NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body (Meeting in Public)			
Meeting Date	23 March 2022	**Action**	Receive
Item No.	9.3	**Confidential**	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
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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.

A detailed report outlining performance for NHS Bury CCG patients against key national indicators set out within the NHS Constitution is presented to the Quality and Performance Committee on a monthly basis which from this point forward will be replaced by the System Assurance board. A summary of the latest report is then presented to the Governing Body via this report every two months.

In due course the CCG performance report will be linked into the consistent system-wide performance monitoring arrangements that are being developed to support the emerging locality structure, including reporting through to the Locality Board and the Integrated Delivery Collaborative Board.

The report presents the CCG's performance position primarily for December 2021 with more recent data referenced where available. The report also includes relevant updates in relation to the COVID-19 pandemic.

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 *[Insert Risk Number and Detail Here]*	

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	☐
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	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	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	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**
Quality & Performance Committee	09/03/2022	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 March 2022 which related to the published position for December 2021 though also includes later data where this is available.

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 as data is published at different times and secondly due to some data collections having been paused as part of the COVID-19 response.

3. NHS Operational Planning for 2022-23

3.1 The NHS operational planning process for 2022-23 is underway. Plans will be set at an Integrated Care System (ICS) level with both CCGs and providers feeding into this process. The NHS Bury CCG share of the draft plan was submitted to the GMHSCP on 21st February 2022 in advance of the national deadline of 17th March. In the intervening period, the GM team is validating and triangulating CCG and provider submissions and may request amendments to be made.

3.2 From a CCG perspective, the 2022-23 draft plan includes predicted activity levels for:

- Outpatient attendances. This includes:
  - First outpatient attendances to increase by 10% over the 2019-20 baseline.
  - Follow-up outpatient attendances to reduce by 25% against the 2019-20 baseline.
  - Specialist Advice requests (including Advice and Guidance) to reach 16 processed requests per 100 first outpatient attendances by March 2023.
- Elective admissions. Both day case and ordinary admissions to increase by 10% over the 2019-20 baseline.
- Referral to Treatment. Completed episodes of care to increase by 4% above the 2019-20 baseline.
- Diagnostics. Activity for seven specific test types to increase by 20% over the 2019-20 baseline.
- Rapid Response. The CCG draft plan shows 2-hour urgent response contacts increasing by 10% per quarter. The increase reflects the need for the locality to work towards increasing the proportion of referrals received by the Rapid Response team that meet the 2-hour requirements.
- Children's wheelchair waits. The number of children on this pathway has remained fairly stable over recent years. Although the plan shows the CCG achieving the 92% target for children receiving their equipment within 18 weeks of referral, there are currently some delays in the supply chain. The service has mitigated this by increasing the amount of stock held locally though this is not possible in all cases due to the specialised and bespoke nature of some equipment.
- Appointments in General Practice. The CCG plan shows restoration to the 2019-20 level. Progress towards this is difficult to evidence as AskMyGP data is currently

not currently included in national data.

3.3 Plans are also required for Personal Health Budget (PHB), social prescribing and personalised care and support planning elements of the personalised care programme. In the draft submission, the CCG has agreed to use the original trajectories set up during the formulation of the NHS Long Term Plan (LTP). A series of meetings will be held over the coming weeks to agree a realistic trajectory for the locality in 2022-23.

4. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

4.1 The legal requirement to self-isolate following a positive test ended on 24th February and this followed a period of COVID-19 positive cases reducing. The most recent data, however, does show an upturn in reported incidence in the community and the system will therefore need to remain vigilant in terms of effect on demand for services and staffing absence should transmission increase further.

4.2 The number of COVID-19 positive inpatient numbers occupying a bed at the Fairfield General Hospital (FGH) site has continued to reduce since reaching a peak in the current wave of 73 on 7th January and standing at 11 on 10th March. Peaks during previous waves were 132 in November 2020 and 79 in January 2021.

4.3 Elective activity was paused between the 4th and 24th January 2022. During this period, cancer and other urgent treatment continued as did most outpatient activity. The impact of the pause will start to be reflected in January data and a summary of this is included in the Elective Care section below.

