

Report to: **SINGLE COMMISSIONING BOARD**

Date: 1 November 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 August position is shown for elective care and an October “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 format of this report now includes elements on quality from the Nursing Quality directorate.

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	92.1%	1	1.20%	87.84%

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 August. 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 2016/17	Oct to 9th 2016/17
89.03%	92.46%	92.16%	86.61%	84.98%	90.48%	82.78%	80.35%

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.

Recommendations:	Note the 2016/17 CCG Assurance position. Note performance and identify any areas they would like to scrutinise further.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	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.
Legal Implications: (Authorised by the Borough Solicitor)	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. This report will be received by the CCG for its assurance purposes to avoid duplication of resources.
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:	Report has not been shared with PRG.
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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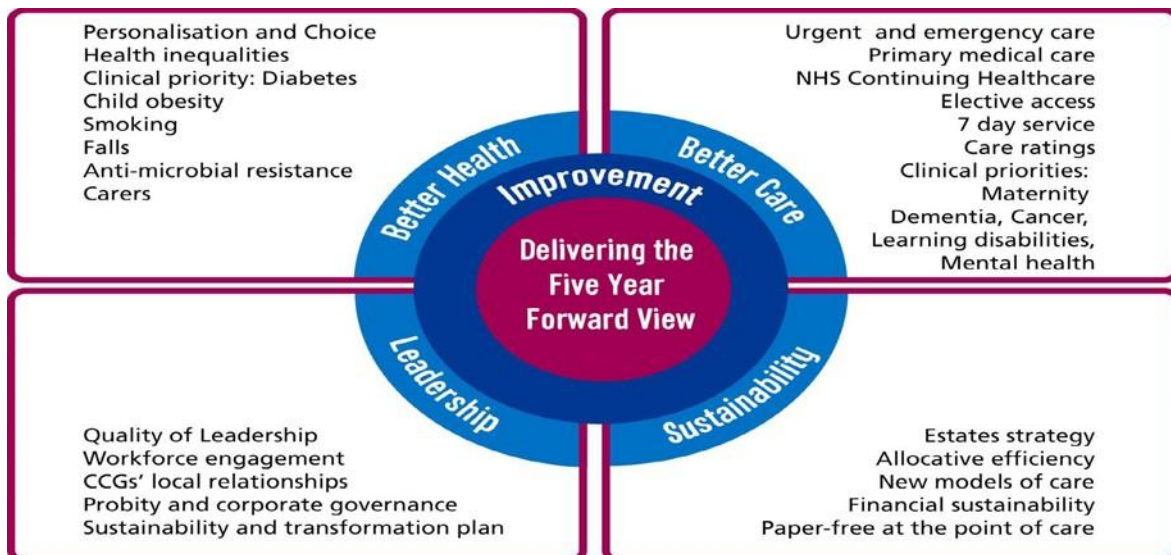
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1. INTRODUCTION

- 1.1 This paper provides an update on CCG assurance and performance, based on the latest published data (at the time of preparing the report). The August position is shown for elective care and a October “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

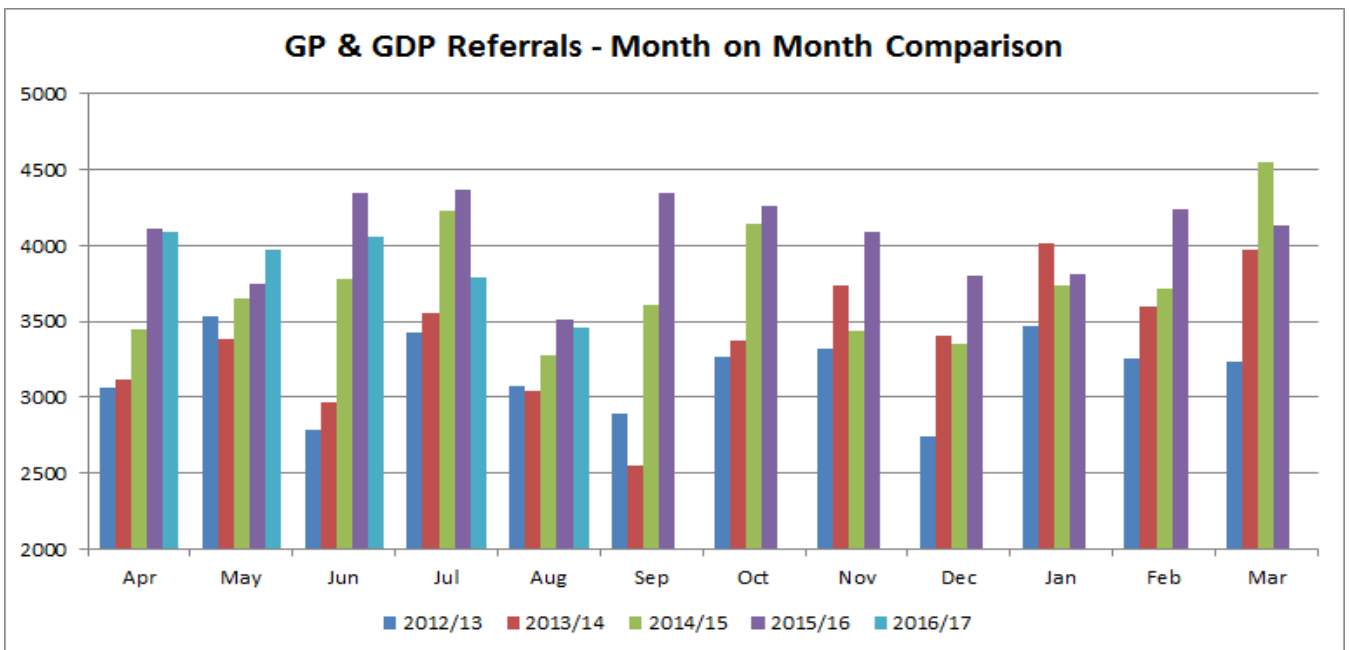
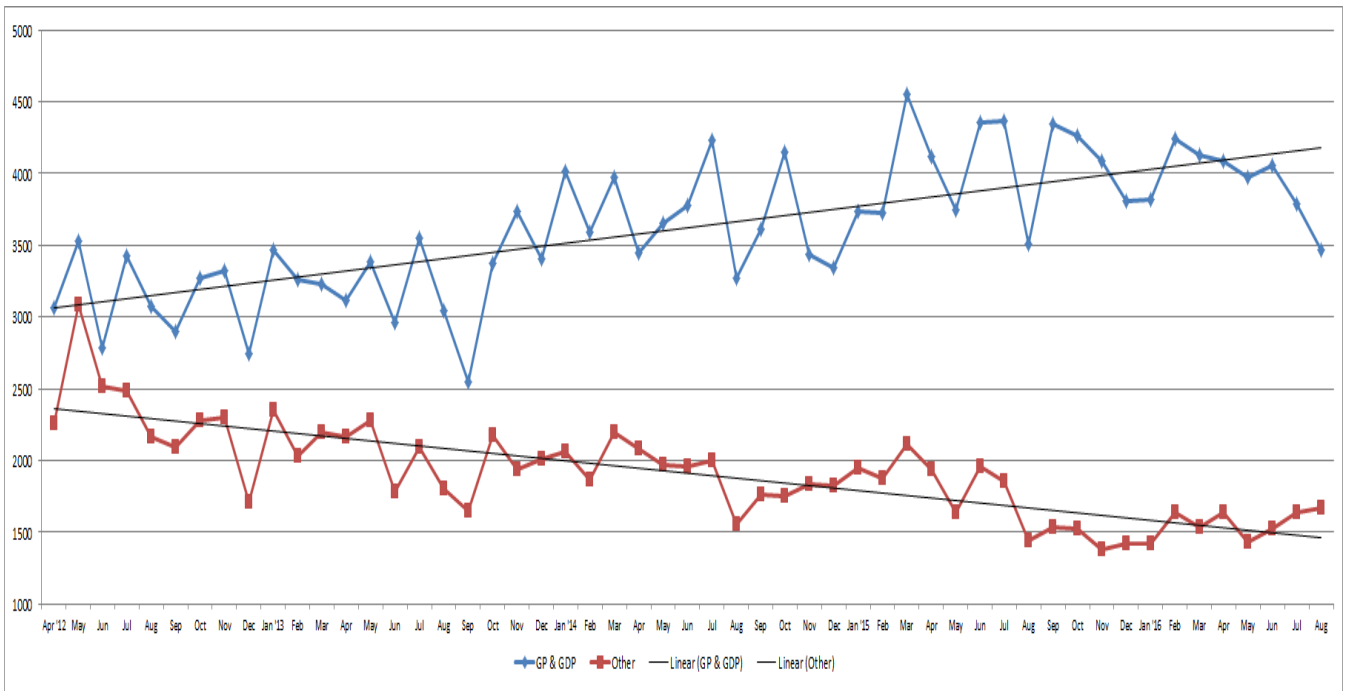
- 2.1 The assurance framework for 2016/17 has been published nationally however, we are awaiting the framework from GM Devolution. A recent WebEx led by NHS England provided further info on the new assessment framework for 16/17. CCGs will be assessed in relation to four key areas of their functions 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.



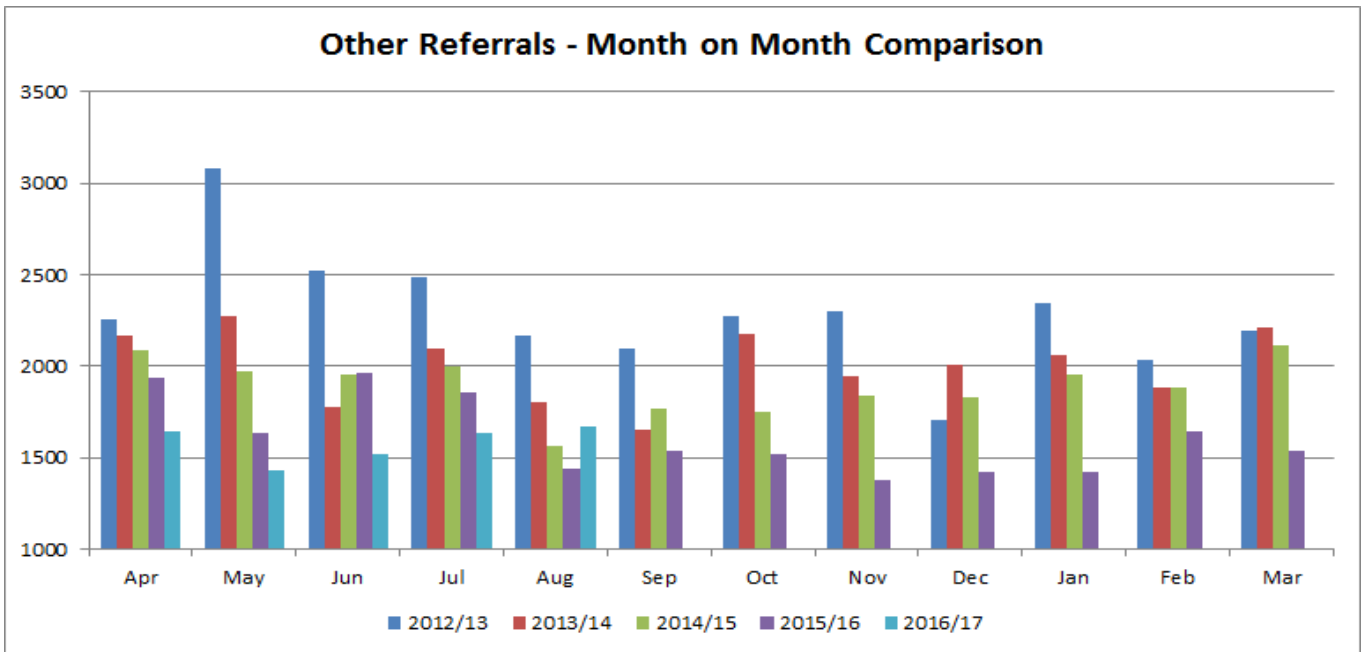
3. CURRENT CCG PERFORMANCE

Referrals

- 3.1 GP/GDP referrals to TFT only have decreased during the month of August 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.

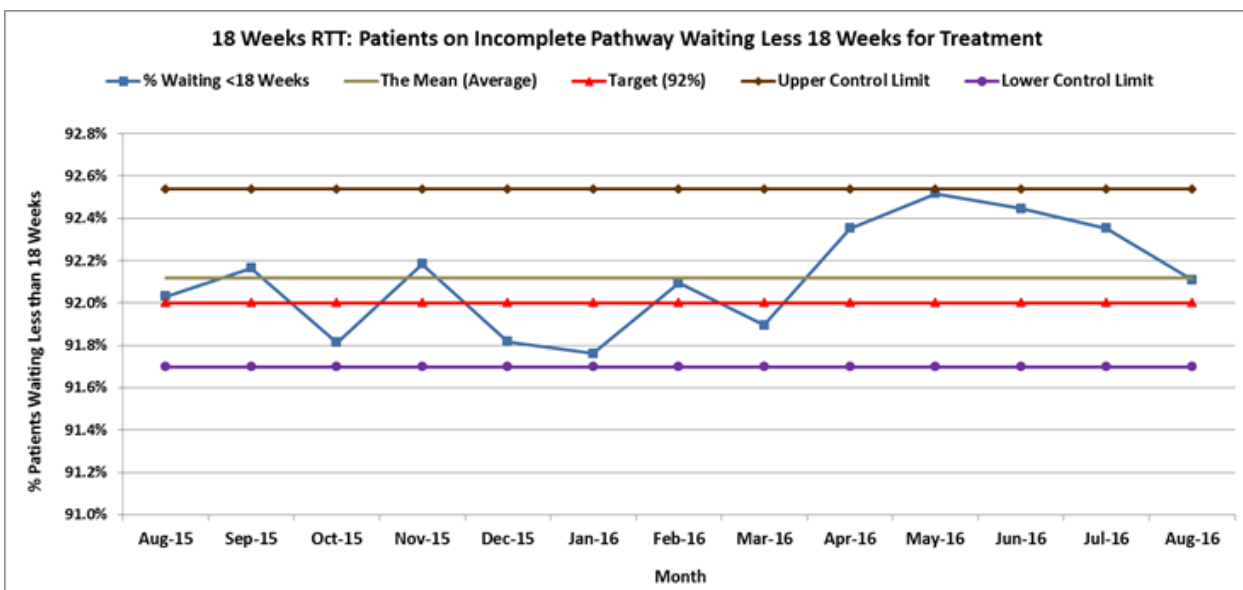


3.2 Other referrals (TFT only) have decreased during the month of August compared to the same period last year. This is a continuing trend.



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

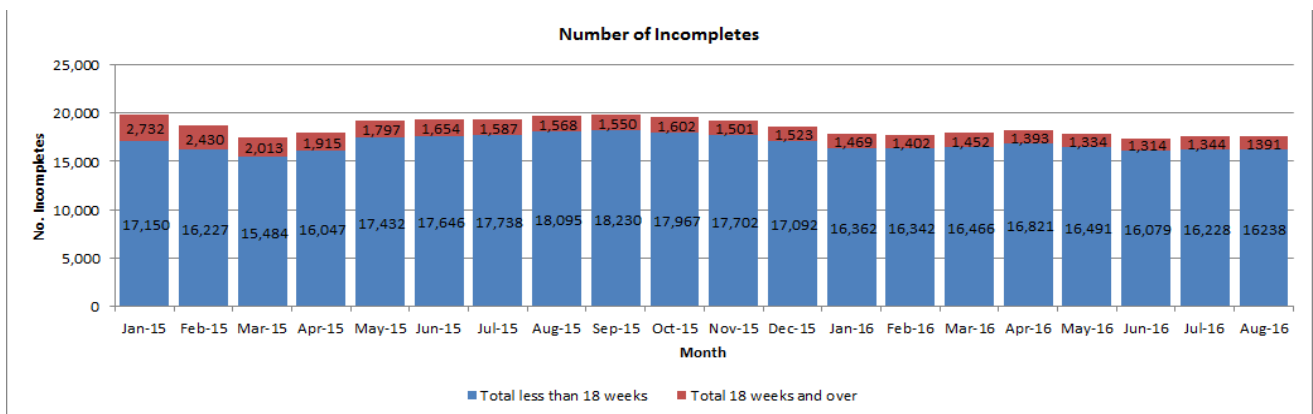
3.3 In July the CCG achieved the incomplete standard at 92.35% and THFT continued to achieve at 93.06%. The National RTT stress test demonstrates the trust are continuing to reduce the risk of failing RTT, this will have a positive impact on CCG performance.



