

Report to: SINGLE COMMISSIONING BOARD

Date: 4 October 2016

Reporting Member / Officer of Single Commissioning Board Angela Hardman Executive Director, Public Health and Performance

Subject: DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE

Report Summary: This report provides an update on CCG assurance and performance, based on the latest published data (at the time of preparing the report). The July position is shown for elective care and a September “snap shot” in time for urgent care.

Also attached to this report is a CCG NHS Constitution scorecard, showing CCG performance across the indicators.

The assurance framework for 2016/17 has been published nationally however, we are awaiting the framework from GM devolution.

Performance issues remain around waiting times in diagnostics and the A&E performance.

	RTT Incomplete	52WW	Diagnostic	A&E
Standard	92%	0	1%	95%
Actual	92.3%	1	1.70%	89.03%

The number of our patients still waiting for planned treatment 18 weeks and over continues to decrease and the risk to delivery of the incomplete standard and zero 52 week waits is being reduced.

Cancer standards were achieved in July apart from 62 day upgrade. Quarter 1 performance achieved.

Endoscopy is still the key challenge in diagnostics particularly at Central Manchester.

A&E Standards were failed at THFT.

Financial Year to 11 Sept 2016	April 2016/17	May 2016/17	June 2016/17	July 2016/17	Aug 2016/17	Sept to 11 2016/17
89.03%	92.46%	92.16%	86.61%	84.98%	90.48%	85.57%

Attendances and NEL admissions at THFT (including admissions via A&E) have increased.

The number of Delayed Transfers of Care (DTC) recorded remains higher than plan.

Ambulance response times were not met at a local or at North West level apart from CAT A 8 mins at CCG level.

Recommendations:	<p>Note the 2016/17 CCG Assurance position.</p> <p>Note performance and identify any areas they would like to scrutinise further.</p>
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>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.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>It is critical to raising standards whilst meeting budgetary requirements that we develop a clear outcome framework that is properly monitored and meets the statutory obligations and regulatory framework of all constituent parts. This doesn't currently achieve this but is work in progress.</p> <p>This report will be received by the CCG for its assurance purposes to avoid duplication of resources.</p>
How do proposals align with Health & Wellbeing Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
How do proposals align with Locality Plan?	Should provide check & balance and assurances as to whether meeting plan.
How do proposals align with the Commissioning Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
Recommendations / views of the Professional Reference Group:	This section is not applicable as this report is not received by the professional reference group.
Public and Patient Implications:	The performance is monitored to ensure there is no impact relating to patient care.
Quality Implications:	As above.
How do the proposals help to reduce health inequalities?	This will help us to understand the impact we are making to reduce health inequalities.
What are the Equality and Diversity implications?	None.
What are the safeguarding implications?	None reported related to the performance as described in report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no Information Governance implications. No privacy impact assessment has been conducted.

Risk Management:

Delivery of NHS Tameside and Glossop's Operating Framework commitments 2016/17

Access to Information :

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

Ali Rehman



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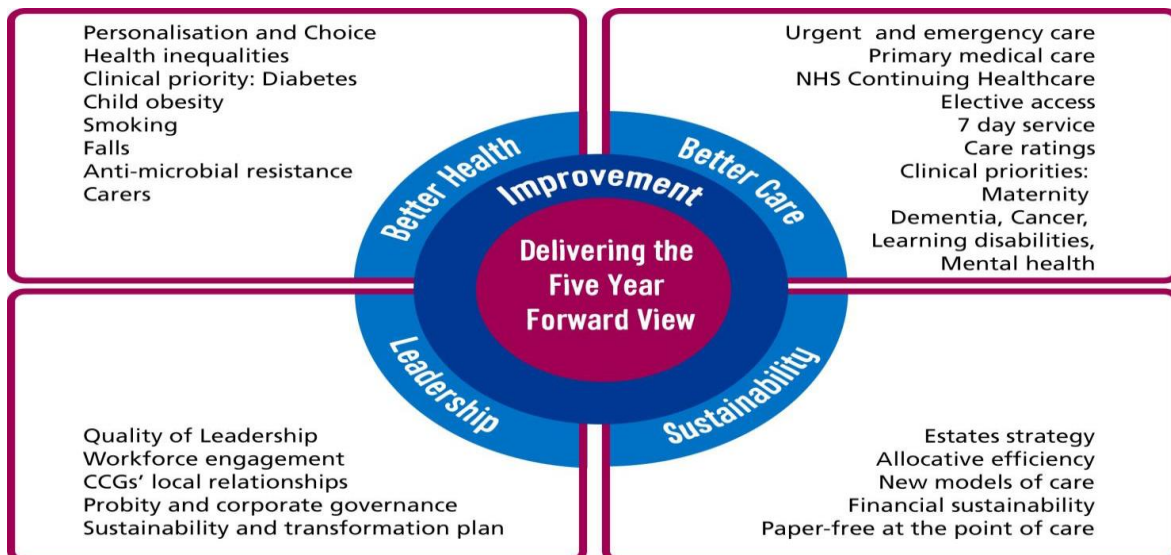
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1. INTRODUCTION

- 1.1 This report provides an update on CCG assurance and performance, based on the latest published data (at the time of preparing the report). The July position is shown for elective care and a September “snap shot” in time for urgent care. It includes a focus on current waiting time issues for the CCG.
- 1.2 It should be noted that providers can refresh their data in accordance with national guidelines and this may result in changes to the historic data in this report.

2. CCG Assurance

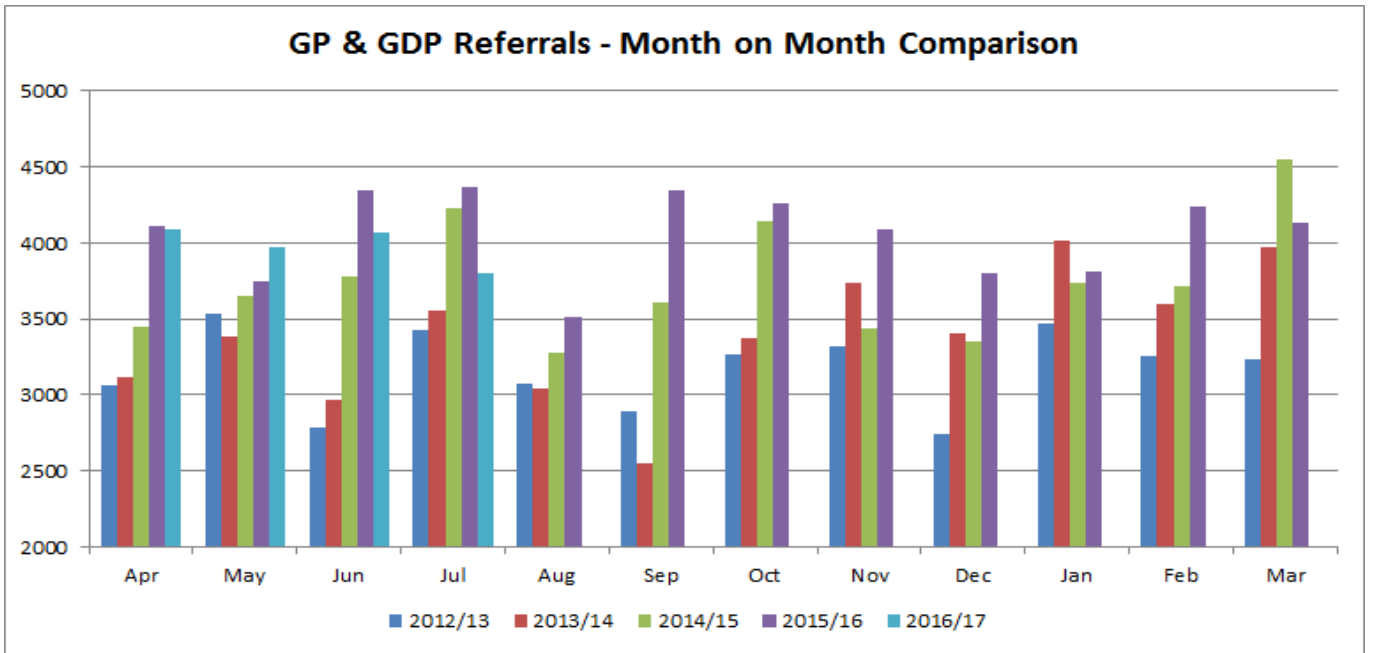
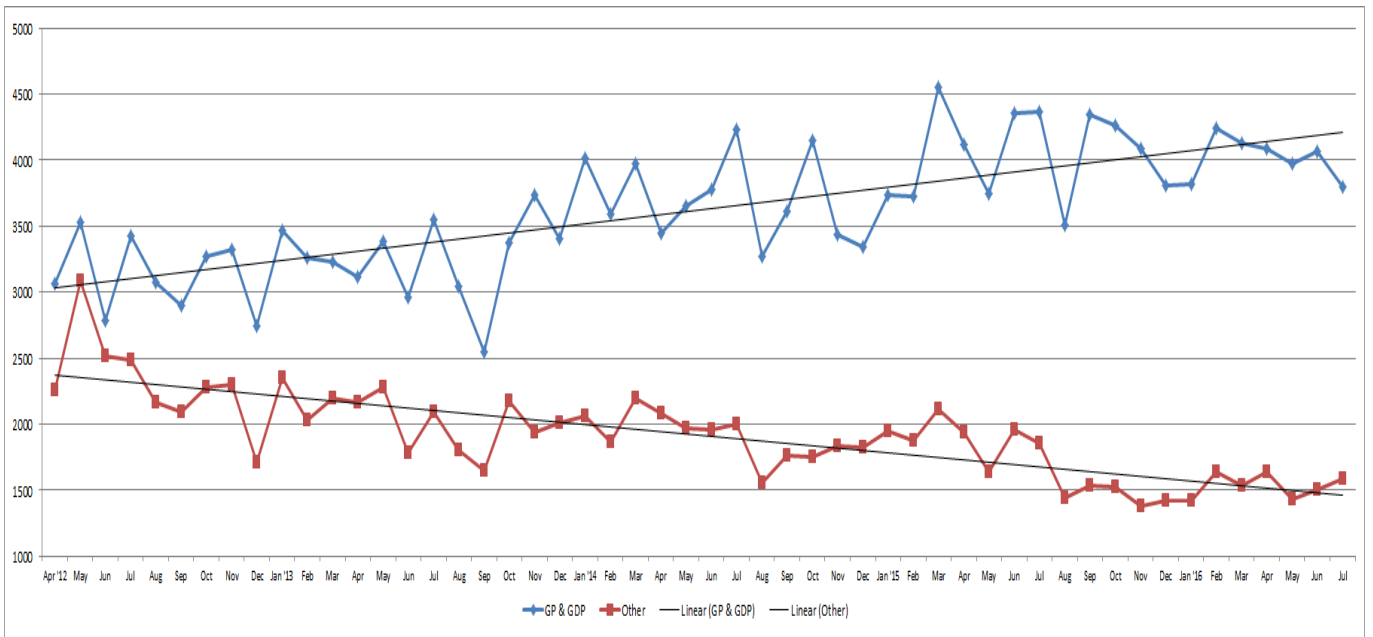
- 2.1 The assurance framework for 2016/17 has been published nationally however, we are awaiting the framework from GM Devolution. A recent WebEx led by NHS England provided further info on the new assessment framework for 16/17. CCGs will be assessed in relation to four key areas of their functions and responsibilities, health, care, sustainability and leadership. The overall rating for 2016/17 and metrics will be transparent and published on My NHS. Six clinical priorities will have independent moderation to agree an annual summative assessment. Below is the framework NHS England intend to use.



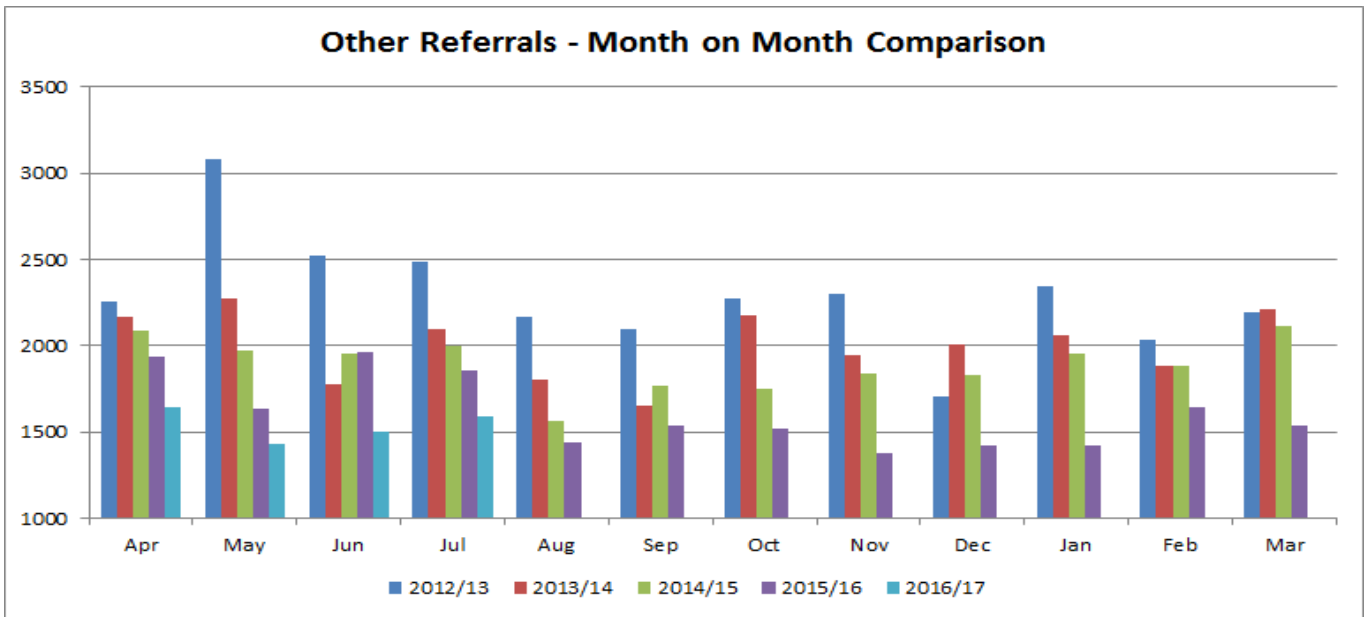
3. CURRENT CCG PERFORMANCE

Referrals.

- 3.1 GP/GDP referrals to TFT only have decreased during the month of July compared to the same period last year, however referrals have been on upward trend. Referral data is analysed at practice and specialty level and shared with practices.

