

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

Description	Indicator	Level	Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Exceptions	England	Trend	
18 Weeks RTT	Admitted patients to start treatment within a maximum of 18 weeks from referral (unadjusted)	T&G CCG	90%	86.0%	87.3%	89.1%	88.3%	88.8%	88.9%	86.0%	89.1%	87.9%	87.7%	87.1%	85.9%	87.0%	84.8%	CCG target not achieved. Failing specialties are: urology (51.09%), T&O (76.38%), plastic surgery (83.67%), cardiology (57.58%) gynaecology (82.80%), CCG at THFT failing specialties are: T&O (76.23%), Gynaecology (85.73%), Cardiology (88.48)	77.10%		
	Non-Admitted patients to start treatment within a maximum of 18 weeks from referral	T&G CCG	95%	83.5%	85.8%	85.1%	85.4%	84.9%	80.0%	85.7%	86.0%	88.4%	87.6%	82.2%	89.0%	88.6%	86.8%	CCG target not achieved. Failing specialties are: general surgery (86.82%), urology (66.51%), plastic surgery (72.73%), cardiothoracic surgery (81.82%), general medicine (89.32%), gastroenterology (81.71%), cardiology (80.82%), dermatology (89.34%), thoracic medicine (77.33%), rheumatology (84.62%), neurology (84.62%), geriatric medicine (80.00%), other (89.92%), CCG at THFT failing specialties are: general surgery (87.09%), urology (64.53%), T&O (88.47%), ENT (88.24%), plastic surgery (83.33%), general medicine (89.55%), gastroenterology (72.82%), cardiology (81.28%), dermatology (89.30%), rheumatology (85.92%)	89.70%		
	Patients on incomplete non emergency pathways (yet to start treatment)	T&G CCG	92%	91.8%	92.2%	91.8%	91.8%	92.1%	91.9%	91.6%	92.4%	92.5%	92.4%	92.4%	92.1%	92.1%	92.1%	92.1%	CCG failing specialties are: urology 87.76%, T&O 90.06%, neurology 87.88%, plastic surgery 86.92%, cardiology 90.33%, thoracic medicine 88.51%, geriatric medicine 84.62%, cardiothoracic surgery 87.93%, general medicine 90.07%	90.40%	
	Patients waiting 52+ weeks on an incomplete pathway	T&G CCG	Zero Tolerance	2	0	1	0	2	0	12	1	0	1	1	1	0	1	1	In Oct-16 there was 1 patient waiting over 52 weeks for treatment on an incomplete pathway. This patient is waiting under the speciality plastic surgery and has now been seen.		
Diagnostics < 6 Weeks	Patients waiting for diagnostic tests should have been waiting less than 6 weeks from referral	T&G CCG	1%	2.8%	2.4%	2.5%	2.7%	1.8%	2.9%	2.2%	2.5%	1.6%	2.4%	1.7%	1.2%	1.2%	1.3%	CCG target not achieved, 62 breaches. Failing for CCG are Central Manchester with 21 breaches for echocardiography, flexi sigmoidoscopy, gastroscopy and MRI. PAHF with 1 breach for gastroscopy. Stockport with 1 breach for colonoscopy. THFT with 31 breaches for audiology assessments, colonoscopy, CT scans, gastroscopy and NIOUS. Care UK with 8 breaches for audiology assessments and MRI.	1.10%		
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%	82.6%	77.2%	73.0%	73.4%	76.0%	93.1%	84.9%	92.5%	92.2%	86.5%	85.0%	90.5%	82.7%	84.1%	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 967 patients. July 2016 performance is 84.98% breached by 1143 patients. August 2016 performance is 90.5% breached by 646 patients. September performance is 82.7% breached by 1224 patients. October performance is 84.1% breached by 1,176 patients. November performance is 86.6% breached by 943 patients.	89.00%		
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%	96.8%	97.7%	97.5%	97.4%	97.7%	96.3%	96.4%	95.8%	97.1%	96.1%	94.3%	94.6%	95.4%	96.5%		94.84%		
	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%	94.6%	96.7%	98.4%	96.1%	98.2%	98.9%	93.0%	93.9%	98.0%	95.8%	94.0%	96.7%	97.3%	100.0%		96.11%		
Cancer 31 Day Wait	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	T&G CCG	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	99.1%	100.0%	98.9%	100.0%	100.0%	98.8%	98.9%	98.0%		97.31%		
	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%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%		95.74%		
	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%	96.2%	100.0%	100%	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.33%		
	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%		97.28%		
Cancer 62 Day Wait	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	T&G CCG	85%	86.8%	93.0%	88.2%	96.1%	93.3%	93.8%	89.9%	89.7%	88.6%	91.5%	89.6%	91.3%	74.4%	91.1%	There were 10 breaches out of a total of 39 seen in Sept 16.	80.93%		
	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%	100.0%	100.0%	100.0%	95.3%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%		91.35%		
	Maximum 62 day wait for first treatment following a consultants decision to upgrade the priority of the patients (all cancer)	T&G CCG	85%	91.7%	80.0%	85.7%	100.0%	92.3%	88.2%	88.9%	83.3%	86.7%	94.4%	82.4%	100.0%	53.8%	78.3%	For Sept 16 there were 13 patients treated with 6 being treated over the target	87.97%		
Mixed Sex Accommodation	MSA Breach Rate	T&G CCG	0	0	0	0	0	0	0	0	0	0	0.1	0.2	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.	0.5		
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	4			2		12		2				0			Number of last minute cancellations at THFT: 15-16 Q1 = 63, Q2 = 54, Q3 = 86, Q4 = 96 16-17 Q1 = 85	1229		
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 inpatient care during the period	T&G CCG	95%	96.3%			100%		96.7%		94.5%			96.7%				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%	96.80%		
Maternity	Number of women Smoking at Delivery.	T&G CCG	England	14.4%			16.1%		15.8%		13.6%			16.9%					10.40%		

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IAPT																					
IAPT-Improving Access to psychological services	Access	CCG	3.75%	4.30%			4.41%		4.3%		3.93%			3.92%						4.00%	
	Recovery	CCG	50%	44.00%			40.14%		40.0%		45.75%			46.00%						48.89%	
	Waiting times less than 6 weeks	CCG	75%	52.60%			60.14%		56.3%		62.75%			73.40%						84.82%	
	Waiting times less than 18 weeks	CCG	95%	89.61%			90.54%		90.4%		91.50%			98.60%						97.47%	
Dementia																					
Dementia	Estimated diagnosis rate for people aged 65+	CCG	66.70%								69.60%	69.80%	70.50%	70.3%	71.3%	72.8%	75.3%			67.70%	
Other Indicators																					
Other Indicators	Avoidable admissions- People	CCG		18.80%	5.58%	14.25%	14.22%	14.95%	29.21%												
	Avoidable admissions-Cost	CCG		15.01%	39.92%	41.00%	12.51%	15.90%	2.93%												
	Re admissions	CCG																			
	Average LOS	CCG										5.38	5.22	5.00	4.20						
	DTDCS (Patients)	LA		34	39	19	43	42	37			38	40	37	47	42	47				
	DTDCS (Patients)	Trust		36	33	16	43	36	25			26	38	25	32	29	38				
Other Indicators-Referrals																					
Referrals	GP Referrals-Total	CCG		5894	5532	5116	5180	5723	5636	67180	6018	5494	5724	5255	5142	5310	5086			Variance from Monthly plan	
	Other referrals-Total	CCG		2925	2715	2694	2670	2871	2837	34656	2904	2748	2730	2751	2853	2786	3060				Variance from Monthly plan
	GP referrals- TB& ICFT	CCG		4258	4088	3804	3817	4242	4129	48792	4088	3971	4053	3766	3452	3611	3566				Variance from previous year
	Other referrals- TB& ICFT	CCG		1520	1375	1418	1419	1630	1540	19278	1640	1428	1521	1637	1670	1612	1836				Variance from previous year
Other Indicators-Activity																					
Activity	Outpatient Fiat Attend	CCG	Plan	6719	7169	6561	6591	6698	6554	80783	6852	7137	7441	6755	6903	7205	7265				Variance from Monthly plan
	Elective Inpatients	CCG	Plan	3033	2986	2642	2799	2898	2717	34015	2799	2890	3022	2871	2876	2915	2956				Variance from Monthly Plan
	Non-Elective Admissions	CCG	Plan	2543	2462	2562	2407	2372	2636	28906	2361	2409	2314	2267	2336	2244	2337				Variance from Monthly Plan

