

Report to: CARE TOGETHER SINGLE COMMISSIONING BOARD

Date: 6 December 2016

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

Subject: **DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – GOVERNING BODY PERFORMANCE UPDATE**

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

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

The format of this report now includes elements on quality from the Nursing and Quality directorate.

The assurance framework for 2016/17 has been published nationally.

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%	0	1.24%	87.63%

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

Cancer standards were achieved in September. Quarter 2 performance achieved apart from 62 day consultant upgrade.

Endoscopy is no longer a challenge in diagnostics at Central Manchester.

A&E Standards were failed at Tameside Hospital Foundation Trust.

Financial Year to 13 Nov 2016	87.63%
April 2016/17	92.46%
May 2016/17	92.16%
June 2016/17	86.61%
July 2016/17	84.98%
August 2016/17	90.48%
September 2016/17	82.78%
October 2016/17	84.10%
November to 13 2016/17	88.03%

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. On 28 October 2016, the Greater Manchester Health and Social Care Strategic Partnership Board approved an Assurance Framework, including Performance Dashboard (Appendix 1), and we now need to ensure that we are in a position to replicate this in addition to any additional local records.
How do proposals align with Health & Wellbeing Strategy:	Should provide check and balance assurances as to whether meeting strategy.
How do proposals align with Locality Plan:	Should provide check and balance and assurances as to whether meeting plan.
How do the proposals align with the Commissioning Strategy	Should provide check and balance and assurances as to whether meeting strategy.
Recommendations / views of the Professional Reference Working 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 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 the 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 by::



Telephone: 0161 366 3207



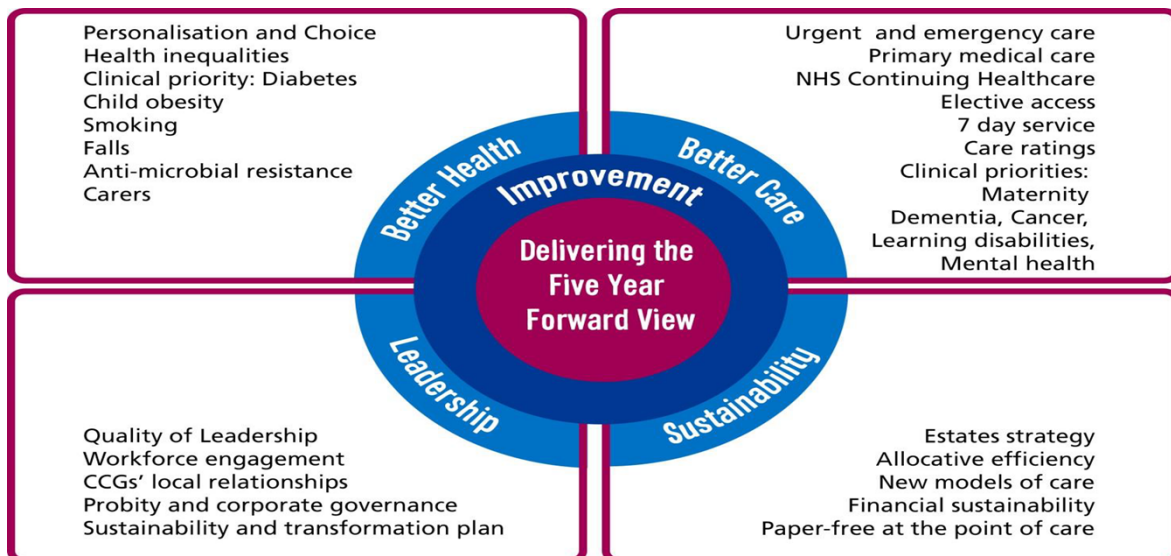
e-mail: alirehman@nhs.net

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 September position is shown for elective care and a November “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.

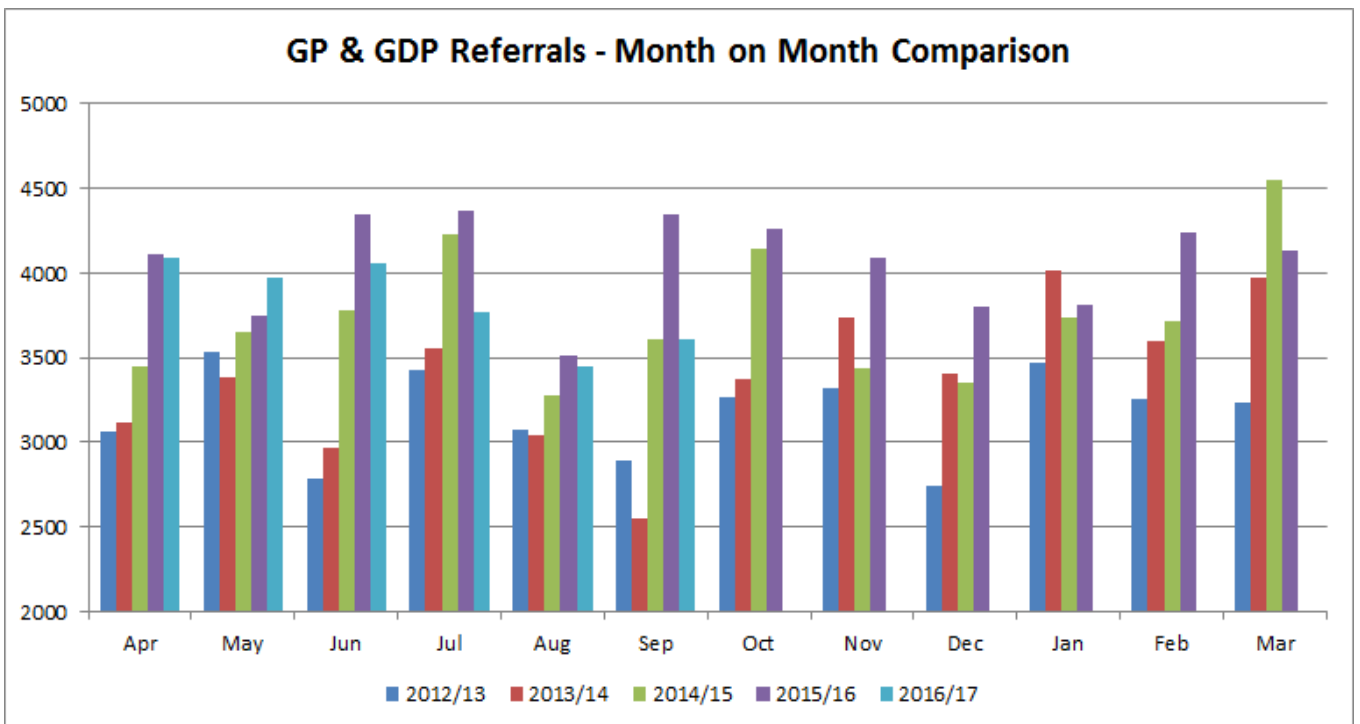
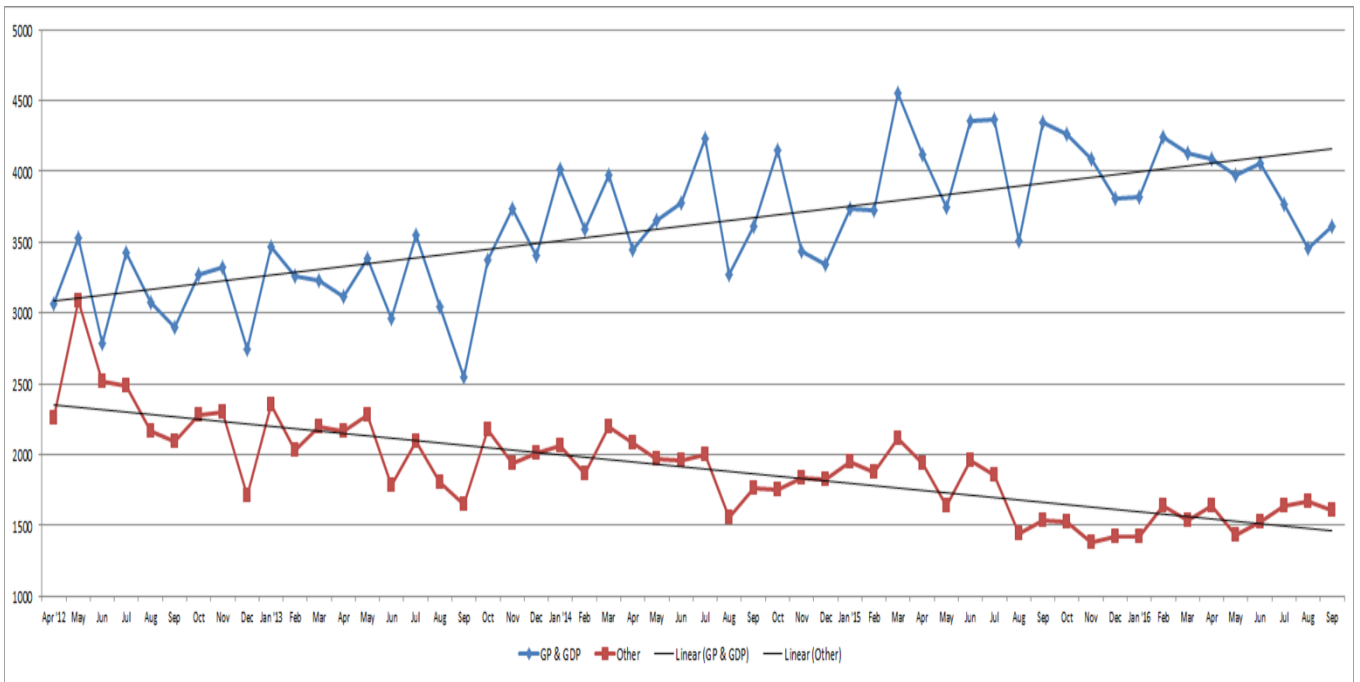
2. CCG ASSURANCE

- 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 2016/17. 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.

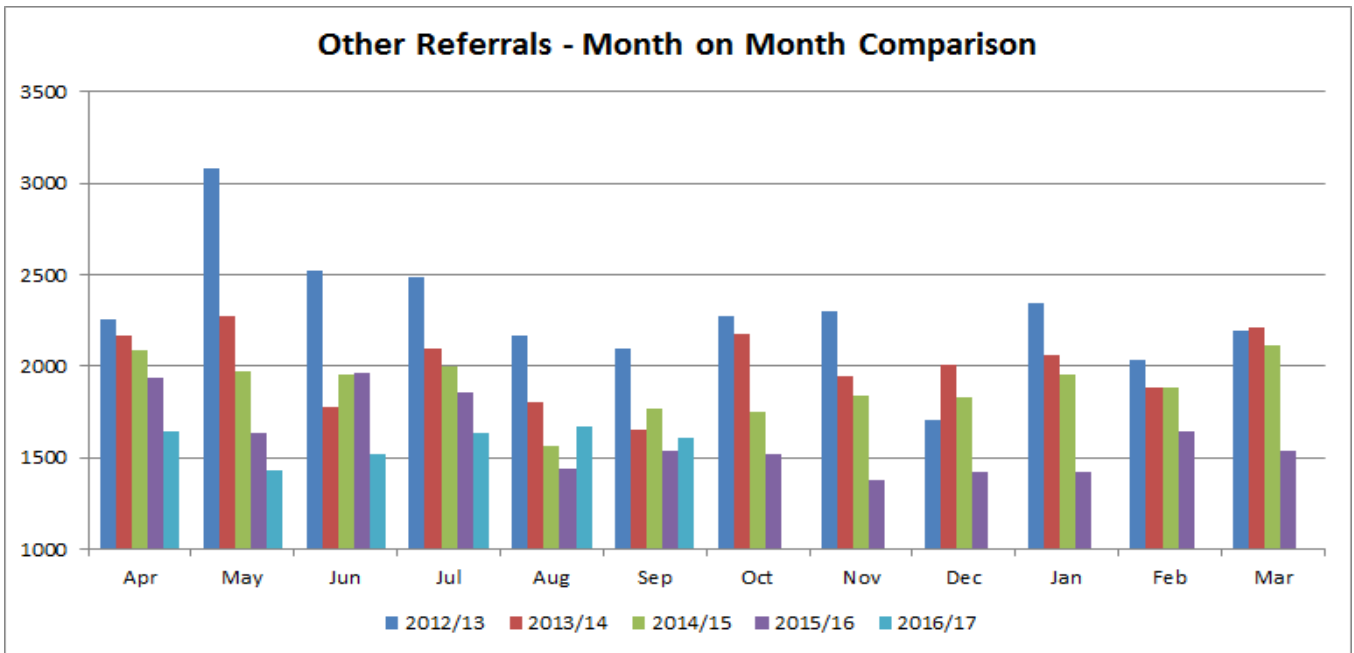


3. CURRENT CCG PERFORMANCE

Referrals GP/GDP referrals to TFT only have decreased during the month of September 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.

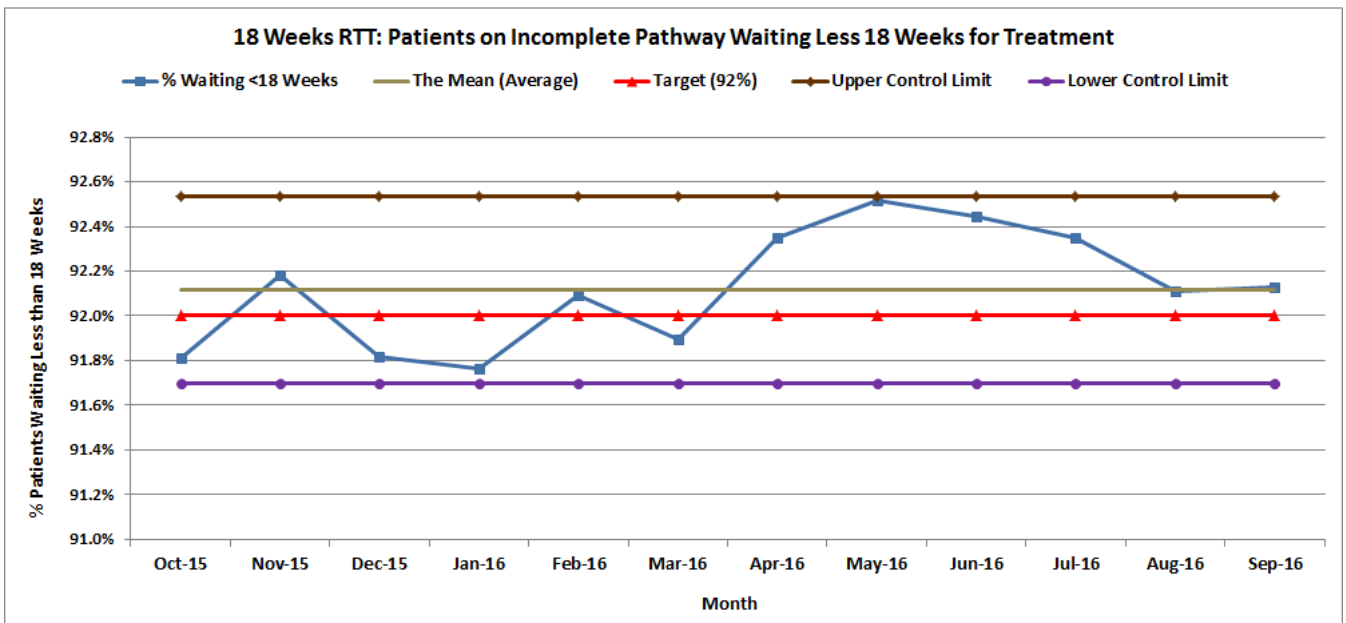


3.2 Other referrals (TFT only) have increased during the month of September compared to the same period last year. The general trend has been decreasing.