	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%
Aug	92.1%	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 increased.



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	Aug-16
52+ Weeks	29	18	6	6	5	1	1	0	1	2	0	1	0	2	0	1	0	0	1	1
40+ Weeks (inc. 52+)	149	118	90	126	101	92	61	45	39	30	28	42	47	51	49	34	31	24	28	35
28-40 Weeks	680	642	512	525	486	422	307	300	307	272	295	341	339	255	245	265	274	251	243	274
18-27 Weeks	1903	1670	1411	1264	1210	1140	1219	1223	1204	1300	1178	1140	1083	1096	1158	1094	1029	1039	1073	1082
14-17 Weeks	2395	1959	1884	1254	1828	1987	1890	2039	2242	2288	2038	2051	2191	1930	1836	1424	1670	1591	1415	1546
0-13 Weeks	14755	14268	13600	14793	15604	15659	15848	16056	15988	15679	15664	15041	14171	14412	14630	15397	14821	14488	14813	14692
Total	19882	18657	17497	17962	19229	19300	19325	19663	19780	19569	19203	18615	17831	17744	17918	18214	17825	17393	17572	17629

3.5 There was one patient waiting more than 52 weeks for treatment at UHSM, this patient has now been seen.

3.6 Tameside expects to report zero 52-week waits for September. However the risk of 52 week waiters remains with ten 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 06 October 2016, eight patients had been waiting longer than 52 weeks when treated. Zero patients 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 Weeks
	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	1037	56	38	11	7	4	0	0	1	2.0%
Cardiothoracic Surgery	48	6	4	4	2	1	0	0	0	10.8%
Dermatology	1015	16	4	2	2	0	0	0	0	0.4%
Ear, Nose & Throat (ENT)	1330	45	21	16	2	2	0	0	0	1.4%
Gastroenterology	664	24	11	3	0	1	0	0	0	0.6%
General Medicine	990	23	19	10	4	2	0	0	0	1.5%
General Surgery	1873	70	45	15	3	4	1	1	0	1.2%
Geriatric Medicine	13	1	1	0	0	0	0	0	0	0.0%
Gynaecology	1224	55	33	19	6	2	0	1	0	2.1%
Neurology	5	0	0	0	0	0	0	0	0	0.0%
Neurosurgery	18	3	1	0	0	0	0	0	0	0.0%
Ophthalmology	1172	22	1	4	2	1	1	0	0	0.7%
Oral Surgery	4	1	1	0	0	0	0	0	0	0.0%
Other	2677	119	63	31	13	10	4	0	0	2.0%
Plastic Surgery	175	10	4	8	1	1	1	0	0	5.5%
Rheumatology	261	6	4	3	2	2	0	0	0	2.5%
Thoracic Medicine	178	15	7	4	1	1	0	0	0	2.9%
Trauma & Orthopaedics	2542	130	82	38	16	9	2	0	0	2.3%
Urology	1012	107	34	15	9	3	1	0	0	2.4%
Total	16,238	709	373	183	70	43	10	2	1	1.8%

- 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	89.86%	19.64	↑
Cardiothoracic Surgery	73.85%	14.44	↑
Dermatology	97.69%	15.51	↓
Ear, Nose & Throat (ENT)	93.93%	9.85	↓
Gastroenterology	94.45%	7.77	↑
General Medicine	94.47%	14.56	↓
General Surgery	93.09%	7.37	↑
Geriatric Medicine	86.67%	30.00	↑
Gynaecology	91.34%	10.06	↑
Neurology	100.00%		
Neurosurgery	81.82%	17.60	↑
Ophthalmology	97.42%	10.28	↓
Oral Surgery	66.67%	12.00	↑
Plastic Surgery	87.50%	11.27	↑
Rheumatology	93.88%	11.58	↓
Thoracic Medicine	86.41%	9.81	↓
Trauma & Orthopaedics	90.17%	10.68	↑
Urology	85.69%	14.63	↓
Other	91.77%	12.18	↓
Total	92.11%	10.96	↑

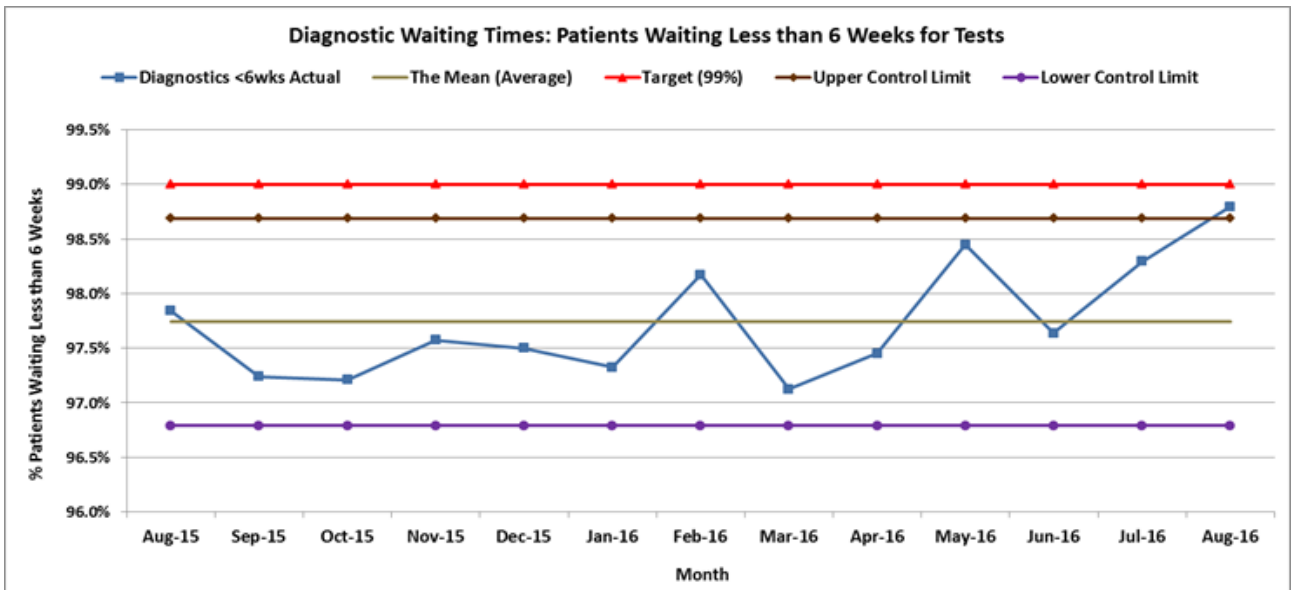
3.8

Five 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 11.

Specialty	Incomplete Performance	> 18 Weeks	< 18 Weeks	Total	Aug Backlog	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	
General Surgery	94.00%	124	1941	2065															
Urology	89.94%	71	635	706	15		9	7	7	30	30	40	20	5	25	10			
Orthopaedics	86.99%	239	1598	1837	92	100	100	100	89	120	130	140	160	150	180	210	210		190
ENT	92.25%	66	786	852															
Ophthalmology	99.46%	3	550	553															
Oral Surgery	93.52%	32	462	494		2													
Neurosurgery	89.47%	2	17	19	1			2	1										
Plastic Surgery	86.11%	5	31	36	2		2	1						7	30	15			
CT Surgery	100.00%	0	2	2							5			1					
Adult Medicine	94.60%	52	911	963															
Gastroenterology	94.29%	38	627	665									6						
Cardiology	92.76%	71	910	981									6	30					10
Dermatology	97.89%	23	1065	1088					9						10	40	40		100
Rheumatology	94.04%	13	205	218															
Gynaecology	90.04%	109	985	1094	21	40	44	50	70	60	25								
Other	95.70%	67	1491	1558															
Trust	93.03%	915	12216	13131	131	142	155	160	176	210	190	180	192	193	255	315	320		390

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

3.9 In July we failed the diagnostic standard at 1.20% against 1.0% Standard for waiting 6 or more weeks. This was primarily due to Tameside Trust. This month we have seen a further decrease in over 6 week waiters at Care UK and Pioneer Healthcare as well as Central Manchester Trust.



Financial Year		2016	-	2017	Reporting Month	August	Choose Trust	All					
Diagnostic Waiting - All Providers													
All Providers		June 2016				July 2016				August 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	579	0	0	0.0%	507	0	0	0.0%	527	6	0	1.1%
	CMMC	28	3	3	17.6%	44	1	3	8.3%	50	5	1	10.7%
	Pennine Acute	9	3	0	25.0%	10	4	0	28.6%	8	2	3	38.5%
	Salford	3	0	0	0.0%	2	1	0	33.3%	4	0	0	0.0%
	South Mc.	5	0	0	0.0%	5	0	0	0.0%	7	0	0	0.0%
	Stockport	18	0	0	0.0%	23	1	0	4.2%	20	0	1	4.8%
	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%	11	0	0	0.0%	8	0	0	0.0%
	Other	2	0	0	0.0%	4	1	0	20.0%	3	0	0	0.0%
	Total		651	6	3	1.4%	606	8	3	1.8%	627	13	5
Non-Endoscopy	THFT	2654	28	0	1.0%	2677	31	0	1.1%	2475	18	5	0.9%
	CMMC	340	16	5	5.8%	313	4	4	2.5%	339	2	3	1.5%
	Pennine Acute	69	0	0	0.0%	73	0	0	0.0%	44	0	0	0.0%
	Salford	131	0	0	0.0%	149	0	0	0.0%	157	0	0	0.0%
	South Mc.	100	0	0	0.0%	58	1	0	1.7%	88	0	0	0.0%
	Stockport	204	1	0	0.5%	171	0	0	0.0%	170	0	0	0.0%
	Ashton Primary Care Centre	54	0	0	0.0%	32	0	0	0.0%	13	0	0	0.0%
	Care UK	709	50	0	6.6%	524	24	0	4.4%	601	8	0	1.3%
	Other	31	12	0	11.7%	68	6	0	8.1%	89	1	1	2.2%
	Total		4352	107	5	2.5%	4065	66	4	1.7%	3976	29	9
Overall Position		5003	113	8	2.36%	4671	74	7	1.70%	4603	42	14	1.20%

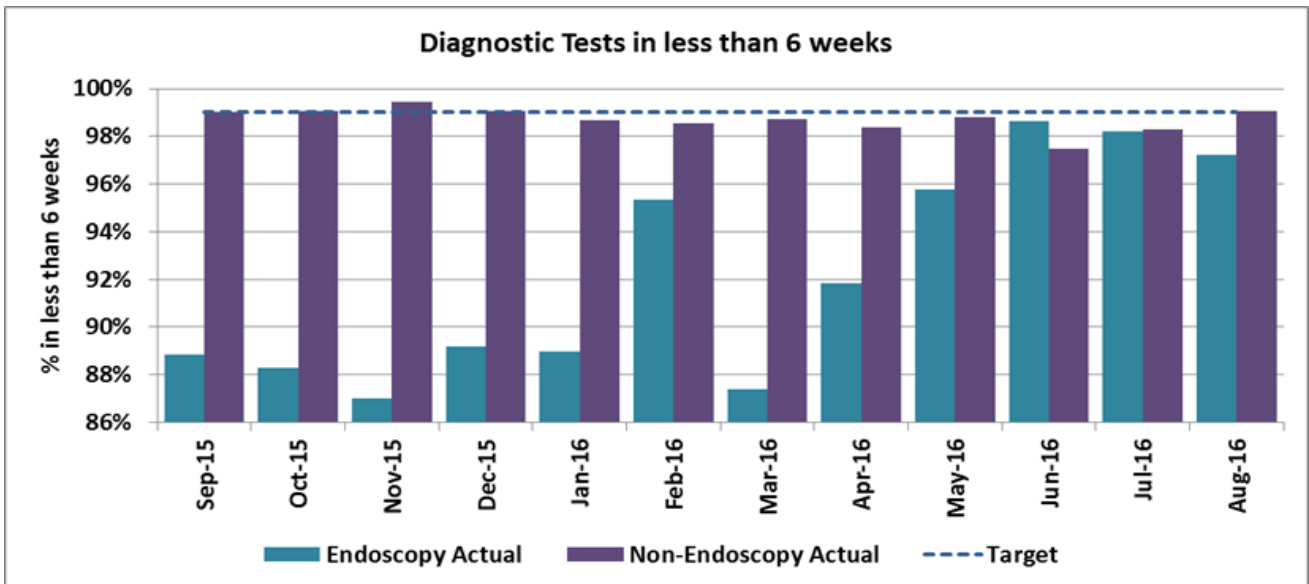
3.10 This means we failed every month last year and continue to fail this year, but there has been an increase in performance in April and May. June's performance deteriorated due to Care UK. July's and August performance has increased.

3.11 At the end of August 56 patients were waiting 6 weeks and over for a diagnostic test, 14 of which were over 13 weeks. 10 were at Central Manchester Trust.

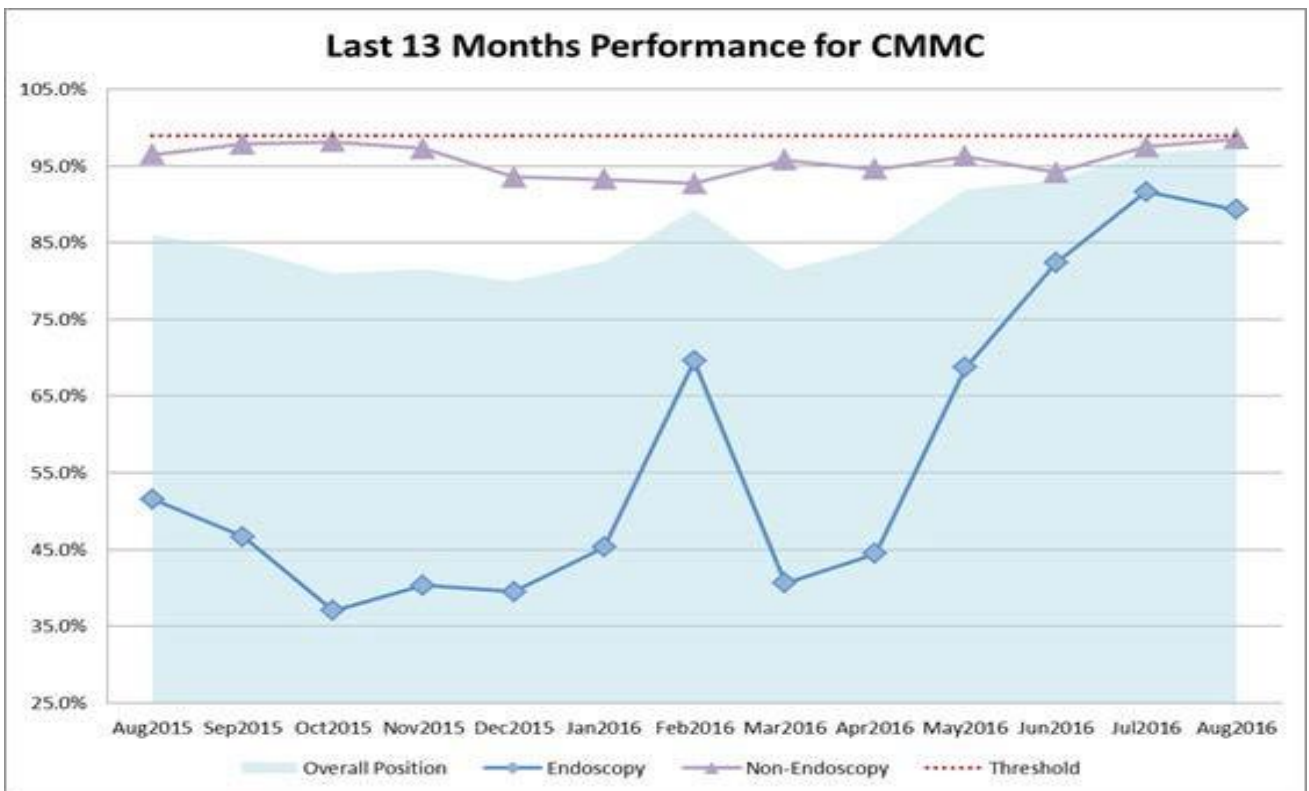
Provider	Test	Total 6-13 weeks	13+ Weeks
CMMC	Cardiology - echocardiography	0	3
	Flexi sigmoidoscopy	1	0
	Gastroscopy	4	1
	Magnetic Resonance Imaging	2	0
	Total	7	4
Pennine Acute	Colonoscopy	0	2
	Gastroscopy	2	1
	Total	2	3
Stockport	Colonoscopy	0	1
	Total	0	1
THFT	Audiology - Audiology Assessments	14	5
	Colonoscopy	3	0
	Computed Tomography	3	0
	Gastroscopy	3	0
	Non-obstetric ultrasound	1	0
	Total	24	5
Care UK	Audiology - Audiology Assessments	4	0
	Magnetic Resonance Imaging	4	0
	Total	8	0
	Neurophysiology - peripheral neurophysiology (NEY Pioneer Healthcare Limited)	1	1
	Total	1	1
	Total	42	14

3.12 The backlog in endoscopy appears to have decreased and now accounts for 32% of breaches. Central Manchester Trust has agreed with a private provider to undertake additional activity to help with the backlog clearance.