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Other Indicators-111																					
111 KPIs	Calls answered (60 Seconds)	NW	95.00%			55.00%	56.00%	58.00%	49.00%		80.00%	85.00%	90.00%	83.0%	90.0%	89.0%	71.4%		88.50%		
	Calls abandoned	NW	<5%			15.00%	16.00%	15.00%	23.00%		6.00%	4.00%	2.00%	4.0%	2.0%	2.0%	6.4%		2.40%		
	Warm Transfer	NW	75%			38.0%	39.0%	38.0%	31.0%		35.0%	33.0%	32.0%	33.0%	35.0%	36.0%	33.2%		36.10%		
	Call back in 20 mins	NW	75%			36.00%	32.00%	34.00%	32.00%		39.00%	41.00%	40.00%	38.0%	39.0%	34.0%	34.7%		38.20%		
Ambulance																					
Ambulance	Red 1 < 8 Minutes (75% Target)	CCG	75.00%	69.50%	70.40%	76.60%	54.50%	67.60%	73.20%		81.50%	71.10%	69.50%	79.6%	66.7%	65.9%	68.3%	High levels of demand and lengthening turn around times.	67.30%		
	Red 2 < 8 Minutes (75% Target)	CCG	75%	67.30%	61.60%	65.30%	60.90%	55.80%	68.30%		64.90%	58.00%	63.10%	58.60%	65.80%	60.00%	60.48%	High levels of demand and lengthening turn around times.	62.90%		
	All Reds <19 Minutes (95% Target)	CCG	95%	91.90%	90.20%	91.2%	89.1%	87.9%	92.3%		90.7%	89.9%	91.1%	89.9%	91.0%	89.1%	86.4%	High levels of demand and lengthening turn around times.	90.40%		
	Red 1 < 8 Minutes (75% Target)	NWAS	75%	75.90%	70.40%	78.5%	69.3%	70.5%	74.8%		76.5%	74.2%	73.1%	70.5%	72.6%	69.5%	64.6%	High levels of demand and lengthening turn around times.	67.30%		
	Red 2 < 8 Minutes (75% Target)	NWAS	75%	72.50%	68.50%	69.5%	63.5%	61.1%	70.4%		67.5%	66.3%	66.2%	62.7%	65.3%	61.8%	63.0%	High levels of demand and lengthening turn around times.	62.90%		
	All Reds <19 Minutes (95% Target)	NWAS	95%	94.10%	92.00%	92.70%	89.90%	88.10%	92.60%		92.00%	91.50%	91.50%	89.8%	91.1%	89.0%	88.2%	High levels of demand and lengthening turn around times.	90.40%		
Quality																					
Quality	Clostridium Difficile-Whole Health Economy		Plan	7	4	1	4	5	3	71	4	7	3	9	10	5	13		1120		
	Clostridium Difficile-Acute		Plan	6	1	0	1	4	0	29	2	2	2	4	5	2	8		399		
	Clostridium Difficile-Non-Acute		Plan	1	3	1	3	1	3	42	2	0	1	5	5	1	5		718		
	MISA-Whole Health Economy		0	0	1	2	0	0	1	8	0	0	2	1	3	0	0		66		
	MISA-Acute		0	0	0	1	0	0	0	3	0	0	2	0	2	0	0		29		
	MISA-Non Acute		0	0	1	1	0	0	1	5	0	0	0	1	1	0	0		37		

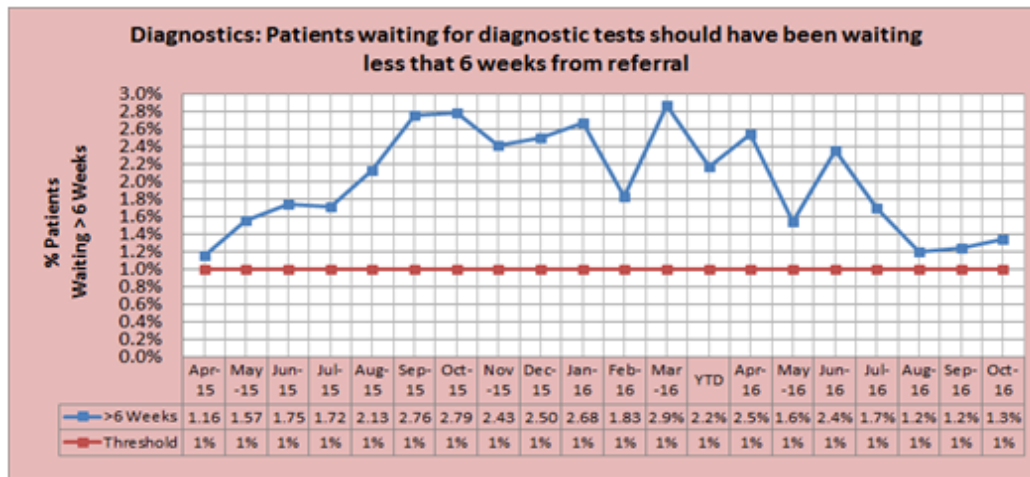
Exception Report

Tameside & Glossop CCG- November

Diagnostics- Patients Waiting for Diagnostic test.

Lead Officer: Elaine Richardson

Governance: Contracts



Key Risks and Issues:

This month the main providers that have failed to meet the 1% standard are Tameside Trust, Central Manchester Trust, and Care UK. There were 62 patients in total waiting over 6 weeks. The main tests where there seem to be particular issues are Audiology at Tameside Trust, Colonoscopy at Central Manchester Trust, and Computed Tomography at Care UK.

Actions:

We continue to receive updates from the Lead commissioner for CMFT. We have contacted T&G ICFT to understand the issues with Audiology and understand the main issue seems to be capacity to deal with the demand.

FORECAST

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

Governance: A&E Delivery board



Key Risks and Issues:

The A&E performance for October was 84.1% which is below the target of 95%. Performance for Qtr 2 was 86.0% which met the Quarterly trajectory and Year to Date is 87.6%. Issues that are impacting on performance include Medical cover, bed capacity resulting in late first assessments, specialty delays when teams are in theatres and IAU remaining a bedded area.