Elective Care – please note the September position is the latest available data

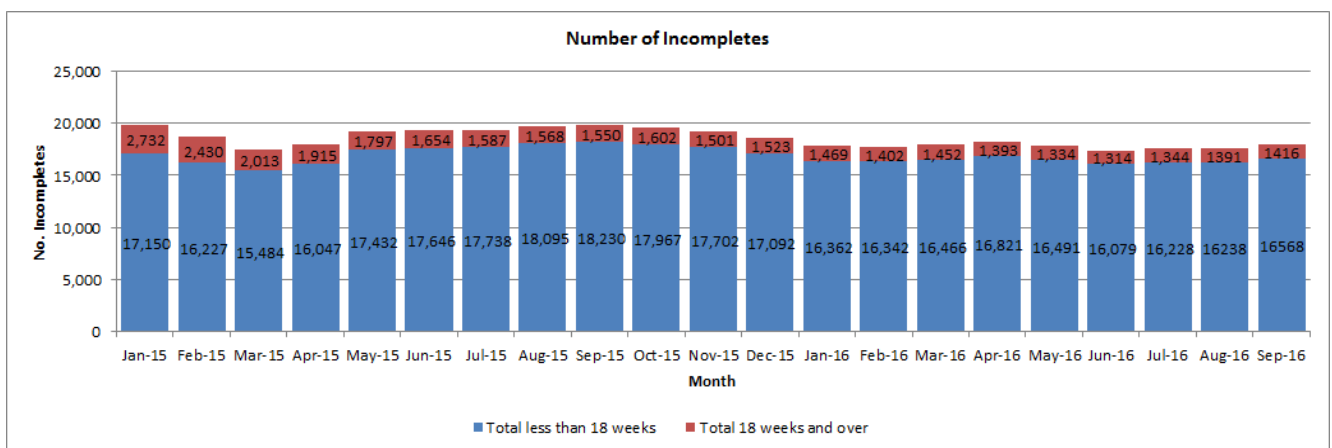
3.3 In September the CCG achieved the incompletes standard at 92.35% and THFT continued to achieve at 93.06%. The National RTT stress test demonstrates the trust are continuing to reduce the risk of failing RTT, this will have a positive impact on CCG performance.



	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%
Aug	92.1%	93.0%
Sept	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.



Weeks Wait	T&G Patients at all Providers																				
	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	Sep-16
52+ Weeks	29	18	6	6	5	1	1	0	1	2	0	1	0	2	0	1	0	0	1	1	0
40+ Weeks (inc. 52+)	149	118	90	126	101	92	61	45	39	30	28	42	47	51	49	34	31	24	28	35	44
28-40 Weeks	680	642	512	525	486	422	307	300	307	272	295	341	339	255	245	265	274	251	243	274	276
18-27 Weeks	1903	1670	1411	1264	1210	1140	1219	1223	1204	1300	1178	1140	1083	1096	1158	1094	1029	1039	1073	1082	1096
14-17 Weeks	2395	1959	1884	1254	1828	1987	1890	2039	2242	2288	2038	2051	2191	1930	1836	1424	1670	1591	1415	1546	1697
0-13 Weeks	14755	14268	13600	14793	15604	15659	15848	16056	15988	15679	15664	15041	14171	14412	14630	15397	14821	14488	14813	14692	14871
Total	19882	18657	17497	17962	19229	19300	19325	19663	19780	19569	19203	18615	17831	17744	17918	18214	17825	17393	17572	17629	17984

3.5 There were no patients waiting more than 52 weeks for treatment.

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 28 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	89.72%	16.49	↑
Cardiothoracic Surgery	92.98%	11.40	↑
Dermatology	95.56%	14.64	↓
Ear, Nose & Throat (ENT)	94.14%	12.83	↓
Gastroenterology	93.32%	9.71	↑
General Medicine	92.38%	13.67	↓
General Surgery	93.92%	8.77	↑
Geriatric Medicine	84.62%	13.00	↑
Gynaecology	92.90%	11.65	↑
Neurology	100.00%	8.00	
Neurosurgery	88.89%	6.55	↑
Ophthalmology	97.34%	8.87	↓
Plastic Surgery	85.78%	11.83	↑
Rheumatology	93.20%	9.80	↓
Thoracic Medicine	83.67%	11.36	↓
Trauma & Orthopaedics	90.69%	14.24	↑
Urology	86.59%	10.82	↓
Other	91.17%	11.57	↓
Total	92.13%	11.66	↑

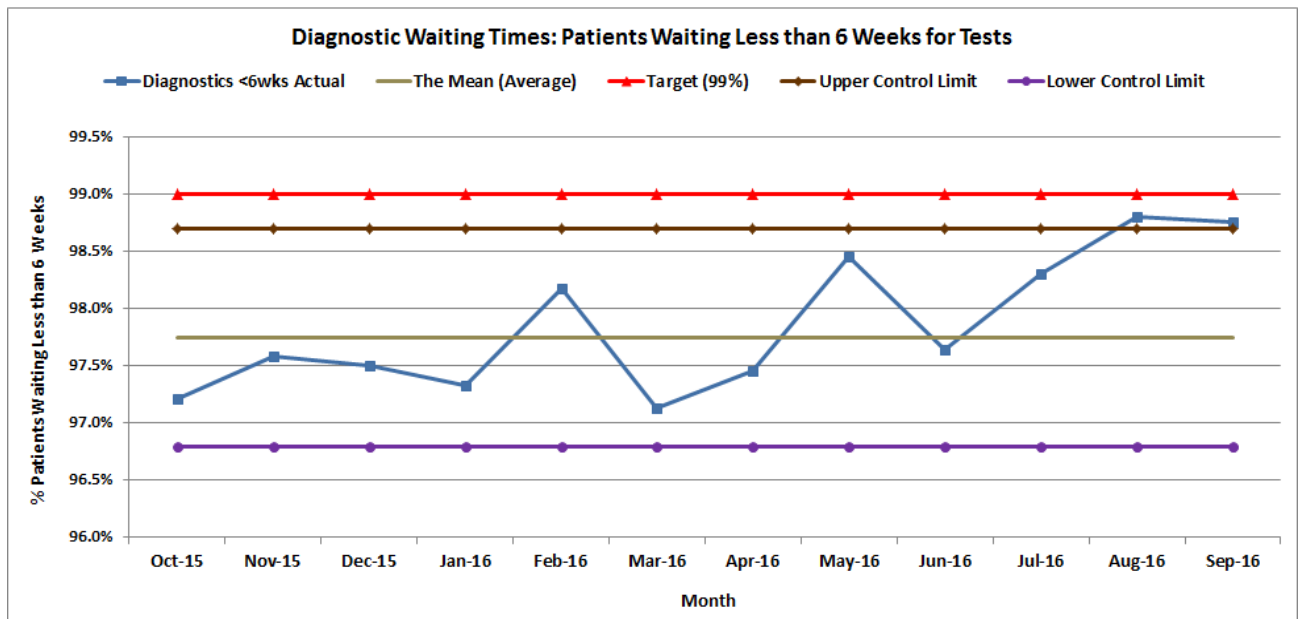
3.8

One of these are the specialities where THFT also failed the standard and still have a backlog. Whilst clearing the backlog for Gynaecology and Urology, Orthopaedics has reduced. Overall the backlog at THFT has decreased by 47.

Specialty	Incomplete Performance	> 18 Weeks	< 18 Weeks	Total	Sept emb er Backlog	Aug ust Backlog	July Bac klog	Jun e Bac klog	May Bac klog	Apr Bac klog	Mar Bac klog	Feb Backlog	Jan Backlog	Dec Backlog	Nov Backlog	Oct Backlog	Sept Backlog	Augu st Backlog
General Surgery	94.22%	132	2151	2283												10	40	70
Urology	92.89%	45	588	633		15	9	7	7	30	30	40	20	5	25	10		
Orthopaedics	87.62%	236	1670	1906	84	92	100	100	100	89	120	130	140	160	150	180	210	210
ENT	93.47%	64	916	980														
Ophthalmology	99.40%	3	500	503														
Oral Surgery	92.01%	43	495	538			2											
Neurosurgery	93.75%	1	15	16		1		2	1									
Plastic Surgery	94.00%	3	47	50		2	2	1							7	30	15	
Adult Medicine	92.15%	71	834	905														
Gastroenterology	93.12%	51	690	741									6					
Cardiology	92.04%	82	948	1030									6		30			
Dermatology	96.00%	43	1032	1075						9						10	40	40
Rheumatology	94.24%	11	180	191														
Gynaecology	92.20%	86	1016	1102		21	40	44	50	70	60	25						
Other	95.94%	61	1441	1502														
Trust	93.07%	932	12523	13455	84	131	142	155	160	176	210	190	180	192	193	255	315	320

Diagnostics- please note the September position is reported in this update

3.9 In September we failed the diagnostic standard at 1.24% 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.



Financial Year		2016 - 2017		Reporting Month		September		Choose Trust		All			
Diagnostic Waiting - All Providers													
All Providers		July 2016				August 2016				September 2016			
		# Waiting < 6 w weeks	# Waiting 6-13 w weeks	# Waiting >13 w weeks	% Waiting > 6 w weeks	# Waiting < 6 w weeks	# Waiting 6-13 w weeks	# Waiting >13 w weeks	% Waiting > 6 w weeks	# Waiting < 6 w weeks	# Waiting 6-13 w weeks	# Waiting >13 w weeks	% Waiting > 6 w weeks
Endoscopy	THFT	507	0	0	0.0%	527	6	0	1.1%	581	2	2	0.7%
	CMMC	44	1	3	8.3%	50	5	1	10.7%	73	7	0	8.8%
	Pennine Acute	10	4	0	28.6%	8	2	3	38.5%	7	1	1	22.2%
	Salford	2	1	0	33.3%	4	0	0	0.0%	2	0	0	0.0%
	South M.c.	5	0	0	0.0%	7	0	0	0.0%	5	0	0	0.0%
	Stockport	23	1	0	4.2%	20	0	1	4.8%	20	1	1	9.1%
	Ashton Primary Care Centre	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Care UK	11	0	0	0.0%	8	0	0	0.0%	13	0	0	0.0%
	Other	4	1	0	20.0%	3	0	0	0.0%	3	0	0	0.0%
	Total	606	8	3	1.8%	627	13	5	2.8%	704	11	4	2.1%
Non-Endoscopy	THFT	2677	31	0	1.1%	2475	18	5	0.9%	2354	24	2	1.1%
	CMMC	313	4	4	2.6%	339	2	3	1.5%	378	4	3	1.8%
	Pennine Acute	73	0	0	0.0%	44	0	0	0.0%	82	0	0	0.0%
	Salford	149	0	0	0.0%	157	0	0	0.0%	169	1	0	0.6%
	South M.c.	58	1	0	1.7%	88	0	0	0.0%	88	0	0	0.0%
	Stockport	171	0	0	0.0%	170	0	0	0.0%	183	0	0	0.0%
	Ashton Primary Care Centre	32	0	0	0.0%	13	0	0	0.0%	38	0	0	0.0%
	Care UK	524	24	0	4.4%	601	8	0	1.3%	591	9	0	1.5%
	Other	68	6	0	8.1%	89	1	1	2.2%	39	0	0	0.0%
	Total	4065	66	4	1.7%	3976	29	9	0.9%	3902	38	5	1.1%
Overall Position	4671	74	7	1.70%	4603	42	14	1.20%	4606	49	9	1.24%	

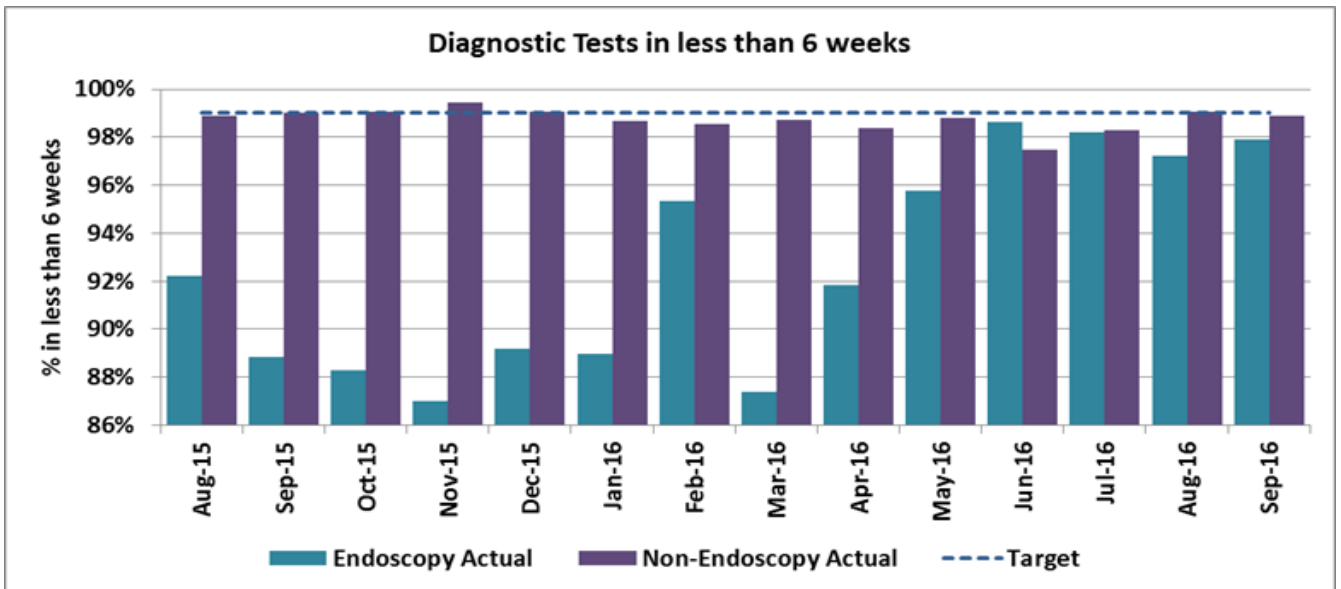
3.10 This means we failed every month last year and continue to fail this year, but there has been an increase in performance in April and May. June's performance deteriorated due to Care UK. July's and August performance has increased. There has been a slight decrease in performance in September.