Planned (Elective) Care

4.4 During February 2022, NHS England published a delivery plan for tackling the COVID-19 backlog of elective care. The plan sets out some key ambitions that include:

- Eliminating 104+ week waits by July 2022, 78+ week waits by April 2023, 65+ week waits by March 2024 and 52+ week waits by March 2025;
- Long waiting patients to be offered further choice about their care;
- 95% of patients to receive diagnostic tests within six weeks by March 2025;
- Year on year increase in the amount of elective activity delivered; and
- 75% of patients to receive a cancer diagnosis or have it ruled out within 28 days of a suspected cancer referral by March 2024.

4.5 The first meeting of the Bury system Elective and Cancer Care Recovery and Reform Programme Board took place on 14th February. In addition to receiving key updates, the meeting was used to explore how the group might best work together.

4.6 The overall waiting list increased further in January, standing at 9.1% above the September 2021 baseline. This is an increase of 624 pathways when compared to December and represents the highest monthly increase since October and is likely to relate to the pausing of activity during January. 52+ week wait numbers are higher than the target figure for the first time and there was a further increase in 104+ week waits.

4.7 Overall, since September 2021 the biggest increases in waiting list size have been in

Dermatology (+25.8%), Ear Nose and Throat (ENT) (+16.9%), Cardiology (+32.6%), orthopaedics (+9.1%), gynaecology (+17.5%), urology (+11%) and 'other' (where the list has grown from 54 in September to 184 in January). The most notable reductions in this period are in gastroenterology and respiratory which are now -6.5% and -20.1%, respectively. Amongst other developments at a GM level, there is a proposal for a 'smart triage' pilot in gynaecology to be undertaken. Further updates will be shared as this proposal develops.

4.8 Since September, the most significant increases in 52+ week waits have been seen in 'other' (+53 pathways) and gynaecology (+48 pathways). Most of the 'other' specialty increase relates to Oaklands Hospital, an independent sector provider, and is likely to relate to the implementation of a new Patient Administration System (PAS) which has resulted in some pathways that were previously incorrectly linked to specialised commissioning now being correctly assigned to CCG commissioners. A programme of work is underway at Oaklands to validate the current lists. The increase in 52+ week waits in January sits alongside decreases in other surgery and general surgery.

4.9 The number of 104+ week breaches increased from 81 in December to 120 in January. The biggest increases since September have been in 'Other' (linked to the Oaklands PAS implementation) and urology. In urology, the Northern Care Alliance NHS FT (NCA) has confirmed that many long waiters have been waiting for a new procedure which can now be performed at the day unit and a reduction in long waits for urology is therefore expected to be seen over the coming months. The recently published NHS delivery plan sets a requirement for 104+ week waits to be eliminated by July 2022.

4.10 The development and implementation of work programmes at locality, NCA and GM levels continues. For example, GM has a proposal to expand the While You Wait information to cover specialty specific areas, an initiative that Bury is already working on for orthopaedics. The NCA is also progressing plans under the Being Well programme which is now split into three areas: Deciding and Referring Well, Waiting Well and Recovering Well.

4.11 Diagnostics performance remains significantly below target though stable. Endoscopy and echocardiography continue to present the biggest challenge locally. Improvement plans at the NCA remain in place and the NCA has recently agreed internal funding to extend the use of the GM modular endoscopy unit for a further month whilst other discussions are underway about increasing capacity.

4.12 The first of the NCA Community Diagnostic Hubs (CDH) remains on schedule to open in Oldham in July 2022 and will serve the North East Sector (NES) footprint. Alongside this, work continues on the development of a new diagnostics strategy for Bury with a task and finish group meeting regularly

Cancer Care

4.13 The GM Cancer Tackling Inequalities Strategy was approved in September 2021 with a recommendation that a clear set of actions to support delivery of the strategy is produced. To this end, NHS Bury CCG facilitated a workshop on 22nd February in which a review of data was undertaken. A local action plan will be developed from this with a view to addressing any inequalities noted.