Actions:

Several actions are being taken as part of a Service Improvement Project include:

- New bed declaration tool devised to map the times of discharges and declaration (go live Nov 2016)
- Opening of 16 additional beds on Stamford Unit to assist in the de-escalation of IAU.
- AMB score tool devised currently awaiting approval. This will support the Ambulatory Care Model.

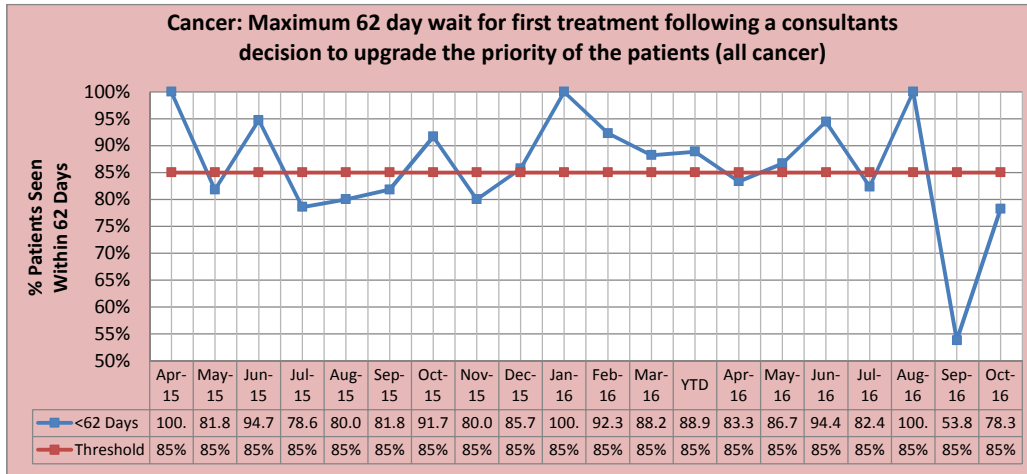
FORECAST

* Please note that Tameside Trust local trajectory for 16/17 is Q1 85%, Q2 85% Q3 90% And Q4 95%.

Cancer 62 Days Upgrade-

Lead Officer: Alison Lewin

Governance: Contracts meeting



Key Risks and Issues:

The 62 day upgrade standard was not met in Oct with performance at 78.3% against the 85% threshold. 5 breaches mostly due to late referrals and patient cancellation.

Actions:

Tameside & Glossop ICNHSFT have introduced an internal policy to manage the 'consultant upgrade' process. To date there have been issues with consultants upgrading patients to 2ww pathways when referring them for further diagnostics, thus putting additional pressure on the radiology and endoscopy departments. Due to the recognised challenges created by the national lack of diagnostic resources, the ICFT recognise that both the Radiology and Endoscopy departments must be able to manage the priority demand for this cohort of patients. Both departments have in place a system that identifies the patients as those with a suspected or confirmed cancer. To allow this identification to take place it is the responsibility of the clinical team referring the patient for the test to appropriately mark the request as a Suspected Cancer Patient (SCP) or Cancer Patient (CP). This allows for the patient identified to be prioritised effectively. The revised Standard Operating Procedure was approved at the Cancer Board meeting on 30th November 2016.

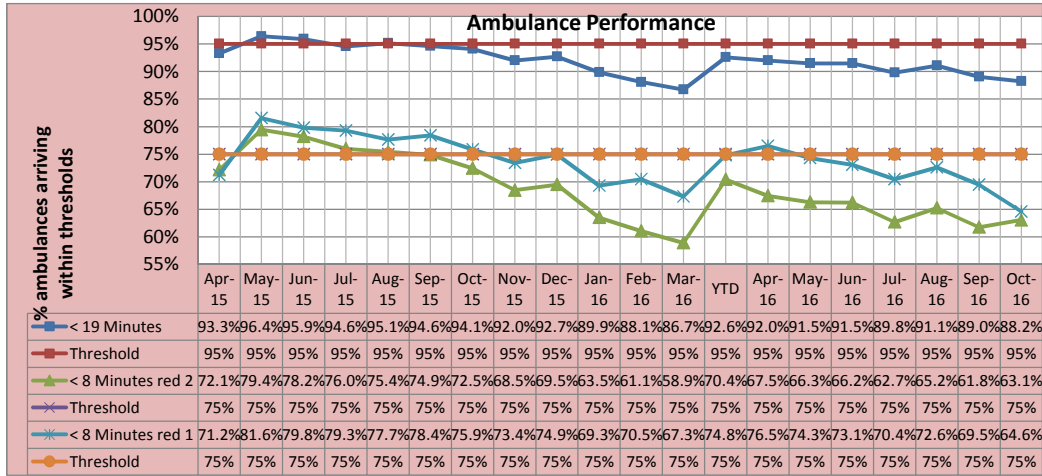
FORECAST

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Ambulance performance-

Lead Officer: Elaine Richardson

Governance: A&E Delivery Board



Key Risks and Issues:

In October the CCG failed to achieve the response rates locally with 64.6% for CAT A 8 mins Red 1, 63.1% for CAT A 8 mins Red 2 and 88.2% for CAT A 19 mins Red 2. However, we are measured against the North West position which was 63.1% for CAT A 8 mins Red 1, 63.1% for CAT A 8 mins Red 2 and 88.2% for CAT A 19 mins Red 2. 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.

Actions:

Awaiting info.

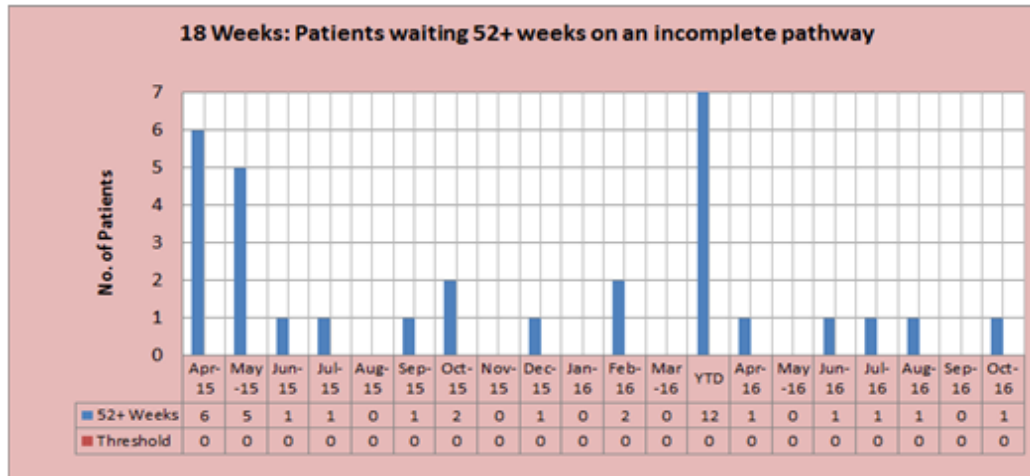
FORECAST

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Patients waiting 52+ weeks on an incomplete pathway-

Lead Officer: Elaine Richardson

Governance: Contracts



Key Risks and Issues:

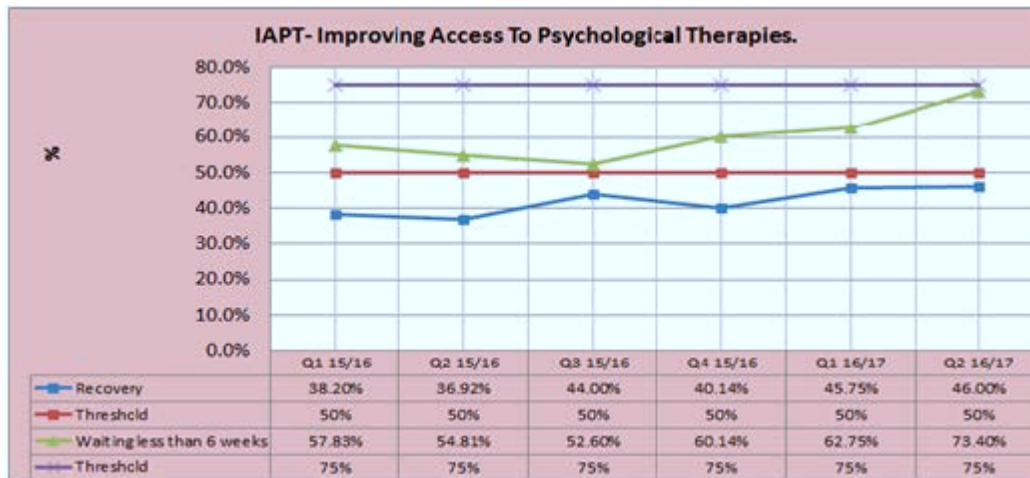
There was 1 patient waiting over 52 weeks on an incomplete pathway. This patient was waiting at UHSM and has now been treated. There continues to be a risk with 13 patients waiting 43 to 47 weeks. Earlier this year the University Hospitals of South Manchester FT identified a data quality issue of patients who had been waiting >52 weeks not being identified. UHSM, NHSE, Monitor and SMCCG have been addressing this matter. As at the 06th of December 2016, Eight patients had been waiting longer than 52 weeks when treated. Zero patients still waiting to be treated.

Actions:

Close monitoring of waiting lists at 36 weeks. Regular updates received from UHSM around the issues with validation of waiting lists and >52 week waiters.

FORECAST

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Key Risks and Issues:

Recovery.
Higher than expected waiting times compounded by high complexity levels. Poor outcomes relating to depression and Post Traumatic Stress Disorder (PTSD).

Access.

Ongoing clearance of backlog from high referral rates. Currently in line with trajectory

Actions:

Recovery.
In line with action plan 1) increasing use of anxiety disorder measures to 100% of relevant cases 2) Review of PTSD pathway and clinical interventions 3) Review of interventions for depression

Access

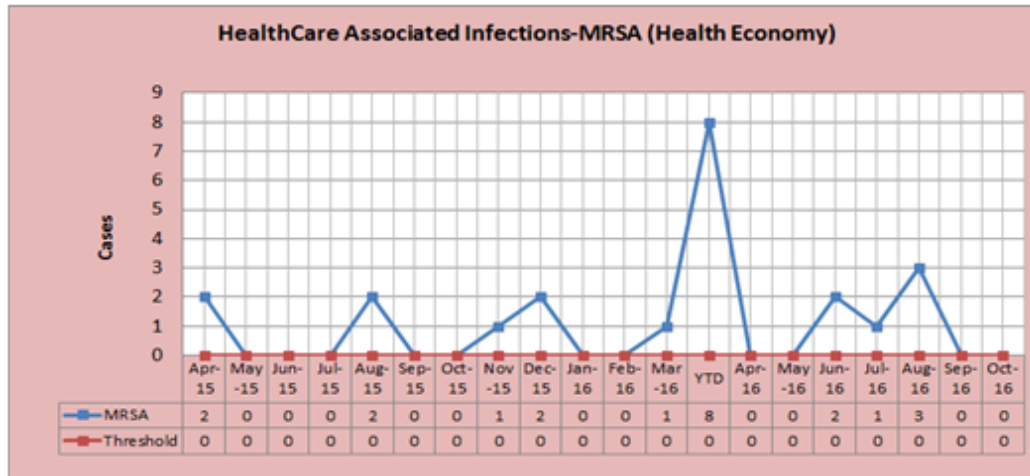
In line with current action plan 1) Promoting accurate data reporting 2)

FORECAST

MRSA-

Lead Officer: Lynn Jackson

Governance: Contracts



Key Risks and Issues:

T&G CCG have reported 6 cases of MRSA; 4 acute cases (1 at T&G ICFT, 2 at Central Manchester, 1 at South Manchester FT) and 2 community cases, against a plan of zero tolerance.

The PIR (Post Incident Review) investigations, for the 3 cases that T&G CCG are responsible for, were reviewed by the HCAI WHE Quality Improvement Group and confirmed that all cases were unavoidable with no lapses in care identified.

1 x T&G IC FT - urethral trauma caused by urinary catheter

1 x Community - leg ulcer all appropriate care in place

1 x Community unavoidable - patient non-compliant with catheter care

Actions:

Learning from MRSA and CDIF investigations form the WHE HACI action plan which aims to achieve the WHE strategic objectives of 1) to improve antibiotic stewardship and 2) to improve infection prevention practice. The CCG has also commissioned a 2 year quality initiative with T&G ICFT which aims to supporting residential and care homes with nursing to improve their infection prevention practice and reduce avoidable HCAIs.

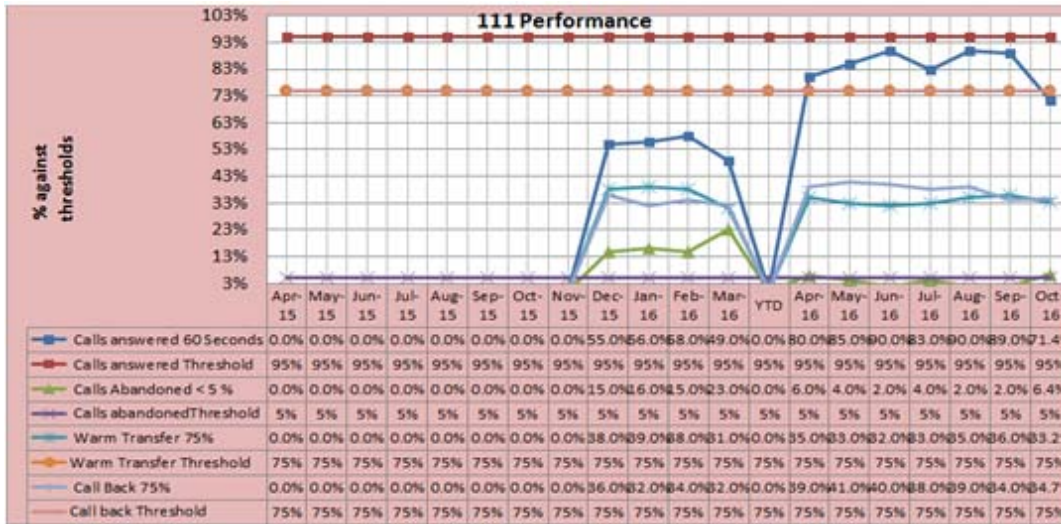
The CCG also reviews monthly HCAI Quality Assurance Framework submitted by providers as part of the contracting process.