Diagnostic Waiting - All Tests for All													
All Providers		June 2016				July 2016				August 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	281	4	3	2.4%	256	5	3	3.0%	270	3	3	2.2%
	Cystoscopy	52	0	0	0.0%	45	0	0	0.0%	51	0	0	0.0%
	Flexi sigmoidoscopy	61	0	0	0.0%	79	0	0	0.0%	75	1	0	1.3%
	Gastroscopy	257	2	0	0.8%	226	3	0	1.3%	231	9	2	4.5%
	Total	651	6	3	1.4%	606	8	3	1.8%	627	13	5	2.8%
Non-Endoscopy	Audiology - Audiology Assessments	329	21	0	6.0%	433	29	0	6.3%	345	18	5	6.3%
	Barium Enema	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Cardiology - echocardiography	515	8	4	2.3%	407	1	3	1.0%	473	0	3	0.6%
	Cardiology - electrophysiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Computed Tomography	831	2	0	0.2%	781	0	0	0.0%	695	3	0	0.4%
	DEXA Scan	108	0	0	0.0%	78	0	0	0.0%	56	0	0	0.0%
	Magnetic Resonance Imaging	1320	59	0	4.3%	1146	27	0	2.3%	1226	6	0	0.5%
	Neurophysiology - peripheral neurophysiology	158	15	0	8.7%	160	7	0	4.2%	169	1	1	1.2%
	Non-obstetric ultrasound	1059	1	0	0.1%	1031	2	0	0.2%	986	1	0	0.1%
	Respiratory physiology - sleep studies	30	0	0	0.0%	23	0	0	0.0%	24	0	0	0.0%
	Urodynamics - pressures & flows	2	1	1	50.0%	6	0	1	14.3%	2	0	0	0.0%
Total	4352	107	5	2.5%	4065	66	4	1.7%	3976	29	9	0.9%	
Overall Position	5003	113	8	2.36%	4671	74	7	1.70%	4603	42	14	1.20%	



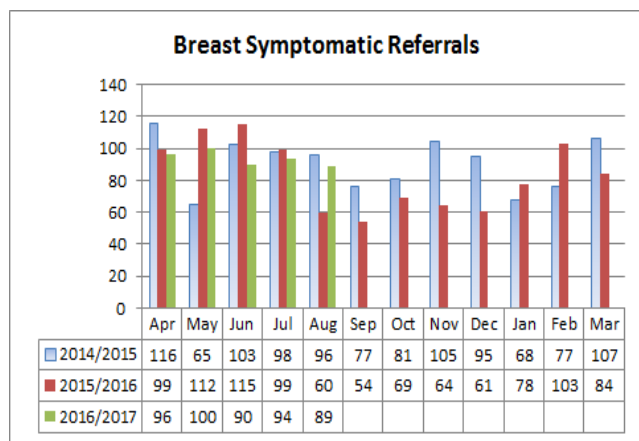
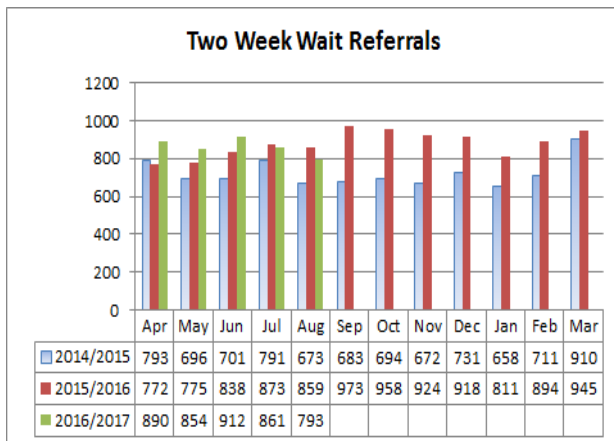
3.13 THFT performance in endoscopy has stayed the same as last month and Central Manchester showing an increase in performance.



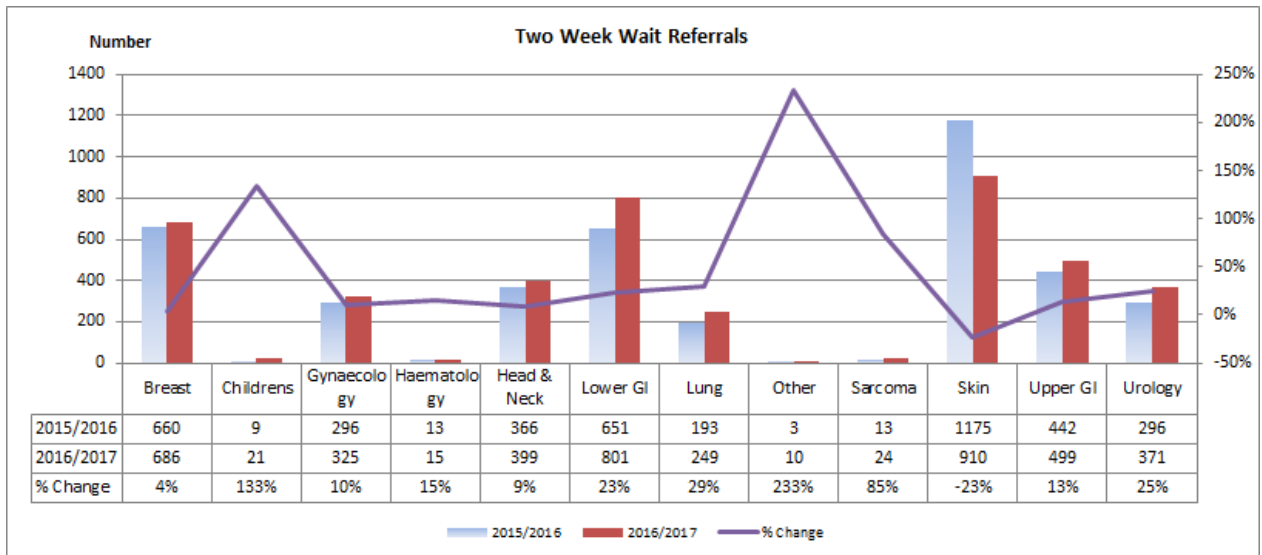
3.16 Tameside achieved all the standards.

Indicator Name	Standard	Performance							No. of patients not receiving care within standard in August
		March 15/16	April 16/17	May 16/17	June 16/17	Q1 16/17	July 16/17	August 16/17	
Cancer 2 week waits	93.00%	95.8%	95.8%	97.1%	96.6%	96.5%	94.8%	95.4%	44
Cancer 2 week waits - Breast symptoms	93.00%	98.8%	93.8%	98.0%	94.4%	95.5%	94.7%	94.3%	2
Cancer 62 day waits - GP Referral	85.00%	95.9%	91.3%	87.7%	91.0%	90.2%	88.2%	92.3%	3
Cancer 62 day waits - Consultant upgrade	85.00%	87.1%	89.5%	84.6%	93.5%	89.5%	86.1%	100%	0
Cancer 62 day waits - Screening	90.00%	100%	N/A	N/A	100%	100%	N/A	N/A	0
Cancer day 31 waits	96.00%	100%	98.6%	100%	100%	99.5%	100%	100%	0
Cancer day 31 waits - Surgery	94.00%	100%	100%	100%	100%	100%	100%	100%	0
Cancer day 31 waits - Anti cancer drugs	98.00%	100%	100%	N/A	100%	100%	100%	100%	0
Cancer day 31 waits - Radiotherapy	94.00%	100%	100%	100%	100%	100%	100%	100%	0

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



3.18 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 9 October 2016

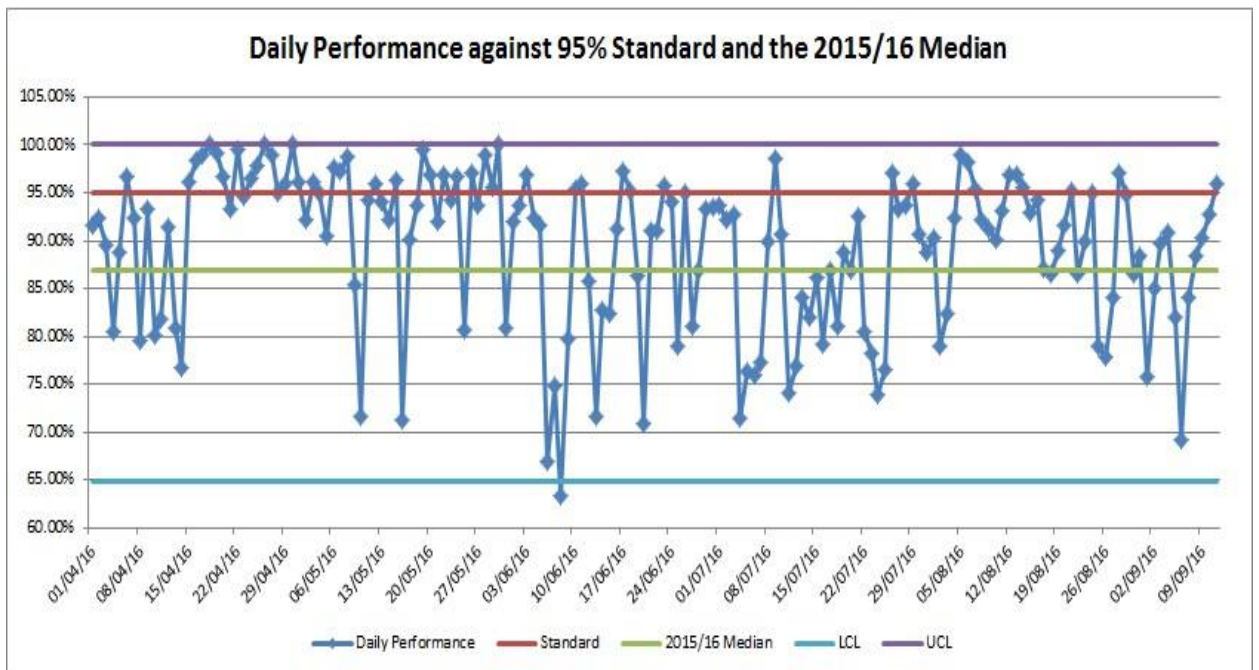
3.19 THFT A&E performance is as below.

Apr-16	May-16	Jun-16	July-16	Aug-16	Sept-16
92.46%	92.16%	86.61%	84.98%	90.48%	82.74%

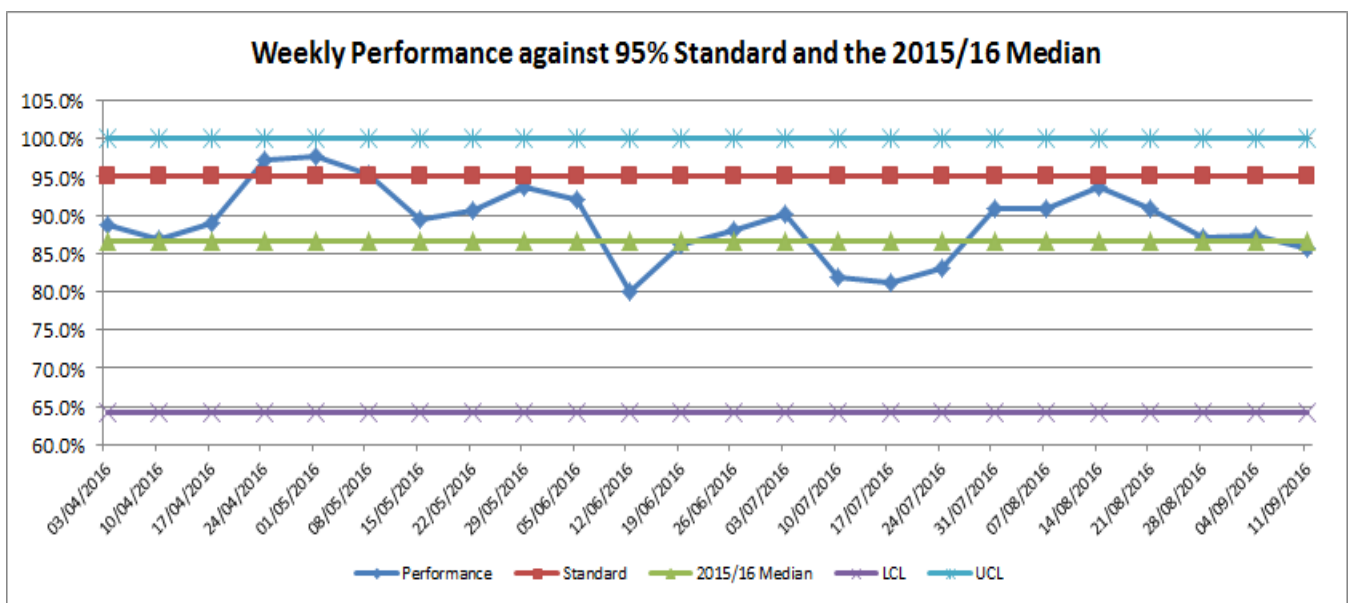
3.20 We are currently the third best performer across the GM trusts YTD, reported through Utilisation Management. Our June and July, August performance and September performance to the 09th has not achieved the standard.

	Financial Year to 09 October 16	April 2016/17	May 2016/17	June 2016/17	July 2016/17	August 2016/17	September 2016/17	Oct to 09 th 2016/17
Wigan	91.65%	92.93%	90.30%	93.87%	89.67%	92.04%	91.97%	94.16%
Salford	89.88%	92.52%	90.21%	94.05%	81.69%	89.80%	91.70%	89.42%
Tameside	87.84%	92.46%	92.16%	86.61%	84.98%	90.48%	82.74%	79.82%
Oldham	86.59%	86.89%	90.39%	86.58%	83.72%	88.64%	84.31%	85.47%
Bury	84.64%	82.72%	84.74%	86.35%	82.90%	82.57%	87.58%	86.90%
Bolton	83.43%	80.25%	81.29%	85.33%	81.94%	86.13%	87.03%	92.98%
Stockport	79.34%	79.31%	81.59%	85.26%	81.51%	77.11%	71.17%	78.09%
North Manchester	77.32%	80.20%	77.90%	75.11%	71.24%	83.27%	77.04%	80.15%

3.21 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.



3.22 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.