3.11 At the end of September 58 patients were waiting 6 weeks and over for a diagnostic test, 9 of which were over 13 weeks. 14 were at Central Manchester Trust.

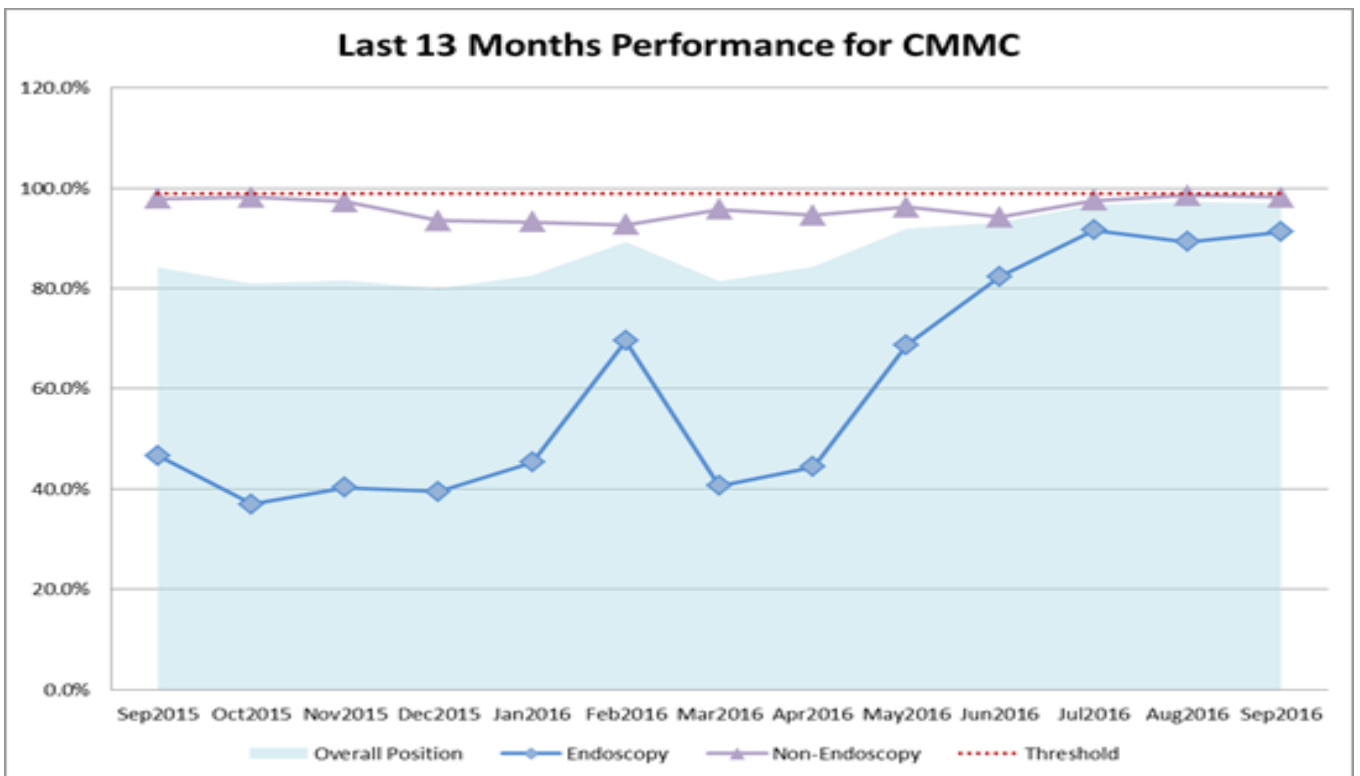
Provider	Test	Total 6-13 weeks	13+ Weeks
CMMC	Total	11	3
	Cardiology - echocardiography	2	3
	Colonoscopy	4	0
	Flexi sigmoidoscopy	1	0
	Gastroscopy	2	0
	Magnetic Resonance Imaging	2	0
Pennine Acute	Total	1	1
	Colonoscopy	1	0
	Gastroscopy	0	1
Salford	Total	1	0
	Magnetic Resonance Imaging	1	0
Stockport	Total	1	1
	Colonoscopy	1	1
THFT	Total	26	4
	Audiology - Audiology Assessments	17	2
	Colonoscopy	1	2
	Computed Tomography	5	0
	Gastroscopy	1	0
	Neurophysiology - peripheral neurophysiology	2	0
Care UK	Total	9	0
	Audiology - Audiology Assessments	1	0
	Computed Tomography	1	0
	Magnetic Resonance Imaging	7	0
Total	49	9	

3.12 The backlog in endoscopy appears to have decreased and now accounts for 26% 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		July 2016				August 2016				September 2016			
		# Waiting < 6 w weeks	# Waiting 6-13 w weeks	# Waiting >13 w weeks	% Waiting > 6 w weeks	# Waiting < 6 w weeks	# Waiting 6-13 w weeks	# Waiting >13 w weeks	% Waiting > 6 w weeks	# Waiting < 6 w weeks	# Waiting 6-13 w weeks	# Waiting >13 w weeks	% Waiting > 6 w weeks
Endoscopy	Colonoscopy	256	5	3	3.0%	270	3	3	2.2%	314	7	3	3.1%
	Cystoscopy	45	0	0	0.0%	51	0	0	0.0%	51	0	0	0.0%
	Flexi sigmoidoscopy	79	0	0	0.0%	75	1	0	1.3%	89	1	0	1.4%
	Gastroscopy	228	3	0	1.3%	231	9	2	4.5%	270	3	1	1.5%
	Total	606	8	3	1.8%	627	13	5	2.8%	704	11	4	2.1%
Non-Endoscopy	Audiology - Audiology Assessments	433	29	0	6.3%	345	18	5	6.3%	253	18	2	7.3%
	Barium Enema	0	0	0	0.0%	0	0	0	0.0%	2	0	0	0.0%
	Cardiology - echocardiography	407	1	3	1.0%	473	0	3	0.6%	519	2	3	1.0%
	Cardiology - electrophysiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Computed Tomography	781	0	0	0.0%	695	3	0	0.4%	703	6	0	0.8%
	DEXA Scan	78	0	0	0.0%	58	0	0	0.0%	77	0	0	0.0%
	Magnetic Resonance Imaging	1146	27	0	2.3%	1226	6	0	0.5%	1265	10	0	0.8%
	Neurophysiology - peripheral neurophysiology	160	7	0	4.2%	189	1	1	1.2%	109	2	0	1.8%
	Non-obstetric ultrasound	1031	2	0	0.2%	986	1	0	0.1%	948	0	0	0.0%
	Respiratory physiology - sleep studies	23	0	0	0.0%	24	0	0	0.0%	19	0	0	0.0%
	Urodynamics - pressures & flows	6	0	1	14.3%	2	0	0	0.0%	7	0	0	0.0%
Total	4065	66	4	1.7%	3976	29	9	0.9%	3902	38	5	1.1%	
Overall Position	4671	74	7	1.70%	4603	42	14	1.20%	4606	49	9	1.24%	

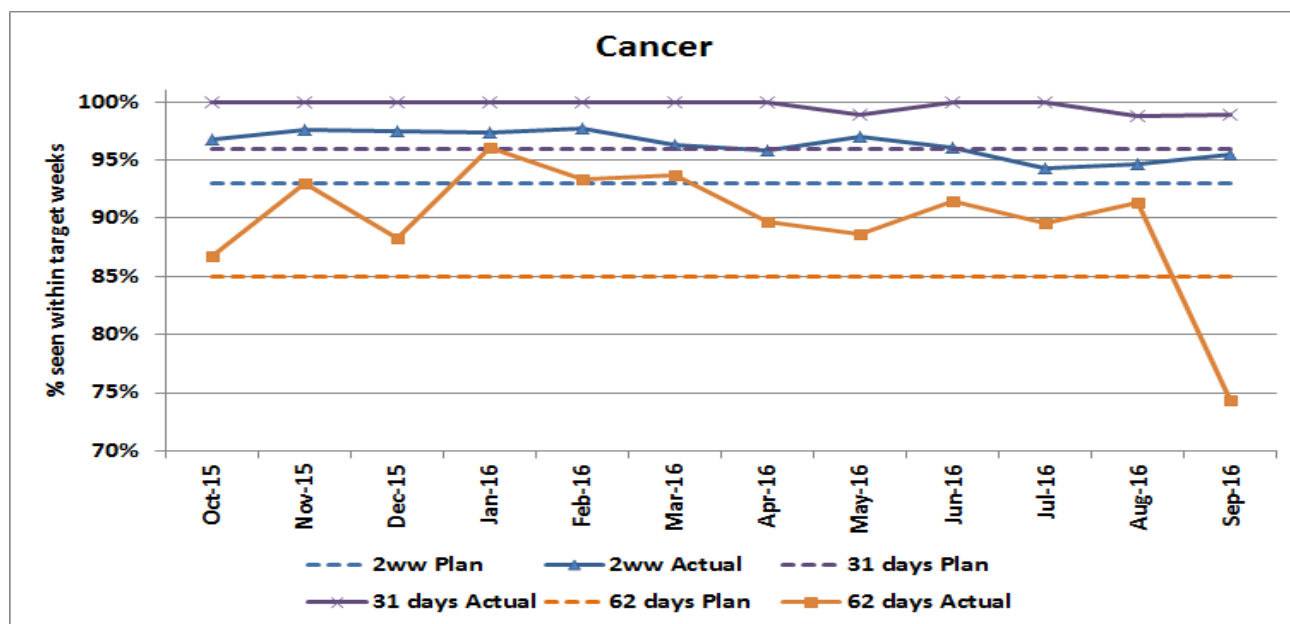


3.13 THFT performance in endoscopy has stayed the same as last month and Central Manchester showing an increase in performance.



Cancer- please note the September position is reported in this update

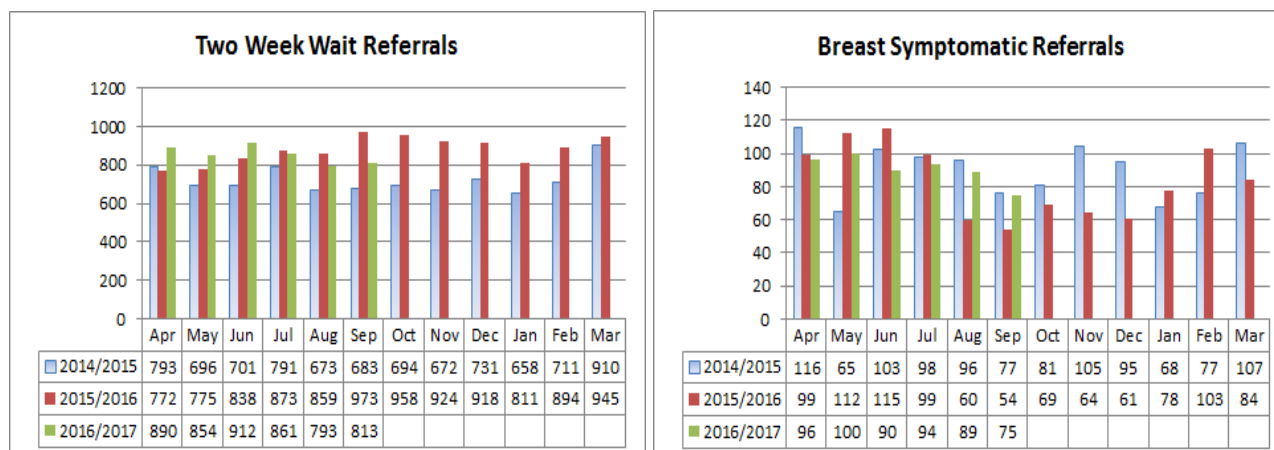
3.14 We achieved all the standards In September and achieved all standards in Quarter 2 apart from consultant upgrade.



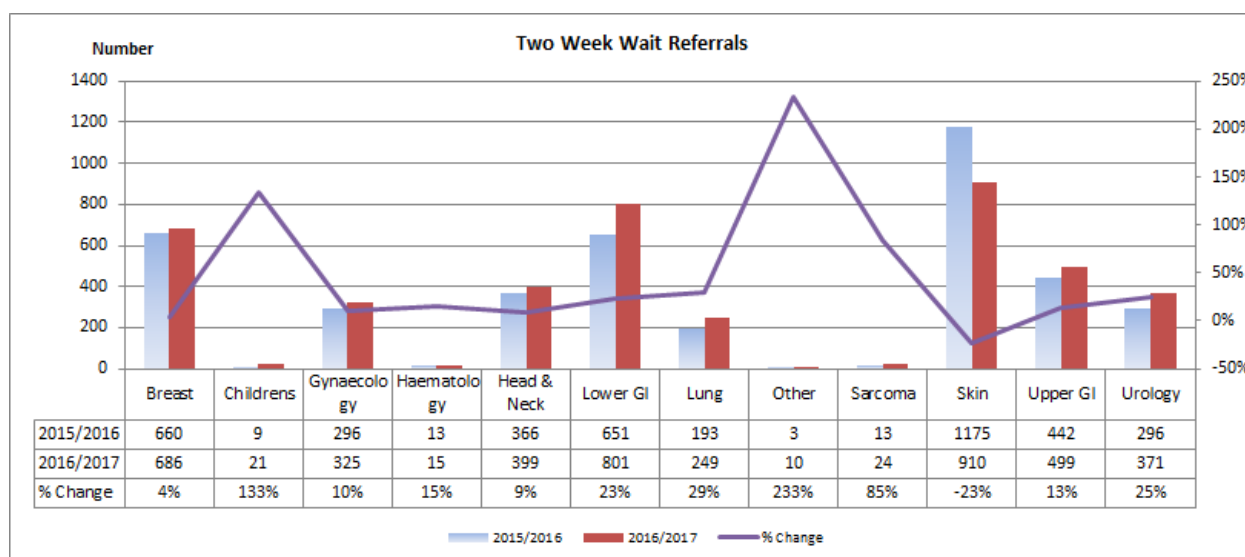
3.15 Our full performance is shown below with all standards achieved. Quarter 2 standards achieved apart from 62 day consultant upgrade.

