NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body (Meeting in Public)			
Meeting Date	26 May 2021	**Action**	Receive
Item No.	9b	**Confidential**	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Susan Sawbridge, Head of Performance		
Clinical Lead	-		

Executive Summary

For the Clinical Commissioning Group (CCG) to commission an effective and sustainable health care service it needs robust systems which enable performance monitoring of both the CCG and the services it commissions.

The purpose of this report is to provide a summary position on the CCG's performance against the national performance indicators set out in the NHS Constitution, as monitored by NHS England.

The report presents the CCG's performance position for February 2021 and outlines any proposed changes to performance at a national level. In light of the current Coronavirus pandemic (COVID-19), the report also includes reference to the impact of this on activity and performance levels, where this is known.

The dashboard presented at Appendix A shows the most recently published data along with those measures for which data collection is currently suspended.

Recommendations

It is recommended that the Governing Body:

- Receives this performance update, noting the areas of challenge and action being taken.

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	☒
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	☒
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	☒
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	☒
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *N/A*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Discussion with stakeholders during CCG clinical workstream meetings and internal meetings relating to Elective Care Tactical Group						
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG's risk register?	Yes	☒	No	☐	N/A	☐
Where risks are referred to in the report, these are managed through the CCG's risk management procedures.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Quality & Performance Committee	12/05/2021	Progress to Governing Body

1. Introduction

1.1. The purpose of this report is to provide an overview of performance in the key areas of urgent, elective, cancer and mental health care along with an overview of the impact of the COVID-19 response to these areas as the locality moves through the phases of the COVID response.

2. Background

2.1. This paper is a summary of the information presented to the CCG's Quality and Performance Committee in May 2021 which related to the published position as at February 2021. However, where later data has since been published, this too is referenced within this report.

2.2. A summary of NHS Bury CCG's performance against key NHS Constitution standards is shown at Appendix A. The period to which the data relates is included for each metric. This varies across the metrics, firstly because data is published at different times and secondly due to some data collections having been paused as part of the COVID-19 response.

3. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

3.1 Following the reduction to NHS Incident Level 3 during March, to date the lockdown that began in January is being lifted in the phased manner outlined by the government with the most recent easing of lockdown having been enacted on 17th May.

3.2 Community transmissions and bed occupancy of COVID-19 positive patients continue to reduce with Fairfield General Hospital (FGH) bed occupancy standing at four on 10th May.

3.3 In line with national planning guidance, the CCG submitted its draft activity plan for the first half of 2021-22 on 4th May and final plans are to be submitted to Greater Manchester (GM) on 1st June. Arrangements for the second half of the year will be confirmed once the future transmission of COVID-19 is better understood. A separate paper has been prepared for the Governing Body to enable sign-off of the CCG's plan.

3.4 Some national data collections remain paused for Quarter 1 of 2021-22. Of those submitted by the CCG, eg Personal Health Budgets and Wheelchair Waiting Times, the indication is that these are likely to be resumed in Quarter 2.

Planned (Elective) Care

3.6 Transaction of the North Manchester General Hospital (NMGH) site to Manchester University Foundation Trust (MFT) was completed by 1st April with the transaction of the remaining Pennine Acute Hospital Trusts (PAHT) sites to the Northern Care Alliance (NCA) scheduled to be completed by the end of September 2021.

3.7 The second and third in a series of workshops led by the Bury Elective Recovery and Transformation Group took place in late-April and May, respectively. The output from the second workshop enabled refinement of potential transformation schemes to be

commenced during the third session.

3.8 In line with GM-level plans around the restoration of elective activity, trauma and orthopaedic (T&O) surgical cases are now being undertaken at the FGH site with those in greatest clinical need and the longest waiters being prioritised. A small number of gynaecology and general surgery procedures also commenced at FGH in late-April alongside some paediatric Ear Nose and Throat (ENT) activity at Royal Oldham. Elective capacity will be expanded to other specialties in line with both the GM plans and the 'Green Floor' development at FGH.

3.9 A priority of the planning guidance for 2021-22 is for the restoration of activity to be accelerated and to implement outpatient transformation in a way that addresses health inequalities and manages those waiting the longest.

3.10 Overall, the waiting list increased slightly in February. At a specialty level, the biggest in-month increases were in T&O and gastroenterology. On a positive note, there was a significant reduction in the dermatology waiting list and recent reductions seen in cardiology were sustained. In dermatology, the new Referral Assessment Service (RAS) commenced recently following the successful tele-dermatology pilot in Bury. Other specialty level developments continue locally, for example in ophthalmology, and the locality is fully engaged in the GM programme of elective reform.