4.14 The NCA's Quality Assurance process also continues with concerns escalated to CCG colleagues as required. Two recent concerns have been reported. One relates to head

and neck cancer services where issues appear to be linked to the disaggregation of the service between the NCA and Manchester University NHS Foundation Trust (MFT). This is reported to be having an impact on patient experience, patient safety and a lack of clarity of ownership of pathways. This has been escalated to the CCG's Quality team for further review.

4.15 The second concern highlighted through the Quality Assurance process relates to some long standing issues within the urology service. Within this, it is reported that the current workforce model is significantly inadequate for the workload, thus impacting on patient experience and safety and impact on the team. The NCA has developed an action plan to address the concerns raised with quarterly progress reports submitted to the care organisation Cancer Improvement Committee.

4.16 Overall in December, performance was slightly better than that of the previous month. 31-day standards continue largely to be achieved whilst challenge remains for two week wait (2WW) and 62-day wait standards.

4.17 Although most 2WW breaches continue to be in dermatology, it is noted that demand into this specialty has remained more stable since October following the significant increase noted between June and September 2021. An NCA Dermatology Improvement Board is in place and there is increased focus at a GM level too.

4.18 There is also a GM focus on breast services where capacity has been impacted by a significant increase in demand over the autumn months. The GM Breast Service task and finish group facilitated three clinically-led workshops in December with a focus on improving referral quality, developing an alternative pathway for breast pain and expediting breast radiology workforce expansion.

4.19 Although formal monitoring of the 28-day Faster Diagnosis Standard (FDS) commenced in October 2021, the NHS Delivery Plan published in February 2022 reset the ambition for reaching the 75% to March 2024.

4.20 With regard to 62-day wait performance following a GP referral, each provider has a target to reduce the number of patients waiting for treatment. For the NCA, the target is for there to be 222 patients or less waiting more than 62 days to commence treatment by the end of March 2022 and the trust has advised that the trajectory in place is being achieved and that there is a reasonable confidence in delivery of this.

Urgent Care

4.21 Although A&E 4-hour performance at an NCA level remains significantly below the 95% target, FGH remains one of the best sites in GM for performance for Type 1 attendances (highest acuity). A&E attendances to FGH remain a little below the 2019-20 level (-5.6% to the end of February).

4.22 Although pressures remain in the urgent and emergency care (UEC) system, these have started to ease a little and are therefore allowing the system to resume focus on implementing improvement plans. The improvement work programme is broken down into ten task and finish groups which sit under Site Management, Discharge Processes and Ward Routines with progress reported into the regular implementation group meeting and the monthly Bury-locality Urgent and Emergency Care Board.

4.23 This renewed focus has allowed improvements to be made to the No Right To Reside

(NRTR) performance. Over a recent two week period, 38 patients with a combined length of stay of 3½ years were discharged from FGH and this is reflected in improved stranded (length of stay >7 days) and super-stranded (length of stay > 21 days) performance. Operational daily discharge meetings are taking place with dedicated No Right to Reside meetings also taking place twice weekly. This re-focus has highlighted some issues in FGH being able to discharge patients to community dementia, residential and nursing beds and a locality approach to resolving this is being taken forward.

4.24 The impact of increased pressure has also been reflected in deteriorated ambulance performance over recent months, both in terms of response times and in handover times. In terms of handovers from ambulance crews to FGH Emergency Department (ED) staff, efforts are underway to improve the situation which is also heavily impacted by estates capacity at the site. This includes weekly meetings with NWAS colleagues who are also providing on-site support. Some improved ways of working have been implemented and there are plans to move the Rapid Assessment and Treatment (RAT) function closer to the front door as this has proven successful in other hospitals.

Children and Young Peoples (CYP) Mental Health

4.25 Pennine Care Foundation Trust (PCFT) continues to experience severe operational pressures and business continuity arrangements remain in place with ongoing implementation of the associated action plan.

4.26 The waiting time standard for children to receive a wheelchair within 18 weeks of referral was achieved for Bury in Quarter 3. Achievement is predicted through 2022-23 though a risk related to supply delays for specialist and bespoke equipment is noted.

4.27 Rolling 12-month data to Quarter 3 also confirmed achievement of the Eating Disorder Service access standards for both routine (97.3%) and urgent cases (100%). Each standard is measured against a target of 95%.