FORECAST

111-

Lead Officer: Elaine Richardson

Governance: Contracts



Key Risks and Issues:

The North West NHS 111 service is performance managed against a range of KPIs reported as follows for Oct:

- Calls Answered (95% in 60 seconds) = 71.35%
- Calls abandoned (<5%) = 6.42%
- Warm transfer (75%) = 33.22%
- Call back in 10 minutes (75%) = 34.73%

Actions:

In October the NW NHS 111 service experienced a number of issues which lead to poor performance in the month against the four KPIs. Performance was particularly difficult to achieve over the weekend periods.

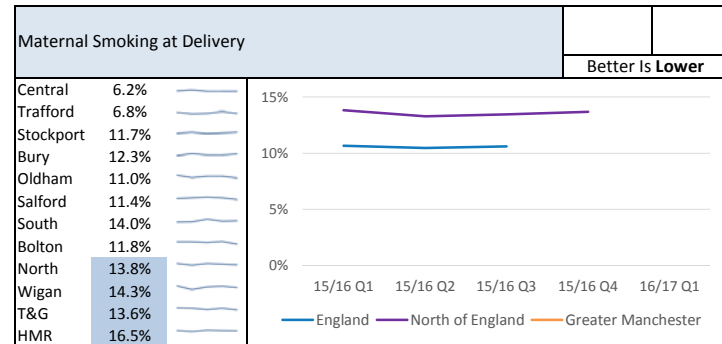
A full detailed report has been presented at SPB and a number of actions have been taken and are ongoing to improve performance over the winter period.

FORECAST

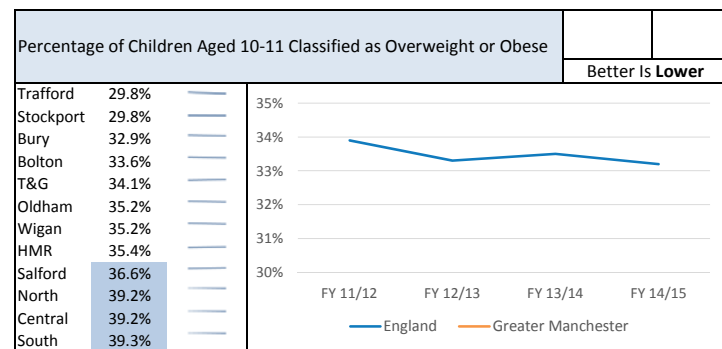
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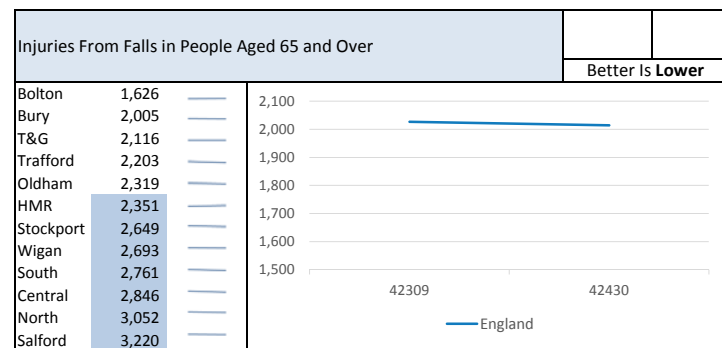
Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Cost To The Health System



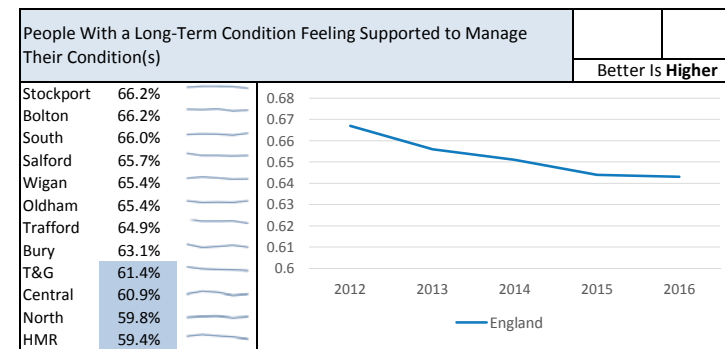
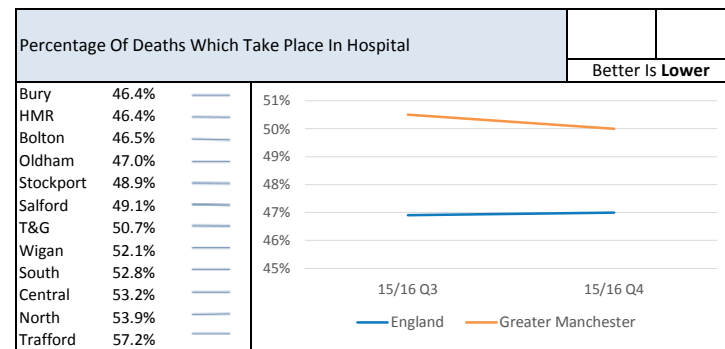
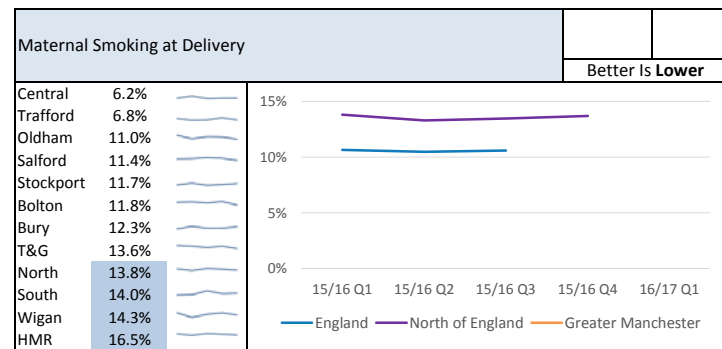
More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally



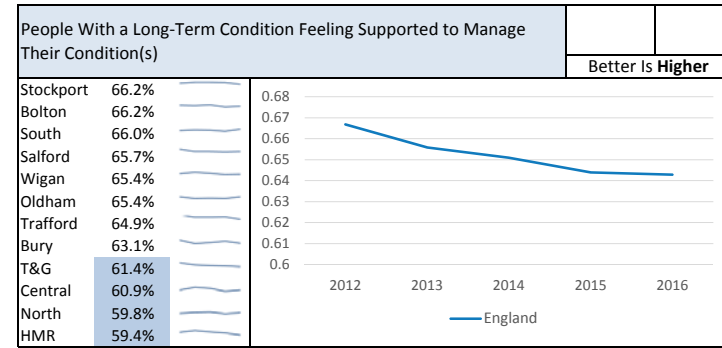
More People Will Be Supported To Stay Well and Live at Home for as Long as Possible