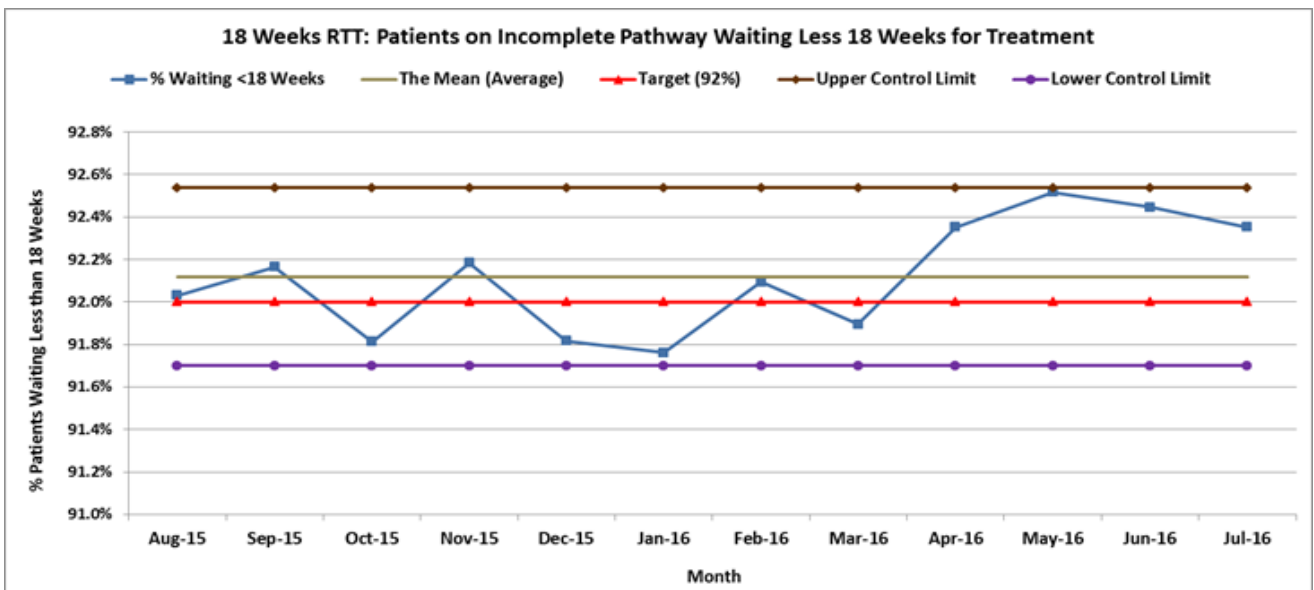


3.2 Other referrals (TFT only) have decreased during the month of July compared to the same period last year. This is a continuing trend.



Elective Care – please note the July position is the latest available data.

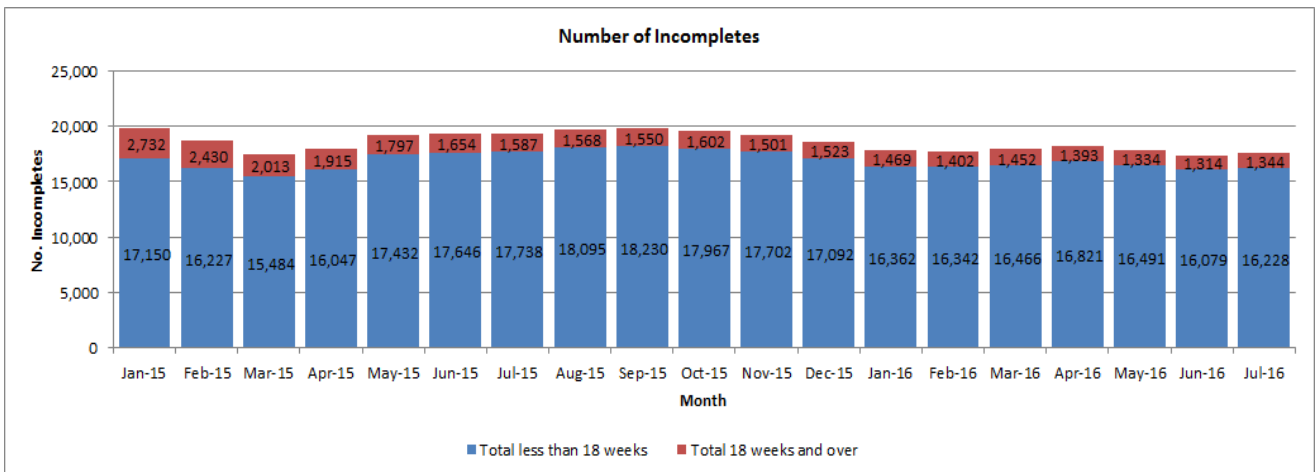
3.3 In July the CCG achieved the incompletes standard at 92.35% and THFT continued to achieve at 93.06%. The National RTT stress test demonstrates the trust are continuing to reduce the risk of failing RTT, this will have a positive impact on CCG performance.



	Incomplete (Standard 92%)	
	CCG Actual	THFT Actual
Apr	89.34%	87.50%
May	90.65%	89.30%
Jun	91.44%	90.70%
Jul	91.79%	91.30%
Aug	92.03%	92.10%
Sep	92.16%	92.22%
Oct	91.81%	92.2%
Nov	92.18%	92.8%
Dec	91.8%	92.2%
Jan	91.8%	92.7%

Feb	92.1%	92.4%
Mar	91.9%	92.5%
Apr	92.4%	92.9%
May	92.5%	92.9%
June	92.4%	93.0%
July	92.3%	93.0%

3.4 The total number of incompletes for the CCG has stabilised and slightly increased this is primarily due to the increase in under 18 weeks. The over 18 weeks has increased slightly. There has been an increase in over 40 week waiters and the 28 to 40 waits have decreased.



		T&G Patients at all Providers																		
Weeks Wait		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
52+ Weeks		29	18	6	6	5	1	1	0	1	2	0	1	0	2	0	1	0	0	1
40+ Weeks (inc. 52+)		149	118	90	126	101	92	61	45	39	30	28	42	47	51	49	34	31	24	28
28-40 Weeks		680	642	512	525	486	422	307	300	307	272	295	341	339	255	245	265	274	251	243
18-27 Weeks		1903	1670	1411	1264	1210	1140	1219	1223	1204	1300	1178	1140	1083	1096	1158	1094	1029	1039	1073
14-17 Weeks		2395	1959	1884	1254	1828	1987	1890	2039	2242	2288	2038	2051	2191	1930	1836	1424	1670	1591	1415
0-13 Weeks		14755	14268	13600	14793	15604	15659	15848	16056	15988	15679	15664	15041	14171	14412	14630	15397	14821	14488	14813
Total		19882	18657	17497	17962	19229	19300	19325	19663	19780	19569	19203	18615	17831	17744	17918	18214	17825	17393	17572

3.5 There was one patient waiting more than 52 weeks for treatment at UHSM, this was incorrectly reported by the trust.

3.6 Tameside expects to report zero 52-week waits for August. However the risk of 52 week waiters remains with eleven patients at 43 to 47 weeks. Also there are 47 patients waiting over 36 weeks without a decision to admit. Earlier this year the University Hospitals of South Manchester FT identified a data quality issue of patients who had been waiting >52 weeks not being identified. UHSM, NHSE, Monitor, and SMCCG have been addressing this matter. Following identification of this issue earlier this year, intensive validation work was carried out at the Trust and are still finding new >52 week pathways. As of 13 September 2016, six patients had been waiting longer than 52 weeks when treated. 1 patient was still waiting to be treated. These were patients that we were not aware of when the last report was provided. We are being updated regularly on the position and are keeping a close eye on the issue.

	# of Patients Waiting by Specialty									% of Incomplete at 28
	0-18 Weeks	18-22 Weeks	23-27 Weeks	28-32 Weeks	33-37 Weeks	38-42 Weeks	43-47 Weeks	48-51 Weeks	52+ Weeks	
Cardiology	990	66	23	12	7	0	1	0	0	1.8%
Cardiothoracic Surgery	35	2	2	1	1	0	0	0	0	4.9%
Dermatology	959	19	2	3	2	2	0	0	0	0.7%
Ear, Nose & Throat (ENT)	1445	45	24	3	4	1	1	0	0	0.6%
Gastroenterology	688	30	11	3	1	0	1	0	0	0.7%
General Medicine	923	29	14	4	2	1	0	0	0	0.7%
General Surgery	1885	96	46	12	14	3	1	1	0	1.5%
Geriatric Medicine	7	1	0	0	0	0	0	0	0	0.0%
Gynaecology	1178	70	44	9	8	1	1	0	0	1.4%
Neurology	3	0	0	0	0	0	0	0	0	0.0%
Neurosurgery	34	1	0	0	0	0	0	0	0	0.0%
Ophthalmology	1189	8	6	1	2	1	0	0	0	0.3%
Oral Surgery	1	0	0	0	0	0	0	0	0	0.0%
Other	2742	106	38	25	17	8	0	0	0	1.7%
Plastic Surgery	149	6	9	4	0	2	1	0	0	4.1%
Rheumatology	290	5	4	2	5	0	0	0	0	2.3%
Thoracic Medicine	165	14	6	2	2	0	0	0	1	2.6%
Trauma & Orthopaedics	2441	142	79	41	22	3	4	0	0	2.6%
Urology	1104	78	47	16	8	3	1	0	0	2.2%
Total	16,228	718	355	138	95	25	11	1	1	1.5%

3.7 The specialities of concern with regard to current performance or Clearance Rate (how long to treat the total waiting list assuming no more were added and the number completed each week stays the same) are shown on the right. Clearance Rate is used as an indicator of future performance with 10 to 12 weeks usually being seen as the maximum to deliver performance however with specialities with low numbers this is less accurate. The clearance rates have recently improved.

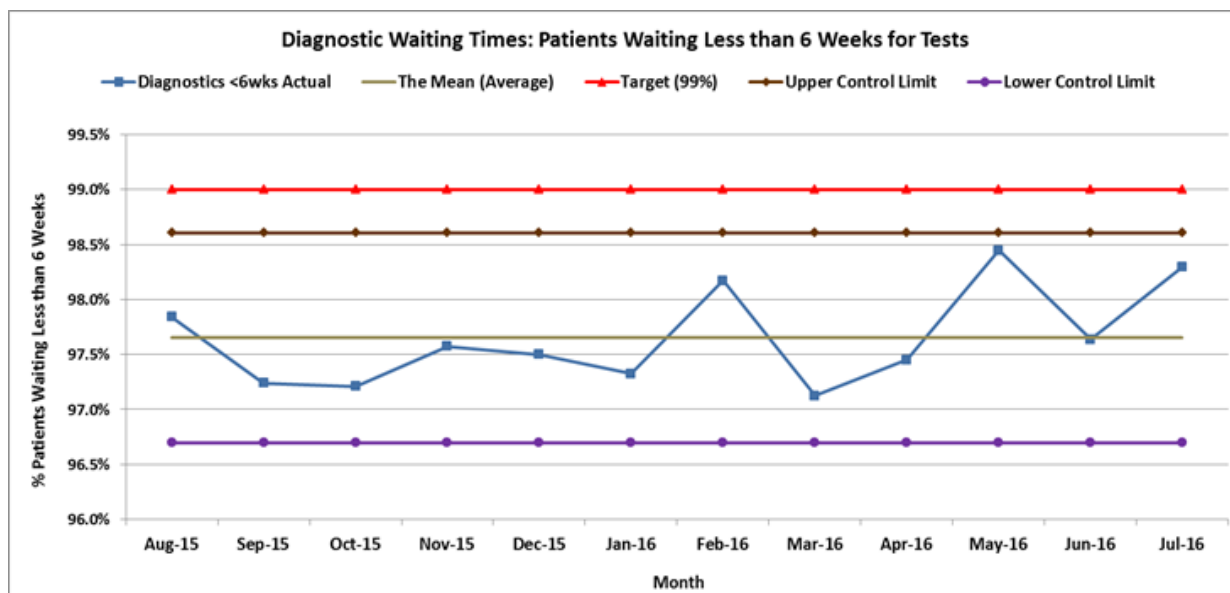
% of Patients waiting less than 18 weeks, by speciality, from All	Incomplete	Clearance Rates	
	Threshold 92%	Threshold 10-12 weeks	Change from last month
Cardiology	90.08%	15.21	↓
Cardiothoracic Surgery	85.37%	5.47	↓
Dermatology	97.16%	17.17	↑
Ear, Nose & Throat (ENT)	94.88%	10.22	↑
Gastroenterology	93.73%	7.73	↑
General Medicine	94.86%	16.22	↑
General Surgery	91.59%	6.91	↓
Geriatric Medicine	87.50%	4.00	→
Gynaecology	89.86%	9.30	↑
Neurology	100.00%	12.00	↓
Neurosurgery	97.14%	17.50	↑
Ophthalmology	98.51%	12.16	↑
Oral Surgery	100.00%		
Plastic Surgery	87.13%	8.14	↓
Rheumatology	94.77%	12.62	↑
Thoracic Medicine	86.84%	15.83	↑
Trauma & Orthopaedics	89.35%	10.21	↑
Urology	87.83%	16.17	↑
Other	93.39%	12.43	↑
Total	92.35%	10.83	↑

3.8 Three of these are the specialities where THFT also failed the standard and still have a backlog. Whilst reducing the backlog for Gynaecology and Urology there appears to be a small backlog in Oral Surgery Orthopaedics has stayed static. Overall the backlog at THFT has decreased by 13.

Specialty	Incomplete Performance	> 18 Weeks	< 18 Weeks	Total	July Backlog	June Backlog	May Backlog	Apr Backlog	Mar Backlog	Feb Backlog	Jan Backlog	Dec Backlog	Nov Backlog	Oct Backlog	Sept Backlog	August Backlog	July Backlog	June Backlog
General Surgery	92.87%	146	1901	2047										10	40	70	90	130
Urology	92.05%	62	718	780		9	7	7	30	30	40	20	5	25	10			
Orthopaedics	86.37%	242	1534	1776	100	100	100	89	120	130	140	160	150	180	210	210	190	240
ENT	95.08%	49	947	996														
Ophthalmology	99.83%	1	574	575														
Oral Surgery	91.62%	45	492	537	2													
Neurosurgery	95.83%	1	23	24			2	1										
Plastic Surgery	93.10%	4	54	58		2	1						7	30	15			
CT Surgery	100.00%	0	4	4						5			1					
Adult Medicine	94.99%	45	854	899														
Gastroenterology	94.36%	39	652	691								6						
Cardiology	93.26%	65	900	965								6	30				10	35
Dermatology	97.21%	29	1012	1041				9						10	40	40	100	110
Rheumatology	96.22%	9	229	238														
Gynaecology	88.25%	126	946	1072	40	44	50	70	60	25								
Other	96.15%	63	1573	1636														
Trust	93.06%	926	12413	13339	142	155	160	176	210	190	180	192	193	255	315	320	390	510

Diagnostics- please note the July position is reported in this update.

3.9 In July we failed the diagnostic standard at 1.70% against 1.0% Standard for waiting 6 or more weeks. This was primarily due to Central Manchester Trust. This month we have seen a decrease in over 6 week waiters at Care UK and Pioneer Healthcare. Both of these providers have been contacted to understand the issues and what actions are being taken to rectify the problem.