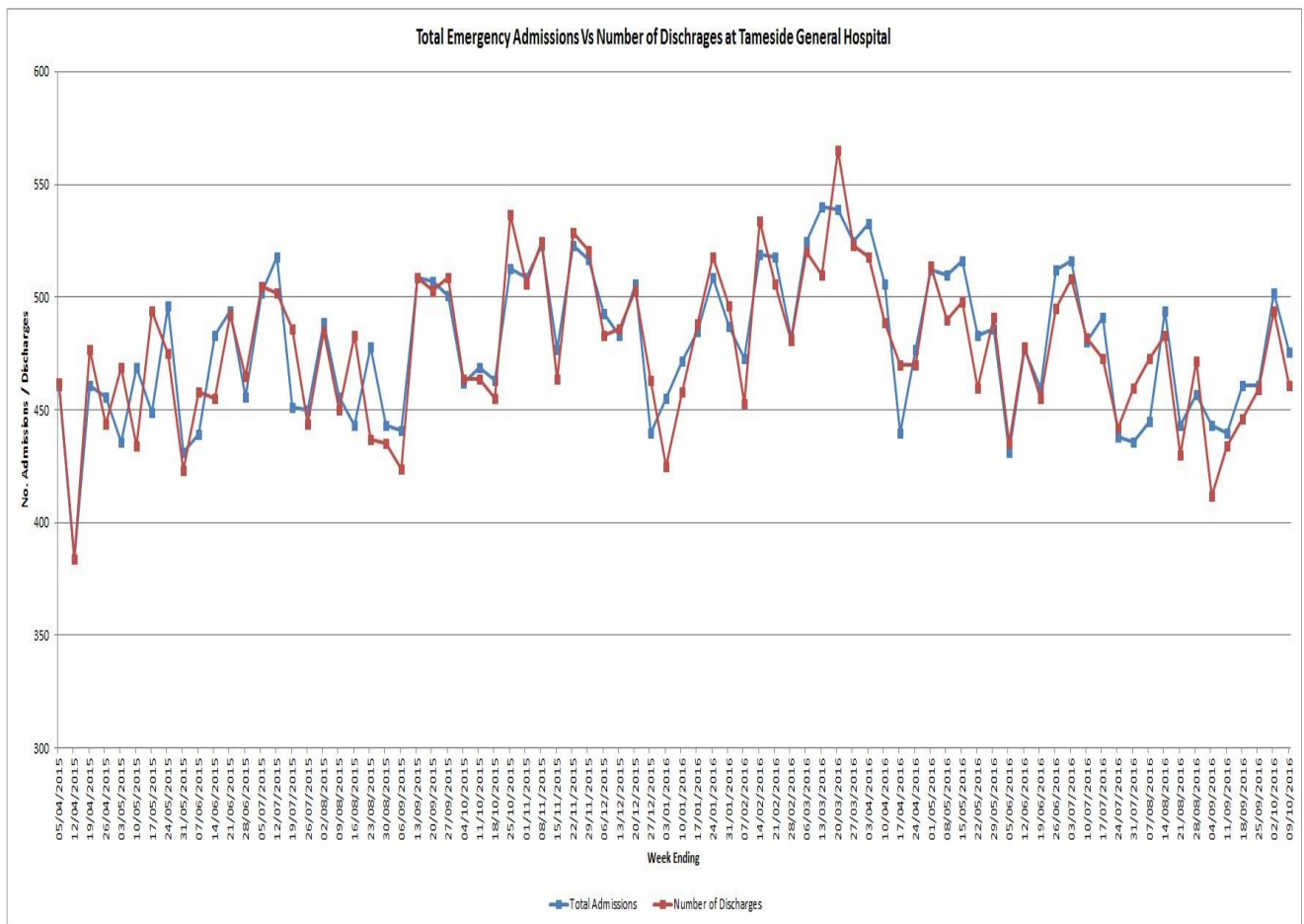


3.23 There has previously been considerable variation on a daily basis with no clear reason, but more recently that has stabilised. During April the standard was achieved but May, June, July, August and September has seen a drop in performance.

3.24 During June, July August and September 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	w/e 18 Sep	w/e 25 Sep	w/e 2 Oct	w/e 9 Oct	Cumulative
Awaiting bed	27	51	66	100	24	34	15	51	54	72	38	91	70	120	103	3951
Specialty Delay	18	20	26	21	24	20	18	17	19	14	18	54	13	29	37	1249
Delayed Medical Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	510
Other	2	5	5	7	0	8	2	4	2	5	1	11	8	9	13	683
Late First Assessment	94	211	215	146	85	61	27	39	85	77	136	174	99	102	191	5594
Clinical	18	19	15	11	11	9	24	20	20	20	20	17	20	26	25	1049
CT Delay	1	0	0	1	1	1	4	1	1	1	5	4	4	3	0	201
Late Referral to Specialty	3	3	3	4	3	0	2	8	13	1	8	10	10	9	11	366
Seen after 4 hours	0	0	0	0	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	3	3	9	4	243
Pathology Delay	0	0	0	0	1	0	1	0	1	0	2	0	2	0	0	66
XR Delay	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	21
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	85
Total	166	310	335	296	154	137	95	141	198	194	231	364	229	307	385	14041

3.25 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.



3.26 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 and increased again in September. The number of 4 hour breaches has decreased significantly during April but increased in May June and July. This also decreased in August and increased in September.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
A&E Attendances	6890	7680	7182	7609	6799	7109
4 hour Breaches	523	602	963	1144	647	1227
% Seen within 4 hours	92.41%	92.16%	86.59%	84.97%	90.48%	82.74%
Admissions via A&E	1764	1885	1773	1776	1767	1705
Other Emergency Admissions	309	309	303	267	267	280
All Emergency Admissions	2073	2194	2076	2043	2034	1985
Discharges	2037	2091	2098	2027	2031	1899

Variance

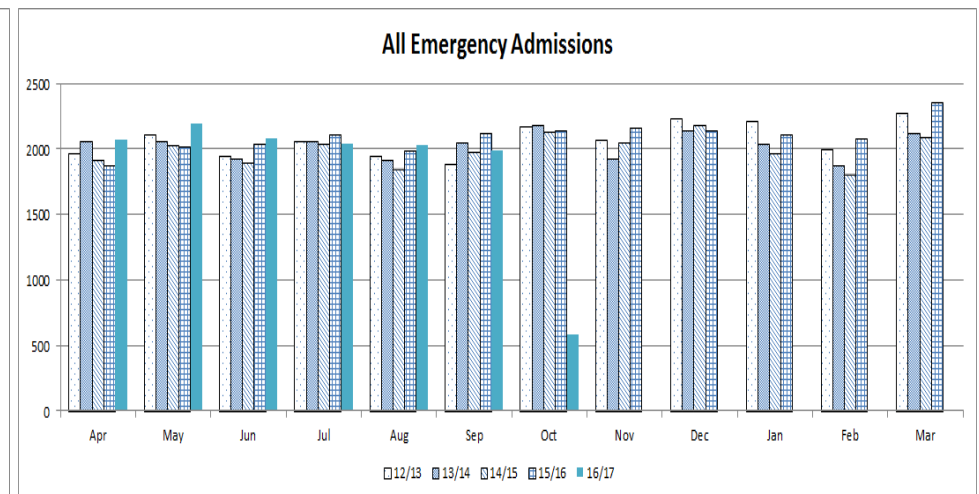
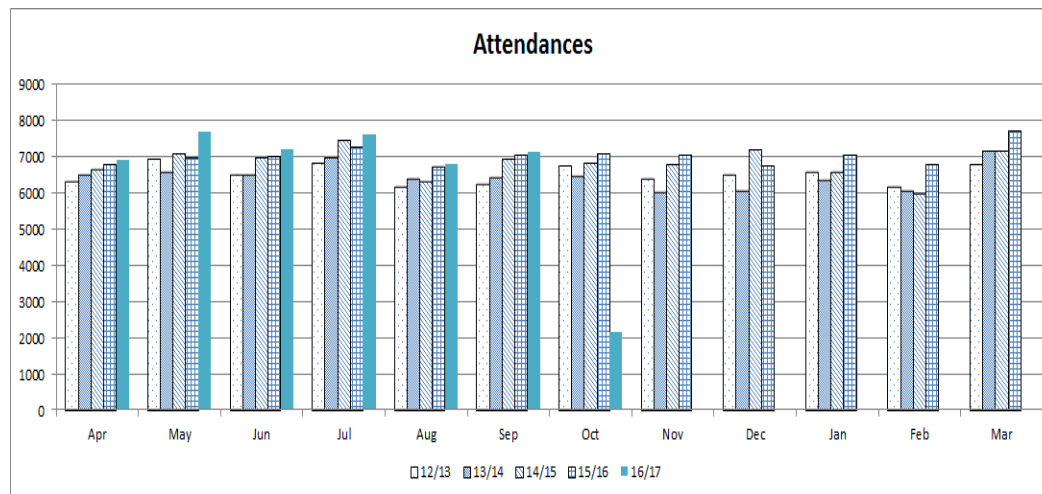
Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
102	715	155	348	62	72
-402	157	499	548	-83	364

% variance

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
1.5%	10.3%	2.2%	4.8%	0.9%	1.0%
-43.5%	35.3%	107.5%	91.9%	-11.4%	42.2%

174	201	53	-15	86	-59
16	-30	-19	-58	-40	-86
190	171	34	-73	46	-145
117	83	55	-133	85	-206

10.9%	11.9%	3.1%	-0.8%	5.1%	-3.3%
5.5%	-8.8%	-5.9%	-17.8%	-13.0%	-23.5%
10.1%	8.5%	1.7%	-3.4%	2.3%	-6.8%
6.1%	4.1%	2.7%	-6.2%	4.4%	-9.8%

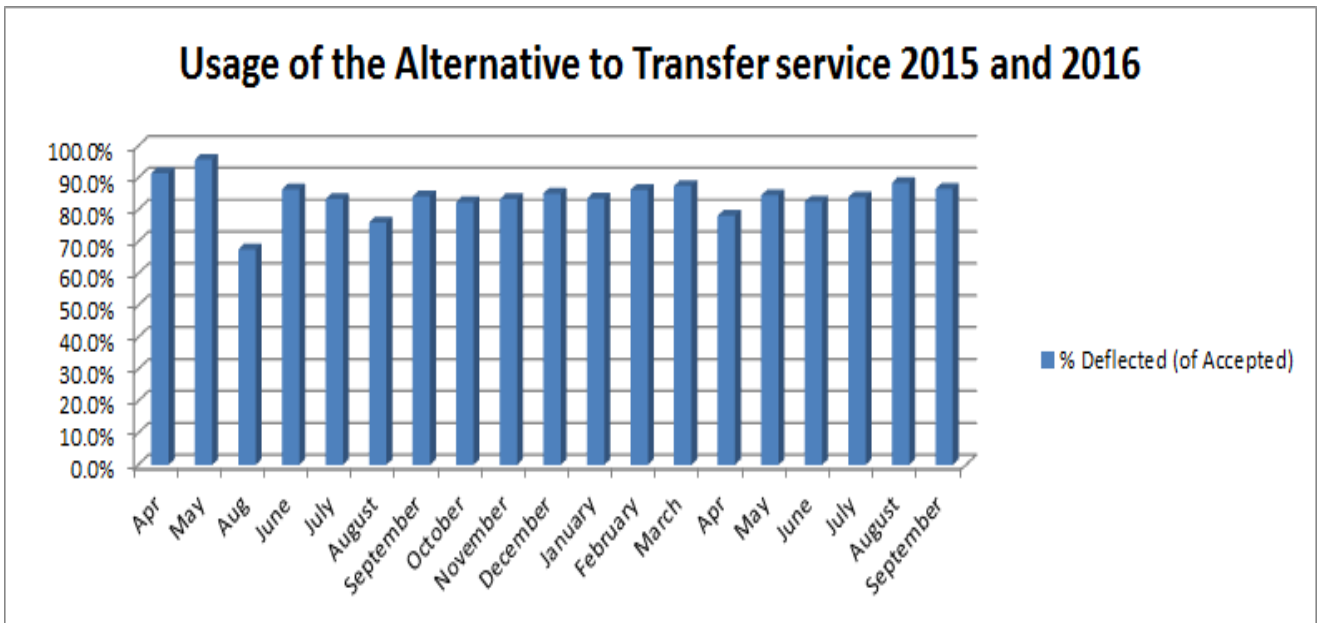


3.27 Since September 2015 there has been considerable variation in the numbers of attendances and admissions and breaches have risen significantly. During April this had stabilised and breaches had reduced, which now look to have increased during May, June, July August and September.

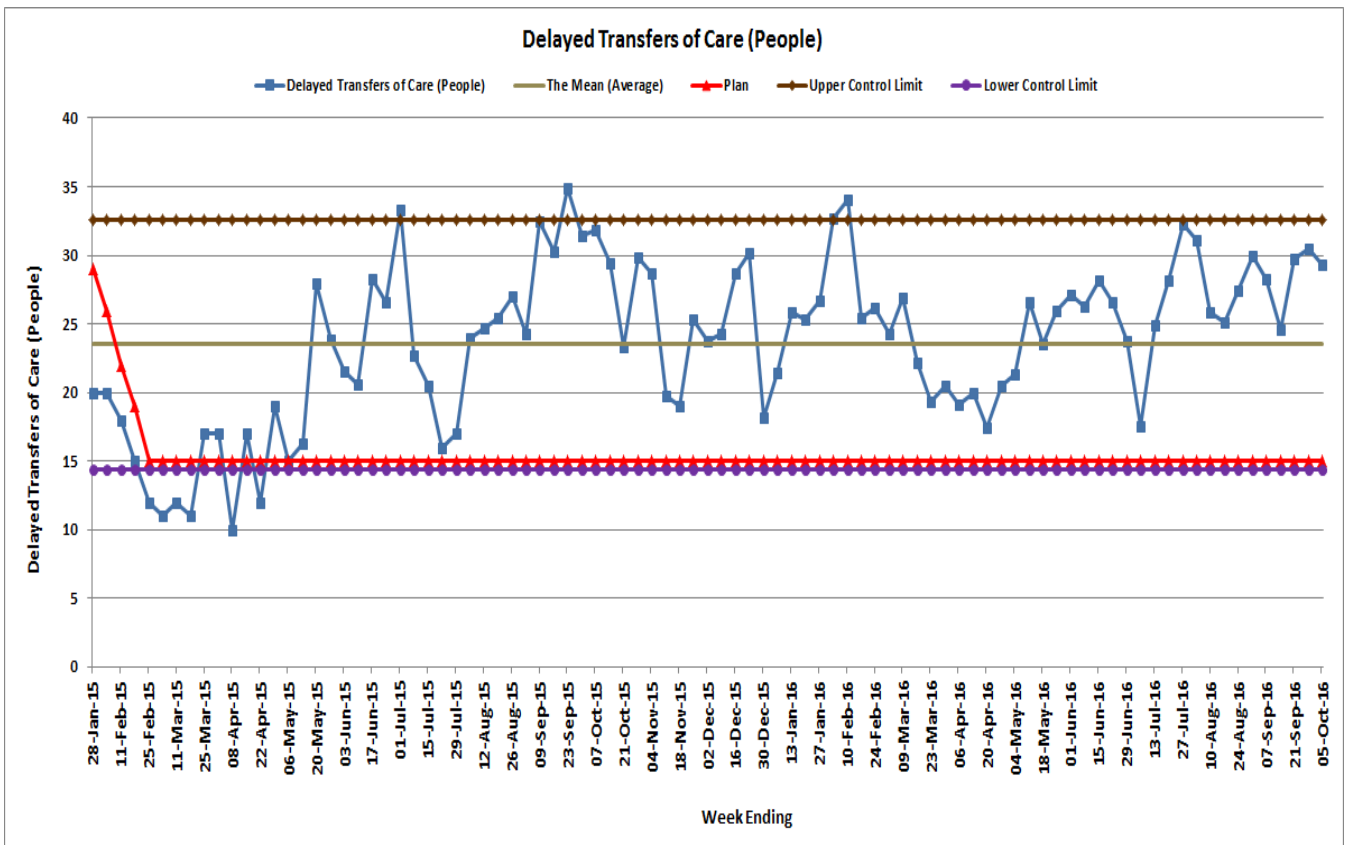
Week Ending	Actual Number of A&E Type 1 Attendances	Actual Number of 4 hour Type 1 breaches	Actual Performance	Number of Emergency Admissions via A&E	Number of Direct Emergency Admissions	Total Emergency Admissions
03 Jul	1686	166	90.2%	443	73	516
10 Jul	1701	310	81.8%	422	59	481
17 Jul	1785	335	81.2%	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
18 Sep	1702	364	78.6%	392	69	461
25 Sep	1691	230	86.4%	409	52	461
02 Oct	1637	307	81.2%	421	81	502
09 Oct	1692	381	77.5%	404	72	476