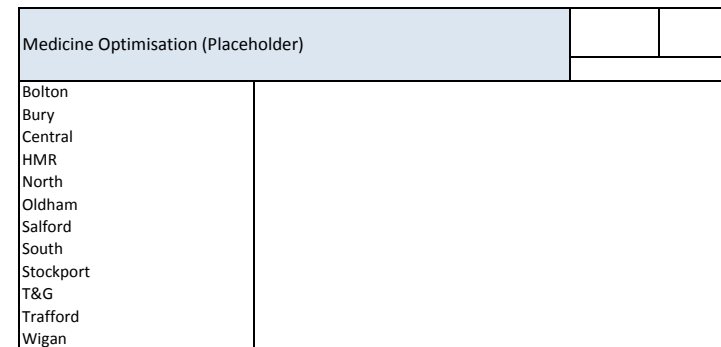
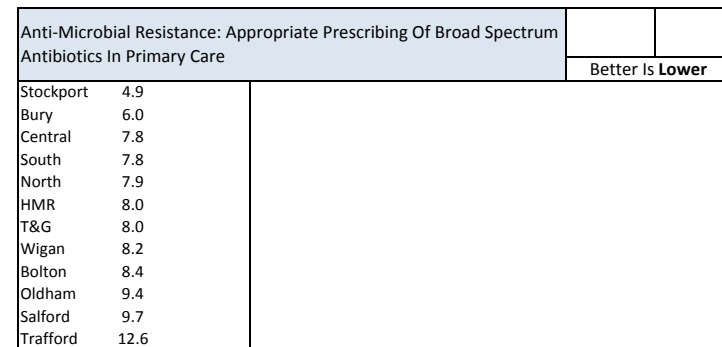
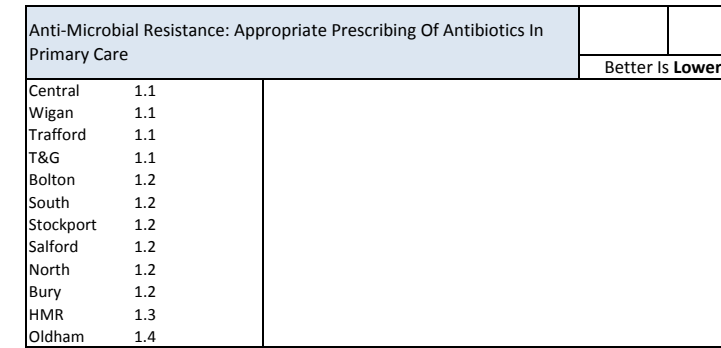
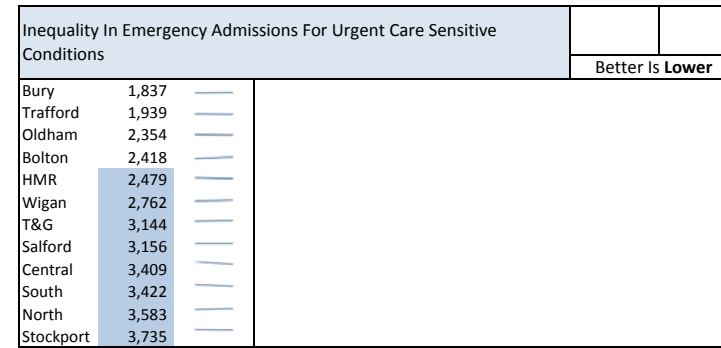
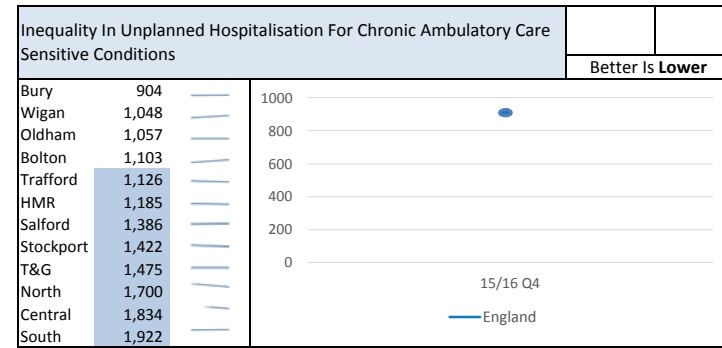
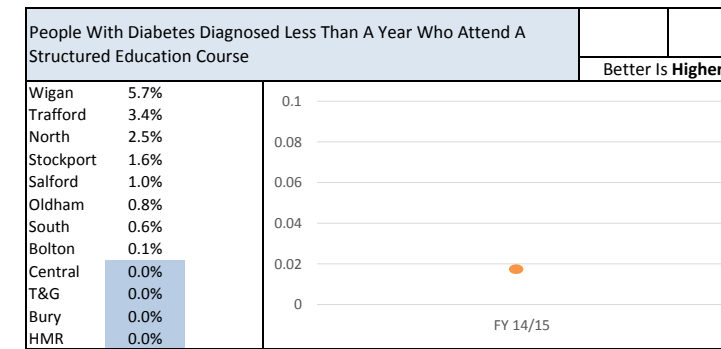
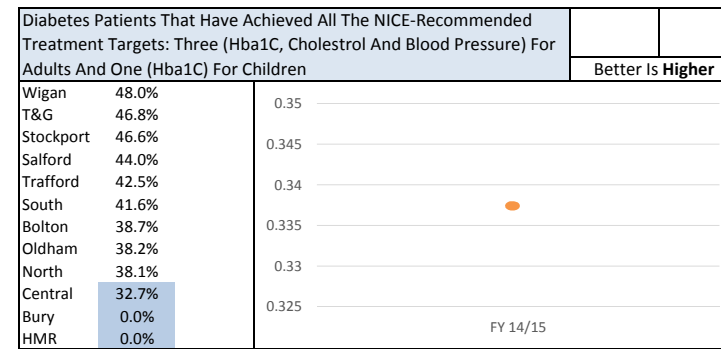
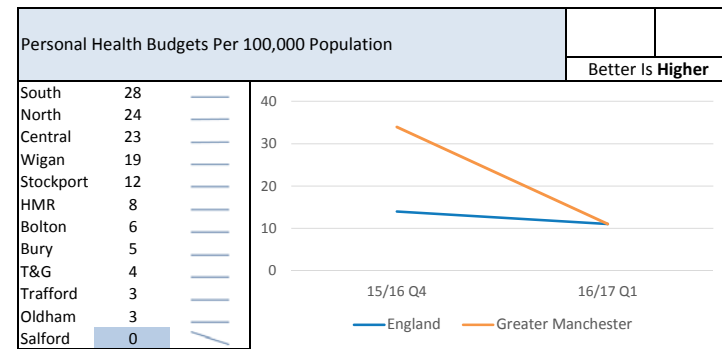
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