4.28 In line with the business continuity arrangements, the Bury Child and Adolescent Mental Health Service (CAMHS) action plan continues to be implemented. This includes recruitment to the new CCG funded posts within the Tier 2 service for which a recruitment event was held in early March. In the year-to-date to December, referrals into CAMHS continue to be 50% higher than in the same period of 2019-20. Pressure for inpatient beds also remains high with limited social care placements reported to be having an impact on being able to discharge some CYP.

4.29 With regard to the CYP Access Rate standard, the rolling 12-month position to November 2021 shows ongoing achievement with an access rate of 46.6% for Bury. As has been the case in previous years, access numbers across Quarter 1 were high with reduced access evident in subsequent months, particularly at PCFT.

Mental Health

4.30 The dementia diagnosis standard continues to be achieved for Bury patients and Bury's new System Assurance Board reviewed the dementia pathway in detail during the March 2022 meeting.

4.31 Strong performance also continues against the Early Intervention in Psychosis (EIP)

standard with provisional Quarter 3 data showing 100% of patients being seen within the required two week timescale. In line with the LTP, future developments in EIP services will focus on ensuring that NICE concordant packages of care can be delivered.

4.32 As noted in the above section, business continuity arrangements remain in place at PCFT where pressure in adult services has been felt most acutely in inpatient services with higher demand and acuity noted.

4.33 In addition to providing the peer-led Community Crisis Service, Bury Involvement Group (BIG) are also now delivering the Welcome Home scheme which is designed to support patients being discharged from a PCFT inpatient stay. A second service, the Housing and Welfare Support Scheme, delivered by the Beacon Service, will work alongside PCFT to help patients navigate social issues such as tenancies and welfare benefits. Both schemes went live recently and are funded by GM for a period of 12 months.

4.34 Winter pressures monies also enabled the operation of a Mental Health Joint Response Car (MHJRC) in Bury from 28th February until 31st March. Following successful implementation in other areas, the aim of this was to provide urgent community triage of service users mental health needs with onward direction to the most appropriate care.

4.35 Under the Primary Care Network (PCN) Additional Roles Reimbursement Scheme (ARRS), five Mental Health Practitioners have now been recruited with one attached to each of Bury's Integrated Neighbourhood Teams (INT). A planning workshop was held in late January to outline the scope and function of this new role.

4.36 Following increased investment, the transition of the PCFT Mental Health Liaison Service into a Core24-light service has also commenced with staff consultation underway.

4.37 Published data for Quarter 3 confirms under-performance for each of the four main Improving Access to Psychological Therapy (IAPT) standards; namely IAPT Access, IAPT Recovery and IAPT 6 and 18 week waits. The Recovery standard had been achieved in the previous two quarters.

4.38 IAPT Access remains affected by the cessation of single episode community events, such as wellbeing events held in local colleges, though some group sessions have now recommenced. These include a perinatal group and some pre-therapy preparation groups which are aimed initially at those individuals with extended waits for therapy and provides an opportunity to set expectations along with providing information about other support available whilst waiting.

4.39 Due to concerns around IAPT performance, an improvement plan is in place. Increased scrutiny is likely around six week waits for which data continues to show significant under-performance.

5. Actions Required

5.1 The audience of this report is asked to:

- Receive this report.