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

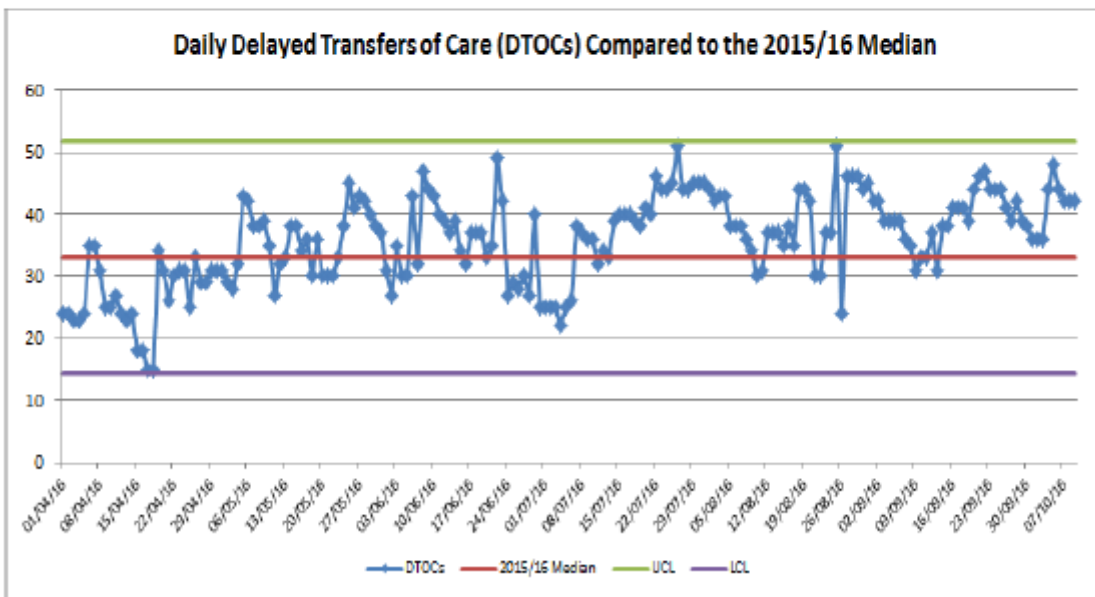
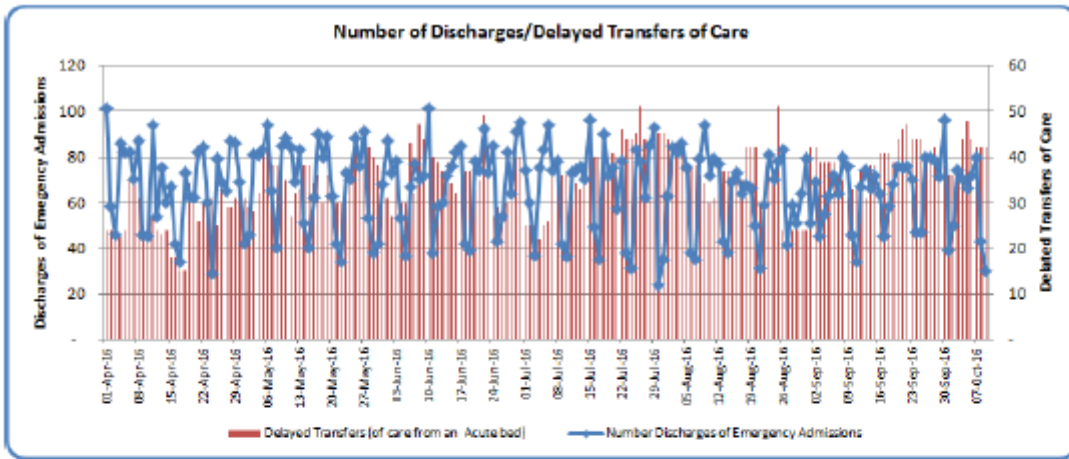
	April	May	June	July	August	September	October to 09th
Referrals	198	183	178	221	190	188	58
Accepted	196	183	177	220	190	188	58
Red Refusals to Hospital also seen	18	15	17	27	34	25	10
Deflected	139	142	132	162	138	141	44
Accepted %	99.0	100	99.4	99.5	100	100	100
% Deflected (of Referrals)	78.1	85	82.5	83.9	88.5	86.5	92
% Deflected (of Accepted)	78.1	85	82.5	83.9	88.5	86.5	92



3.29 The number of Delayed Transfers of Care (DTOC) recorded has increased recently.

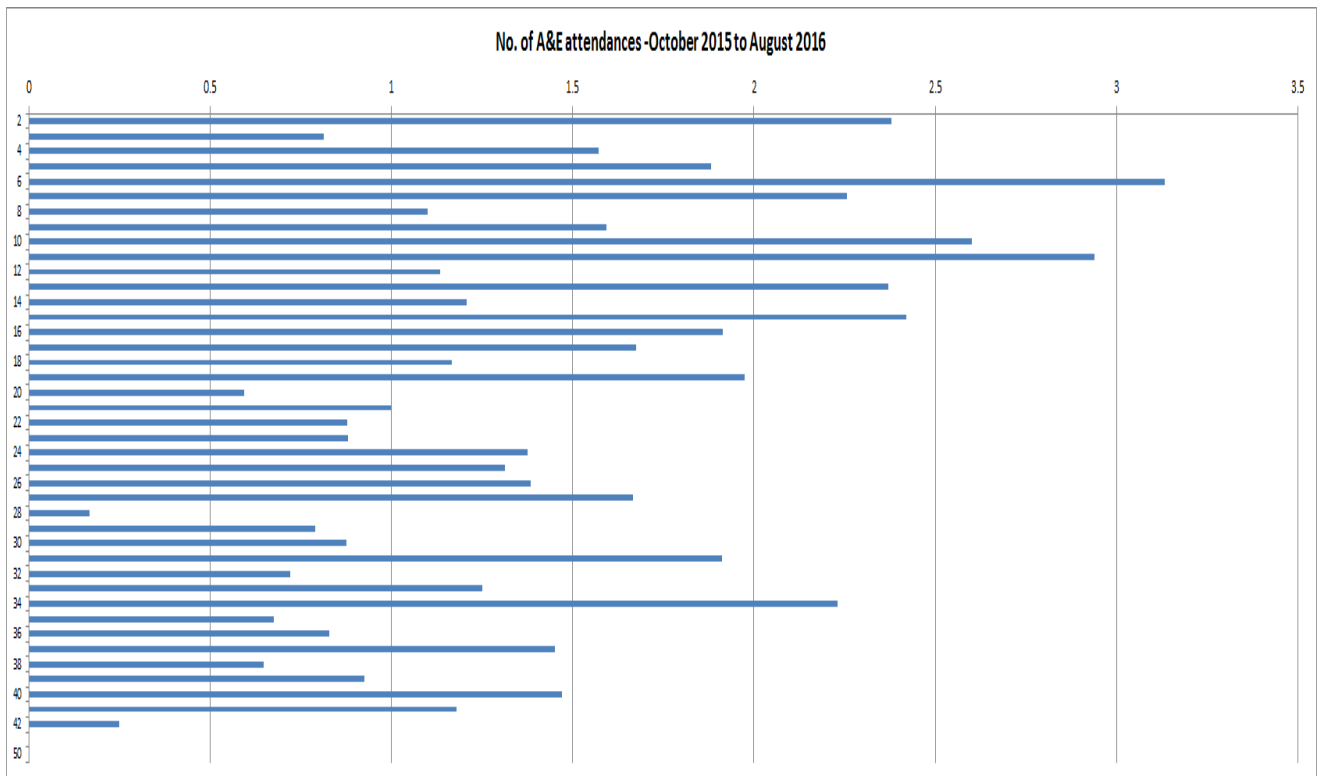


3.30 Reducing DTOC and the level of variation day by day is a key aspect of the improvement plan with Integrated Urgent Care Team designed to significantly impact on bed availability by improving patient flow out of the hospital and avoiding admissions. This should deliver a culture of 'Discharge to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

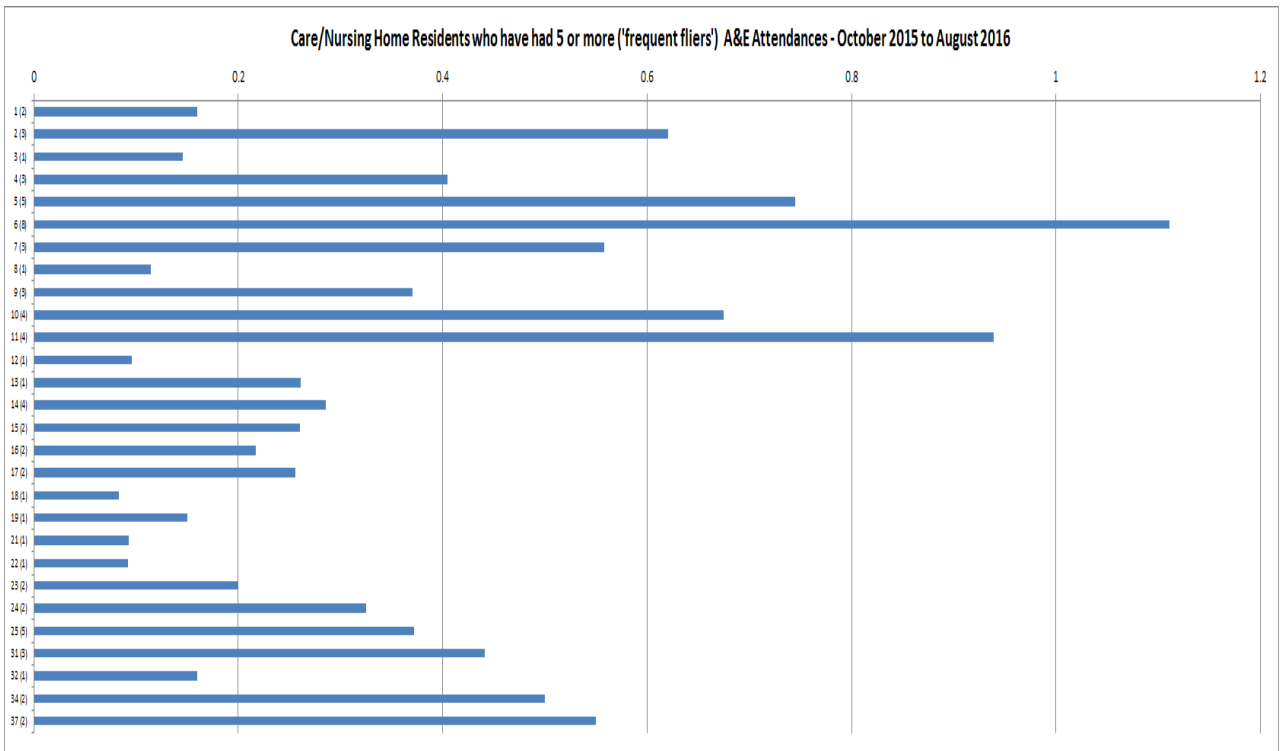


Care Homes

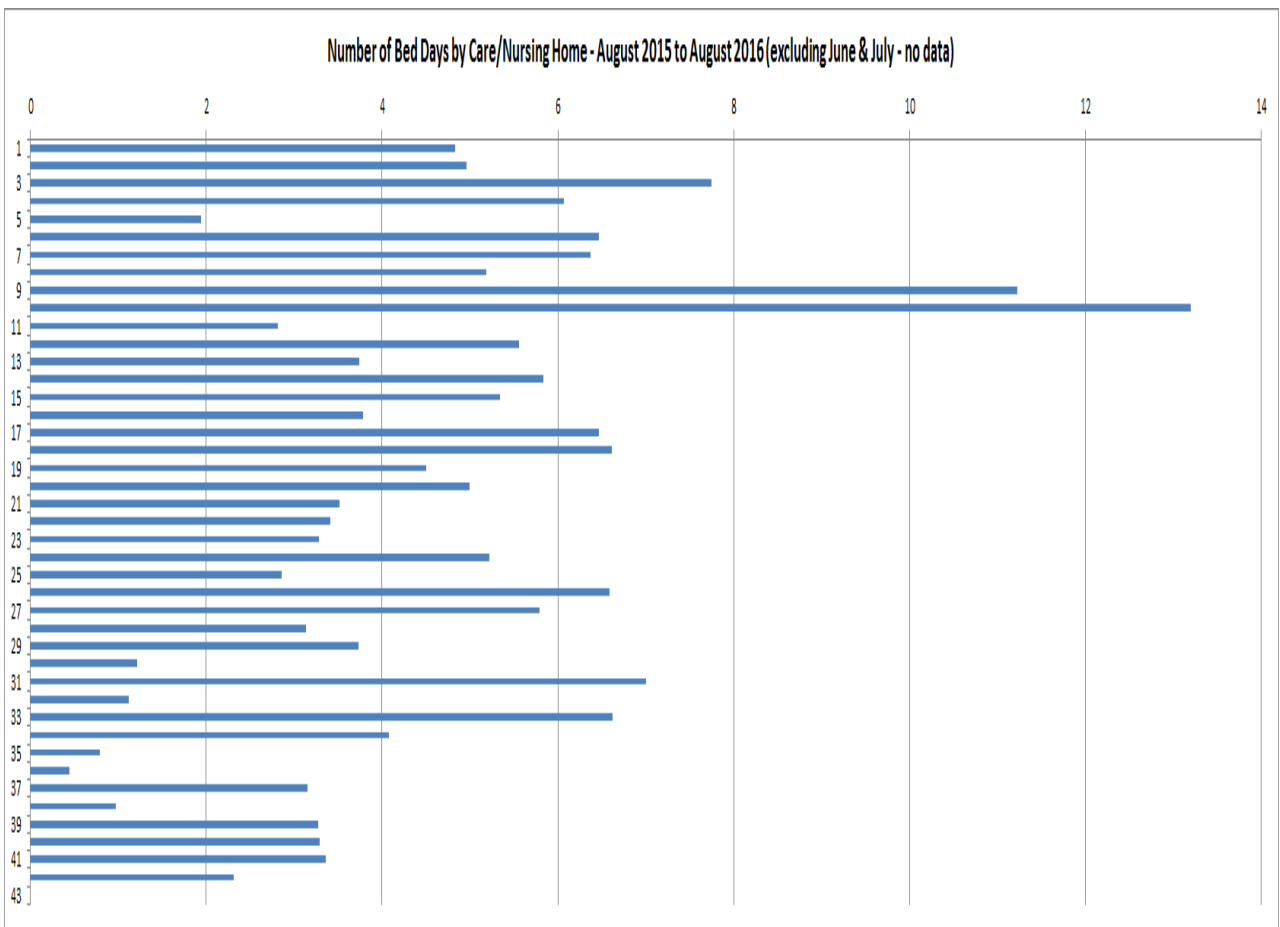
3.31 The decision was made to specifically look at the care homes use of our urgent care systems. This was to allow us to look to see if we can identify themes and trends regarding particular care home providers. In doing this it would allow us to focus support which will be individual to providers. 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.



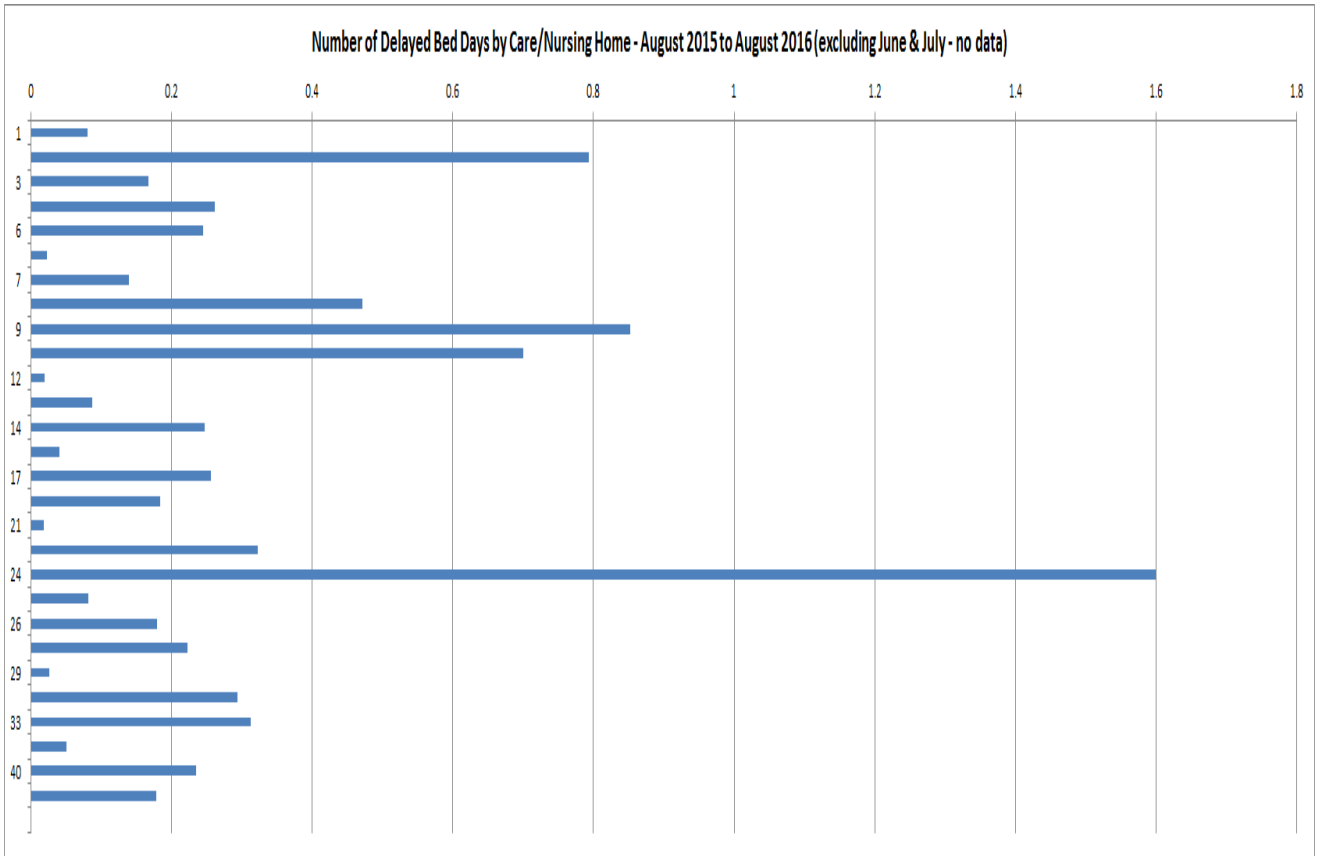
3.32 Work is currently being done to present this graph showing a month on month position. This will allow us to monitor attendances per care home per month giving us the ability to take action in a more timely manner.