Improved Patient/Carer Experience Of Care And Increased Patient Empowerment

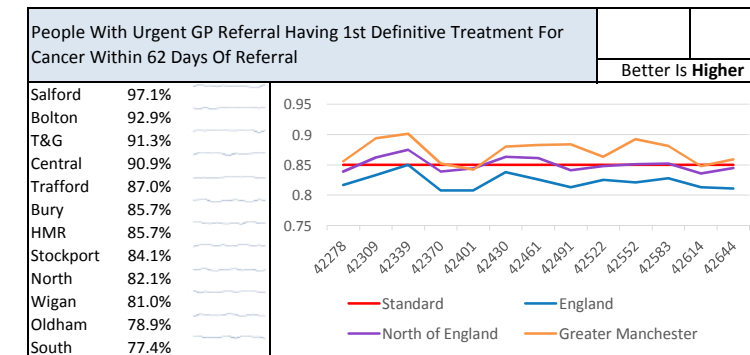
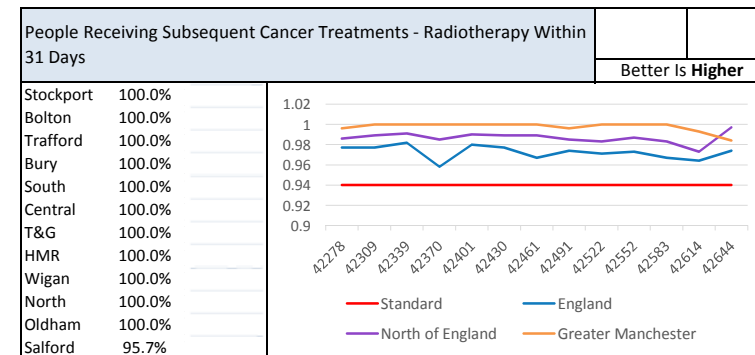
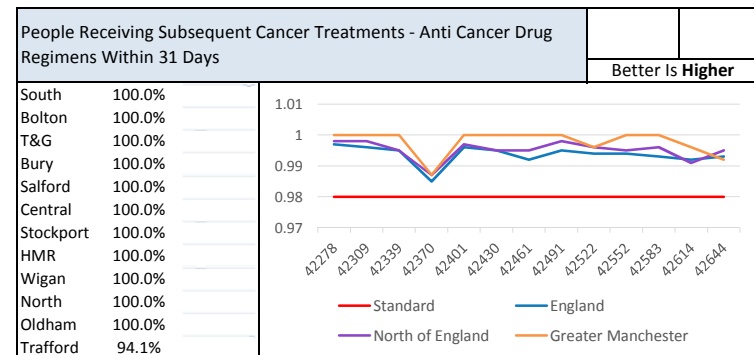
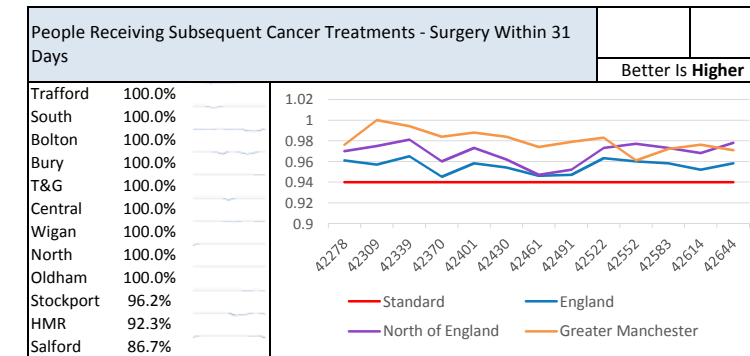
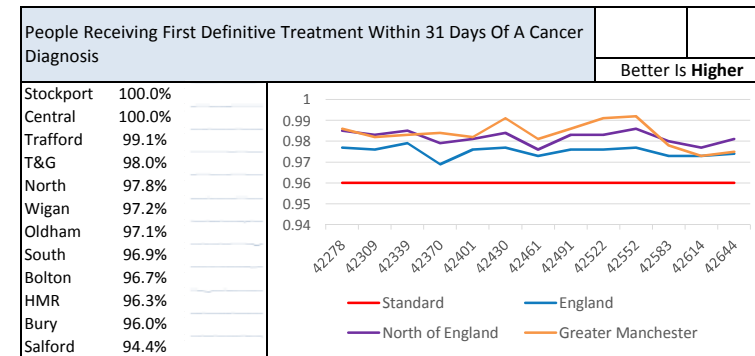
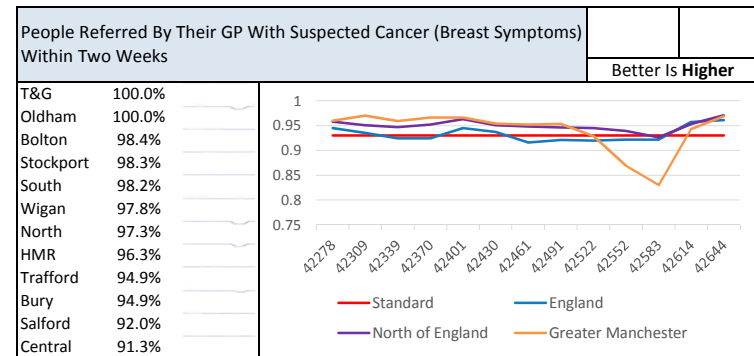
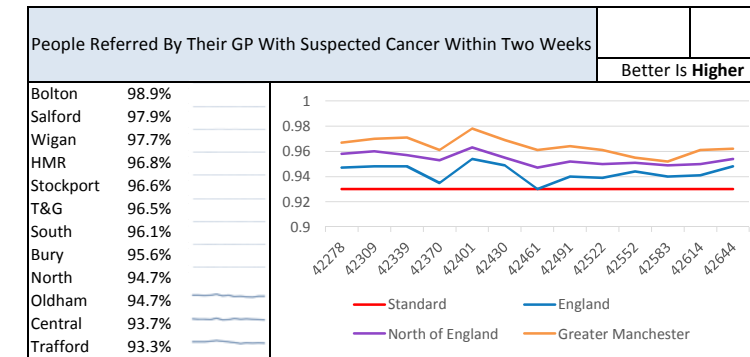
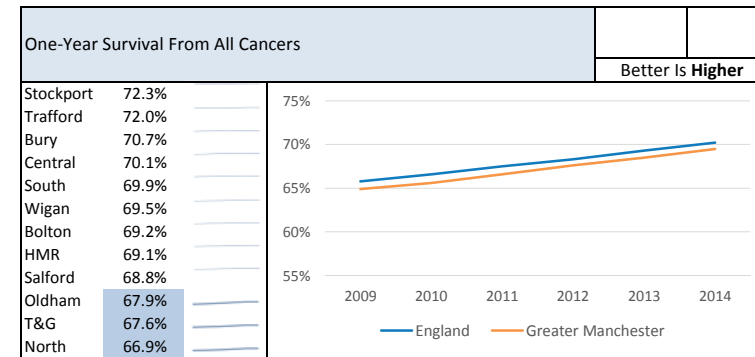
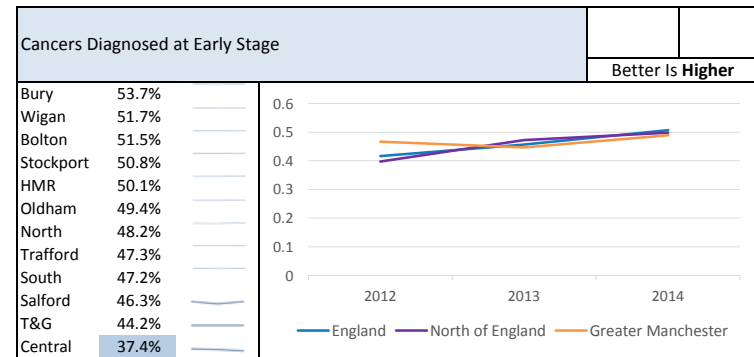


(Placeholder TBC)