3.11 February saw a further significant increase in the number of patients waiting more than 52 weeks to commence treatment with T&O, general surgery, gynaecology and 'other' (includes colorectal and clinical haematology) accounting for over two thirds of these long waits. Although there may be some positive impact as elective activity recommences, progress is largely dependent upon 'normal' service resuming and COVID-19 restrictions reducing. The NCA Surgical Reference Group (SRG) continues to take a lead on monitoring those patients waiting the longest.

3.12 Diagnostic performance remains a concern with significant under-performance continuing for Bury patients across all test types. An improvement plan is, however, in place at NCA and the trust is now reporting an improving picture with additional capacity coming on-line through a combination of out-sourcing, recruitment and an additional CT scanner. Plans are progressing within the locality with regard to the implementation of Community Diagnostic Hubs (CDH). Feedback from clinicians within Bury has been fed into the process for development of the CDH model.

Cancer Care

3.13 Recovery of suspected cancer referral levels is being sustained in Bury though variance continues between tumour groups with suspected lung cancer referrals remaining approximately 50% below the pre-COVID-19 level. E-Referral Service (eRS) data does, however, show lung referrals to have been higher in March 21 than at any point in 2020-21. The reduction in lung referrals is off-set by a similar increase in suspected gastrointestinal cancer referrals.

3.14 Planning requirements for 2021-22 are for an increase in initial outpatient appointments and first treatments to provide sufficient capacity to both recover and address the COVID-19 related shortfall alongside reducing the number of patients waiting beyond 62 days and 104 days for treatment.

3.15 GM CCGs have approved recurrent funding for existing transformation initiatives that ensure continuation of services aligned to operational planning guidance and service recovery. These include Best Timed Pathways (BTP), Prehab4Cancer and CURE.

3.16 In terms of performance against the NHS Constitution standards, the picture remains mixed in the most recent data with 31-day standards largely continuing to be achieved but challenge presented by the two week wait (2WW) and 62 day wait standards although signs of an improving picture are evident. For example, against the 2WW measure, there are now just two tumour groups, breast and dermatology, where the standard is not being achieved.

3.17 In dermatology, there has been significant improvement at NCA though this improvement is at some risk due to the increase in referrals seen recently in all CCG areas. A specialty level improvement plan is in place and progress against this is monitored via the NCA Cancer Improvement Committee. Ultimately, the NCA is aiming to expand the one-stop clinic model into community settings also. The breast service is facing a more difficult challenge due to both staffing and clinical space capacity constraints. With effect from 1st April, the breast service is delivered by MFT following the NMGH transition.

3.18 The NCA improvement plan also includes an intention to reduce the number of patients waiting in excess of 62 and 104 days for their treatment. Currently, a senior NCA cancer team meets regularly to review those waiting the longest.

Urgent Care

3.19 Performance at PAHT against the A&E four hour wait standard remains below target though this is reflected across GM too. Data for February and March, however, shows a significant improvement in the number of 12 hour trolley waits, with zero breaches reported in March.

3.20 During March and April 2021, A&E attendances at the FGH site increased significantly, with an average of 197 attendances per day seen. This is now just 7.5% below the level seen in the same period of 2019-20. A&E attendances have increased at other GM sites too and this is currently receiving focus from the North West region. Work is ongoing within the locality to better understand the current position and there are plans to increase streaming capacity at the FGH site. Initially, the increase in attendances had a negative impact on performance at FGH though some improvement is now noted.

3.21 Implementation of the urgent care redesign programme in Bury continues with planning for Phase 2 underway. This will include the capital works required to develop a new purpose built Urgent Treatment Centre (UTC).

3.22 Renewed focus on discharge planning has resulted in improvements in patient flow and continued strong performance at PAHT is evident for patients with a length of stay of 7 days or more (stranded) and 21 days or more (super-stranded). National planning guidance for 2021-22 has confirmed that funding for discharge placements will continue for six months. Six week placements will continue to be funded during Quarter 1 and this will be reduced to four weeks in Quarter 2. A requirement of the 2021-22 planning guidance is for length of stay to continue to reduce, particularly for stays longer than 14 and 21 days.

3.23 Implementation of the Intermediate Care programme continues with notice having been served to the NCA on the service previously provided. The Locality Care Organisation (LCO) remains on target to implement the changes by summer 2021.