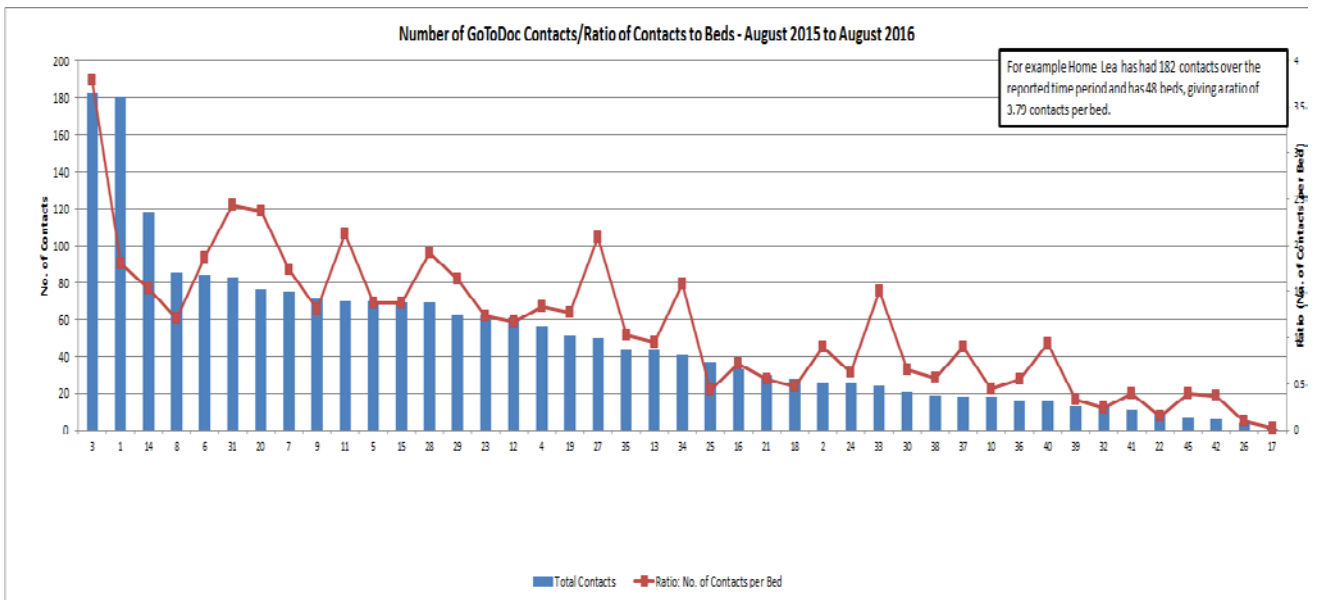
3.33 To enable an MDT to be wrapped around individuals who frequently attend A&E this data also needs to be as live as possible. Early work has already identified that a number of the clients in this category in the above graph had already passed away.



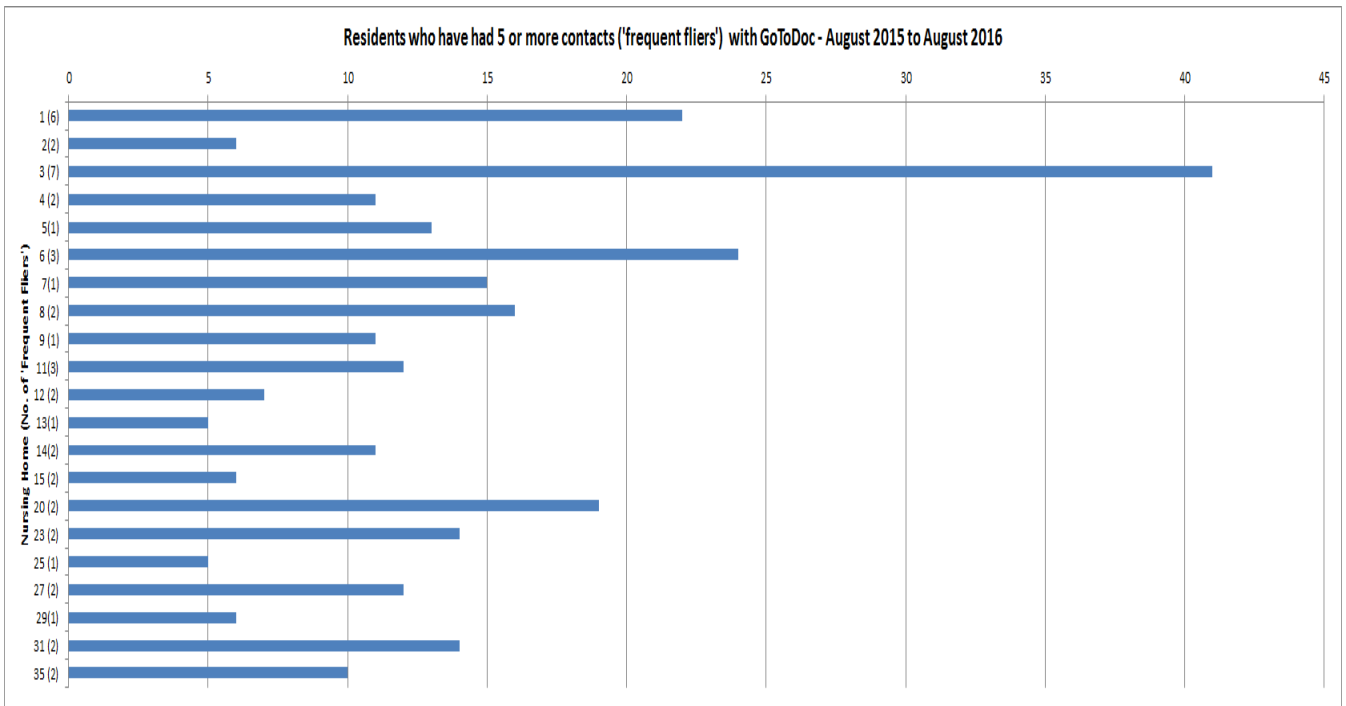
3.34 Once we are able to collate the above data on the number of inpatient bed days per care home on a monthly basis, we need to the correlate the above data with that of A&E attendances in the graph in section 4.1.



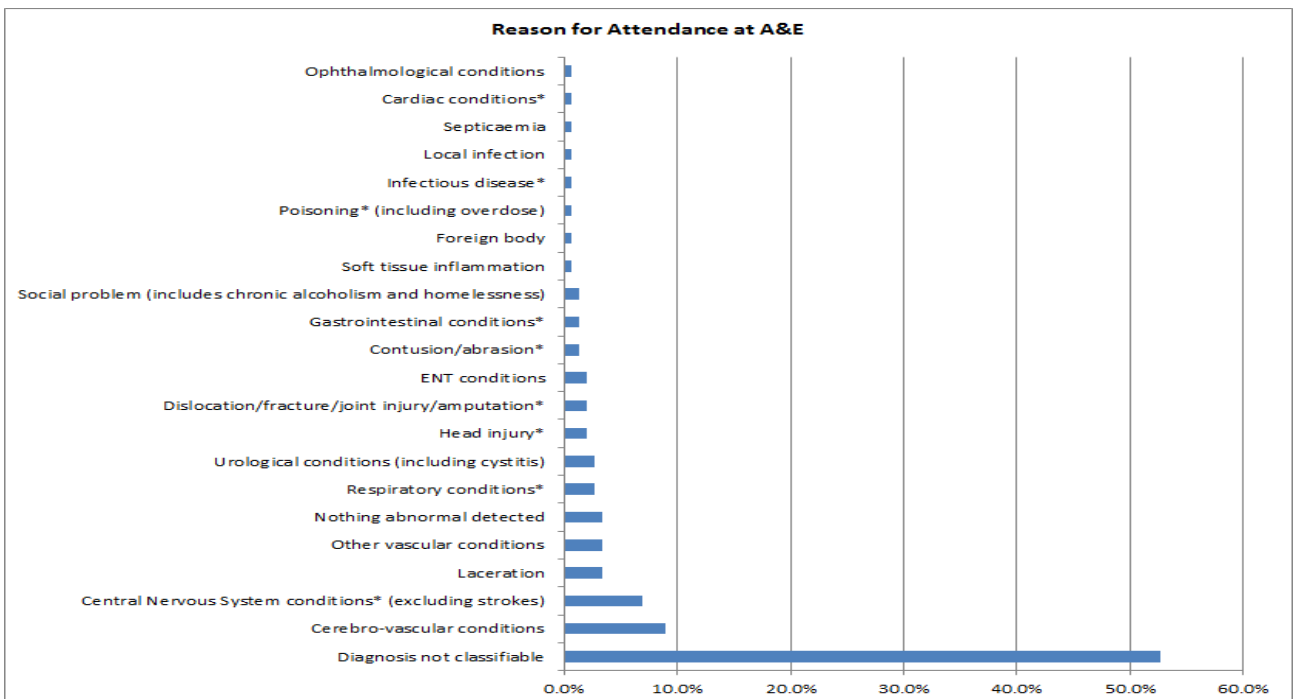
3.35 The above graph shows the number of inpatients bed days by care home once an individual is medically ready to be discharged from hospital. Given these individuals are already in receipt of 24 hour care further work has been requested by the care home steering group to understand why these individuals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

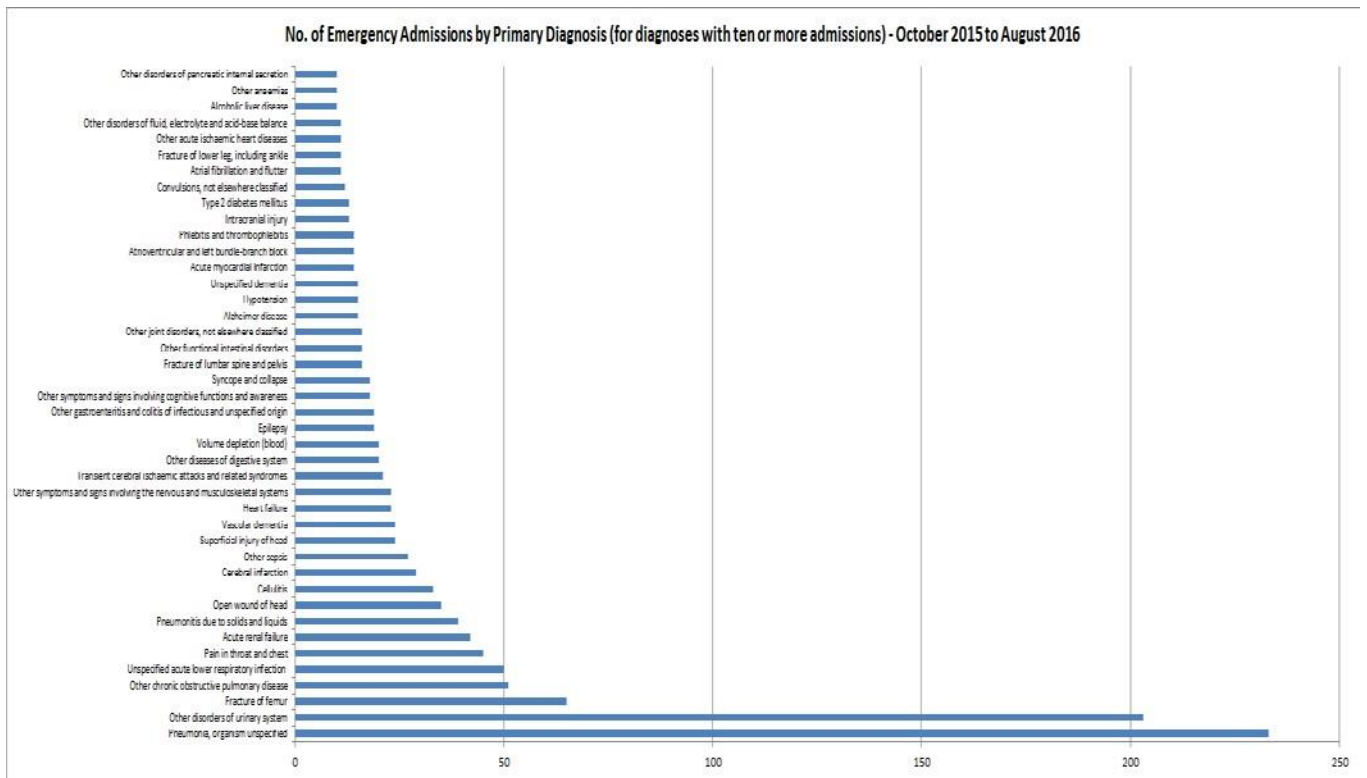


3.36 The CCG has secured the extension of the GTD professional help line to care home nurses as a pilot which did commence on the first of August. The CCG will review on a monthly basis with the lead from GTD the details of the calls made to the helpline from care homes allowing us to see if there are any themes or trends.



- 3.37 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.
- 3.38 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.
- 3.39 The care home steering group is now looking at a piece of work to allow for consistency in early detection of urine infections. The IV therapy work is a part of the winter plan.
- 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.