Financial Year		2016 - 2017		Reporting Month		July		Choose Trust		All			
Diagnostic Waiting - All Providers													
All Providers		May 2016				June 2016				July 2016			
		#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks	#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks	#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks
Endoscopy	THFT	452	0	0	0.0%	579	0	0	0.0%	507	0	0	0.0%
	CMMC	44	4	16	31.3%	28	3	3	17.6%	44	1	3	8.3%
	Pennine Acute	7	3	0	30.0%	3	3	0	25.0%	10	4	0	28.6%
	Salford	6	0	0	0.0%	3	0	0	0.0%	2	1	0	33.3%
	South Mc.	7	0	0	0.0%	5	0	0	0.0%	5	0	0	0.0%
	Stockport	15	0	0	0.0%	18	0	0	0.0%	23	1	0	4.2%
	Ashton Primary Care Centre	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Care UK	7	0	0	0.0%	7	0	0	0.0%	11	0	0	0.0%
	Other	4	1	0	20.0%	2	0	0	0.0%	4	1	0	20.0%
	Total		542	8	16	4.2%	651	6	3	1.4%	606	8	3
Non-Endoscopy	THFT	2622	29	0	1.1%	2654	28	0	1.0%	2677	31	0	1.1%
	CMMC	332	7	6	3.8%	340	16	5	5.8%	313	4	4	2.5%
	Pennine Acute	86	0	0	0.0%	69	0	0	0.0%	73	0	0	0.0%
	Salford	146	0	0	0.0%	131	0	0	0.0%	149	0	0	0.0%
	South Mc.	84	2	0	2.3%	100	0	0	0.0%	58	1	0	1.7%
	Stockport	174	0	0	0.0%	204	1	0	0.5%	171	0	0	0.0%
	Ashton Primary Care Centre	54	0	0	0.0%	54	0	0	0.0%	32	0	0	0.0%
	Care UK	636	6	0	0.9%	709	50	0	6.6%	524	24	0	4.4%
	Other	81	1	0	1.2%	91	12	0	11.7%	68	6	0	8.1%
	Total		4215	45	6	1.2%	4352	107	5	2.5%	4065	66	4
Overall Position		4757	53	22	1.55%	5003	113	8	2.36%	4671	74	7	1.70%

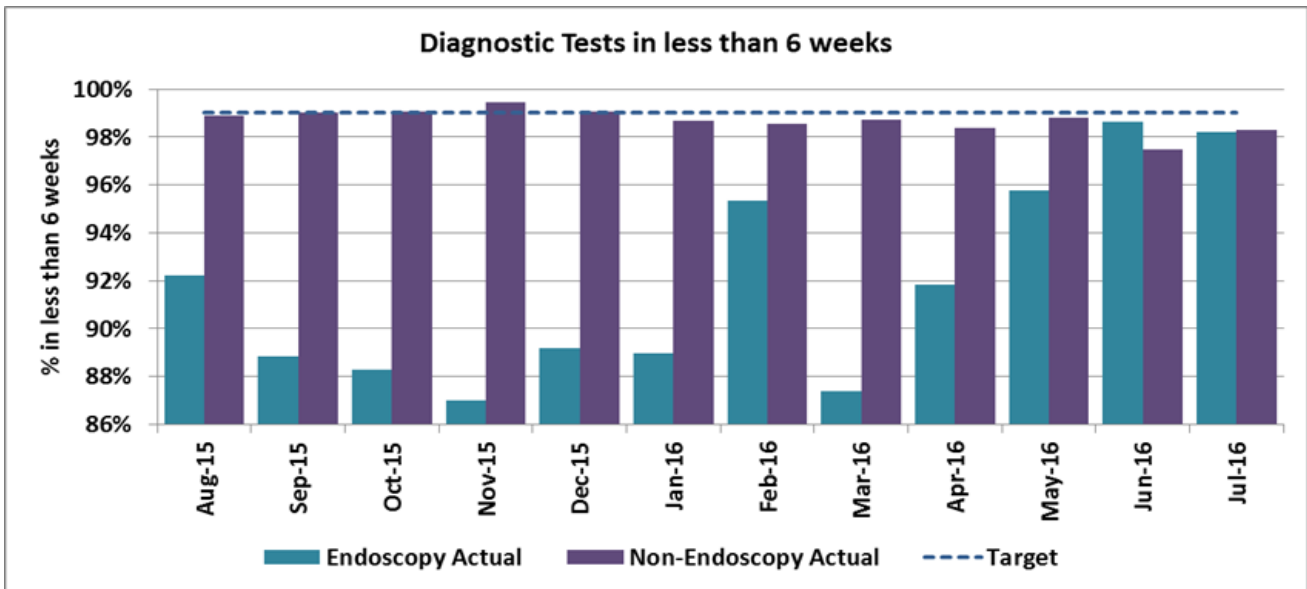
3.10 This means we failed every month last year and continue to fail this year, but there has been an increase in performance in April and May. June's performance deteriorated due to Care UK. July's performance has increased.

3.11 At the end of July 81 patients were waiting 6 weeks and over for a diagnostic test, seven of which were over 13 weeks. 12 were at Central Manchester Trust. Requests are continued to be made to obtain a copy of the action plan and trajectory from Central Manchester Trust including discussions with NHS England as their role as assurers of Lead CCGs.

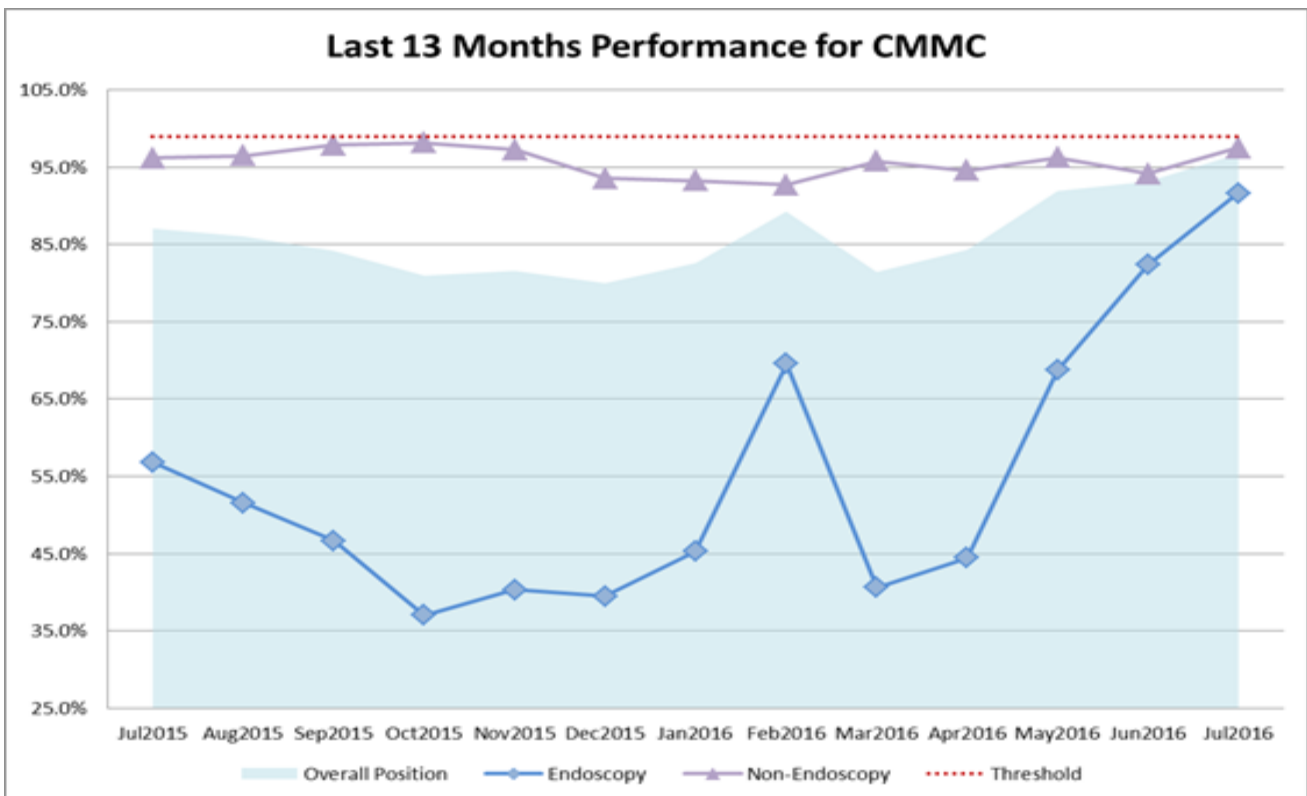
Provider	Test	Total 6-13 weeks	13+ Weeks
CMMC	Cardiology - echocardiography	1	3
	Colonoscopy	0	3
	Gastroscopy	1	0
	Magnetic Resonance Imaging	3	0
	Urodynamics - pressures & flows	0	1
	Total	5	7
Pennine Acute	Colonoscopy	2	0
	Gastroscopy	2	0
	Total	4	0
Salford	Colonoscopy	1	0
	Total	1	0
South Mc.	Non-obstetric ultrasound	1	0
	Total	1	0
Stockport	Colonoscopy	1	0
	Total	1	0
THFT	Audiology - Audiology Assessments	29	0
	Neurophysiology - peripheral neurophysiology	1	0
	Non-obstetric ultrasound	1	0
	Total	31	0
Care UK	Magnetic Resonance Imaging	24	0
	Total	24	0
Other	Colonoscopy (RJN East Cheshire NHS Trust)	1	0
	Neurophysiology - peripheral neurophysiology (NEY Pioneer Healthcare Limited)	6	0
	Total	7	0
Total	Total	74	7

3.12 The backlog in endoscopy appears to have decreased and now accounts for 14% of breaches. Central Manchester Trust has agreed with a private provider to undertake additional activity to help with the backlog clearance. They expect to clear the backlog by the end of July 2016.

Diagnostic Waiting - All Tests for All													
All Providers		May 2016				June 2016				July 2016			
		#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks	#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks	#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks
Endoscopy	Colonoscopy	228	3	10	5.4%	281	4	3	2.4%	256	5	3	3.0%
	Cystoscopy	46	0	0	0.0%	52	0	0	0.0%	45	0	0	0.0%
	Flexi sigmoidoscopy	8	3	3	42.9%	61	0	0	0.0%	79	0	0	0.0%
	Gastroscopy	260	2	3	1.9%	257	2	0	0.8%	226	3	0	1.3%
	Total	542	8	16	4.2%	651	6	3	1.4%	606	8	3	1.8%
Non-Endoscopy	Audiology - Audiology Assessments	306	20	0	6.1%	329	21	0	6.0%	433	29	0	6.3%
	Barium Enema	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Cardiology - echocardiography	579	2	3	0.9%	515	8	4	2.3%	407	1	3	1.0%
	Cardiology - electrophysiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Computed Tomography	797	1	0	0.1%	831	2	0	0.2%	781	0	0	0.0%
	DEXA Scan	105	0	0	0.0%	108	0	0	0.0%	78	0	0	0.0%
	Magnetic Resonance Imaging	1289	8	1	0.7%	1320	59	0	4.3%	1146	27	0	2.3%
	Neurophysiology - peripheral neurophysiology	128	12	0	8.6%	158	15	0	8.7%	160	7	0	4.2%
	Non-obstetric ultrasound	972	0	0	0.0%	1059	1	0	0.1%	1031	2	0	0.2%
	Respiratory physiology - sleep studies	34	1	0	2.9%	30	0	0	0.0%	23	0	0	0.0%
	Urodynamics - pressures & flows	5	1	2	37.5%	2	1	1	50.0%	6	0	1	14.3%
	Total	4215	45	6	1.2%	4352	107	5	2.5%	4065	66	4	1.7%
Overall Position		4757	53	22	1.55%	5003	113	8	2.36%	4671	74	7	1.70%



3.13 THFT performance in endoscopy has stayed the same as last month and Central Manchester showing an increase in performance.



3.14 The latest update received from CMFT as at 21st April 2016 is as follows. The trust has undertaken a clinical validation of the entire endoscopy waiting list, the outcome of this validation is that 714 patients (Trust total) were identified that required transferring to the active list, and 170 of which are priority. To address the back log the trust has taken the following steps:

- The trust is transferring patients from the planned list to the active list and will report them in the next submission.
- An extension to the arrangement with the independent sector for extra capacity.
- The balancing of waiting lists across the MRI and Trafford Endoscopy units continues.
- The director of performance now heads up a weekly meeting to review all aspects.

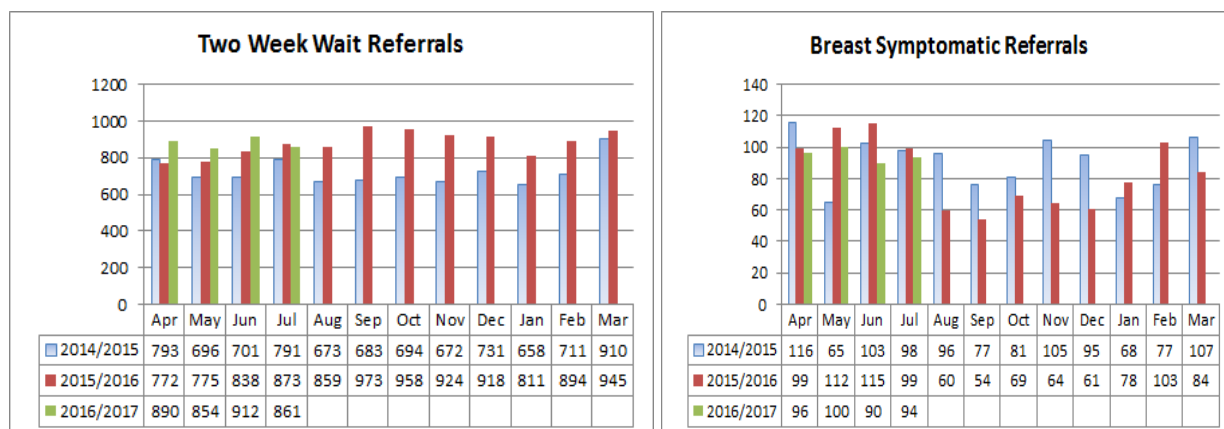
- Administrative and reporting routines have been improved/adapted.

The trust expects that they will be able to ensure resolution by end of June 2016. They are developing a weekly trajectory in the next few weeks.