Mental Health

3.24 Strong performance continues for both the Dementia Diagnosis and the Early Intervention in Psychosis standards.

3.25 Challenge does, however, remain in achievement of the key Improving Access to Psychological Therapies (IAPT) standards. Although the recovery rate and 18 week wait standards have largely been achieved across the year to date, there is continued under-performance for the access and six week wait measures. Access numbers have been reduced in 2020-21, partly due to fewer referrals but also due to the suspension of community events, eg in local colleges, which can attract large numbers. Digital therapy for IAPT continues via Silver Cloud for which waiting times are reportedly significantly shorter than for clinician-facing therapy.

3.26 A number of locally commissioned schemes to improve access to services have commenced in recent months. These include the urgent care by appointment for mental health scheme, the embedding of mental health practitioners within each of Bury's Integrated Neighbourhood Teams (INT), dedicated support to homeless people to support access to services and a Consultant Access Service which was launched during autumn 2020. Additionally, Bury's newly commissioned Community Crisis Service became operational during April 2021. This is a 12 month pilot operating across three evenings and five days per week.

3.27 A requirement of the 2021-22 planning process is for all CCGs to meet the Mental Health Investment Standard (MHIS). There will also be service development funding that will flow in line with implementation plans.

3.28 Ramsbottom Ward at the FGH site is now confirmed to be single gender following the completion of capital works programme though does at this stage remain mixed specialty, admitting patients with either an organic or functional diagnosis.

Maternity and Childrens Performance Measures

3.29 Following the significant increase in referrals to the Pennine Care Foundation Trust (PCFT) Healthy Young Minds (HYM) service between September and December 2020, a reduction is noted in both January and February with referrals in these months being below the 2019-20 average. Work remains ongoing across the locality with PCFT to look at both the short and longer term actions required to alleviate recent issues and ensure service provision can meet future demand. This includes the commissioning of a new advice line which will be operational for six months initially and which will sign-post CYP to relevant support.

3.30 Unusually, the standard for children and young people (CYP) accessing the Community Eating Disorder Service (CEDS) was not achieved in Quarter 3 though provisional data for Quarter 4 shows a return to 100% performance. All urgent cases referred across 2020-21 to date have been seen within the required one week timeframe.

3.31 With regard to the CYP Access Rate measure, much lower access across Quarters 3

and 4 makes achievement of this standard less likely than it had been. This, however, is in the context of a much higher target in 2020-21.

3.32 For 2021-22, the metric is changing to include CYP with at least one treatment contact during the reporting period (this is currently two plus contacts). Confirmation of Bury's target against the revised measure is awaited.

3.33 A number of initiatives, both within the locality and across GM, remain in place to increase the options for additional support to CYP during the pandemic. These include text and online platforms about which the CCG's communications team continues to raise awareness of options available.

4 Actions Required

4.1 The audience of this report is asked to:

- Receive this report.