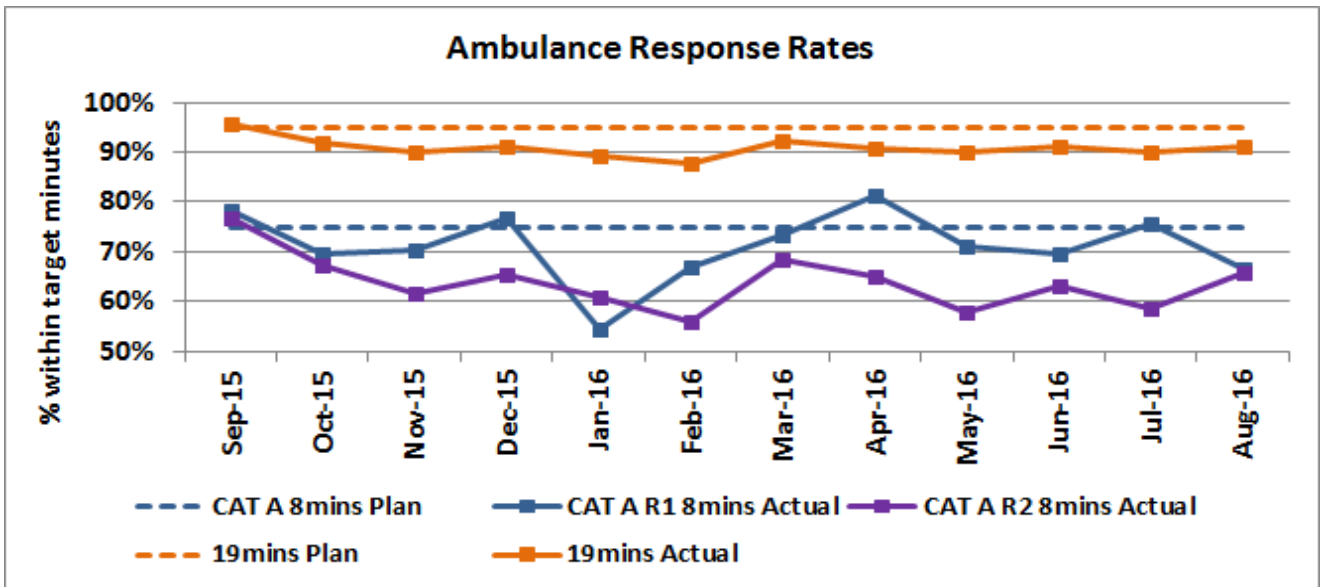


3.41 CQC Inspection published in September 2016.

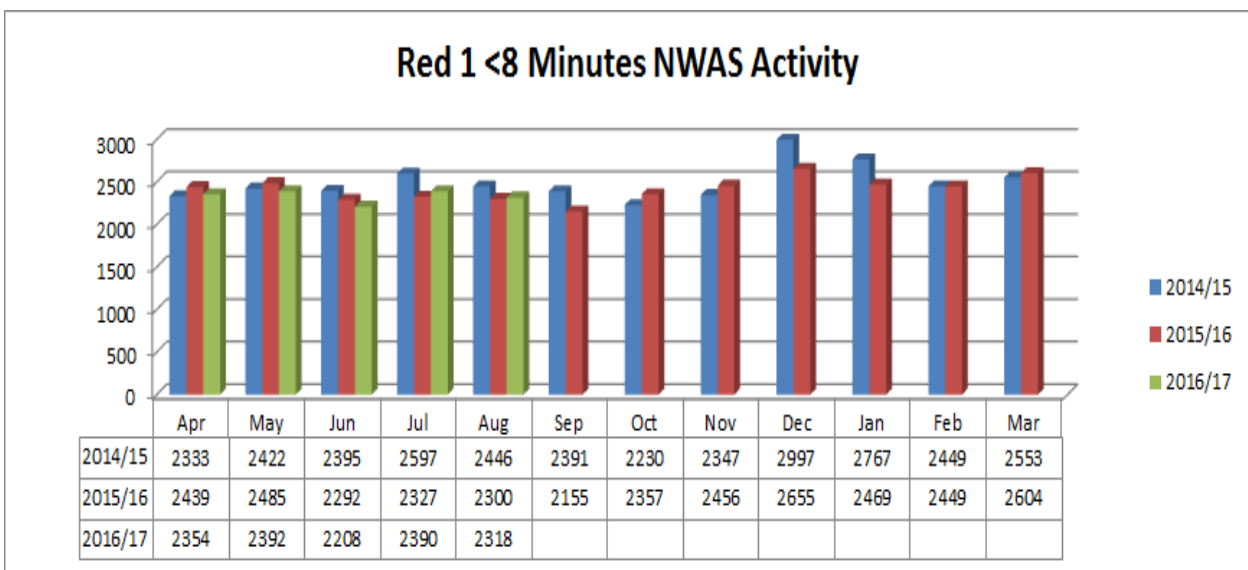
Care Homes with Nursing	Outstanding	Good	Requires Improvement	Inadequate	Comments
none					
Care Homes	Outstanding	Good	Requires Improvement	Inadequate	Comments
Balmoral Care Home	0	0	1	0	Overall: Requires Improvement TMBC supporting home to improve.
Holme Lea	0	0	1	0	Overall: Requires Improvement On-going support being given by TMBC to assist with improvements and has improved since July.

Ambulance – please note position reported iS August

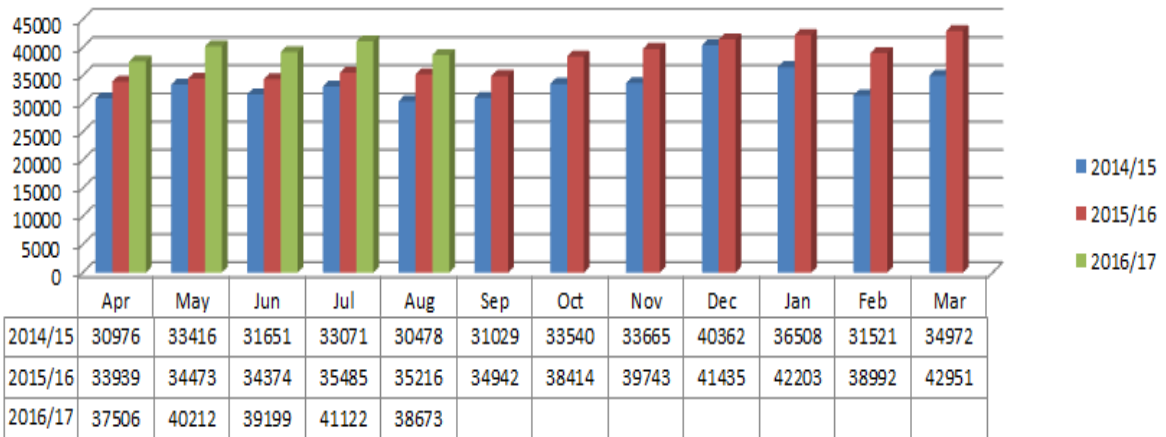
3.42 In August 2016 the CCG failed to achieve the response rates locally with 66.67% for CAT A 8mins Red 1, 65.76% for CAT A 8mins Red 2 and 90.99% for CAT A 19mins Red 2.



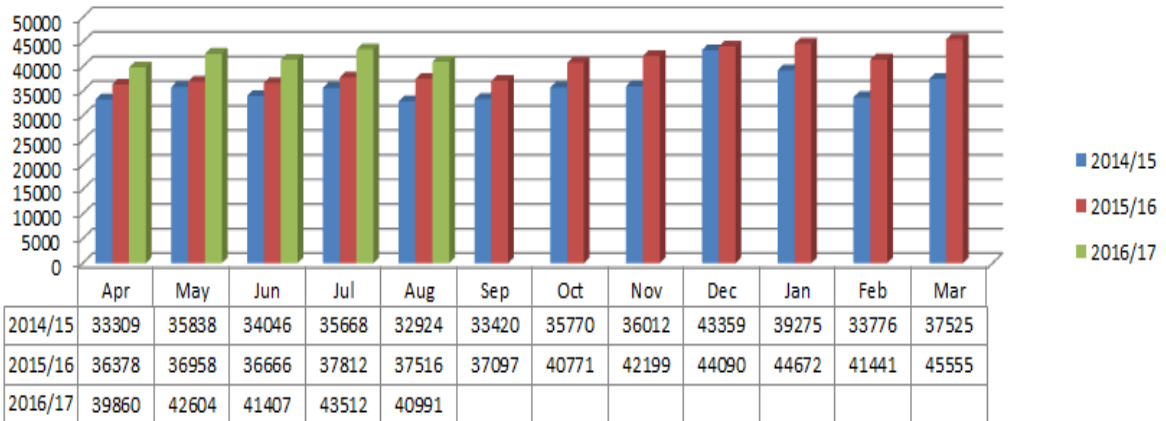
- 3.43 However, we are measured against the North West position which was 72.60% for CAT A 8mins Red 1; 65.25% for CAT A 8mins Red 2 and 91.09% for CAT A 19mins Red 2 which means none achieved this month.
- 3.44 Increases in activity have placed a lot of pressure on NWAS which has not been planned for. This is impacting on its ability to achieve the standards.



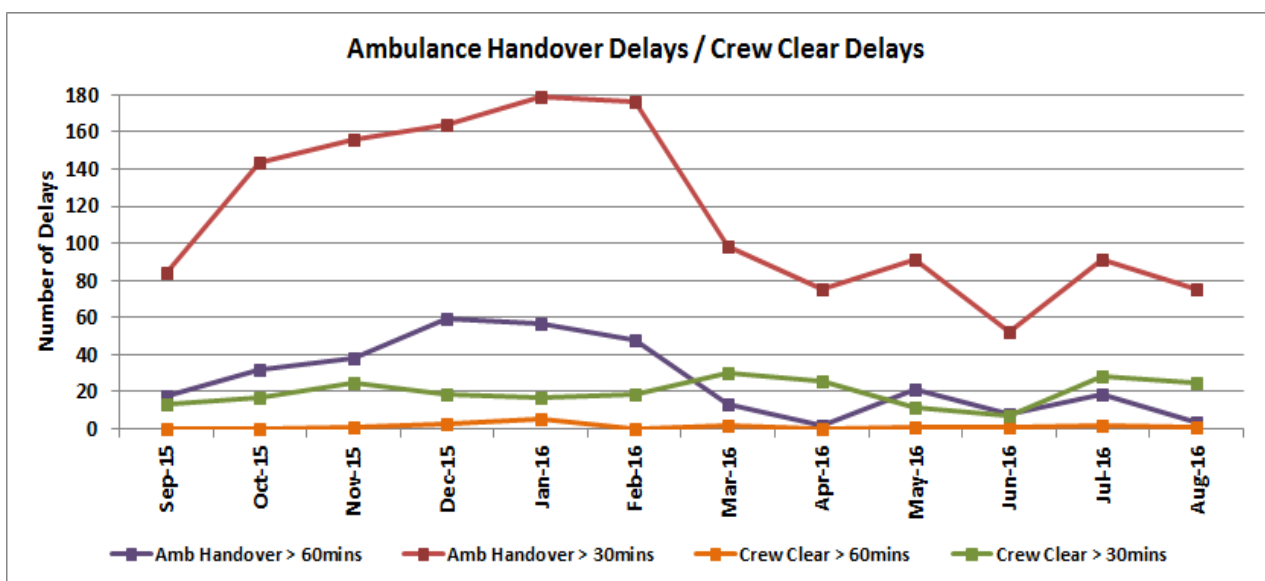
Red 2 <8 Minutes NWS Activity



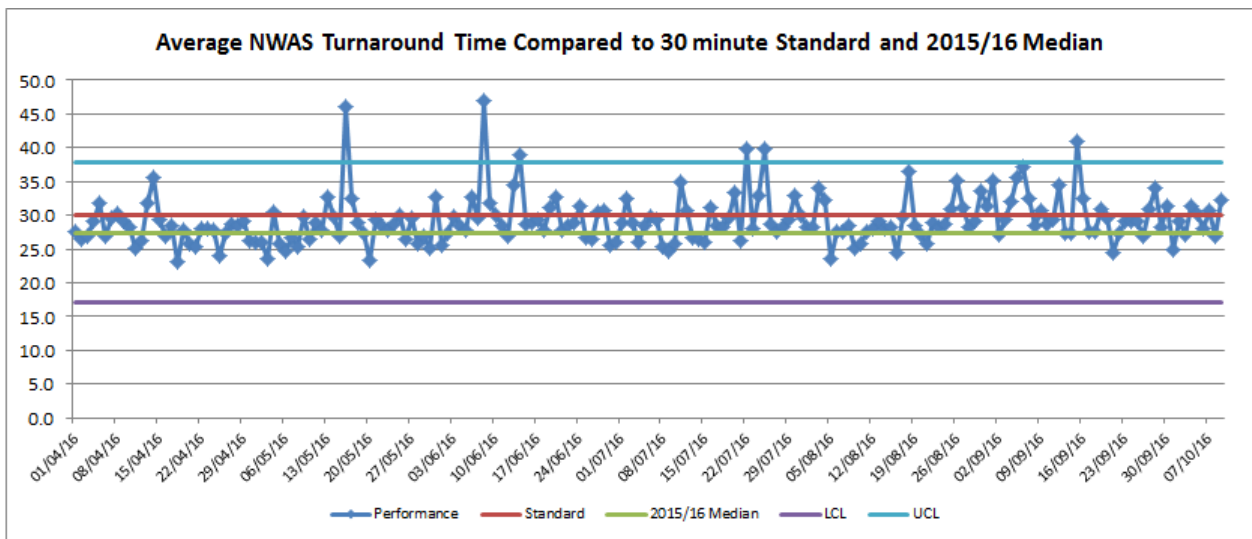
All Red <19 Minutes NWS Activity



3.45 The number of ambulances with handover delays decreased in August.



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



111 – please note position reported is August

3.47 111 went live in GM 10 November so this is the ninth full month reported under the new arrangements.

3.48 Primary KPI performance

- The North West NHS 111 service was offered 148,268 calls in the month, answering 127,402.
- 114,711 (90.04%) of these calls were classified as being triaged

3.49 The NW NHS 111 service showed improved performance against all KPIs in August. They continue to review demand, staffing and subcontractor performance on a daily basis to ensure we sustain the improved performance seen in August. HPFs and complaints continue to decrease as they both improve performance and continue to take proactive steps to mitigate issues as we review the trends and themes raised.

3.50 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)	90.36%
• Calls abandoned (<5%)	1.78%
• Warm transfer (75%)	35.41%
• Call back in 10 minutes (75%)	38.75%

3.51 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 August). 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.

3.52 Our use is in line with NW levels.

	15 and Under	16 to 65	65 and Over	Total
Callers Triaged by	667	1,861	713	3,241

Age				
% Breakdown	21%	57%	22%	100%
Total for NW Region	22,762	67,204	24,745	114,711
% Breakdown NW Region	20%	59%	22%	100%

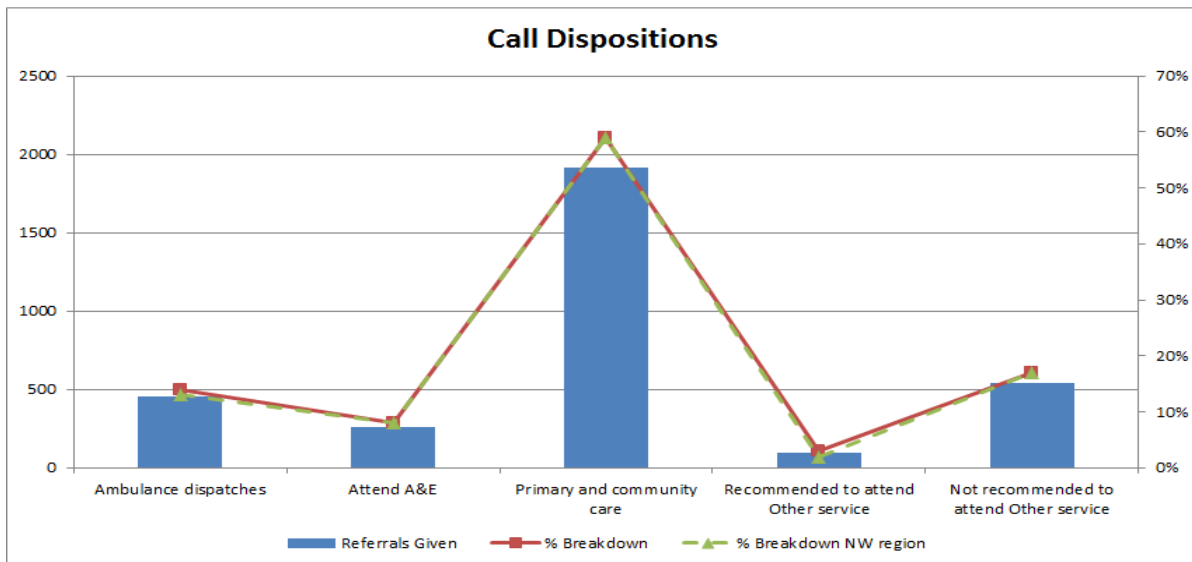
3.53 Our treatment is generally in line with NW levels. Though the number of call backs within 10 minutes was lower than the monthly average across GM by 12%.

	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	3,241	253	98	664	235	429	117
% Breakdown	100%	8%	3%	20%	35%	65%	27%
Total for NW Region	114,711	9,792	3,928	22,967	8,132	14,835	5,748
% Breakdown NW Region	100%	9%	3%	20%	35%	65%	39%

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

	Calls Triage d	Ambulanc e Despatch es	Attend A&E	Primary and communi ty care	Recommend ed to Attend Other Service	Not Recommend ed to Attend Other Service
Referrals Given	3,241	479	236	1,743	71	712
% Breakdown	100%	15%	7%	54%	2%	22%
Total for NW Region	114,711	16,217	9,971	63,272	2,838	22,413
% Breakdown NW Region	100%	14%	9%	55%	2%	20%

3.55 Our dispositions are in line with this.



4. HEALTH CARE ACQUIRED INFECTIONS (HCAIs)

Clostridium Difficile

4.1 The CCG seeks assurance about the arrangements providers have in place for infection prevention and control practice via various mechanisms including:

- Monthly submission of HCAI assurance framework;
- RCA investigation of all positive CDIF and MRSA cases which are monitored for themes and trends at the HCAI Quality Improvement Group;
- CCG Quality Visits include the monitoring and observation of compliance with infection prevention practice as a standard item.