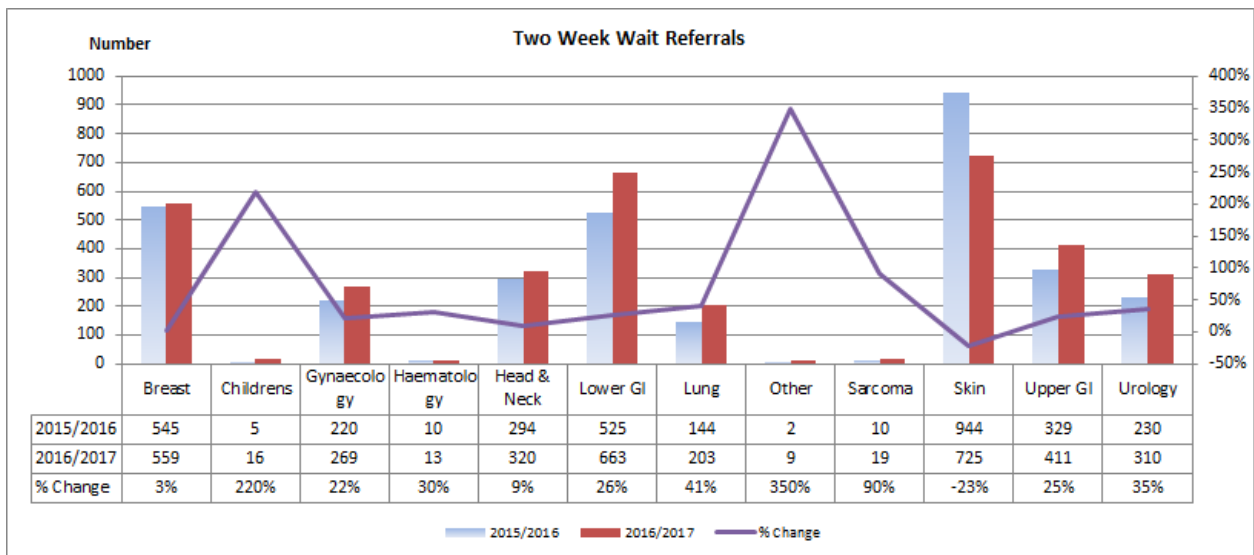
3.17 Tameside achieved all the standards.

Indicator Name	Standard	Performance						No. of patients not receiving care within standard in July
		March 15/16	April 16/17	May 16/17	June 16/17	Q1 16/17	July 16/17	
Cancer 2 week waits	93.00%	95.8%	95.8 %	97.1 %	96.6%	96.5%	94.8%	45
Cancer 2 week waits - Breast symptoms	93.00%	98.8 %	93.8 %	98.0 %	94.4 %	95.5 %	94.7 %	5
Cancer 62 day waits – GP Referral	85.00%	95.9 %	91.3 %	87.7 %	91.0 %	90.2 %	88.2 %	5
Cancer 62 day waits - Consultant upgrade	85.00%	87.1 %	89.5 %	84.6 %	93.5 %	89.5 %	86.1 %	2.5
Cancer 62 day waits - Screening	90.00%	100%	N/A	N/A	100%	100%	N/A	0
Cancer day 31 waits	96.00%	100%	98.6 %	100%	100%	99.5 %	100%	0
Cancer day 31 waits - Surgery	94.00%	100%	100%	100%	100%	100%	100%	0
Cancer day 31 waits - Anti cancer drugs	98.00%	100%	100%	N/A	100%	100%	100%	0
Cancer day 31 waits - Radiotherapy	94.00%	100%	100%	100%	100%	100%	100%	0

3.18 The increase in two week wait referrals continues. Breast however, have recently been close to 2015/16 levels.



3.19 The year to date increases in referrals continues compared to the same period last year with Haematology, Urology, Lower GI, Head and Neck, breast and lung showing the larger increases.



Urgent Care – please note position reported is at 11th September

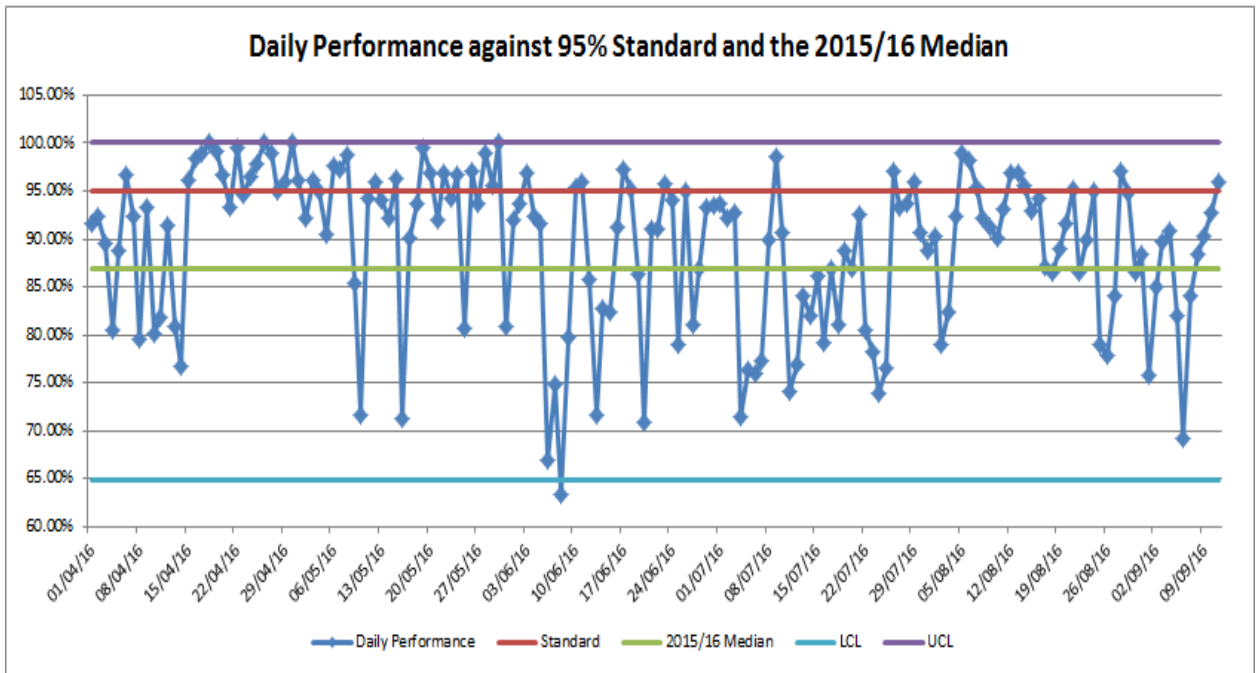
3.20 THFT A&E performance is as below.

Apr-16	May-16	Jun-16	July-16	Aug-16
92.46%	92.16%	86.61%	84.98%	90.48%

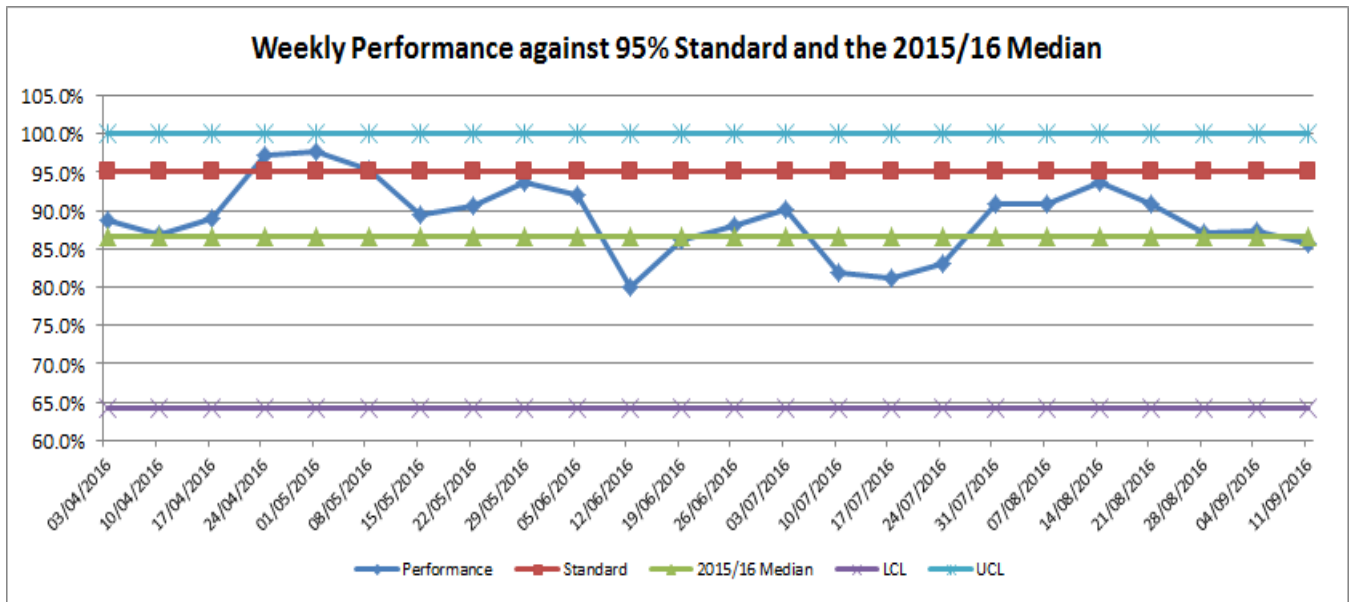
3.21 We are currently the third best performer across the GM trusts YTD, reported through Utilisation Management. Our June and July, August performance and September performance to the 11th has not achieved the standard.

	Financial Year to 11 September 16	April 2016/17	May 2016/17	June 2016/17	July 2016/17	August 2016/17	Sept 11 th 2016/17
Wigan	91.80%	92.93%	90.30%	93.87%	89.67%	92.04%	93.30%
Salford	89.88%	92.52%	90.21%	94.05%	81.69%	89.80%	94.40%
Tameside	89.03%	92.46%	92.16%	86.61%	84.98%	90.48%	85.57%
Oldham	87.22%	86.89%	90.39%	86.58%	83.72%	88.64%	86.93%
Bury	84.26%	82.72%	84.74%	86.35%	82.90%	82.57%	89.99%
Bolton	83.25%	80.25%	81.29%	85.33%	81.94%	86.13%	87.57%
Stockport	80.47%	79.31%	81.59%	85.26%	81.51%	77.11%	72.79%
North Manchester	77.39%	80.20%	77.90%	75.11%	71.24%	83.27%	77.25%

3.22 Recent performance is on a downward trend. Previous Improvement was being maintained by close monitoring in A&E underpinned by an electronic board. As use of the board becomes embedded it is hoped that senior manager scrutiny can reduce.



3.23 Activity was well managed during the two day period of junior doctors' industrial action. Activity levels were not below normal levels and performance was above the standard.

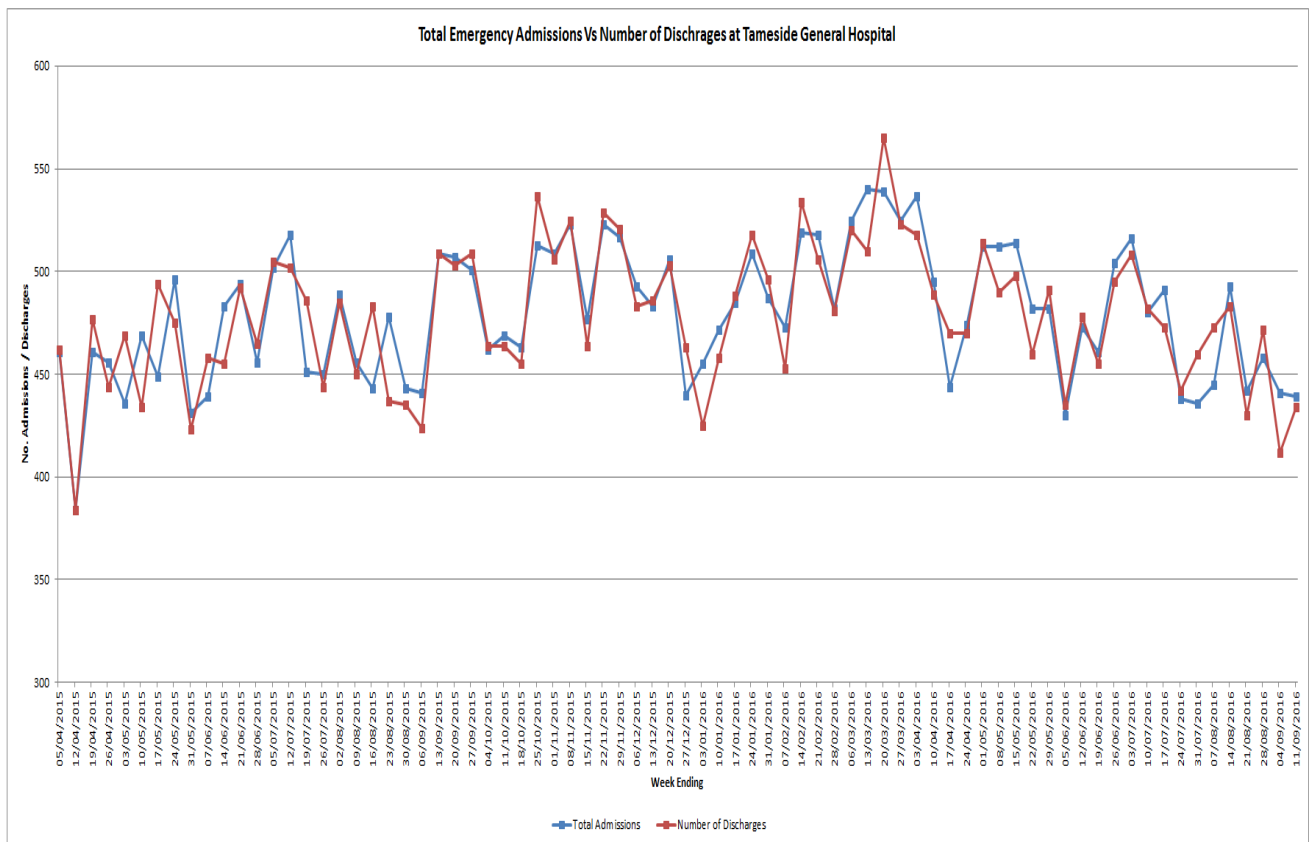


3.24 There has previously been considerable variation on a daily basis with no clear reason, but more recently that has stabilised. During April the standard was achieved but May, June, July and August has seen a drop in performance.

3.25 During June, July and August late first assessment is the main cause of A&E breaches with patients having late assessments as the highest reason for breaches. The patients waiting also impact on cubicle availability which results in breaches due to late first assessments. Previously the main breach reason was awaiting a bed.