Indicator Name	Standard	Performance									No. of patients not receiving care within standard in September
		March 15/16	April 16/17	May 16/17	June 16/17	Q1 16/17	July 16/17	August 16/17	September 16/17	Q2 16/17	
Cancer 2 week waits	93.00%	96.3%	95.82 %	97.07 %	96.12 %	96.34 %	94.32 %	94.64 %	95.43%	94.78 %	33
Cancer 2 week waits - Breast symptoms	93.00%	98.88 %	93.88 %	98.00 %	95.79 %	95.92 %	94.00 %	96.66 %	97.30%	95.85 %	2
Cancer 62 day waits - GP Referral	85.00%	93.75 %	89.66 %	88.64 %	91.49 %	90.00 %	89.58 %	91.30 %	74.36%	86.47 %	10
Cancer 62 day waits - Consultant upgrade	85.00%	88.24 %	83.33 %	86.67 %	94.44 %	88.24 %	82.35 %	100%	53.85%	82.98 %	6
Cancer 62 day waits - Screening	90.00%	100%	100%	100%	60.00 %	87.50 %	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 13th November.

3.19 THFT A&E performance is as below.

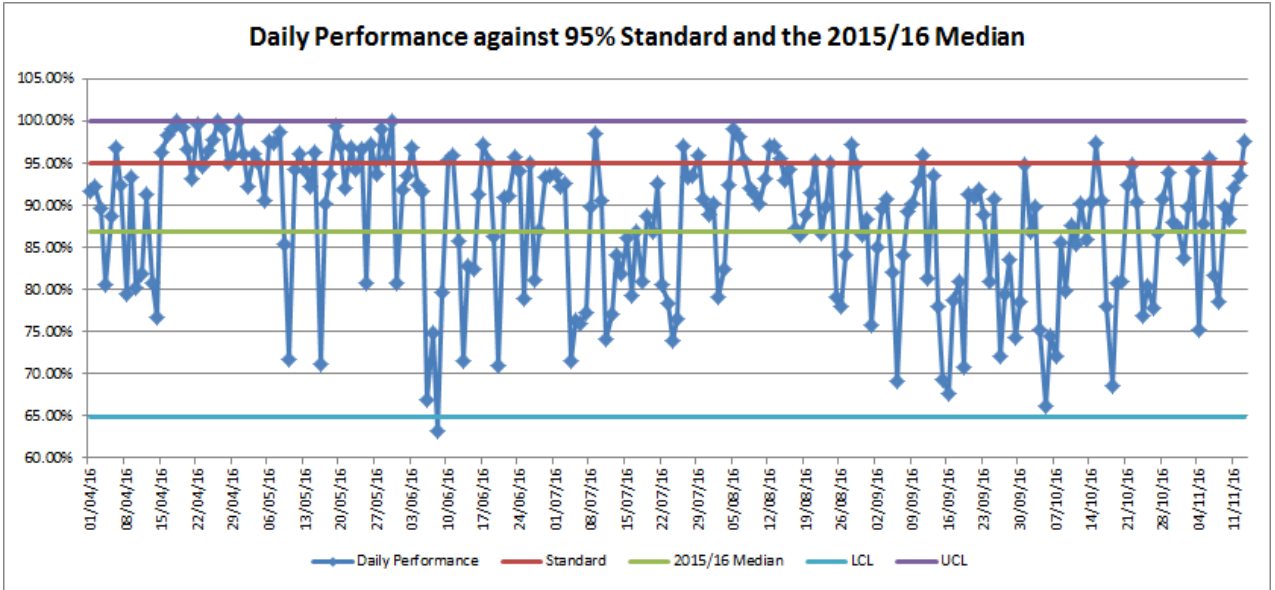
Apr-16	May-16	Jun-16	July-16	Aug-16	Sept-16	Oct-16
92.46%	92.16%	86.61%	84.98%	90.48%	82.74%	84.05%

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 13th has not achieved the standard.

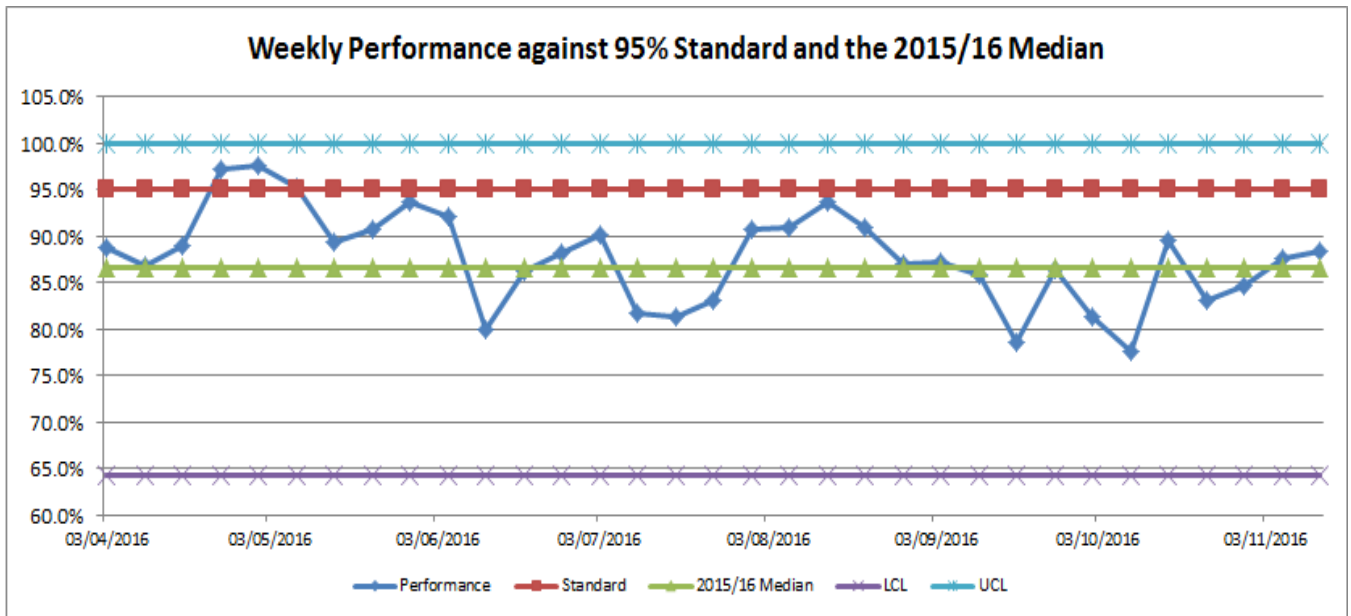
	Financial Year to 13 November 16	April 2016/17	May 2016/17	June 2016/17	July 2016/17	August 2016/17	September 2016/17	October 2016/17	Nov to 13 th 2016/17
Wigan	90.47%	92.93%	90.30%	93.87%	89.67%	92.04%	91.97%	84.50%	86.85%
Salford	89.27%	92.52%	90.21%	94.05%	81.69%	89.80%	91.70%	87.27%	85.03%
Tameside	87.63%	92.46%	92.16%	86.61%	84.98%	90.48%	82.74%	84.10%	88.03%

Oldham	85.15%	86.89%	90.39%	86.58%	83.72%	88.64%	84.31%	77.58%	80.75%
Bury	84.19%	82.72%	84.74%	86.35%	82.90%	82.57%	87.58%	83.14%	82.51%
Bolton	83.34%	80.25%	81.29%	85.33%	81.94%	86.13%	87.03%	81.54%	83.78%
Stockport	79.12%	79.31%	81.59%	85.26%	81.51%	77.11%	71.17%	77.62%	79.16%
North Manchester	77.00%	80.20%	77.90%	75.11%	71.24%	83.27%	77.04%	77.30%	71.76%

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.



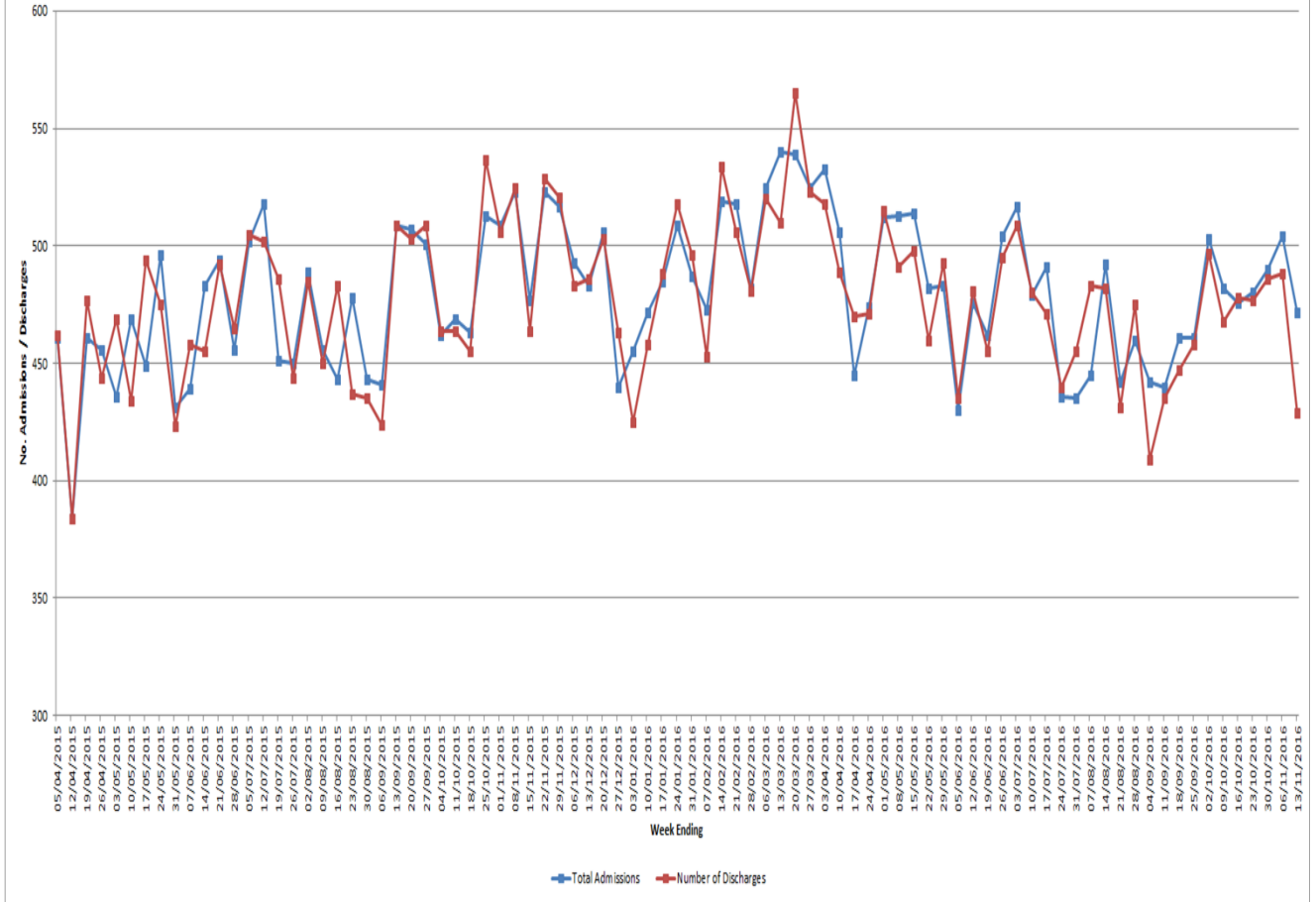
3.23 There has previously been considerable variation on a daily basis with no clear reason, but more recently that has stabilised. During April the standard was achieved but May, June, July, August and September has seen a drop in performance.

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 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	w/e 16-Oct	w/e 23-Oct	w/e 30-Oct	w/e 06-Nov	Cumulative
Awaiting bed	34	15	51	54	72	38	91	70	120	103	56	89	61	59	4216
Specialty Delay	20	18	17	19	14	18	54	13	29	37	15	33	16	14	1327
Delayed Medical Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	1	511
Other	8	2	4	2	5	1	11	8	9	13	37	11	12	6	749
Late First Assessment	61	27	39	85	77	136	174	99	102	191	48	124	124	96	5986
Clinical	9	24	20	20	20	20	17	20	26	25	12	13	27	17	1118
CT Delay	1	4	1	1	1	5	4	4	3	0	2	6	1	2	212
Late Referral to Specialty	0	2	8	13	1	8	10	10	9	11	3	6	7	7	389
Seen after 4 hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23
Awaiting transport	4	2	1	3	4	3	3	3	9	4	2	4	1	4	254
Pathology Delay	0	1	0	1	0	2	0	2	0	0	0	2	0	2	70
XR Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21
Unknown	0	0	0	0	0	0	0	0	0	1	0	0	0	0	85
Total	137	95	141	198	194	231	364	229	307	385	175	288	249	208	14961

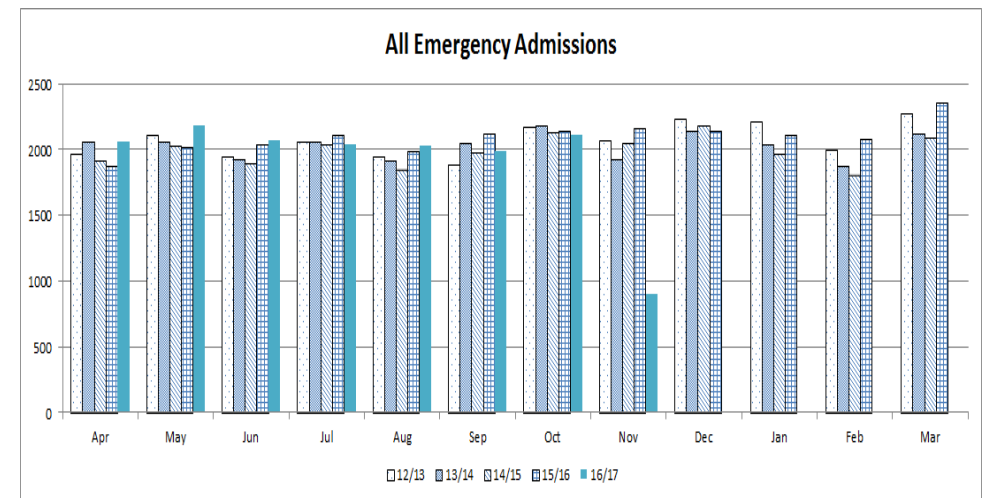
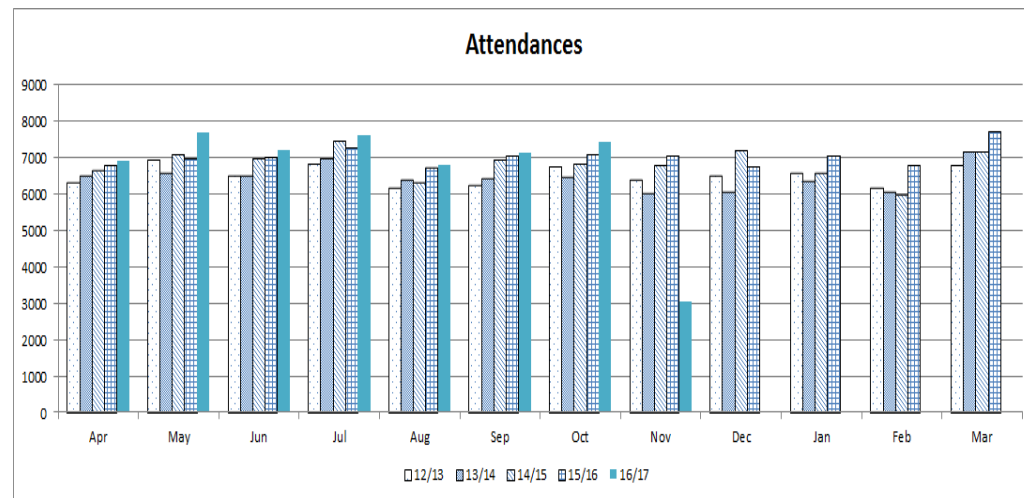
3.25 We frequently have fewer emergency discharges than emergency admissions and so routinely have to escalate discharge to manage the daily demand. Darnton House has been open a while now and second floor opened 16 beds.