Tameside & Glossop CCG		Apr-16	May-16	Jun-16	Jul-16	Aug-16	16-17 YTD	16-17 Total
Whole Health Economy	No. of Cases	4	7	3	9	10	33	33
	Plan	8	10	8	10	6	42	97
	Variance Against Plan	-4	-3	-5	-1	4	-9	-64
	% Variance Against Plan	-50.0%	-30.0%	-62.5%	-10.0%	66.7%	-21.4%	-66.0%
Acute	No. of Cases	2	2	2	4	5	15	15
	Tameside Hospital FT	2	1	1	3	5	12	12
	South Manchester FT	0	0	0	0	0	0	0
	Central Manchester FT	0	1	0	0	0	1	1
	Christie Hospital FT	0	0	1	0	0	1	1
	Royal Orthopaedic Hospital NHS FT	0	0	0	1	0	1	1
	Stockport FT	0	0	0	0	0	0	0
	Plan	4	4	3	4	4	19	45
	Variance Against Plan	-2	-2	-1	0	1	-4	-30
% Variance Against Plan	-50.0%	-50.0%	-33.3%	0.0%	25.0%	-21.1%	-66.7%	
Non-Acute	No. of Cases	2	5	1	5	5	18	18
	Plan	4	6	5	6	2	23	52
	Variance Against Plan	-2	-1	-4	-1	3	-5	-34
	% Variance Against Plan	-50.0%	-16.7%	-80.0%	-16.7%	150.0%	-21.7%	-65.4%

2016-17 Clostridium Difficile: Tameside & Glossop CCG

4.2 For August 2016 Tameside & Glossop CCG had a total of 10 reported cases of clostridium difficile against a monthly plan of 6 cases. For the month of August this places Tameside and Glossop CCG 4 cases over plan. Of the 10 reported cases, 6 were apportioned to the acute (6 at Tameside Hospital FT) and 4 to the non-acute.

4.3 To date (April to August 2016) Tameside and Glossop CCG had a total of 33 cases of clostridium difficile against a year to date plan of 42 cases. This places Tameside and Glossop CCG 9 cases under plan. Of the 33 reported cases, 16 were apportioned to the acute (13 at THFT, 1 at Central Manchester FT, 1 at Christie Hospital FT, 1 at The Royal Orthopaedic Hospital FT) and 17 to the non-acute.

4.4 In regards to the 2016/17 financial year, Tameside and Glossop CCG have reported 33 cases of clostridium difficile against an annual plan of 97 cases. This currently places the CCG 64 cases under plan with 7 months of the financial year remaining.

4.5 MRSA

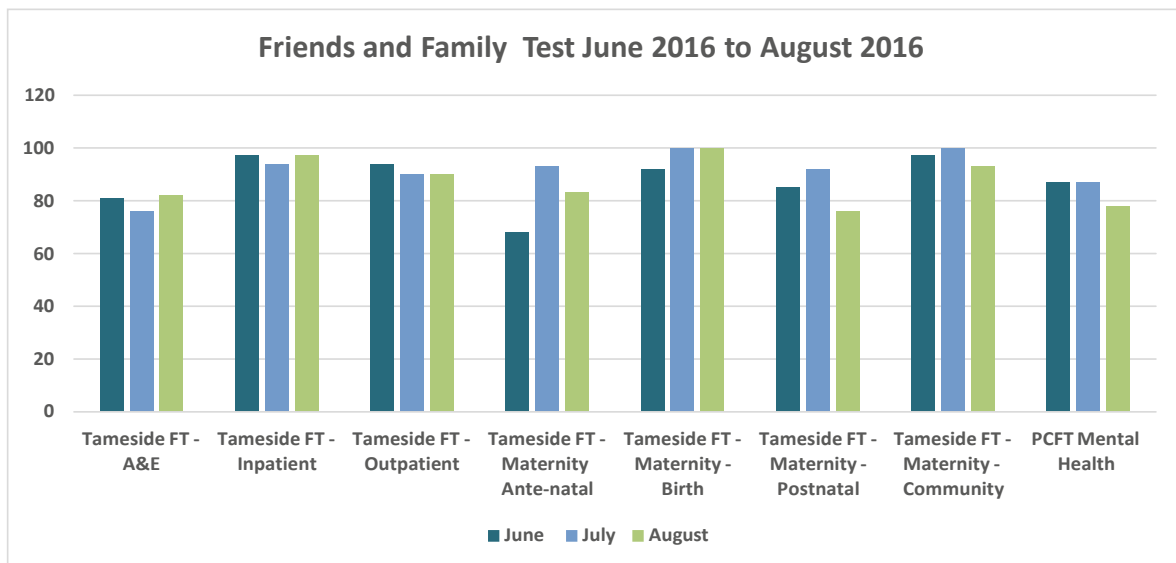
Tameside & Glossop CCG		Apr-16	May-16	Jun-16	Jul-16	Aug-16	16-17 YTD	16-17 Total
Whole Health Economy	No. of Cases	0	0	2	1	3	6	6
	Plan	0	0	0	0	0	0	0
	Variance Against Plan	0	0	2	1	3	6	6
	% Variance Against Plan	0.0%	0.0%	200.0%	100.0%	300.0%	600.0%	600.0%
Acute	No. of Cases	0	0	2	0	2	4	4
	Tameside Hospital FT	0	0	0	0	1	1	1
	Central Manchester FT	0	0	1	0	1	2	2
	University Hospital of South Manchester FT	0	0	1	0	0	1	1
	Plan	0	0	0	0	0	0	0
	Variance Against Plan	0	0	2	0	2	4	4
	% Variance Against Plan	0.0%	0.0%	200.0%	0.0%	200.0%	400.0%	400.0%
Non-Acute	No. of Cases	0	0	0	1	1	2	2
	Plan	0	0	0	0	0	0	0
	Variance Against Plan	0	0	0	1	1	2	2
	% Variance Against Plan	0.0%	0.0%	0.0%	100.0%	100.0%	200.0%	200.0%

2016-17 MRSA: Tameside & Glossop CCG

4.6 For August 2016 Tameside and Glossop CCG have reported 3 case of MRSA against a plan of zero tolerance. Of these 3 cases, 2 were apportioned to the acute (1 at Tameside Hospital FT, 1 at Central Manchester FT) and 1 to the non-acute.

4.7 To date (April 2016 to August 2016) Tameside and Glossop CCG have reported 6 cases of MRSA against a plan of zero tolerance. Breakdown includes 4 acute cases (1 at Tameside Hospital FT, 2 at Central Manchester, 1 at South Manchester FT) and 2 acute cases.

5. FRIENDS AND FAMILY TEST – PROVIDER SUMMARY JUNE 2016 TO AUGUST 2016



5.1 The graph shows performance across the FFT touch-points, for the majority of areas performance is in line with the national Benchmark (A&E = 87%, Inpatients and Maternity ante- natal = 95%, Outpatients and Maternity postnatal = 93%, Maternity Birth = 96%, Maternity community = 97% and Mental Health = 88%):

- A&E is still lower than the national benchmark although significant improvement has been seen since 2014; this data will continue to be monitored via the THFT Quality Monitoring meeting.
- The Ante-natal touch point for Maternity has seen a drop the percentage of patients who would recommend the service in the last two months and this will require monitoring.

6. RECOMMENDATION

6.1 Governing Body are asked to:

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

NHS Tameside & Glossop CCG: NHS Constitution Indicators (June 2016)

Description	Indicator	Level	Threshold	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Exceptions	
18 Weeks RTT	Admitted patients to start treatment within a maximum of 18 weeks from referral (unadjusted)	T&G CCG	90%	89.0%	84.4%	85.8%	84.2%	83.9%	85.8%	86.0%	87.3%	89.1%	88.3%	88.8%	88.9%	86.8%	89.1%	87.9%	87.7%	87.1%	85.9%	CCG target not achieved. Failing specialties are: general surgery (85.64%), urology (65.31%), T&O (71.35%), ENT (89.81%), plastic surgery (85.71%), gynaecology (82.93%). CCG at THFT failing specialties are: T&O (72.49%), Gynaecology (79.03%).	
	Non-Admitted patients to start treatment within a maximum of 18 weeks from referral	T&G CCG	95%	87.7%	88.5%	87.2%	87.5%	80.3%	86.0%	83.5%	85.8%	85.1%	85.4%	84.9%	86.0%	85.7%	86.0%	88.4%	87.6%	88.2%	89.6%	CCG target not achieved. Failing specialties are: general surgery (84.69%), urology (69.78%), T&O (91.74%), ENT (93.58%), neurosurgery (80%), plastic surgery (81.4%), cardiothoracic surgery (92.86%), general medicine (89.47%), gastroenterology (87.42%), cardiology (82.44%), dermatology (84.36%), thoracic medicine (75.68%), rheumatology (83.70%), gynaecology (91.35%), other (92.53%). CCG at THFT failing specialties are: general surgery (85.71%), urology (68.09%), T&O (89.34%), ENT (89.87%), plastic surgery (84.62%), general medicine (90.05%), gastroenterology (79.22%), cardiology (83.43%), dermatology (94.35%), rheumatology (89.55%), gynaecology (89.63%), other (91.80%).	
	Patients on incomplete non emergency pathways (yet to start treatment)	T&G CCG	92%	89.3%	90.7%	91.4%	91.8%	92.0%	92.2%	91.8%	92.2%	91.8%	91.8%	91.8%	92.1%	91.9%	91.6%	92.4%	92.5%	92.4%	92.4%	92.1%	CCG failing specialties are: urology (85.69%), T&O (90.17%), oral surgery (66.67%), neuro surgery (81.82%), plastic surgery (87.50%), cardiothoracic surgery (73.85%), cardiology (89.86%), thoracic medicine (86.41%), geriatric medicine (86.67%), gynaecology (91.34%), other (91.77%). CCG at THFT failing specialties are: urology (89.99%), T&O (87.52%), neurosurgery (88.89%), plastic surgery (84.18%), gynaecology (95.17%).
	Patients waiting 52+ weeks on an incomplete pathway	T&G CCG	Zero Tolerance	6	5	1	1	0	1	2	0	1	0	2	0	12	1	0	1	1	1	1	In Aug 16 there was 1 patient waiting over 52 weeks for treatment on an incomplete pathway. This patient is waiting under the specialty cardiology and has now been seen.
Diagnosics < 6 Weeks	Patients waiting for diagnostic tests should have been waiting less than 6 weeks from referral	T&G CCG	1%	1.2%	1.6%	1.7%	1.7%	2.1%	2.8%	2.8%	2.4%	2.5%	2.7%	1.8%	2.9%	2.2%	2.5%	1.6%	2.4%	1.7%	1.2%	CCG target not achieved, 56 breaches. Failing for CCG are Central Manchester with 11 breaches for echocardiography, flex sigmoidoscopy, gastroscopy and MRI. PAHT with 5 breaches for colonoscopy and gastroscopy, Stockport with 1 breach for colonoscopy, THFT with 29 breaches, for audiology assessments, colonoscopy, CT scans, gastroscopy and NOUS. Care UK with 8 breaches for audiology assessments and MRI. Pioneer Healthcare Limited with 2 breaches for neurophysiology.	
A&E < 4 Hours	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - THFT	THFT	95%	86.4%	93.6%	93.4%	91.8%	89.2%	87.7%	82.6%	77.2%	73.0%	73.4%	76.0%	93.1%	84.9%	92.5%	92.2%	86.5%	85.0%	90.5%	2015-16 performance shows that 12,737 patients waited more than 4 hours (denominator 84,303). Breached by 8,522 patients. June 2016 performance is 86.54% breached by 608 patients. July 2016 performance is 84.98% breached by 763 patients. August 2016 performance is 90.5% breached by 307 patients. September performance is 82.7% breached by 872 patients.	
Cancer 2 Week Wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	T&G CCG	93%	95.5%	93.9%	95.3%	94.1%	95.5%	98.1%	96.8%	97.7%	97.5%	97.4%	97.7%	96.3%	96.4%	95.8%	97.1%	96.1%	94.3%	94.6%		
	Maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	T&G CCG	93%	94.2%	91.1%	70.7%	93.6%	98.4%	96.7%	94.6%	96.7%	98.4%	96.1%	98.2%	98.9%	93.0%	93.9%	98.0%	95.8%	94.0%	96.7%		
Cancer 31 Day Wait	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	T&G CCG	96%	98.9%	97.7%	98.0%	99.0%	97.8%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	99.1%	100.0%	98.9%	100.0%	100.0%	98.8%		
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	T&G CCG	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	T&G CCG	98%	100.0%	100.0%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100%	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%	Breach due to deferred treatment in Jan-16.	
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	T&G CCG	94%	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%	100.0%	100.0%	100.0%		
Cancer 62 Day Wait	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	T&G CCG	85%	97.7%	87.2%	83.7%	91.7%	83.0%	96.0%	86.8%	93.0%	88.2%	96.1%	93.3%	93.8%	89.9%	89.7%	88.6%	91.5%	89.6%	91.3%		
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	T&G CCG	90%	100.0%	100.0%	100.0%	83.3%		82.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.3%	100.0%	100.0%	60.0%	100.0%	100.0%	June 2016 performance is below the 90% target, however due to the low numbers the de minimis rule applies. 3 patients breached out of a total of 5 patients.	
	Maximum 62 day wait for first treatment following a consultants decision to upgrade the priority of the patients (all cancer)	T&G CCG	85%	100.0%	81.8%	94.7%	78.6%	80.0%	81.8%	91.7%	80.0%	85.7%	100.0%	92.3%	88.2%	88.9%	83.3%	86.7%	94.4%	82.4%	100.0%	For July 2016 a total of 17 patients were receiving their first definitive treatment for cancer following an urgent referral from a consultant upgrade for suspected cancer, 14 of these patients were receiving their first definitive treatment within 62 days. Breached the 85% target by 1 patient.	
Ambulance	Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	NWAS	75%	71.2%	81.6%	79.8%	79.3%	77.7%	78.4%	75.9%	73.4%	74.9%	69.3%	70.5%	67.3%	74.8%	76.5%	74.3%	73.1%	70.4%	72.6%	High levels of demand and lengthening turn around times.	
	Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	NWAS	75%	72.1%	79.4%	78.2%	76.0%	75.4%	74.9%	72.5%	68.5%	69.5%	63.5%	61.1%	58.9%	70.4%	67.5%	66.3%	66.2%	62.7%	65.2%	High levels of demand and lengthening turn around times.	
	Category A calls resulting in an ambulance arriving at the scene within 19 minutes	NWAS	95%	93.3%	96.4%	95.9%	94.6%	95.1%	94.6%	94.1%	92.0%	92.7%	89.9%	88.1%	86.7%	92.6%	92.0%	91.5%	91.5%	89.8%	91.1%	High levels of demand and lengthening turn around times.	
Mixed Sex Accommodation	MSA Breach Rate	T&G CCG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Total of 1 breach in June 2016 and 2 breaches in July 2016 for T&G CCG. This is an unjustified mixing in relation to sleeping accommodation. Data shows the breach rate per 1,000 finished consultant episodes.	
Cancelled Operations (Elective)	The number of last minute cancelled elective operations in the quarter for non-clinical reasons where patients have not been treated within 28 days of last minute elective cancellation	THFT	0	6			0			4				2		12		2				Number of last minute cancellations at THFT: 15-16 Q1 = 63, Q2 = 54, Q3 = 86, Q4 = 96 16-17 Q1 = 85	
Care Programme Approach (CPA)	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period	T&G CCG	95%	94.2%			100%				96.3%			100%		96.7%		94.5%				16-17 Q1 52 patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care out of a total of 55 patients = 94.5%	

10 IAPT

Access		3.75%	4.00%	4.50%	4.30%	4.41%	4.2%	3.95%
Recovery		50%	38.20%	36.92%	44.00%	40.14%	40.0%	45.75%
Waiting times less than 6 weeks		75%	57.83%	54.81%	52.60%	60.14%	56.3%	62.75%
Waiting times less than 18 weeks		95%	90.50%	91.11%	89.61%	90.54%	90.4%	91.50%