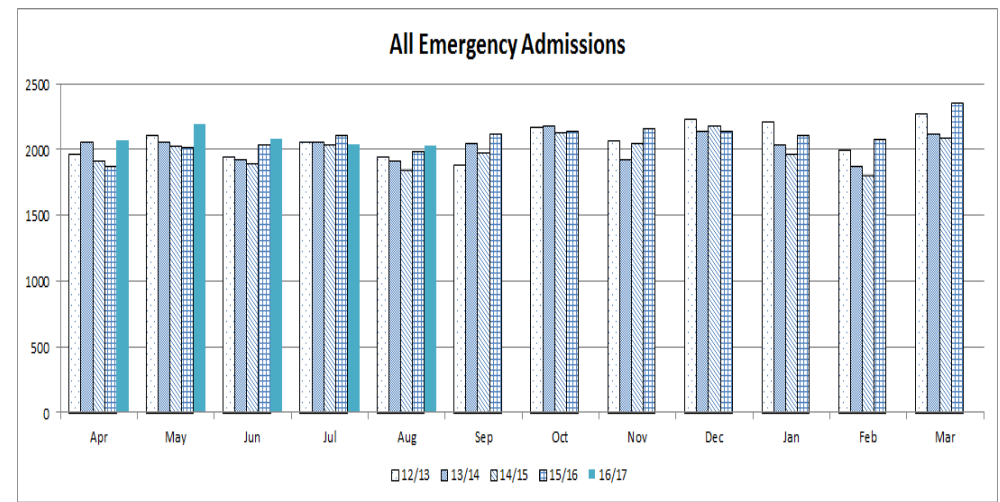
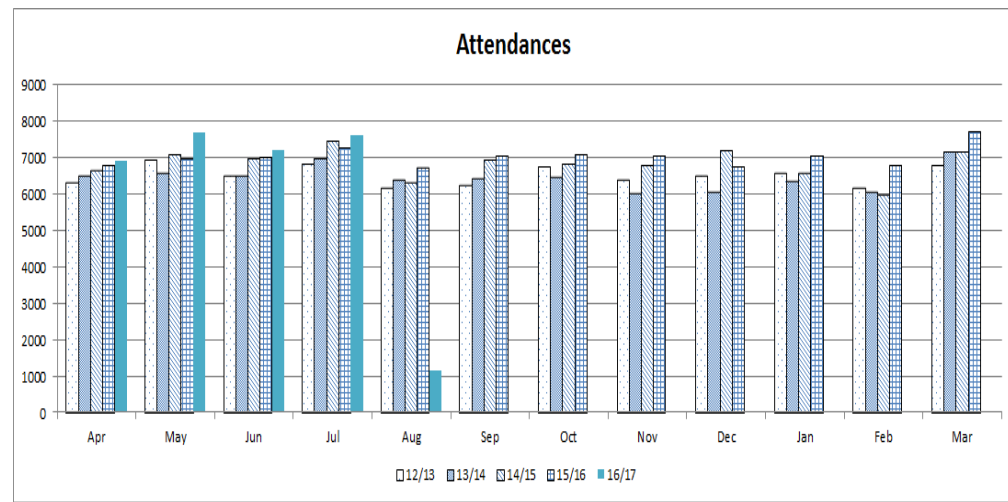
Breach Reason (Actual)	w/e 7 Jul	w/e 10 Jul	w/e 17 Jul	w/e 24 Jul	w/e 31 Jul	w/e 7 Aug	w/e 14 Aug	w/e 21 Aug	w/e 28 Aug	w/e 4 Sep	w/e 11 Sep	Cumulative
Awaiting bed	27	51	66	100	24	34	15	51	54	72	38	3567
Specialty Delay	18	20	26	21	24	20	18	17	19	14	18	1116
Delayed Medical Assessment	0	0	0	0	0	0	0	0	0	0	0	510
Other	2	5	5	7	0	8	2	4	2	5	1	642
Late First Assessment	94	211	215	146	85	61	27	39	85	77	136	5028
Clinical	18	19	15	11	11	9	24	20	20	20	20	961
CT Delay	1	0	0	1	1	1	4	1	1	1	5	190
Late Referral to Specialty	3	3	3	4	3	0	2	8	13	1	8	326
Seen after 4 hours	0	0	0	0	0	0	0	0	0	0	0	23
Awaiting transport	3	0	5	6	5	4	2	1	3	4	3	224
Pathology Delay	0	0	0	0	1	0	1	0	1	0	2	64
XR Delay	0	1	0	0	0	0	0	0	0	0	0	21
Unknown	0	0	0	0	0	0	0	0	0	0	0	84
Total	166	310	335	296	154	137	95	141	198	194	231	12756

3.26 We frequently have fewer emergency discharges than emergency admissions and so routinely have to escalate discharge to manage the daily demand. The loss of the beds at Darnton House has further impacted on our ability to discharge from acute beds recently.



3.27 Slight increase in A&E attendances during April with much larger increase during May and slight increase in June. July saw a larger increase in attendances compared to 2015/16 and admissions have also increased. This has decreased in August. The number of 4 hour breaches has decreased significantly during April but increased in May June and July. This also decreased in August.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Variance		% variance							
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
A&E Attendances	6890	7680	7182	7609	6799	102	715	155	348	62	1.5%	10.3%	2.2%	4.8%	0.9%
4 hour Breaches	523	602	963	1144	647	-402	157	499	548	-83	-43.5%	35.3%	107.5%	91.9%	-11.4%
% Seen within 4 hours	92.41%	92.16%	86.59%	84.97%	90.48%										
Admissions via A&E	1764	1885	1773	1776	1767	174	201	53	-15	86	10.9%	11.9%	3.1%	-0.8%	5.1%
Other Emergency Admissions	309	309	303	267	267	16	-30	-19	-58	-40	5.5%	-8.8%	-5.9%	-17.8%	-13.0%
All Emergency Admissions	2073	2194	2076	2043	2034	190	171	34	-73	46	10.1%	8.5%	1.7%	-3.4%	2.3%
Discharges	2037	2091	2098	2027	2031	117	83	55	-133	85	6.1%	4.1%	2.7%	-6.2%	4.4%



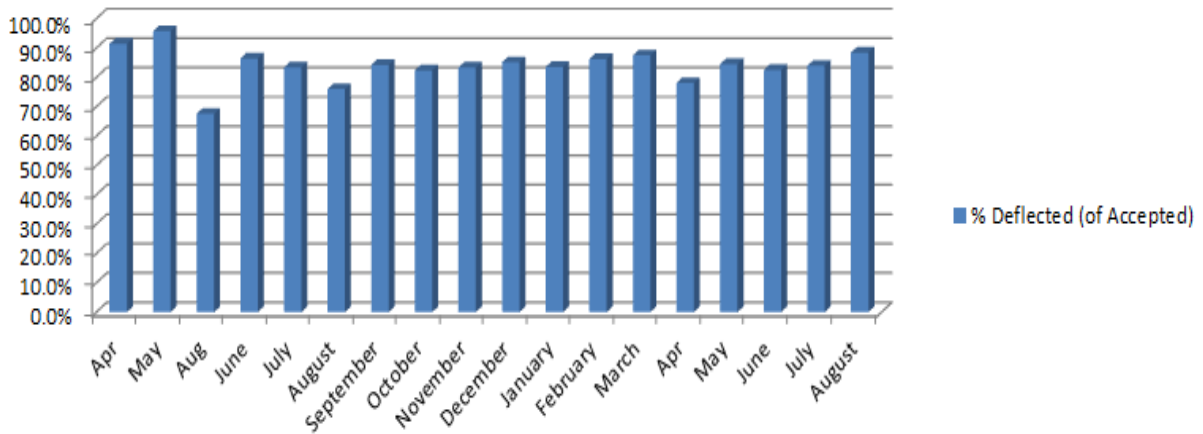
3.28 Since September 2015 there has been considerable variation in the numbers of attendances and admissions and breaches have risen significantly. During April this had stabilised and breaches had reduced, which now look to have increased during May, June, July and August.

Week Ending	Actual Number of A&E Type 1 Attendances	Actual Number of 4 hour Type 1 breaches	Actual Performance	Number of Emergency Admissions via A&E	Number of Direct Emergency Admissions	Total Emergency Admissions
03 Apr	1787	202	88.7%	453	80	533
10 Apr	1641	217	86.8%	421	85	506
17 Apr	1495	166	88.9%	382	58	440
24 Apr	1639	47	97.1%	406	71	477
01 May	1609	38	97.6%	445	68	513
08 May	1770	84	95.3%	435	74	509
15 May	1797	190	89.4%	450	66	516
22 May	1682	157	90.7%	414	69	483
29 May	1688	106	93.7%	411	75	486
05 Jun	1676	134	92.0%	373	58	431
12 Jun	1673	336	79.9%	413	62	475
19 Jun	1653	228	86.2%	382	78	460
26 Jun	1728	206	88.1%	439	73	512
03 Jul	1686	166	90.2%	443	73	516
10 Jul	1701	310	81.8%	422	59	481
17 Jul	1785	335	81.2%	424	67	491
24 Jul	1752	296	83.1%	378	60	438
31 Jul	1673	154	90.8%	376	60	436
07 Aug	1496	139	90.7%	386	59	445
14 Aug	1491	95	93.6%	419	75	494
21 Aug	1535	141	90.8%	383	60	443
28 Aug	1533	199	87.0%	402	55	457
04 Sep	1637	209	87.2%	398	43	441
11 Sep	1636	233	85.8%	367	64	431

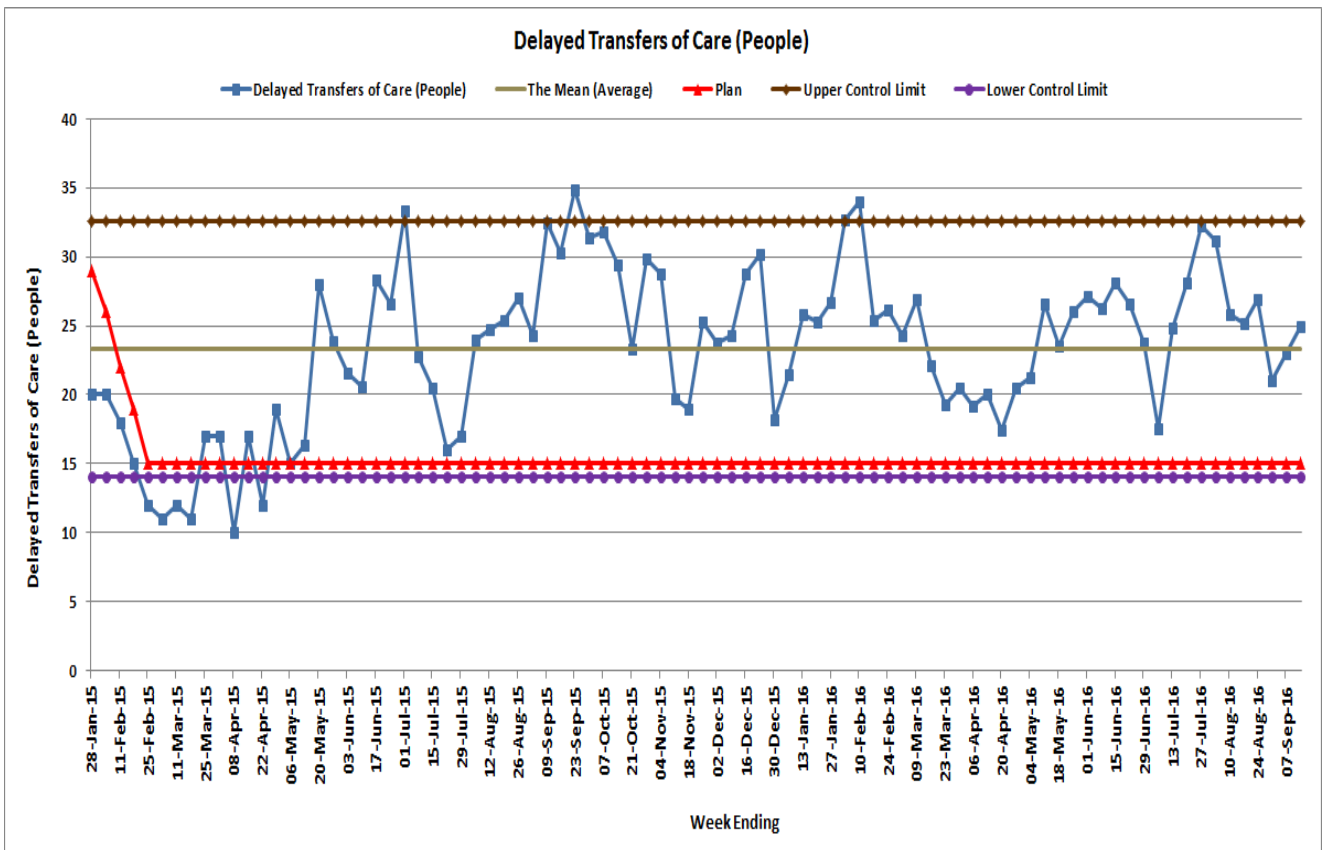
3.29 Usage of the Alternative to Transfer service continues to be good and the level of deflections remains above 80%.

