joined with the NCA (PAHT) to establish a single group (NES Cancer Improvement Committee) to support recovery and there is a commitment to work together to establish a robust recovery and improvement plan.

The NES cancer Improvement Plan has been agreed across GM, CCG's and NCA with funding identified aiming to deliver compliance of:

- Two week standard by Nov 2018
- 62 Day by March 2019

A NES Cancer Service Improvement Committee has been established to ensure delivery Update

An element of the plan is to recruit to key clinical posts and non-clinical MDT Coordinator and Navigator roles. There are significant challenges and gaps in current core clinical capacity creating a high reliance on agency staff who do not always have the full skillset and training in all clinical areas required. The NES CCG's are exploring a number of community GP direct access diagnostic options to aid early diagnosis or identify benign conditions to prevent unnecessary 2ww referrals.

-2ww Breast Symptoms- Two breast locums have now been appointed at PAHT (one covering for maternity leave) so there are now no gaps in services. PAHT has reported that there will be significant improvements in the achievement of this target from October 18 onwards. Now that two locum staff have been appointed the achievement of the 62 day referral to treatment target should be much improved from October onwards with anticipated target achievement from December onwards.

-Bowel:- The gastro pathway has been a challenge due to the amount of referrals coming through the system (many inappropriate). The NES CCG's are working in partnership to try and address the issue at source by looking at the possibility of introducing GP direct access Faecal Immunochemical diagnostic testing (FIT), which will replace the current FOB test (Faecal Occult Blood Test). FIT is a diagnostic test that acts as a primary care triage tool to identify those low risk patients that require further investigation via colonoscopy or CT colonography. FIT is not a 'rule out' for patients who are medium and high risk patients. Medium and high risk presentations will continue on an urgent 2ww pathway as per the NICE NG12 guidance. FIT can detect more cancers, and particularly advanced adenomas (tumours that may become cancers) and will have fewer false positives.

What does this mean for Rochdale patients?

In Quarter 1 2018/19, a total of 2252 patients were referred on the urgent pathway for suspected cancer, with 75.7% seen within standard

In Quarter 1 2018/19, the highest referred tumour site investigations were lower gastrointestinal cancer (21.1%), Breast (18.8%) and Skin (15.8%)

In Quarter 1 2018/19 a total of 144 Rochdale patients were referred for suspected breast cancer, with 65.3% seen within the 2 week standard

Rochdale performs below the England average for cancers diagnosed at an early stage, with Quarter 1 2017 evidencing 48.8% of patients diagnosed at stages 1&2 versus 52.3% nationally