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March 2022

Appendix A: Performance Dashboard 2021-22

NHS Constitution / Must Do Measures Summary											Period Actual Performance 2021/22																
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	Dec-21	93.0%	76.2%	82.0%	71.7%	80.1%	80.4%	77.1%	69.3%	66.7%	70.6%				-	76.5%	79.1%	68.7%	
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	✓	✗	M/Q	CCG	Dec-21	93.0%	47.3%	57.3%	69.2%	67.3%	75.7%	50%	27.7%	15.6%	22.9%				-	58.1%	62.2%	22.1%	
E.B.27		Cancer 28 day waits: Faster Diagnosis	✗	✓	✗	M/Q	CCG	Dec-21	75.0%	66.2%	68.5%	75.2%	77.0%	71.3%	65.2%	58.6%	57.6%	53.5%				-	70.2%	70.6%	56.6%	
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	✓	✓	✗	M/Q	CCG	Dec-21	96.0%	93.3%	98.6%	99.0%	97.8%	95.8%	95.1%	97.6%	94.7%	95.6%				-	97.0%	96.2%	95.9%	
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	✓	✓	✗	M/Q	CCG	Dec-21	94.0%	87.5%	90.5%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	93.3%				-	91.1%	97.6%	97.6%	
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	M/Q	CCG	Dec-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%	
E.B.11		Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	✓	✓	✗	M/Q	CCG	Dec-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%	
E.B.12 / 122b		Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	✓	✓	✓	M/Q	CCG	Dec-21	85.0%	65.3%	78.8%	63.0%	58.9%	59.6%	64.5%	64.3%	47.4%	50.0%				-	67.6%	61.1%	53.9%	
E.B.13		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	M/Q	CCG	Dec-21	90.0%	75.0%	100.0%	66.7%	71.4%	85.7%	66.7%	100.0%	50.0%	83.3%				-	78.9%	75.0%	70.6%	
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	✓	✓	✗	M/Q	CCG	Dec-21	85.0%	71.4%	78.3%	83.9%	71.4%	86.4%	72%	85.0%	81.0%	72.7%				-	78.0%	76.4%	79.4%	
E.B.3 / 129a	Elective Care Cath Tickle	Referral To Treatment: Incomplete pathways within 18 weeks.	✓	✓	✓	M/Q	CCG	Nov-21	92.0%	62.4%	64.4%	64.5%	62.6%	61.3%	60.0%	59.4%	58.7%	56.3%				60.9%	63.8%	61.3%	58.1%	
129b		Referral To Treatment: Incomplete pathways within 18 weeks (number of people waiting)	✗	✓	✓	M/A	CCG	Nov-21		19767	21012	22076	23362	23761	23993	24936	25222	25542				-	-	-	-	-
E.B.S.4 / 129c		Referral To Treatment: Incomplete patients waiting 52 week waits or more	✓	✓	✓	M	CCG	Oct-21	0	1544	1413	1316	1266	1192	1190	1188	1155	1186				11450	-	-	-	-
E.B.4 / 133a		Diagnostic test waiting times (waiting 6 weeks or more)	✓	✓	✓	M	CCG	Nov-21	1.0%	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%				-	35.9%	40.5%	43.5%	
E.B.S.2.i		Cancelled Operations (28 day guarantee) - Quarterly	✓	✗	✗	Q	NCA	Resume Q3	0	-	-	Paused	-	-	Paused	-	-	1	-	-			Paused	Paused	1	
E.B.S.6		Urgent operations cancelled for a second time	✓	✗	✗	M	NCA	Paused	0			Paused			Paused			Paused					-	-	-	-
E.0.1		Percentage of children waiting less than 18 weeks for a wheelchair	✗	✓	✗	Q	CCG	Q3 21/22	92.0%	-	-	Paused	-	-	78.8%	-	-	92.9%	-	-			Paused	78.8%	92.9%	
E.P.1 / 144a		E-Referrals - Increase in the proportion of GP referrals made by e-referrals	✗	✗	✓	M	CCG	Nov-21	92.0%	67.1%	59.5%	64.8%	56.8%	64.1%	59.5%	38.6%	47.7%					-	-	-	-	-