	April	May	June	July	August	September to 11th
Referrals	198	183	178	221	190	77
Accepted	196	183	177	220	190	77
Red Refusals to Hospital also seen	18	15	17	27	34	9
Deflected	139	142	132	162	138	57
Accepted %	99.0	100	99.4	99.5	100	100
% Deflected (of Referrals)	78.1	85	82.5	83.9	88.5	84.0
% Deflected (of Accepted)	78.1	85	82.5	83.9	88.5	84.0

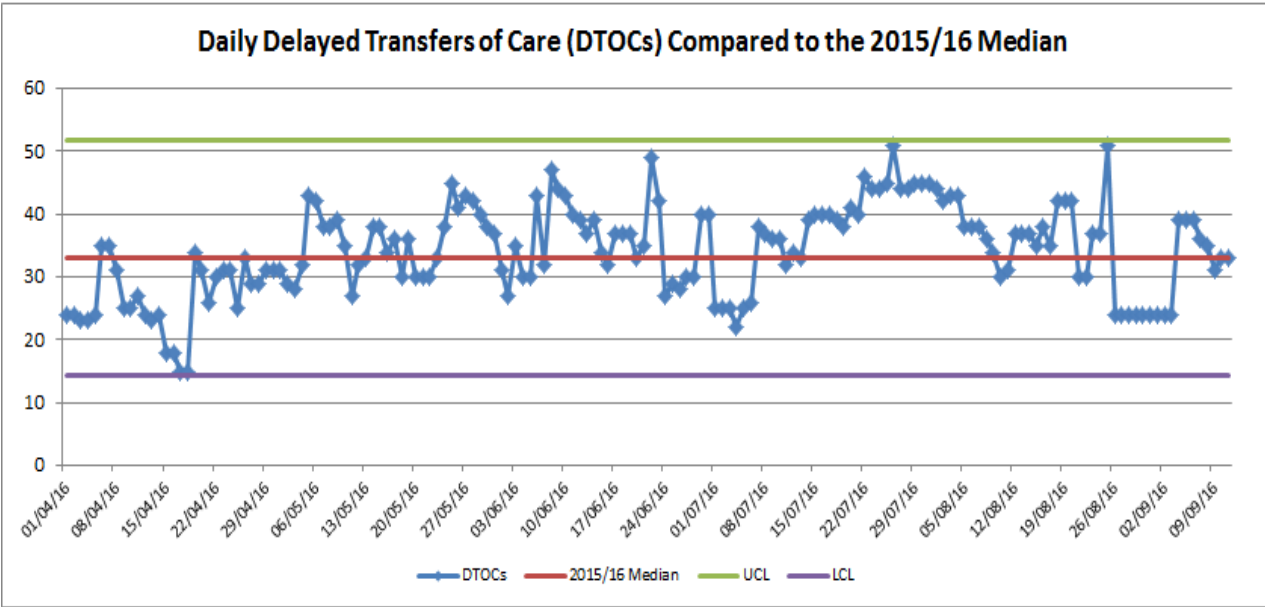
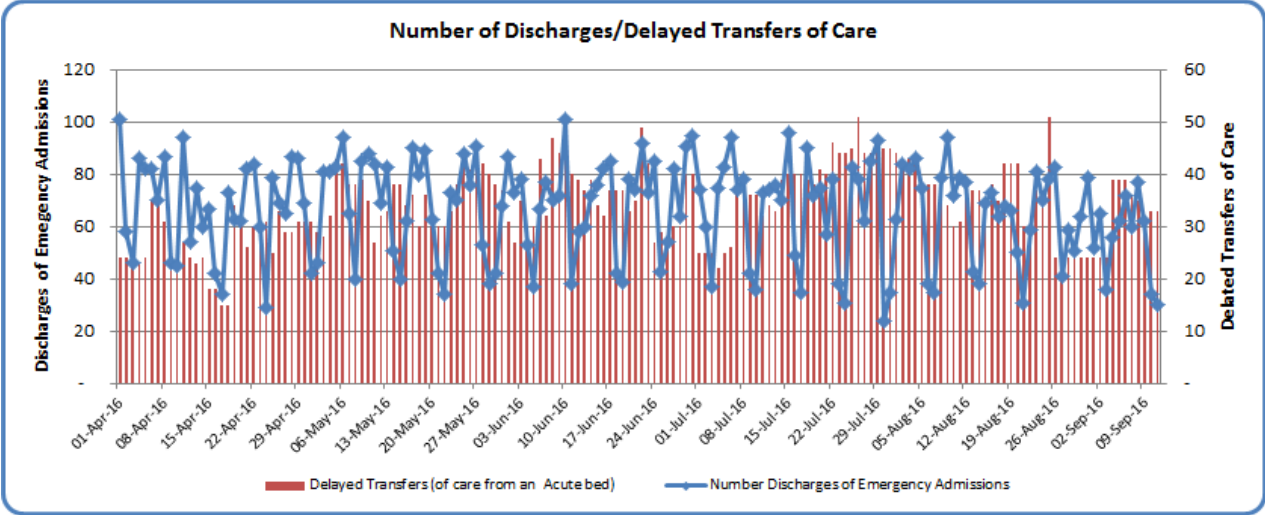
Usage of the Alternative to Transfer service 2015 and 2016



3.30 The number of Delayed Transfers of Care (DTC) recorded has increased recently.

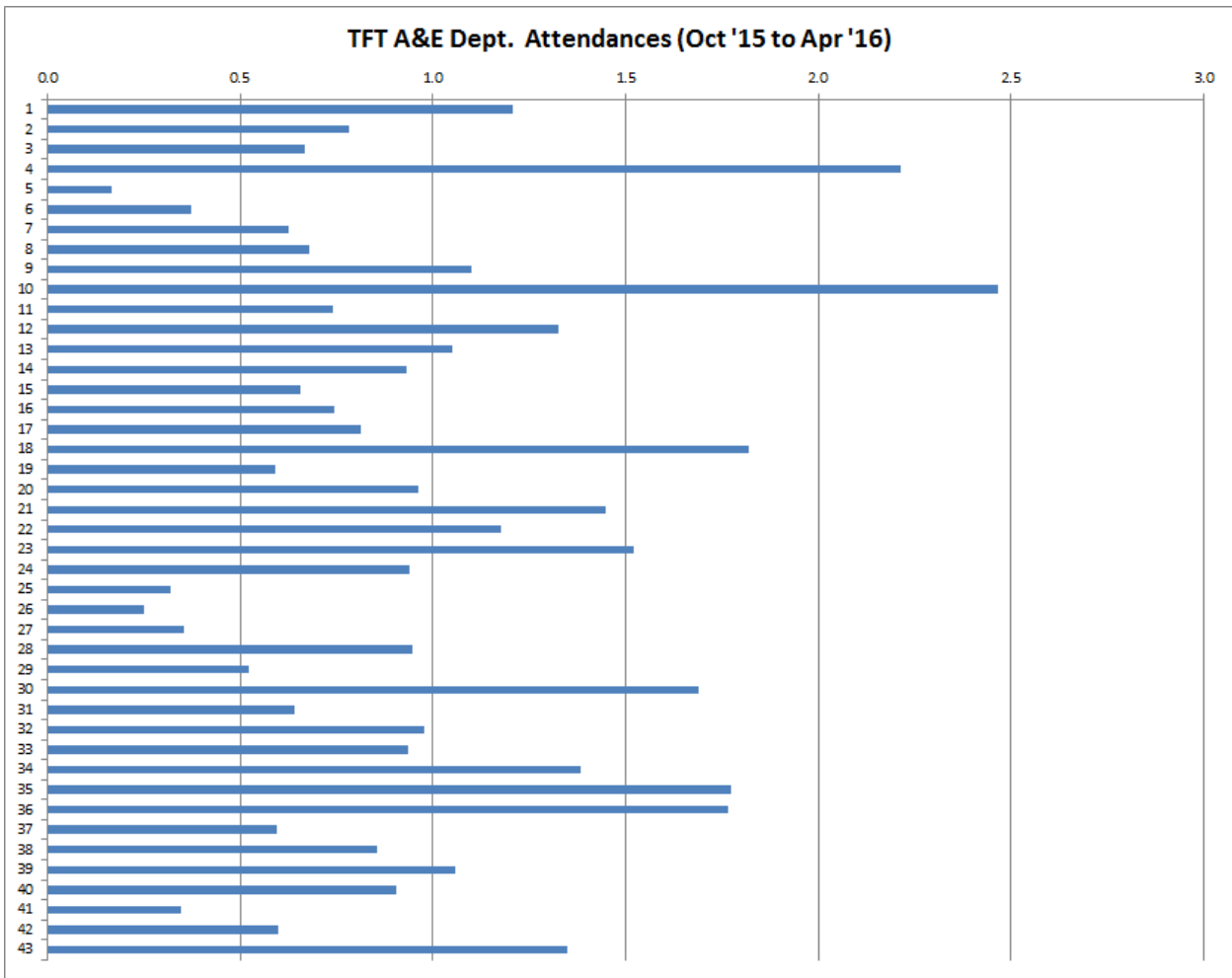


3.31 Reducing DTC and the level of variation day by day is a key aspect of the improvement plan with Integrated Urgent Care Team designed to significantly impact on bed availability by improving patient flow out of the hospital and avoiding admissions. This should deliver a culture of 'Discharge to Assess' which is key to delivering the national expectation that trusts will have no more than 2.5% of bed base occupied by DTC.



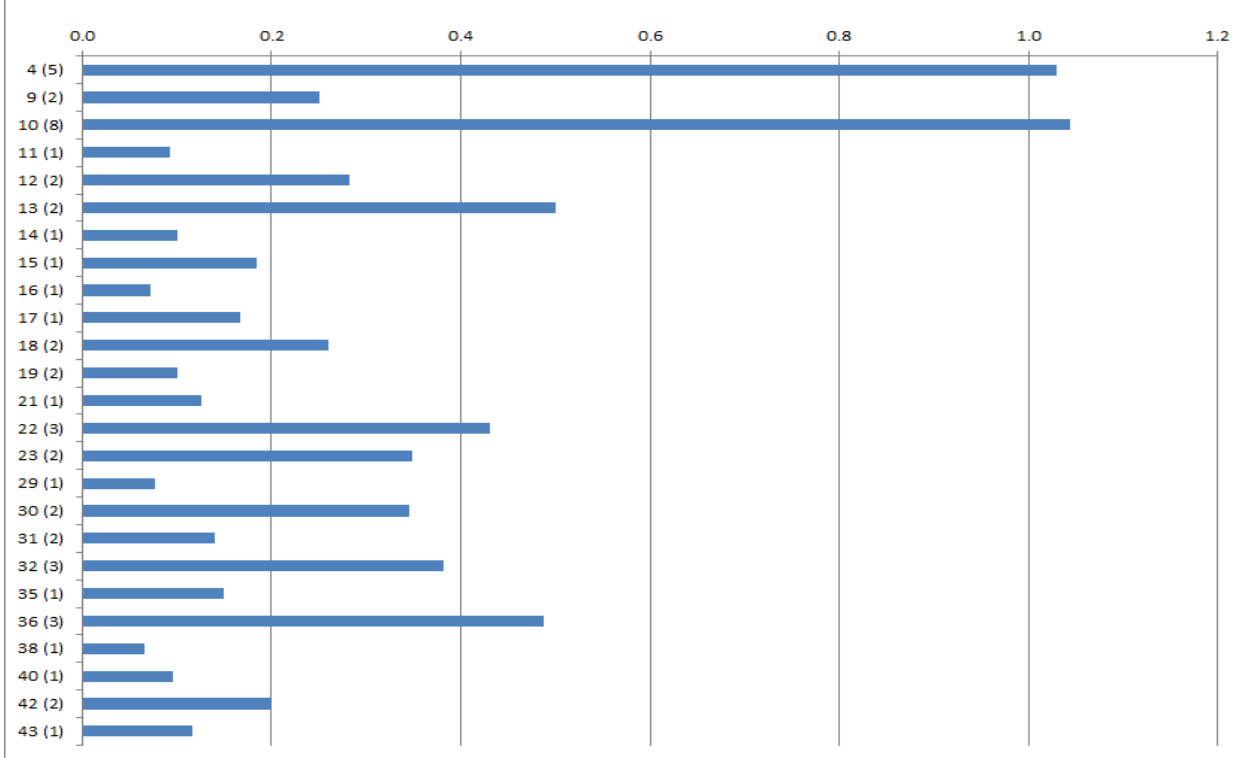
Care Homes

3.32 The decision was made to specifically look at the care homes use of our urgent care systems. This was to allow us to look to see if we can identify themes and trends regarding particular care home providers. In doing this it would allow us to focus support which will be individual to providers. Trying to establish a robust and consistent dataset has been challenging given that we are looking at one specific client group that uses multiple elements of an urgent care system. Data submission remains a challenge, we are working with the relevant urgent care partners to get to a position where we will receive month end live data. The graphs below represent the cumulative activity for the periods detailed above each graph. We would aim to deliver a monthly reporting system that would allow health and social care services to interpret the data to develop appropriate support plans. Some examples of the data collected to date used by the care home steering group are shown below.



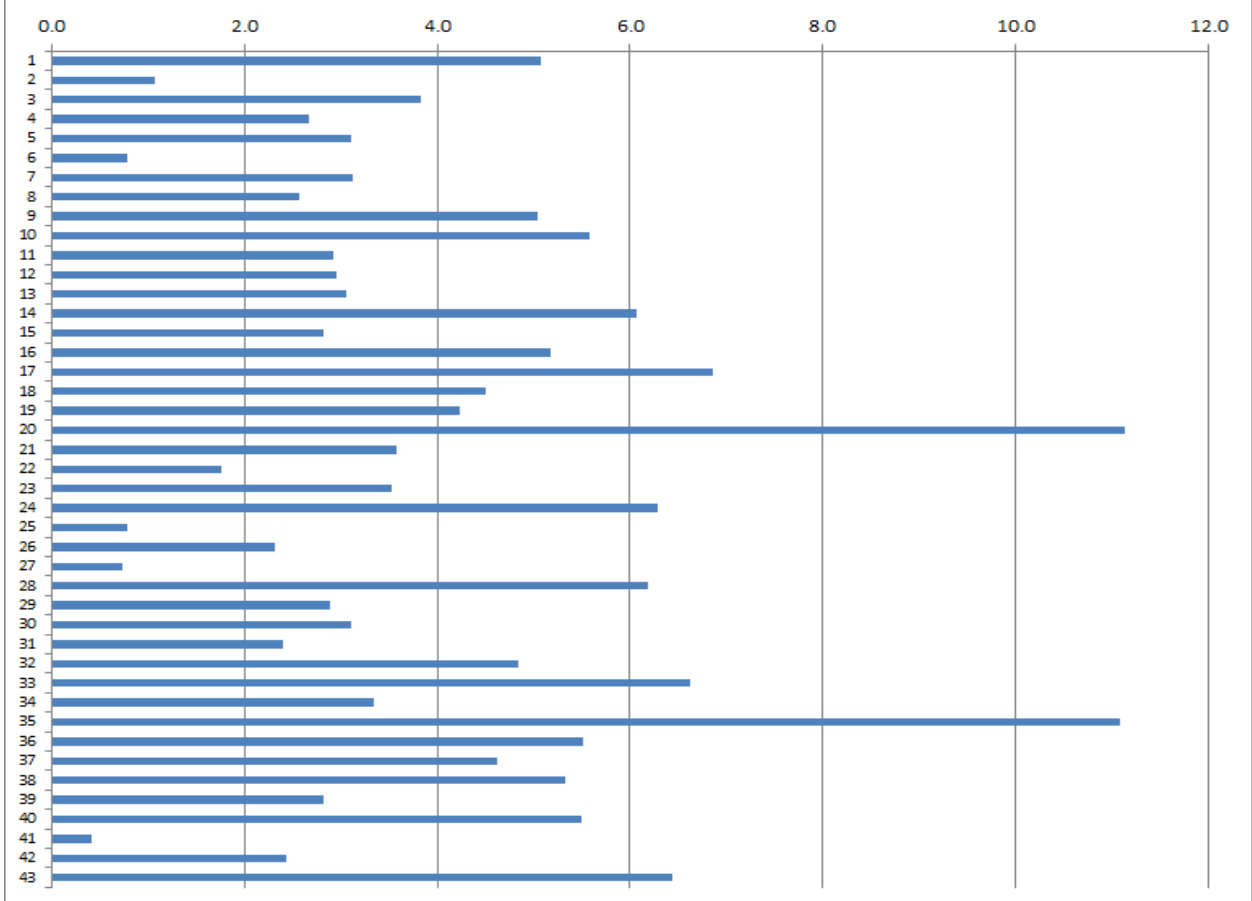
3.33 Work is currently being done to present this graph showing a month on month position. This will allow us to monitor attendances per care home per month giving us the ability to take action in a more timely manner.