Total Emergency Admissions Vs Number of Discharges at Tameside General Hospital



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.

	Variance							% variance														
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	
A&E Attendances	6892	7680	7182	7608	6799	7109	7394	104	715	155	347	62	72	313	1.5%	10.3%	2.2%	4.8%	0.9%	1.0%	4.4%	
4 hour Breaches	520	601	967	1143	647	1227	1179	-405	156	503	547	-83	364	-50	-43.8%	35.1%	108.4%	91.8%	-11.4%	42.2%	-4.1%	
% Seen within 4 hours	92.46%	92.17%	86.54%	84.98%	90.48%	82.74%	84.05%															
Admissions via A&E	1761	1883	1767	1775	1767	1705	1777	171	199	47	-16	86	-59	31	10.8%	11.8%	2.7%	-0.9%	5.1%	-3.3%	1.8%	
Other Emergency Admissions	302	305	299	263	267	280	336	9	-34	-23	-62	-40	-86	-60	3.1%	-10.0%	-7.1%	-19.1%	-13.0%	-23.5%	-15.2%	
All Emergency Admissions	2063	2188	2066	2038	2034	1985	2113	180	165	24	-78	46	-145	-29	9.6%	8.2%	1.2%	-3.7%	2.3%	-6.8%	-1.4%	
Discharges	2106	2088	2093	2018	2049	1899	1985	186	80	50	-142	103	-206	-193	9.7%	4.0%	2.4%	-6.6%	5.3%	-9.8%	-8.9%	



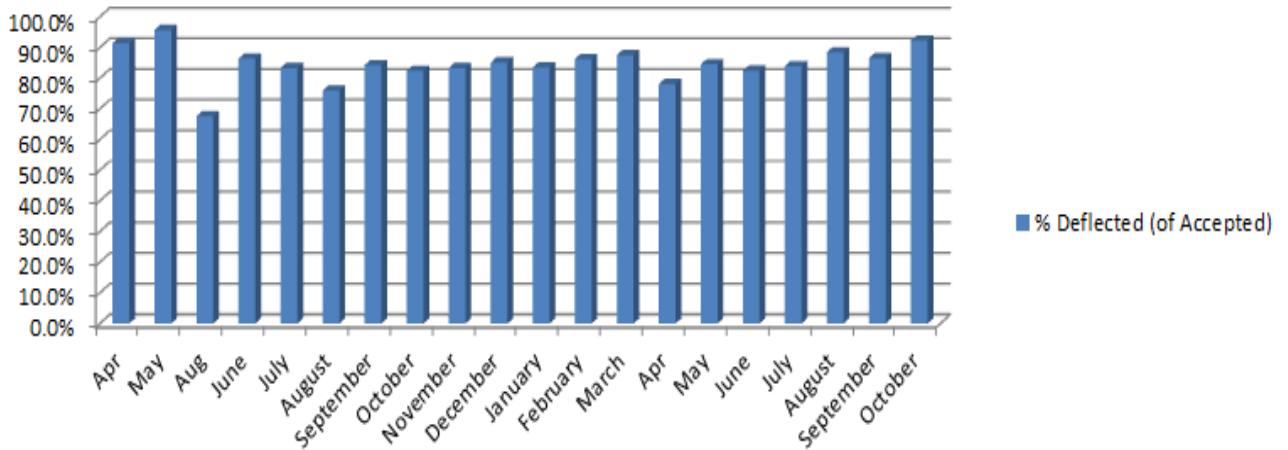
3.27 Since September 2015 there has been considerable variation in the numbers of attendances and admissions and breaches have risen significantly. During April this had stabilised and breaches had reduced, which now look to have increased during May, June, July August and September.

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
16 Oct	1658	181	89.1%	398	78	476
23 Oct	1691	290	82.9%	410	70	480
30 Oct	1616	249	84.6%	396	96	492
06 Nov	1681	212	87.4%	418	85	503
13 Nov	1630	190	88.3%	398	74	472

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

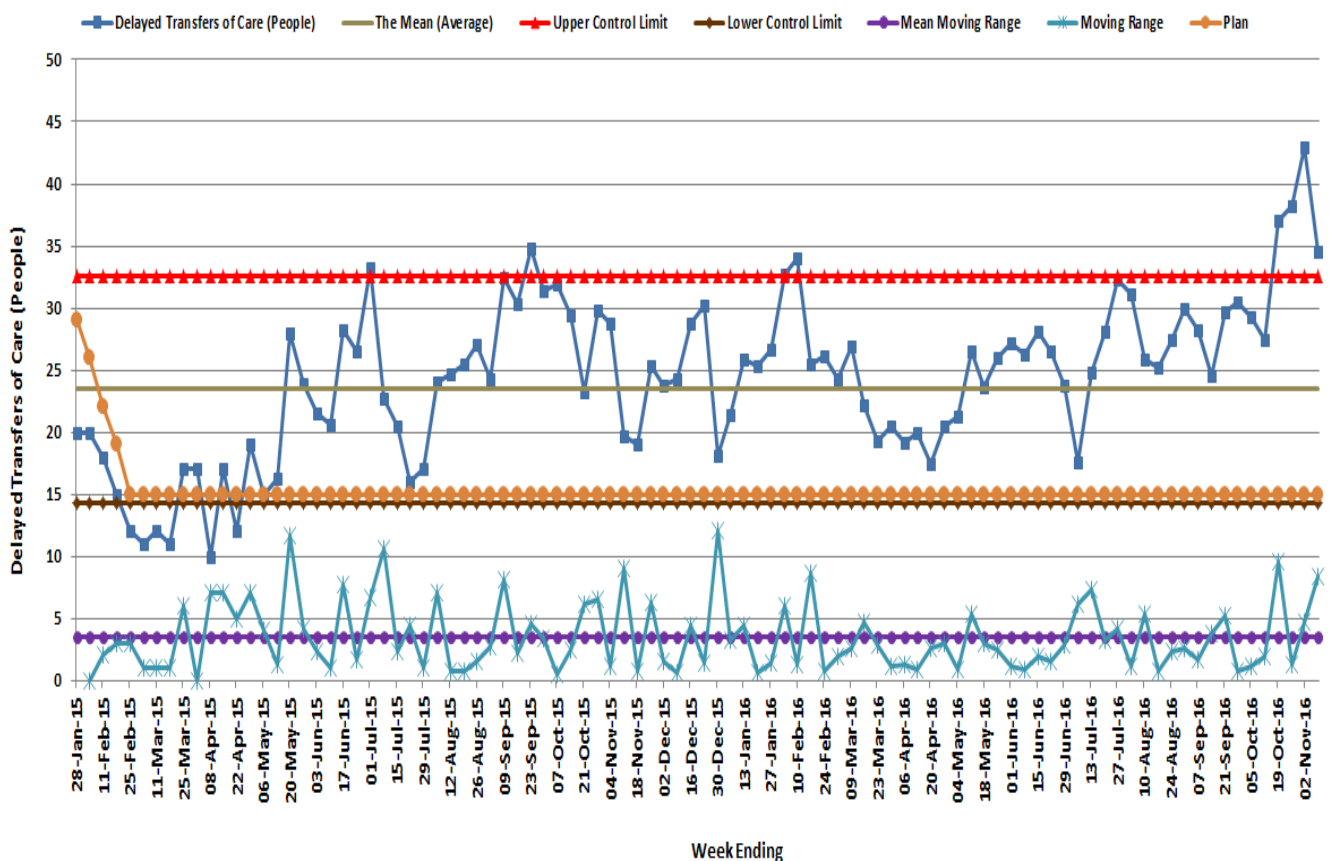
	April	May	June	July	August	September	October	November to 13th
Referrals	198	183	178	221	190	188	214	66
Accepted	196	183	177	220	190	188	213	66
Red Refusals to Hospital also seen	18	15	17	27	34	25	32	6
Deflected	139	142	132	162	138	141	167	55
Accepted %	99.0	100	99.4	99.5	100	100	99.5	100
% Deflected (of Referrals)	78.1	85	82.5	83.9	88.5	86.5	92.3	92
% Deflected (of Accepted)	78.1	85	82.5	83.9	88.5	86.5	92.3	92

Usage of the Alternative to Transfer service 2015 and 2016



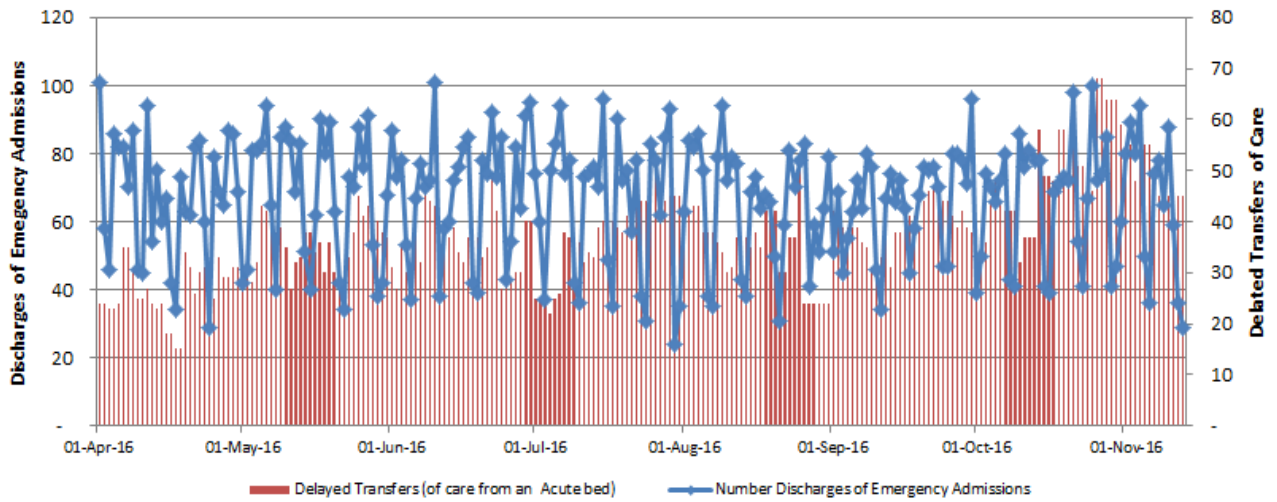
3.29 The number of Delayed Transfers of Care (DTOC) recorded has increased recently.

Delayed Transfers of Care (People)

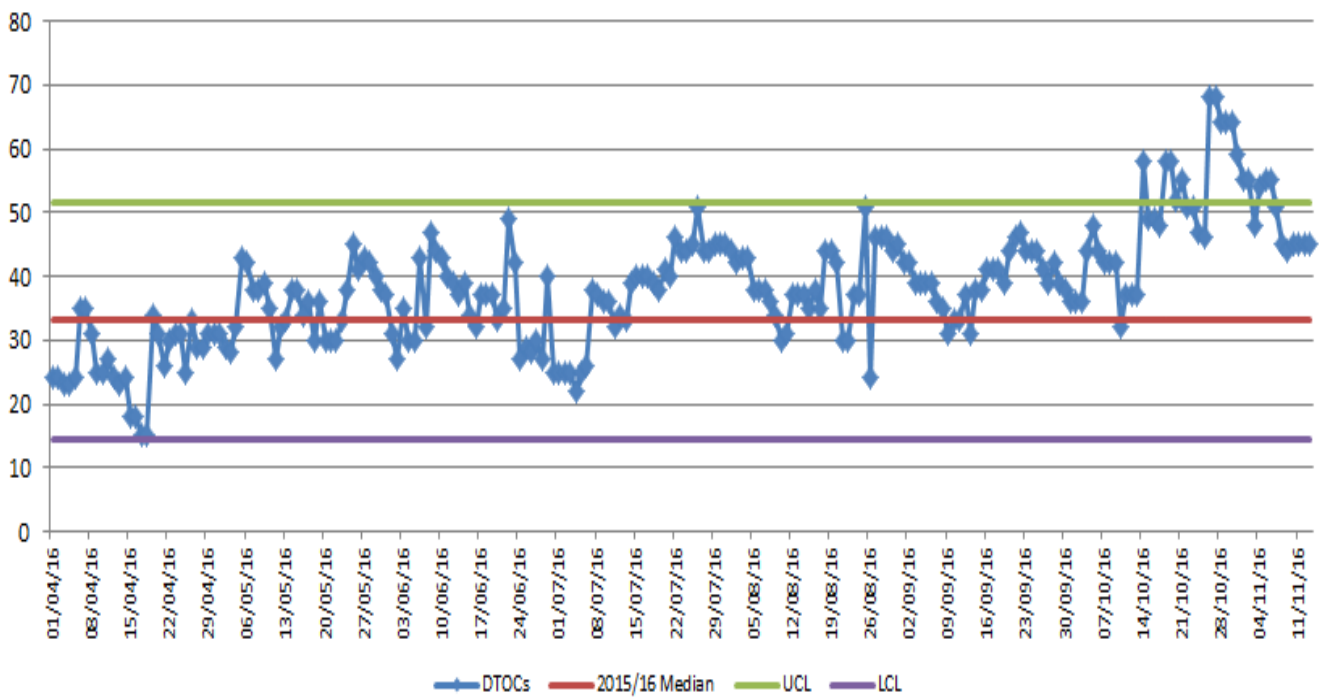


3.30 Reducing DTOC and the level of variation day by day is a key aspect of the improvement plan with Integrated Urgent Care Team designed to significantly impact on bed availability by improving patient flow out of the hospital and avoiding admissions. This should deliver a culture of 'Discharge to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