Susan Sawbridge
Head of Performance
susansawbridge@nhs.net
May 2021

Appendix A: Performance Dashboard 2020-21

NHS Constitution / Must Do Measures Summary										Period Actual Performance 2020/21																
Indicator	Workstream & Lead	Description	Cons	Must Do	NHSOF	F	Monitored Org	Period	Period Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4
E.B.6	Cancer Cath Tickle	Cancer 2 week waits: GP Referral for suspected cancer	✓	✓	✗	M/Q	CCG	Feb-21	93.0%	82.2%	98.5%	97.3%	93.2%	85.4%	90.3%	91.0%	84.0%	78.7%	74.5%	88.2%		-	93.4%	89.8%	84.7%	81.4%
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	✓	✗	M/Q	CCG	Feb-21	93.0%	100.0%	100.0%	95.2%	95.0%	90.0%	79%	60.5%	8.3%	2.6%	9.9%	24.4%		-	97.8%	88.3%	25.7%	17.2%
E.B.27		Cancer 28 day waits: Faster Diagnosis	✗	✓	✗	M/Q	CCG	Jan-21	70.0%	54.8%	73.7%	79.6%	77.3%	70.5%	73.1%	69.3%	73.7%	72.6%	65.0%	75.8%		-	69.7%	73.7%	71.9%	70.5%
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	✓	✓	✗	M/Q	CCG	Feb-21	96.0%	98.9%	87.9%	90.0%	97.2%	97.4%	97.6%	98.9%	98.9%	100.0%	98.7%	100.0%		-	93.3%	97.4%	99.2%	99.3%
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	✓	✓	✗	M/Q	CCG	Feb-21	94.0%	100.0%	92.9%	82.4%	100.0%	100.0%	100.0%	100.0%	84.2%	94.1%	100.0%	93.3%		-	90.0%	100.0%	92.0%	96.6%
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	M/Q	CCG	Feb-21	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		-	100.0%	100.0%	100.0%	100.0%
E.B.11		Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	✓	✓	✗	M/Q	CCG	Feb-21	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		-	100.0%	100.0%	100.0%	100.0%
E.B.12 / 122b		Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	✓	✓	✓	M/Q	CCG	Feb-21	85.0%	81.1%	60.0%	63.3%	73.0%	75.0%	70.5%	78.4%	65.9%	52.4%	61.9%	54.3%		-	70.8%	72.7%	66.4%	58.4%
E.B.13		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	M/Q	CCG	Feb-21	90.0%	66.7%	100.0%	33.3%	0.0%	0.0%		100.0%	100.0%	75.0%	100.0%	80.0%		-	57.1%	0.0%	94.1%	88.9%
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	✓	✓	✗	M/Q	CCG	Feb-21	85.0%	69.6%	65.0%	80.0%	73.7%	88.5%	84%	84.0%	70.8%	83.3%	68.0%	61.1%		-	70.7%	82.9%	79.1%	65.1%
E.B.3 / 129a	Elective Care Cath Tickle	Referral To Treatment: Incomplete pathways within 18 weeks.	✓	✓	✓	M/Q	CCG	Feb-21	92.0%	68.9%	62.9%	54.2%	47.4%	54.2%	58.4%	62.9%	64.3%	62.9%	62.6%	60.8%		60.0%	61.8%	53.4%	63.4%	61.7%
129b		Referral To Treatment: Incomplete pathways within 18 weeks (number of people waiting)	✗	✓	✓	M/A	CCG	Feb-21	15800	14297	15365	15348	15973	16443	17004	17383	17616	17115	17582	17633		-	-	-	-	-
E.B.S.4 / 129c		Referral To Treatment: Incomplete patients waiting 52 week waits or more	✓	✓	✓	M	CCG	Feb-21	0	32	98	200	371	498	630	784	902	1037	1400	1665		7617	-	-	-	-
E.B.4 / 133a		Diagnostic test waiting times (waiting 6 weeks or more)	✓	✓	✓	M	CCG	Feb-21	1.0%	48.8%	57.7%	43.6%	47.6%	54.8%	52.8%	49.0%	50.1%	51.2%	52.1%	43.0%		-	49.3%	52.1%	50.1%	47.6%
E.B.S.2.i		Cancelled Operations (28 day guarantee) - Quarterly	✓	✗	✗	Q	PAHT		0	-	-	Paused	-	-	Paused	-	-	Paused	-	-	Paused		Paused	Paused	Paused	Paused	Paused
E.B.S.6		Urgent operations cancelled for a second time	✓	✗	✗	M	PAHT		0	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused		-	-	-	-	-
E.0.1		Percentage of children waiting less than 18 weeks for a wheelchair	✗	✓	✗	Q	CCG		92.0%	-	-	Paused	-	-	Paused	-	-	Paused	-	-	Paused		Paused	Paused	Paused	Paused	Paused
E.P.1 / 144a		E-Referrals - Increase in the proportion of GP referrals made by e-referrals	✗	✗	✓	M	CCG	Jan-21	92.0%	39.5%	32.7%	36.3%	41.3%	48.4%	45.5%	50.4%	60.2%	55.8%	76.9%			-	-	-	-	-