E.H.9	Maternity & Childrens Jane Case	Improve access rate to CYPMH (MHSDS published-rolling)	✗	✓	✗	M/Q	CCG	Nov-21	35.0%	48.6%	49.4%	49.5%	49.5%	48.6%	48.1%	47.3%	46.6%					-	49.5%	48.1%		
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 - rolling 4 quarters)	✗	✓	✗	Q	CCG	Q3 21/22	95.0%	-	-	93.3%	-	-	93.9%	-	-	97.3%	-	-		-	93.3%	93.9%	97%	
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 - rolling 4 quarters)	✗	✓	✗	Q	CCG	Q3 21/22	95.0%	-	-	100%	-	-	100%	-	-	100%	-	-		-	100%	100%	100%	
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)	✗	✓	✓	Q	CCG	Q2 21/22	Q1: 1551 Q2: 1560 Q3: 1570 Q4: 1580	-	-	660	-	-	800	-	-		-	-		-	660	800		
E.A.S.2 / 123a		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	✗	✓	✓	Q	CCG	Q2 21/22	50.0%	-	-	51.6%	-	-	50.0%	-	-		-	-		-	51.6%	50.0%		
E.H.1		IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Q2 21/22	75.0%	-	-	54.6%	-	-	41.8%	-	-		-	-		-	54.6%	41.8%		
E.H.2		IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Q2 21/22	95.0%	-	-	93.8%	-	-	89.5%	-	-		-	-		-	93.8%	89.5%		
E.H.4 / 123c		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	CCG	Q2 21/22	60.0%	-	-	79.0%	-	-	73.0%	-	-		-	-		-	79.0%	73.0%		
E.A.S.1 / 126c		Dementia diagnosis rate (65+)	✗	✓	✓	M	CCG	Jan-22	66.7%	74.2%	73.5%	73.6%	75.2%	74.5%	74.1%	74.4%	74.8%	73.6%	73.7%			74.2%	-	-	-	-
E.B.S.3		Adult MH patients receiving a follow-up within 72 hours of discharge	✓	✓	✗	M	CCG	Sep-21	80.0%	42.9%	66.7%	66.7%	83.3%	50.0%	66.7%	59.0%	95.0%					-	-	-	-	-
E.B.S.1	Quality Carolyn Trembath	Single Sex Accommodation Breaches	✓	✗	✗	M	CCG	ResumeOct	0	Paused	Paused	Paused	Paused	Paused	Paused	5	3	3					-	-	-	-
105b		Personal Health Budget Count (cumulative)	✗	✗	✓	Q	CCG	Q2 21/22	n/a	-	-	Paused	-	-	39	-	-		-	-		-	Paused	39		
E.B.5 / 127c	Urgent Care David Latham	A&E waiting time (waiting less than 4hrs) (PAHT ALL)	✓	✓	✓	M	NCA	Nov-21	95.0%	77.7%	76.0%	71.7%	66.7%	66.3%	64.9%	62.6%	62.3%	60.6%	59.9%			-	75.0%	66.0%	61.9%	59.9%
E.B.S.5		Trolley waits in A&E (12 hour waits)	✓	✗	✗	M	NCA	Nov-21	0	21	11	67	70	231	250	433	410	473	541			2437	-	-	-	-
E.B.23 C1Ai		Ambulance clinical quality: Cat 1 - 7 minute response time (average)	✓	✗	✗	M	NWAS	Jan-22	7 minutes	07:29	07:51	08:19	09:02	08:42	09:12	09:14	08:50	09:05	08:31			-	-	-	-	-
E.B.23 C1Bi		Ambulance clinical quality: Cat 1 - 90% of calls responded to within 15 minutes	✓	✗	✗	M	NWAS	Jan-22	15 minutes	12:44	13:19	14:03	15:26	14:52	15:35	15:33	14:55	15:17	14:31			-	-	-	-	-
E.B.23 C2Ai		Ambulance clinical quality: Cat 2 - 18 minute response time (average)	✓	✗	✗	M	NWAS	Jan-22	18 minutes	23:52	27:13	38:15	56:16	49:05	57:13	67:42	48:56	66:45	43:37			-	-	-	-	-
E.B.23 C2Bi		Ambulance clinical quality: Cat 2 - 90% of calls responded to within 40 minutes	✓	✗	✗	M	NWAS	Jan-22	40 minutes	48:25	55:31	77:58	123:03	105:47	126:27	148:44	105:31	153:59	101:35			-	-	-	-	-
E.B.25i		Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	✓	✓	✗	M	NCA	Jan-22	0	427	489	586	751	695	748	1235	1125	1161	944			8161	-	-	-	-
E.B.25ii		Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	✓	✓	✗	M	NCA	Jan-22	0	66	112	179	279	259	303	563	402	452	374			2989	-	-	-	-