Number of Discharges/Delayed Transfers of Care

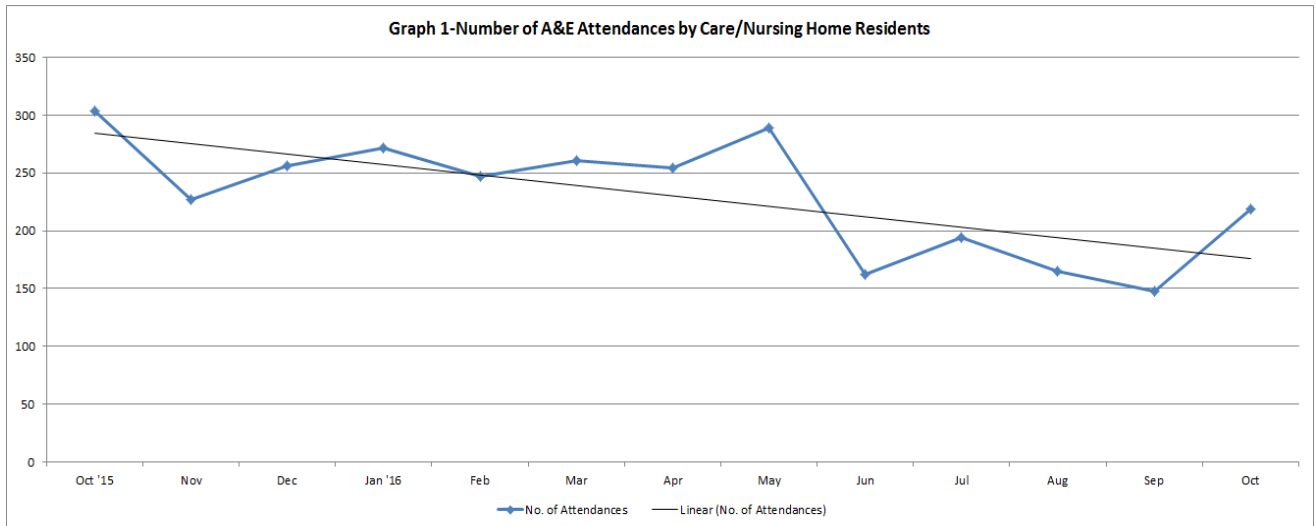


Daily Delayed Transfers of Care (DTOCs) Compared to the 2015/16 Median

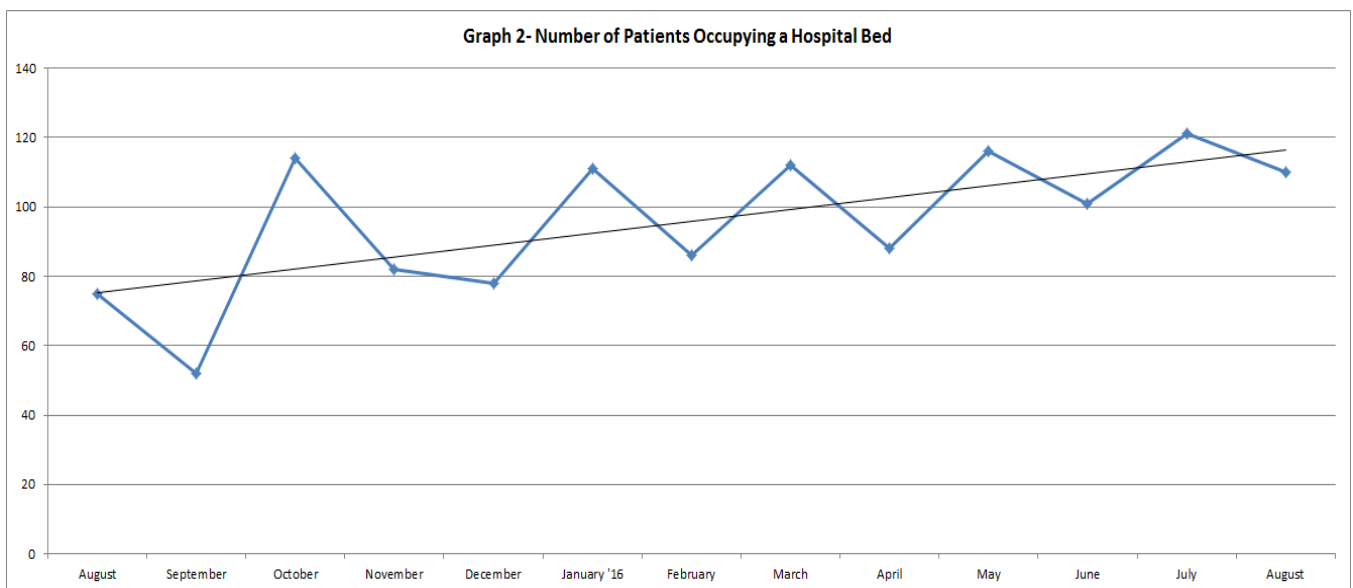


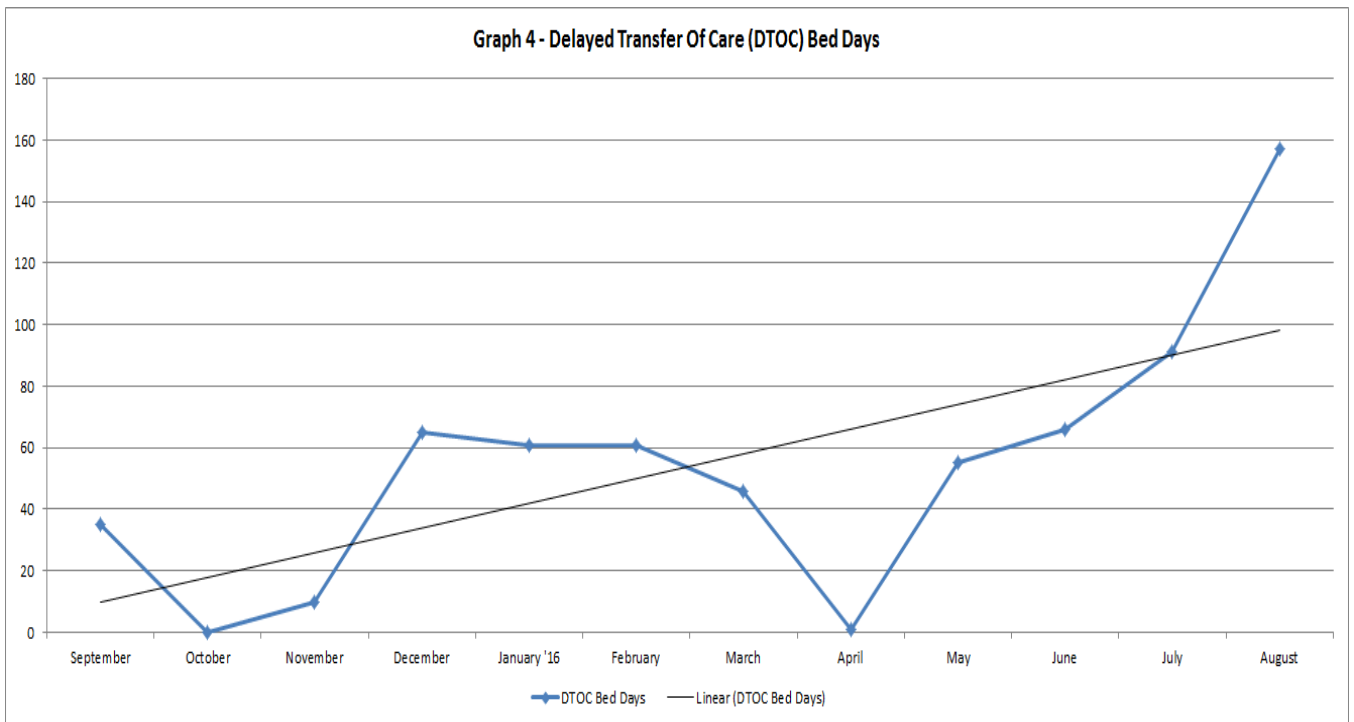
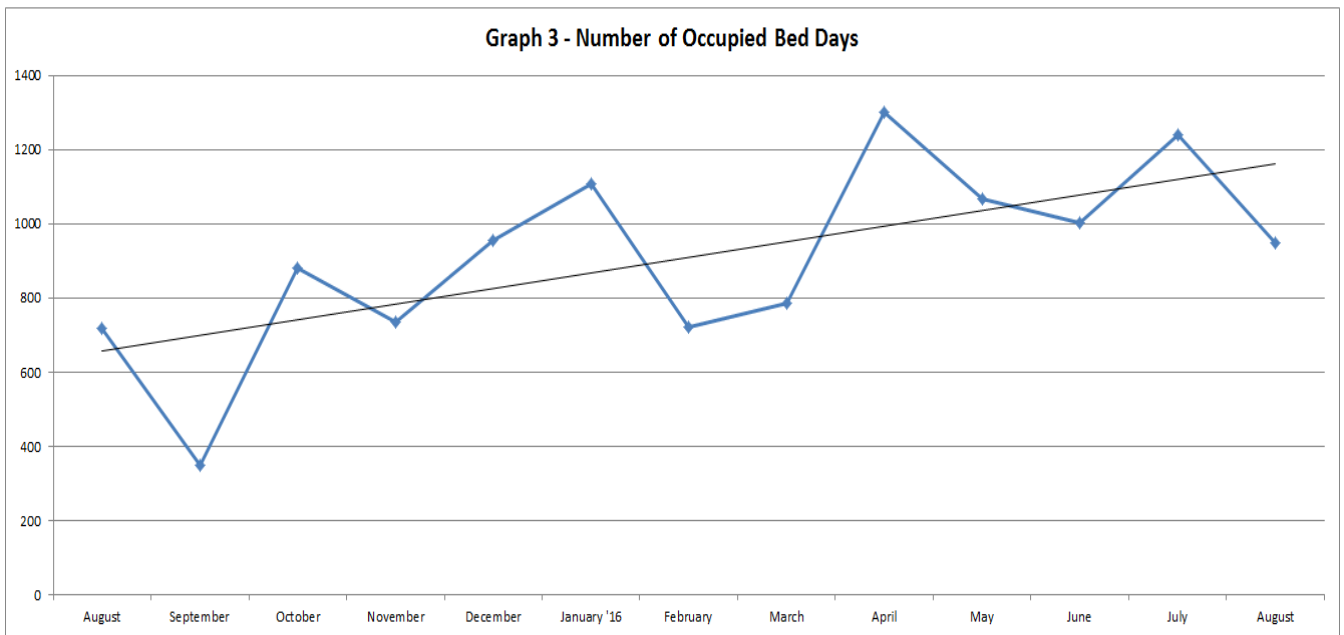
Care Homes

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.

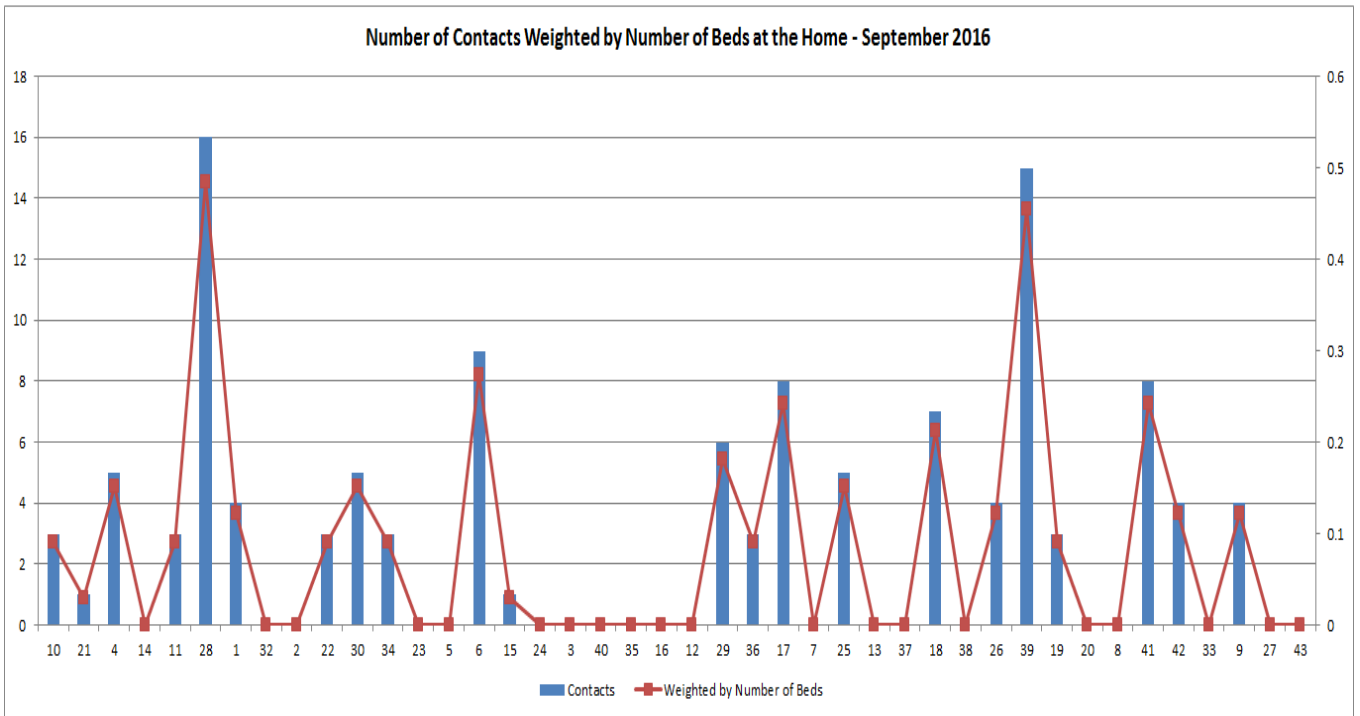
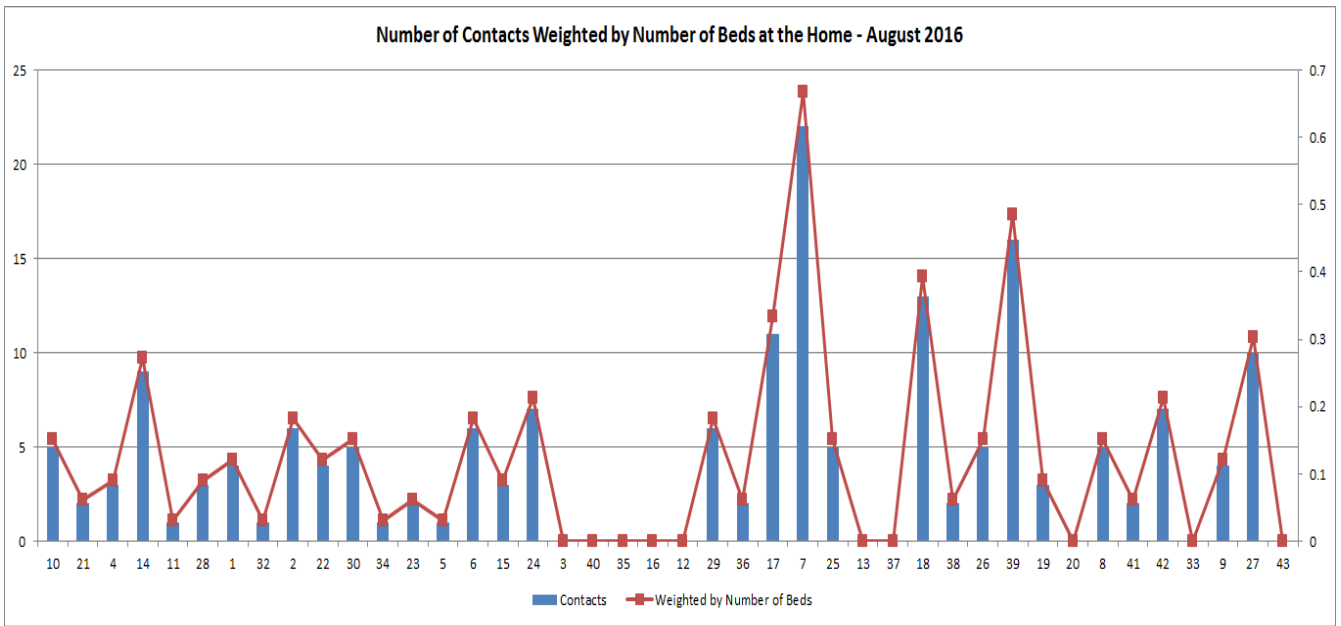