E.H.9	Maternity & Childrens Jane Case	Improve access rate to CYPMH (MHSDS published)	✗	✓	✗	Q	CCG	Q3 20-21	A: 1888 Q: 472 M: 158	-	-	835	-	-	380	-	-	335	-	-		1550	835	380	335	
E.H.10		The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (NHS Digital)	✗	✓	✗	Q	CCG	Q3 20-21	95.0%	-	-	100%	-	-	100%	-	-	50%	-	-		-	100%	100%	50%	
E.H.11		The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (NHS Digital)	✗	✓	✗	Q	CCG	Q3 20-21	95.0%	-	-	No Cases	-	-	100%	-	-	No Cases	-	-		-	No Cases	100%	No Cases	
E.A.3 / 123b	Mental Health Kez Hayat	IAPT roll-out (prevalence of people entering IAPT services as a % of those estimated to have anxiety/depression) - (NHS Digital)	✗	✓	✓	M/Q/Y	CCG	Jan-21	A: 25.0% Q1-3: 5.5% Q4: 6.25%	0.67%	0.52%	0.70%	0.85%	0.83%	1.17%	0.61%	0.89%	0.56%	0.87%			0.77%	1.89%	2.85%	2.06%	0.87%
E.A.S.2 / 123a		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	✗	✓	✓	M/Q	CCG	Jan-21	50.0%	47.7%	50.0%	47.1%	56.7%	56.0%	47.5%	51.5%	48.4%	39.3%	56.3%			49.8%	48.1%	52.6%	46.7%	56.3%
E.H.1		IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Jan-21	75.0%	46.7%	50.0%	54.3%	61.3%	61.5%	67.5%	73.5%	72.7%	73.3%	73.5%			63.2%	50.0%	63.9%	73.2%	73.5%
E.H.2		IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Jan-21	95.0%	97.8%	100.0%	97.1%	96.8%	96.2%	97.5%	100.0%	100.0%	96.7%	97.1%			97.9%	98.1%	96.9%	99.0%	97.1%
E.H.4 / 123c		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	CCG	Q3 20-21	60.0%	-	-	89.0%	-	-	70.0%	-	-	94.0%	-	-			89.0%	70.0%	94.0%	
E.A.S.1 / 126c		Dementia diagnosis rate (65+)	✗	✓	✓	M	CCG	Feb-21	66.7%	79.5%	77.5%	76.3%	76.2%	76.1%	75.7%	76.2%	76.1%	75.6%	75.0%	74.3%		76.2%	-	-	-	-
E.B.S.3		Mental Health: Care Programme Approach	✓	✗	✗	Q	CCG		95.0%	-	-	Paused	-	-	Paused	-	-	Paused	-	-	Paused	-	Paused	Paused	Paused	Paused
E.B.S.1	Quality Carolyn Trembath	Single Sex Accommodation Breaches	✓	✗	✗	M	CCG		0	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused	Paused		-	-	-	-
105b		Personal Health Budget - Rate per 100k (NHSE published)	✗	✗	✓	Q	CCG		40-55	-	-	Paused	-	-	Paused	-	-	Paused	-	-	Paused	-	Paused	Paused	Paused	Paused
E.B.5 / 127c	Urgent Care David Latham	A&E waiting time (waiting less than 4hrs) (PAHT ALL)	✓	✓	✓	M	PAHT	Mar-21	95.0%	89.7%	93.1%	88.8%	88.3%	85.3%	79.4%	73.3%	72.7%	73.4%	73.8%	75.2%	75.9%	-	90.5%	84.3%	73.1%	75.0%
E.B.S.5		Trolley waits in A&E (12 hour waits)	✓	✗	✗	M	PAHT	Mar-21	0	1	0	0	0	0	37	200	337	199	187	42	0	1003	-	-	-	-
E.B.23 C1Ai		Ambulance clinical quality: Category 1 - 7 minute response time (average)	✓	✗	✗	M	NWAS	Feb-21	7 minutes	Paused	Paused	Paused	07:06	07:27	07:27	08:03	07:51	07:36	08:12	7:12		-	-	-	-	-
E.B.23 C1Bi		Ambulance clinical quality: Category 1 - 90% of calls responded to within 15 minutes	✓	✗	✗	M	NWAS	Feb-21	15 minutes	Paused	Paused	Paused	11:55	12:35	12:27	13:22	12:58	12:44	13:47	12:10		-	-	-	-	-
E.B.23 C2Ai		Ambulance clinical quality: Category 2 - 18 minute response time (average)	✓	✗	✗	M	NWAS	Feb-21	18 minutes	Paused	Paused	Paused	20:54	27:37	32:16	45:40	28:57	26:29	35:35	21:04		-	-	-	-	-
E.B.23 C2Bi		Ambulance clinical quality: Category 2 - 90% of calls responded to within 40 minutes	✓	✗	✗	M	NWAS	Feb-21	40 minutes	Paused	Paused	Paused	42:02	59:30	70:35	100:28	61:19	55:49	77:57	42:39		-	-	-	-	-
E.B.25i		Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	✓	✓	✗	M	PAHT	Mar-21	0	364	284	345	460	440	604	782	889	788	731	474	574	6735	-	-	-	-
E.B.25ii		Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	✓	✓	✗	M	PAHT	Mar-21	0	18	8	7	23	29	68	169	185	123	105	45	94	874	-	-	-	-