Care/Nursing Home Residents who have had 5 or more ('frequent fliers') A&E Attendances - October 2015 to May 2016

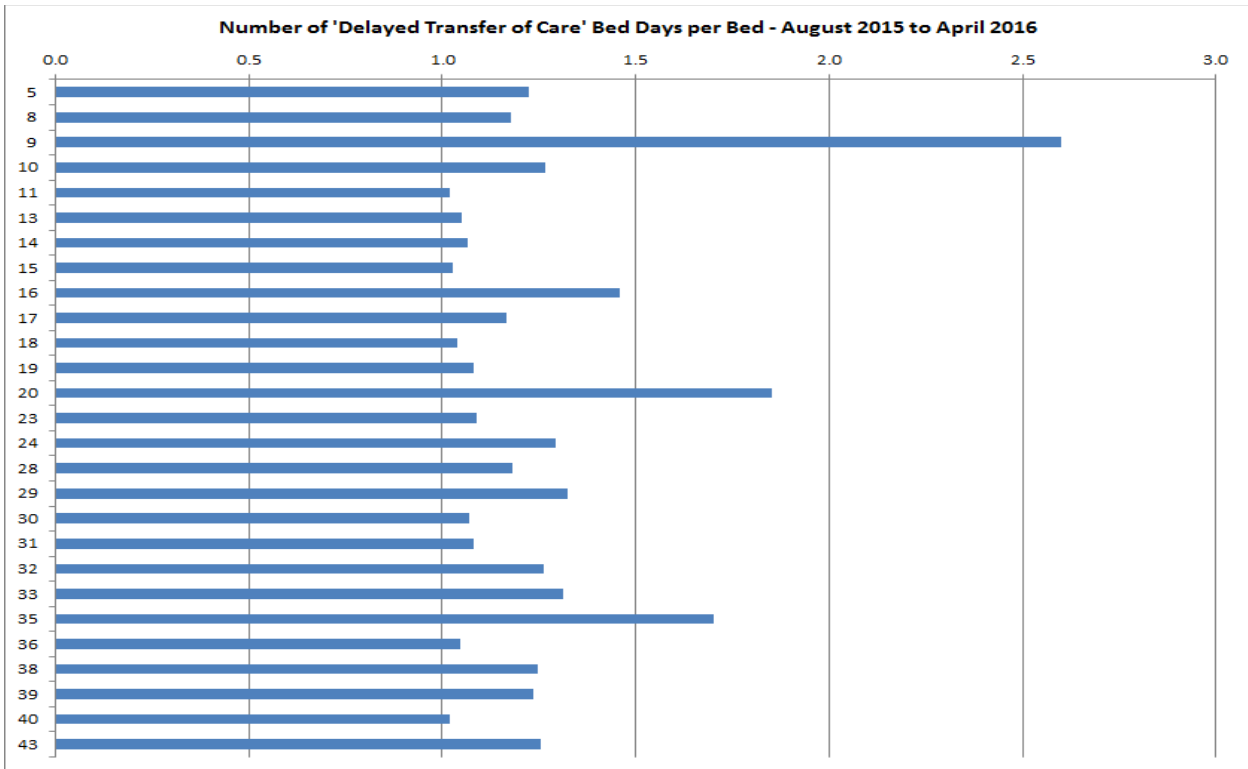


3.34 To enable an MDT to be wrapped around individuals who frequently attend A&E this data also needs to be as live as possible. Early work has already identified that a number of the clients in this category in the above graph had already passed away.

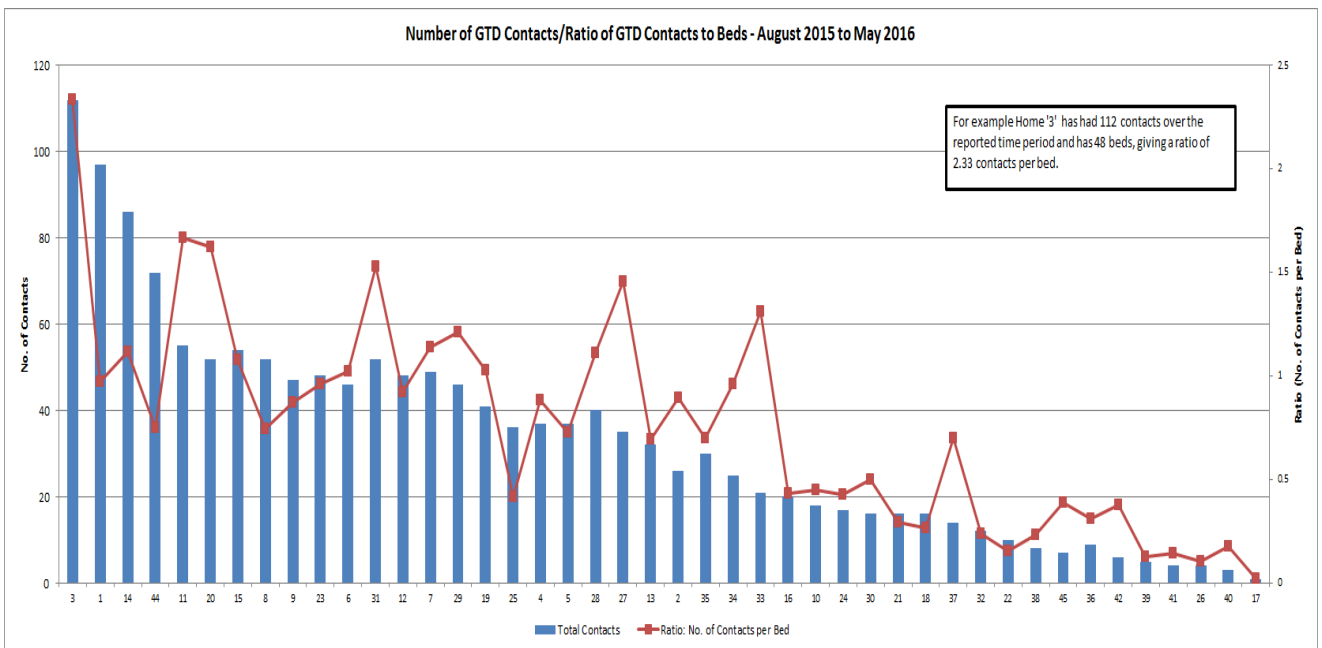
No. of Bed Days on TFT Wards (Aug '15 to Apr '16)



3.35 Once we are able to collate the above data on the number of inpatient bed days per care home on a monthly basis, we need to correlate the above data with that of A&E attendances in the graph in section 4.1.

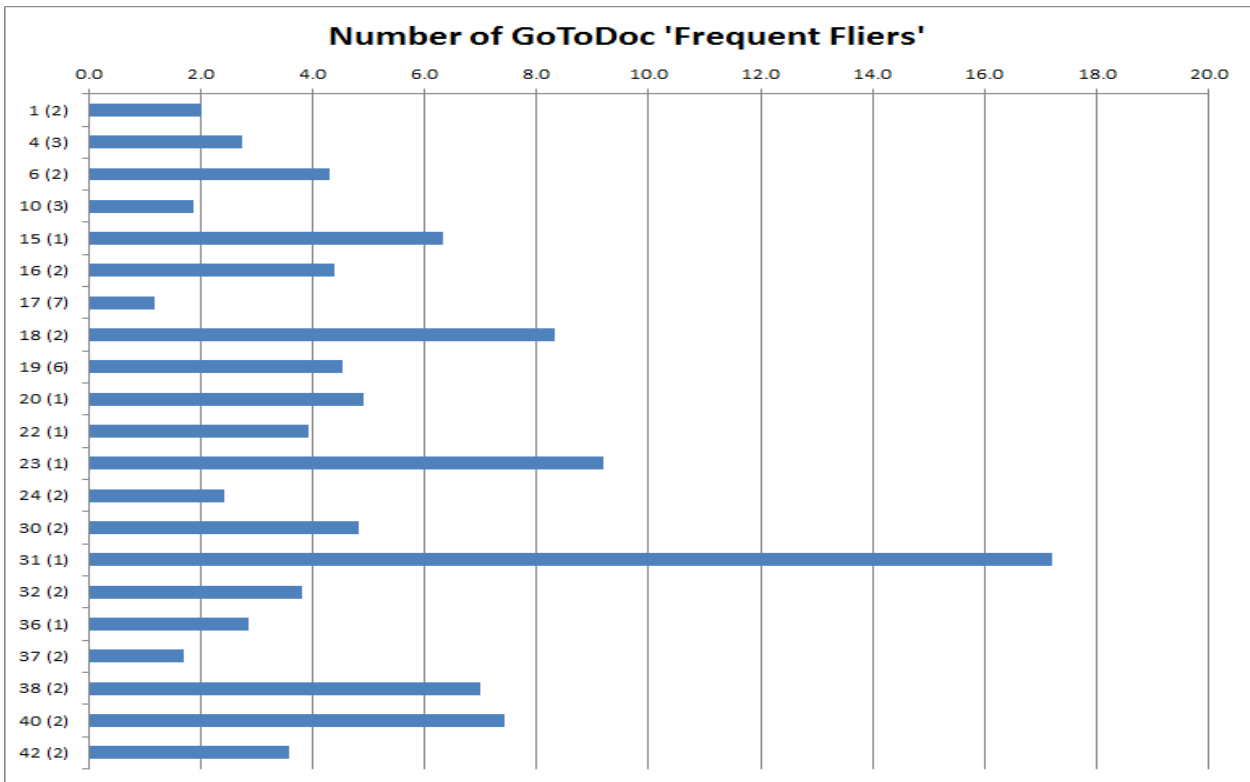


3.36 The above graph shows the number of inpatients bed days by care home once an individual is medically ready to be discharged from hospital. Given these individuals are already in receipt of 24 hour care further work has been requested by the care home steering group to understand why these individuals remain in hospital once ready to leave.



3.37 The CCG has secured the extension of the GTD professional help line to care home nurses as a pilot which did commence on the first of August. The CCG will review on a monthly

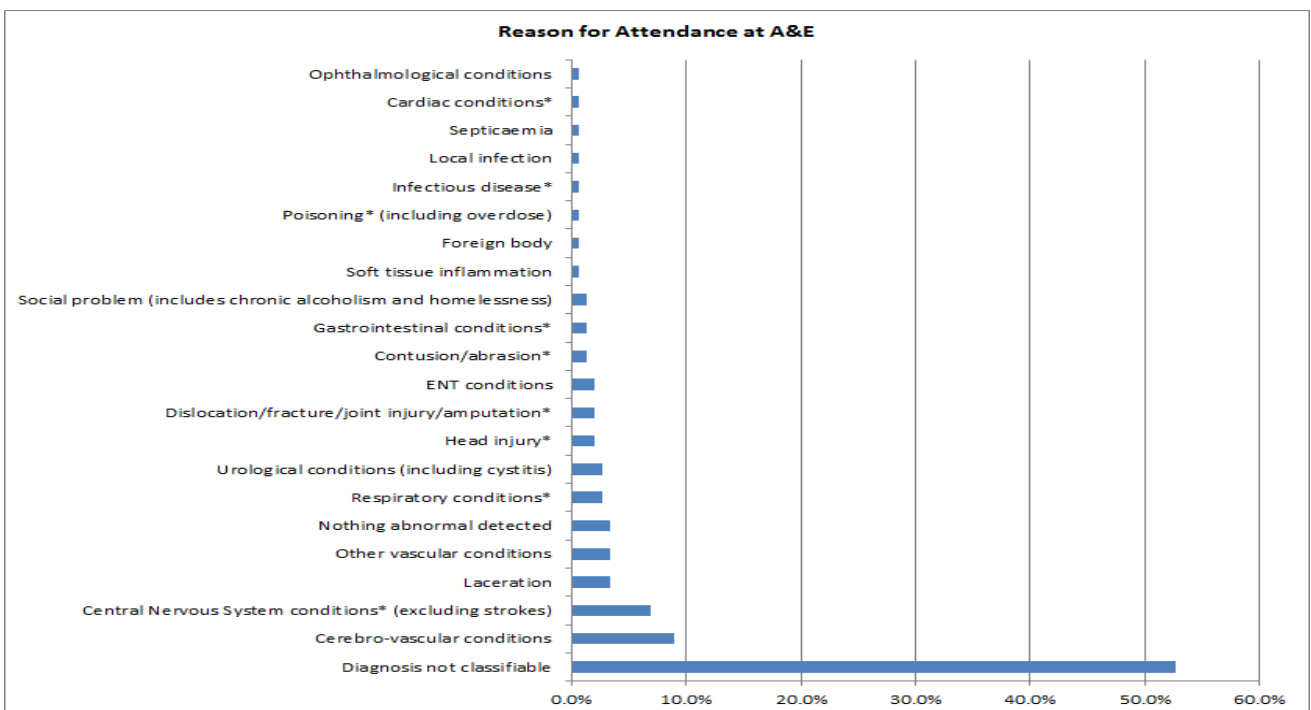
basis with the lead from GTD the details of the calls made to the helpline from care homes allowing us to see if there are any themes or trends.

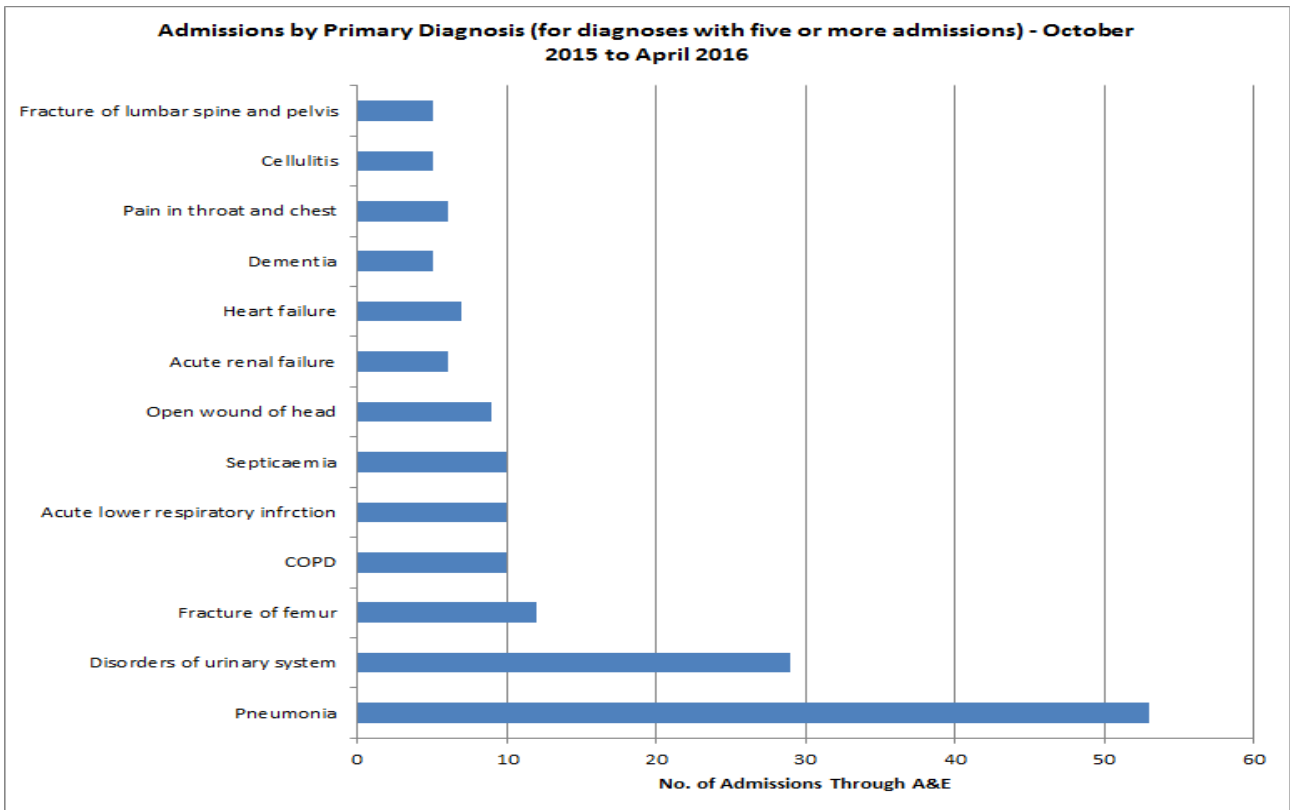


3.38 We need to move to a position where this data is reported monthly to allow us to mobilise an MDT in a more timely manner.