3.32 Over the period Oct 15 to Oct 16 it would appear that the number of A&E attendances (Graph 1) by care home residents has decreased, however it would appear the number of occupied bed days in the chart below has increased (Graph 2). What is more concerning is not only do patients admissions appear to have increased, the length of time (Graph 3) the care home resident is remaining in the acute trust after being deemed to be medically fit has increased significantly (Graph 4). This data has been shared with both the chair of Emergency Care Network and A&E delivery board.





3.33 Go To Doc-In the previous board report we made reference to the importance of the data being analysed by those who understand the care home market. The Charts below highlight an example of this in that on first consideration care home 39 would appear to be a very high user of the go to doc service, however what the data doesn't tell you is that the care home provider has a block contract agreement for spot purchase beds with our local T&G ICFT who commission go to doc to provide the medical cover to those patients.



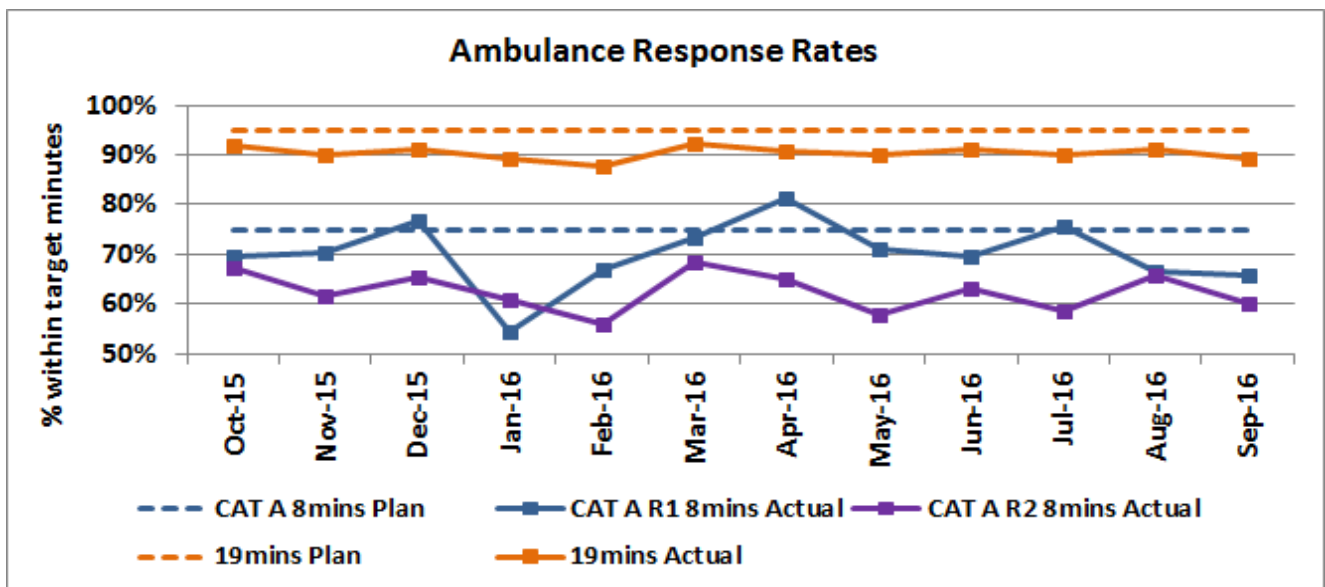
3.34 The care home steering group meets monthly and has access to the full dataset from the urgent care partners. This section will be subject to review as the care home steering group identifies where the priorities within the urgent care system that supports care homes.

3.35 CQC Inspection published in October 2016.

Care Homes with nursing	Outstanding	Good	Requires Improvement	Inadequate	Comments
none					
Care Homes	Outstanding	Good	Requires Improvement	Inadequate	Comments
St Lawrences Lodge	0	0	1	0	Overall: Requires Improvement TMBC supporting home to improve.
PENNINE CARE CENTRE (Glossop)	0	0	1	0	Overall: Requires Improvement On-going support being given by Derbyshire Council. Monitoring visit due Nov 16

Ambulance – please note position reported is September

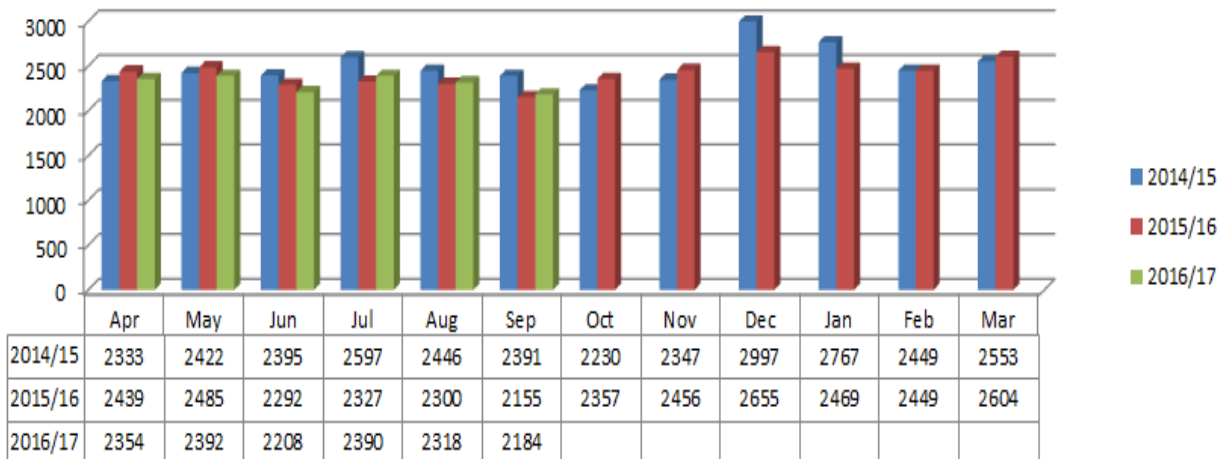
3.36 In August 2016 the CCG failed to achieve the response rates locally with 65.85% for CAT A 8mins Red 1 , 60.03% for CAT A 8mins Red 2 and 89.12% for CAT A 19mins Red 2.



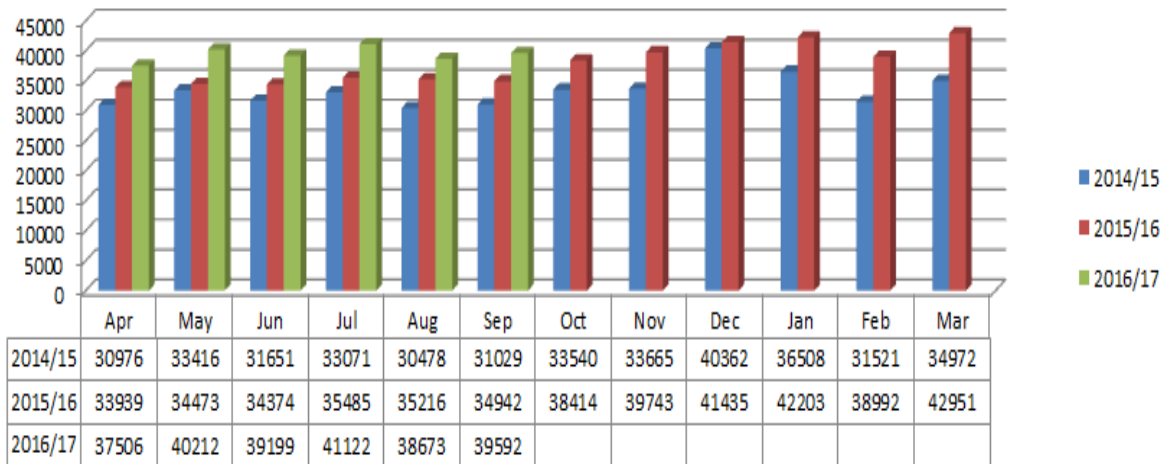
3.37 However, we are measured against the North West position which was 69.49% for CAT A 8mins Red 1; 61.75% for CAT A 8mins Red 2 and 89.04% for CAT A 19mins Red 2 which means none achieved this month.

3.38 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.

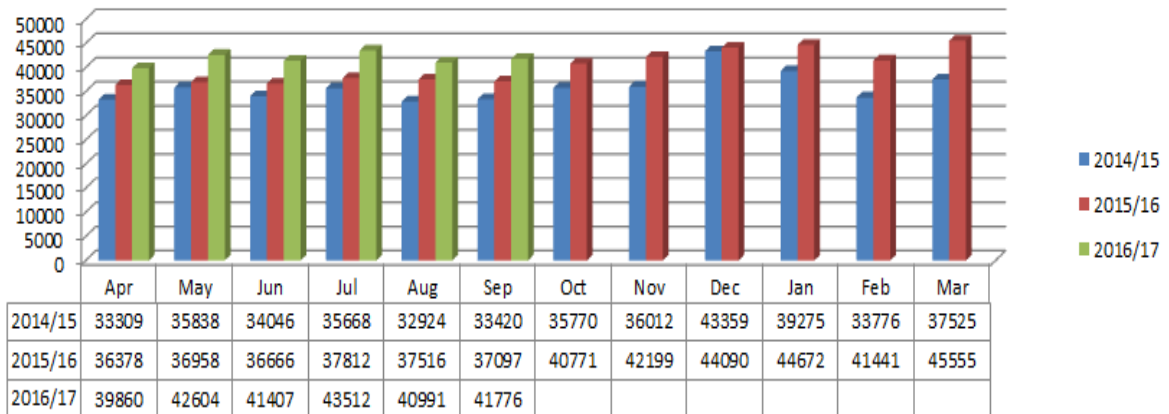
Red 1 <8 Minutes NWS Activity



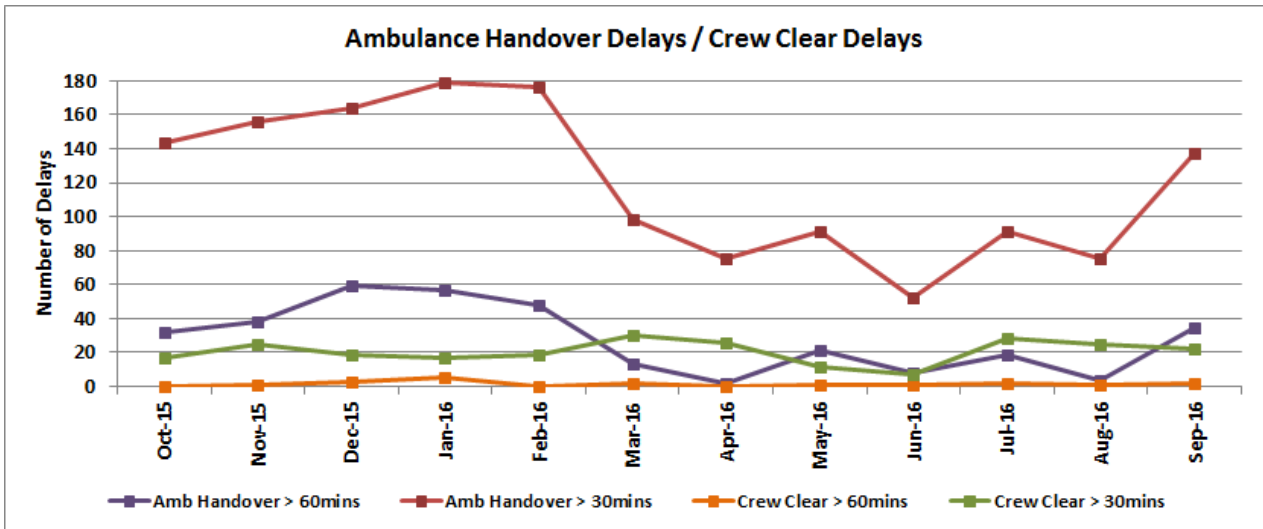
Red 2 <8 Minutes NWS Activity



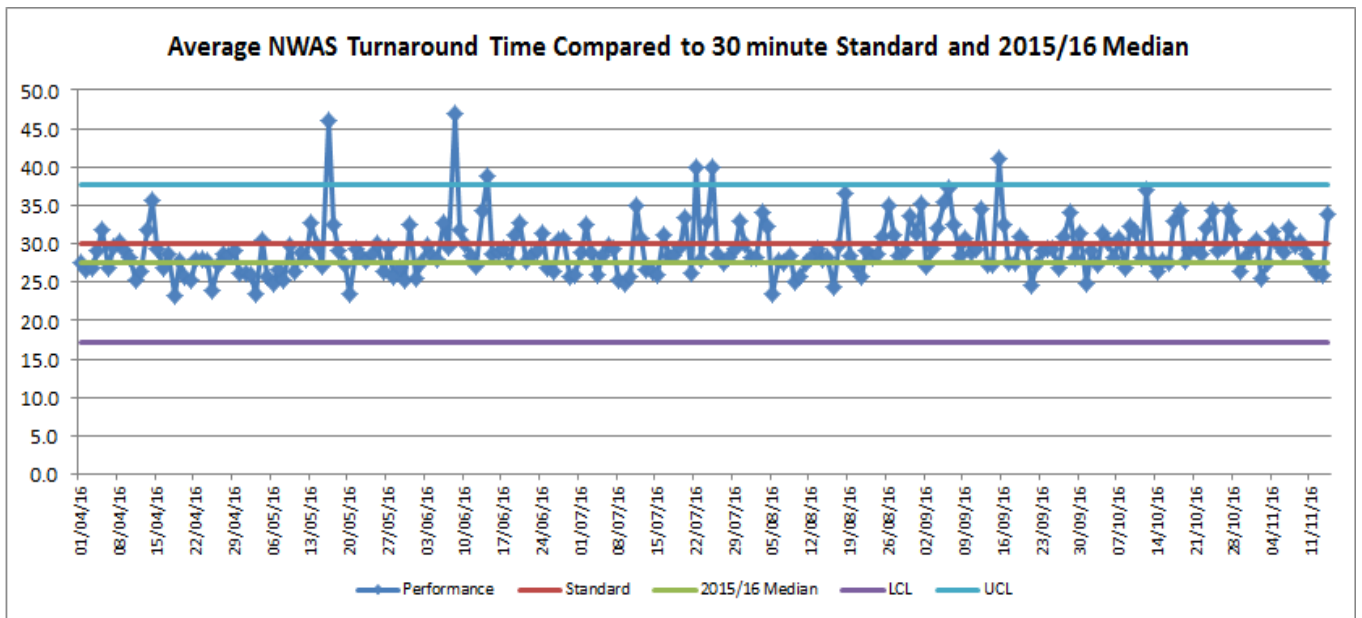
All Red <19 Minutes NWS Activity



3.39 The number of ambulances with handover delays increased in September.



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



111– please note position reported is September

3.41 111 went live in GM 10th November so this is the tenth full month reported under the new arrangements.

3.42 Primary KPI performance

- The North West NHS 111 service was offered 146,004 calls in the month, answering 123,219.
- 109,904 (89.19%) of these calls were classified as being triaged.

The NW NHS 111 service In September experienced some national technical issues during the period of 10th -15th September which impacted on KPI performance in the month. A full briefing on the issues, causes and impact has been shared with the Strategic Partnership Board. They have continued to work with stakeholders to address themes and trends highlighted within their analysis of HPFs and internally raised incidents.

3.43 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)		88.92%
• Calls abandoned (<5%)		1.99%
• Warm transfer (75%)		36.23%
• Call back in 10 minutes (75%)		33.79%

3.44 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 September). 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.

3.45 Our use is in line with NW levels.

	15 and Under	16 to 65	65 and Over	Total
Callers Triaged by Age	756	1,699	654	3,109
% Breakdown	24%	55%	21%	100%
Total for NW Region	24,739	62,991	22,174	109,904
% Breakdown NW Region	23%	57%	20%	100%

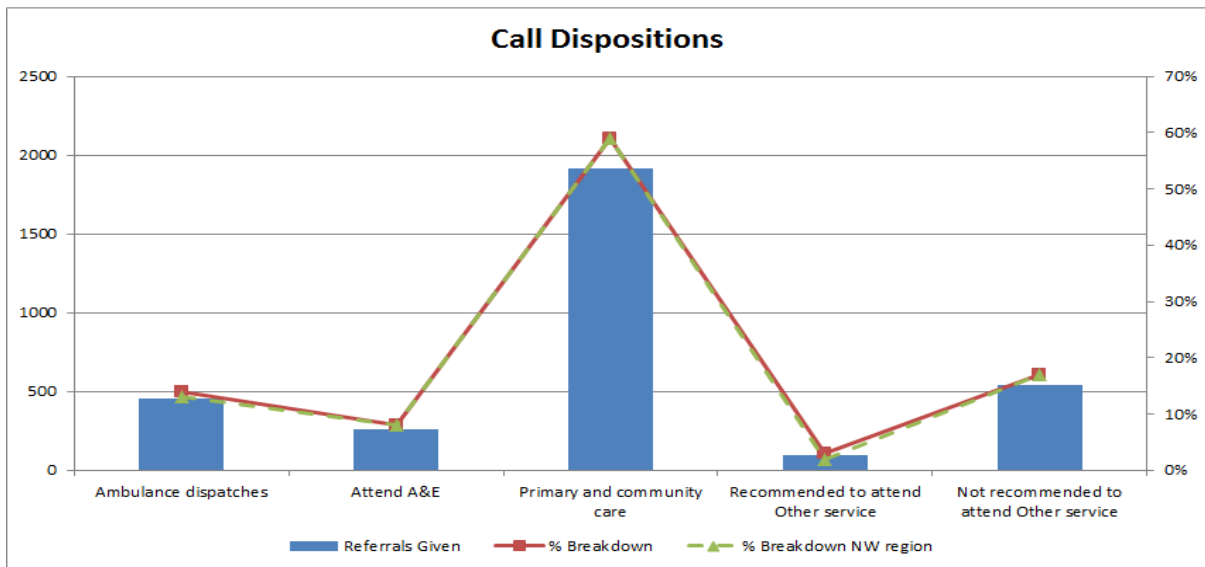
3.46 Our treatment is generally in line with NW levels. Though the number of call backs within 10 minutes was lower than the monthly average across GM by 5%.

	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	3,109	297	103	641	242	399	116
% Breakdown	100%	10%	3%	21%	38%	62%	29%
Total for NW Region	109,904	9,937	3,575	22,143	8,022	14,121	4,772
% Breakdown NW Region	100%	9%	3%	20%	36%	64%	34%

3.47 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	3,109	487	250	1,622	61	689
% Breakdown	100%	16%	8%	52%	2%	22%
Total for NW Region	109,904	16,371	9,606	59,978	2,744	21,205
% Breakdown NW Region	100%	15%	9%	55%	2%	19%

3.48 Our dispositions are in line with this.



3.49 The following tables show the 111 data benchmarked nationally. This shows the variation between the NW and the highest and lowest area against the KPIs in the first table and dispositions in the second table.

Indicators - access & quality	T&G CCG	NW inc. Blackpool	NW inc. Blackpool	Highest	Lowest	Notes	
Calls per month per 1,000 people		20.2	22	Isle of Wight	40.2	South East London	12.4
Calls per month via 111 per 1,000 people		20.2	20	Isle of Wight	40.0	South East London	12.4
Of all calls offered, % abandoned after at least 30 seconds ¹		2%	7	West Midlands	3%	Inner North West London	0%
Of calls answered, % in 60 seconds		89%	41	Outer North East London	98%	South East Coast	84%
Of calls answered, % triaged		89%	10	Luton	115%	Buckinghamshire	67%
Of answered calls, % transferred to clinical advisor		18%	36	Staffordshire	32%	Inner North West London	14%
Of transferred calls, % live transferred		36%	32	Isle of Wight	97%	Cornwall	13%
Average NHS 111 live transfer time ¹		00:00:07					
Average warm transfer time		NCA					
Of calls answered, % passed for call back		11%	30	Devon	22%	Isle of Wight	1%
Of call backs, % within 10 minutes		34%	32	Cambridge and Peterborough	81%	Dorset	17%
Average episode length		00:15:37					

Dispositions as a proportion of all calls triaged								
111 dispositions: % Ambulance dispatches	16%	15%	5	NE	17%	South East London	9%	
111 dispositions: % Recommended to attend A&E	8%	9%	30	East London and City	14%	Leicestershire and	6%	
Recommended to attend primary and community care	52%	55%	42	Cambridge and Peterborough	66%	Inner North West London	47%	
Of which - % Recommended to contact primary and community care		41%	23	South East Coast	49%	Inner North West London	32%	
- % Recommended to speak to primary and community care		11%	34	Devon	20%	York & Humber	8%	
- % Recommended to dental / pharmacy		2%	43	York & Humber	14%	West Midlands	2%	
111 dispositions: % Recommended to attend other service	2%	2%	29	NE	8%	South East Coast	0%	
111 dispositions: % Not recommended to attend other service	22%	19%	2	Inner North West London	33%	Oxfordshire	9%	
Of which - % Given health information		5%	1	NW inc. Blackpool	5%	Staffordshire	0%	
- % Recommended home care		4%	43	Sutton and Merton	8%	Devon	3%	
- % Recommended non clinical		11%	6	Inner North West London	26%	Cambridge and Peterborough	2%	

4. HEALTH CARE ACQUIRED INFACTIONS (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	Sep-16	Oct-16	16-17 YTD	16-17 Total
Whole Health Economy	No. of Cases	4	7	3	9	10	5	13	51	51
	Plan	8	10	8	10	6	8	11	61	97
	Variance Against Plan	-4	-3	-5	-1	4	-3	2	-10	-46
	% Variance Against Plan	-50.0%	-30.0%	-62.5%	-10.0%	66.7%	-37.5%	18.2%	-16.4%	-47.4%
Acute	No. of Cases	2	2	2	4	5	2	8	25	25
	Tameside Hospital FT	2	1	1	3	5	2	7	21	21
	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		1	1	1
	Plan	4	4	3	4	4	3	5	27	45
	Variance Against Plan	-2	-2	-1	0	1	-1	3	-2	-20
	% Variance Against Plan	-50.0%	-50.0%	-33.3%	0.0%	25.0%	-33.3%	60.0%	-7.4%	-44.4%
Non-Acute	No. of Cases	2	5	1	5	5	3	5	26	26
	Plan	4	6	5	6	2	5	6	34	52
	Variance Against Plan	-2	-1	-4	-1	3	-2	-1	-8	-26
	% Variance Against Plan	-50.0%	-16.7%	-80.0%	-16.7%	150.0%	-40.0%	-16.7%	-23.5%	-50.0%

2016-17 Clostridium Difficile: Tameside & Glossop CCG

4.2 For October 2016 Tameside & Glossop CCG had a total of 13 reported cases of clostridium difficile against a monthly plan of 11 cases. For the month of October this places Tameside and Glossop CCG 2 cases over plan. Of the 13 reported cases, 8 were apportioned to the acute (7 at T&G IC FT, 1 at Stockport FT) and 5 to the non-acute.

4.3 To date (April to October 2016) Tameside and Glossop CCG had a total of 51 cases of clostridium difficile against a year to date plan of 61 cases. This places Tameside and Glossop CCG 10 cases under plan. Of the 51 reported cases, 25 were apportioned to the

acute (21 at T&G ICFT, 1 at Central Manchester FT, 1 at Christie Hospital FT, 1 at The Royal Orthopaedic Hospital FT, 1 at Stockport FT) and 26 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.

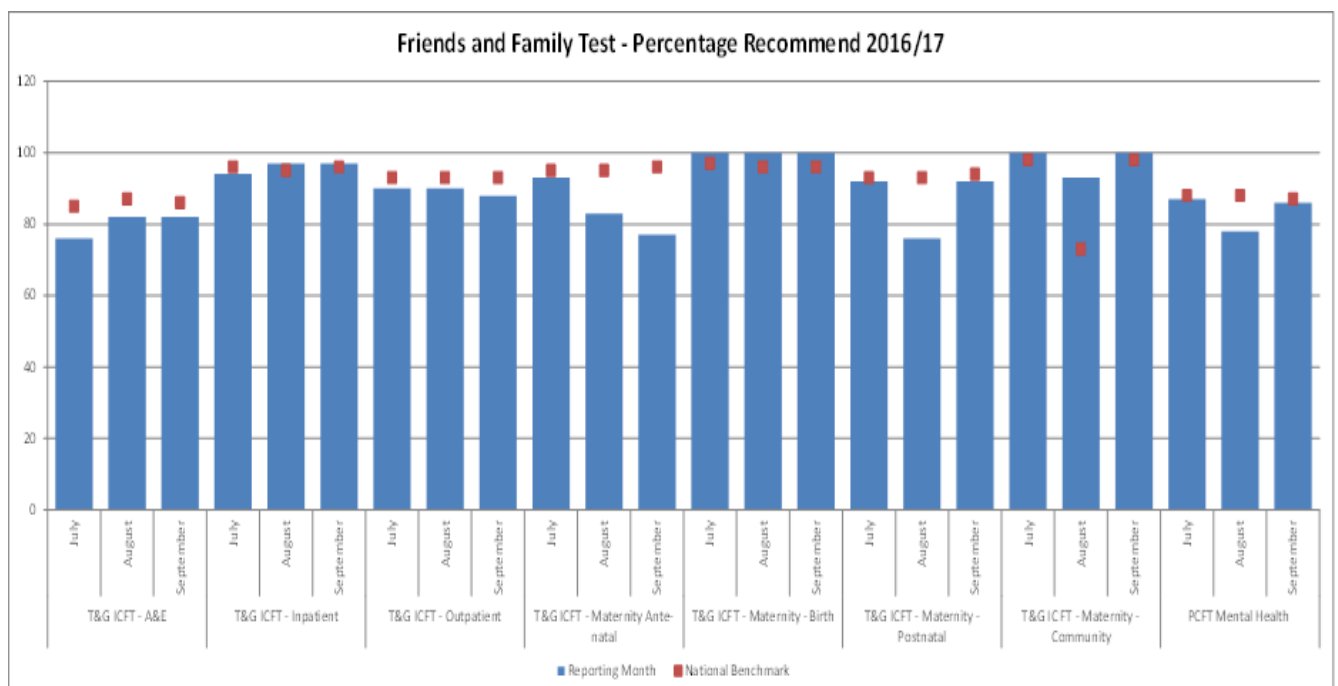
MRSA

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

2016-17 MRSA: Tameside & Glossop CCG

- 4.5 For October 2016 Tameside and Glossop CCG have reported 0 cases of MRSA against a plan of zero tolerance.
- 4.6 To date (April 2016 to October 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 non 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 from July 2016 to September 2016:
- 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 T&G IC NHS FT 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, however, PCFT mental health and T&G ICFT postnatal saw improvements in the September 2016 FFT scores.

6. RECOMMENDATION

- 6.1 As set out on the front of the report.