3.39 The care home steering group meets monthly and has access to the full dataset from the urgent care partners. This section will be subject to review as the care home steering group identifies where the priorities within the urgent care system that supports care homes.

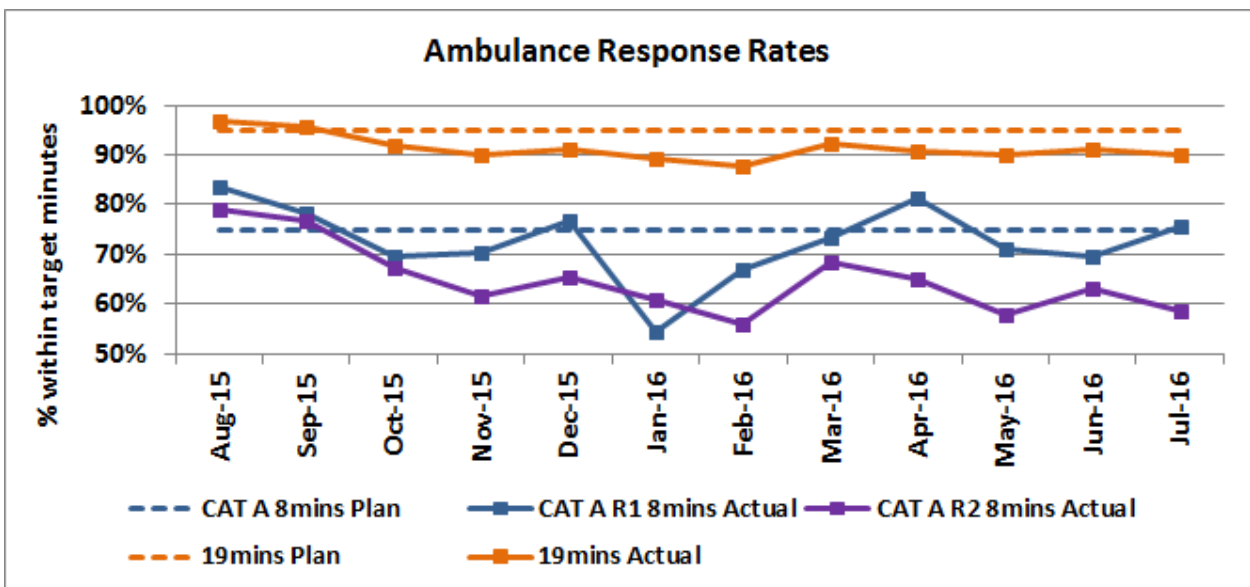
3.40 The following graphs show the reason for attendance at A&E and admissions by primary diagnosis for admissions with five or more admissions.





Ambulance – please note position reported is July

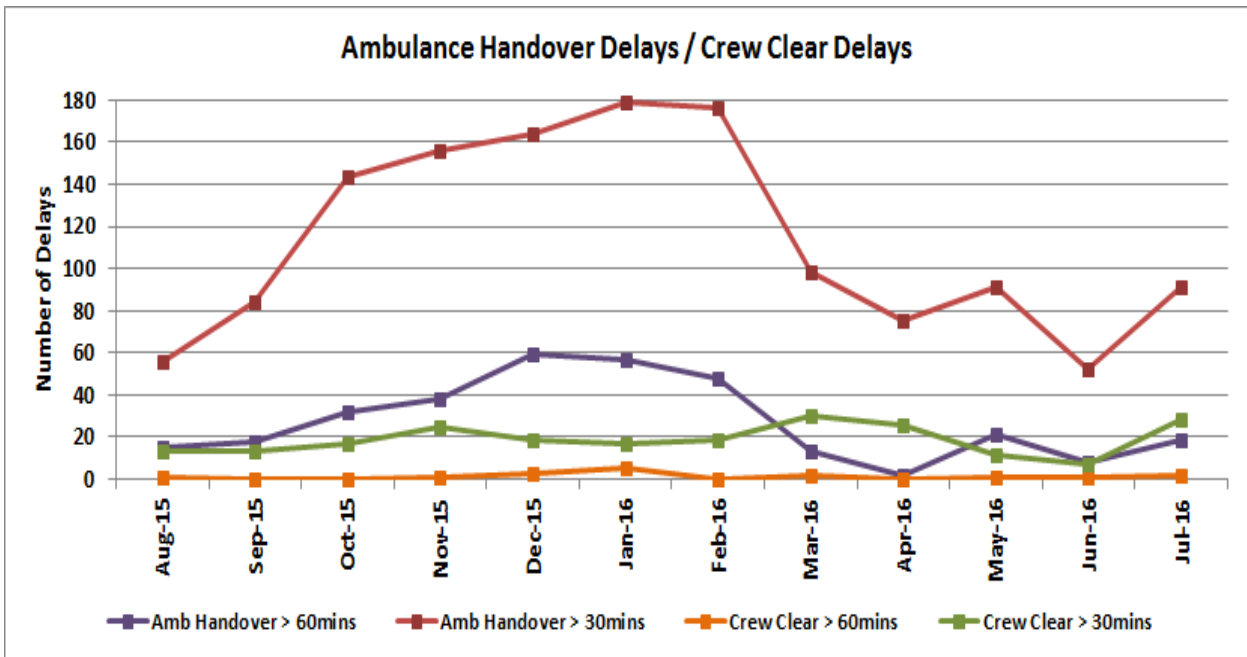
3.41 In July 2016 the CCG achieved the response rates locally with 75.61% for CAT A 8mins Red 1, however, we failed to achieve with 58.62% for CAT A 8mins Red 2 and 89.94% for CAT A 19mins Red 2.



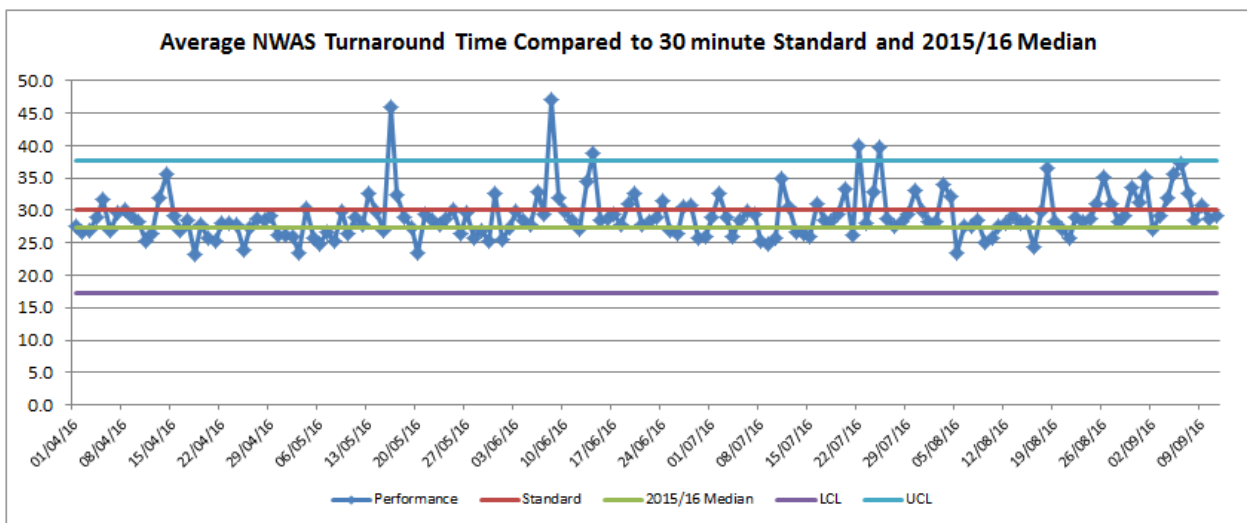
3.42 However, we are measured against the North West position which was 70.45% for CAT A 8mins Red 1; 62.69% for CAT A 8mins Red 2 and 89.81% for CAT A 19mins Red 2 which means none achieved this month.

3.43 Increases in activity have placed a lot of pressure on NWAS which has not been planned for. This is impacting on its ability to achieve the standards.

3.44 The number of ambulances with handover delays increased in July.



3.45 The trend is however still improving for ambulance turnarounds below 30 minutes.



111– please note position reported is July

3.46 111 went live in GM 10th November so this is the eighth full month reported under the new arrangements.

3.47 Primary KPI performance

- The North West NHS 111 service was offered 167,598 calls in the month, answering 140,160.
- 126,176 (90.02%) of these calls were classified as being triaged

In July the service experienced a number of issues which had a short term detrimental effect on the ability to sustain the much improved performance position in June. These related to subcontractor fulfilment and changing demand profile. These issues were identified early in July and during the month were either mitigated or resolved to ensure return to improved performance in August.

NWAS continues to apply focus to staffing numbers, especially in the clinician workforce, in order to generate an improvement in the clinical access KPI's.

3.48 The North West NHS 111 service is performance managed against a range of KPI's, however there are 4 primary KPI's which are accepted as common 'currency', reported by each NHS 111 service across England. These are:

	Target	Reported
• Calls answered (95% in 60 seconds)		82.93%
• Calls abandoned (<5%)		3.76%
• Warm transfer (75%)		32.85%
• Call back in 10 minutes (75%)		37.94%

3.49 The level 4 incidents where ambulances were urgently dispatched to patients who did not want to be resuscitated are being followed up (There was 1 case reported in July). It is essential that GPs share DNACPR with Go to Doc through Special Patient Notes to enable 111 staff to see them and avoid distress to patients and families.

3.50 Our use is in line with NW levels.

	15 and Under	16 to 65	65 and Over	Total
Callers Triaged by Age	917	1,982	736	3,635
% Breakdown	25%	55%	20%	100%
Total for NW Region	30,232	69,646	26,298	126,176
% Breakdown NW Region	24%	55%	21%	100%

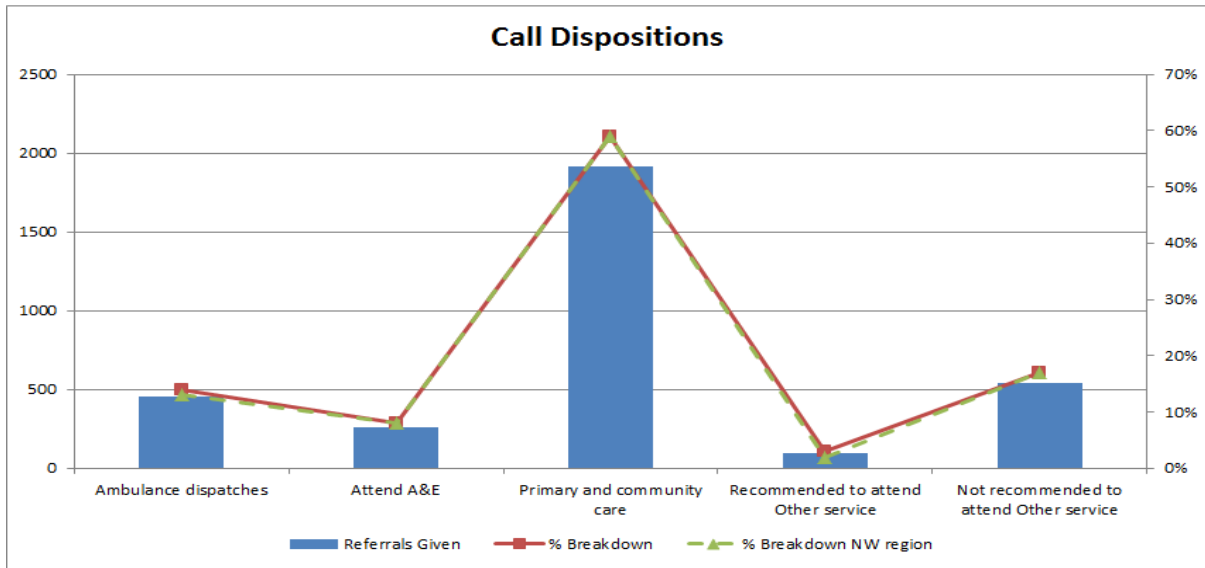
3.51 Our treatment is generally in line with NW levels. Though the number of call backs within 10 minutes was lower than the monthly average across GM by 10%.

	Calls Triaged	Caller terminated call during triage	Callers who were identified as repeat callers	Triaged Patients Speaking to a clinician	Patients Warm Transferred to a Clinician Where Required	Patients Offered a Call Back Where Required	Call Backs in 10 Minutes
Caller Treatment	3,635	316	183	738	250	488	135
% Breakdown	100%	9%	5%	20%	34%	66%	28%
Total for NW Region	126,176	11,129	3,998	25,407	8,345	17,062	6,473
% Breakdown NW Region	100%	9%	3%	20%	33%	67%	38%

3.52 Our onward referral is generally in line with NW levels.

	Calls Triaged	Ambulance Despatches	Attend A&E	Primary and community care	Recommended to Attend Other Service	Not Recommended to Attend Other Service
Referrals Given	3,635	488	298	2,032	76	741
% Breakdown	100%	13%	8%	56%	2%	20%
Total for NW Region	126,176	17,096	10,839	70,606	2,882	24,753
% Breakdown NW Region	100%	14%	9%	56%	2%	20%

3.53 Our dispositions are in line with this.



4. RECOMMENDATION

4.1 The Single Commissioning Board are asked to:

- Note the 2016/17 CCG Assurance position.
- Note performance and identify any areas they would like to scrutinise further.