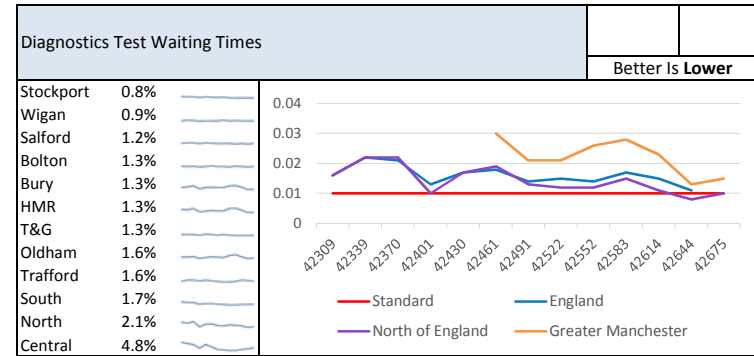
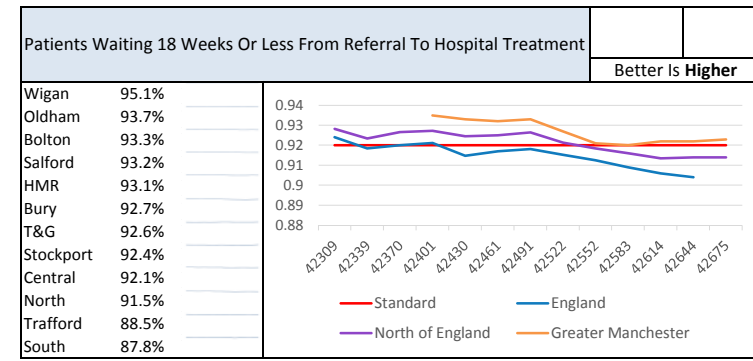
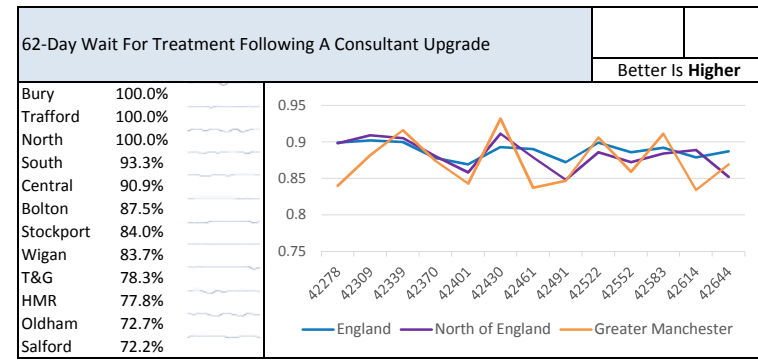
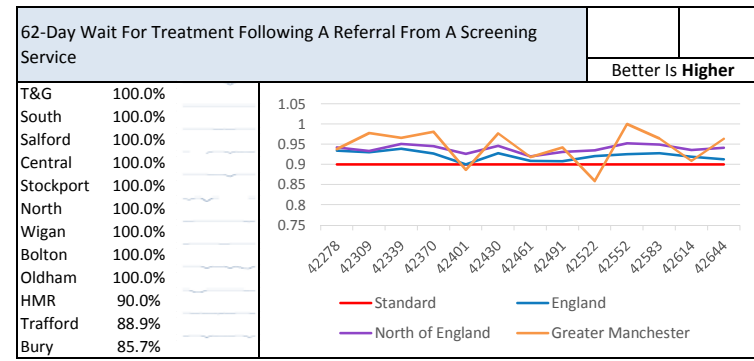




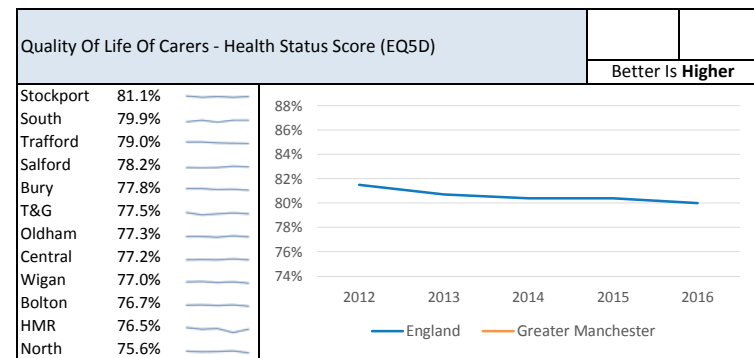
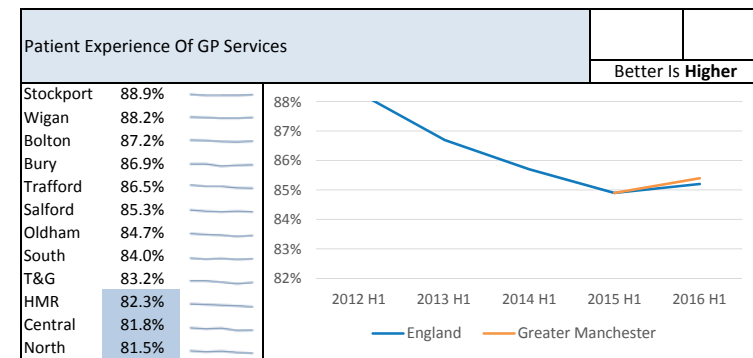
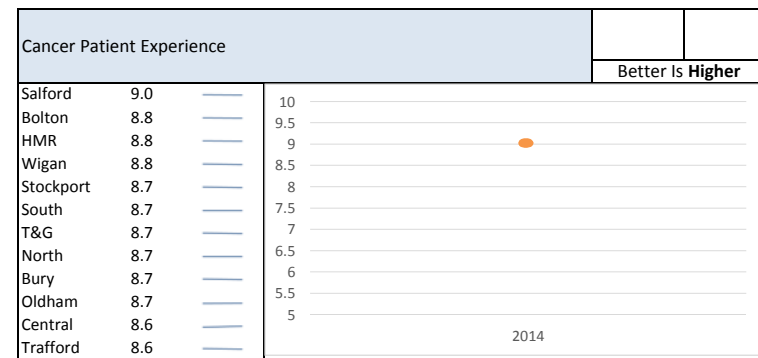
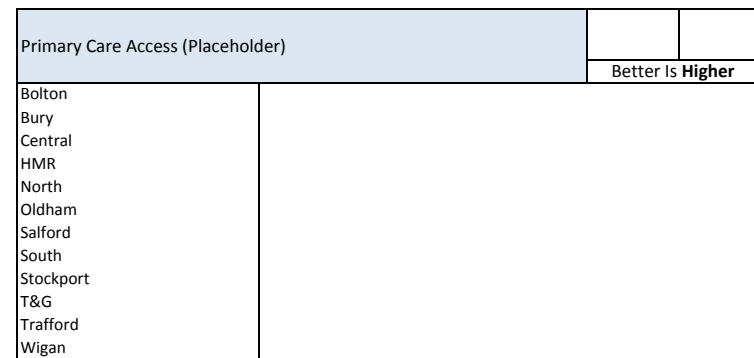
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



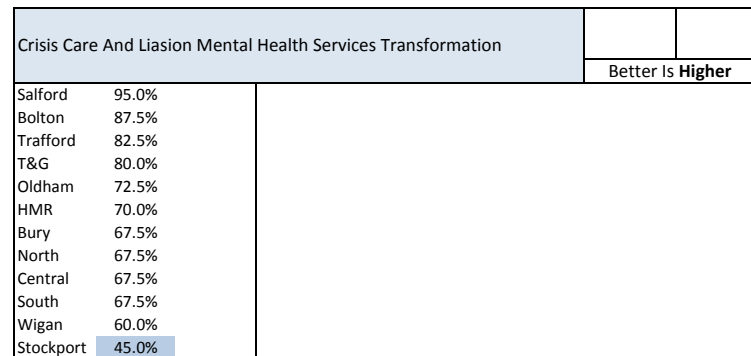
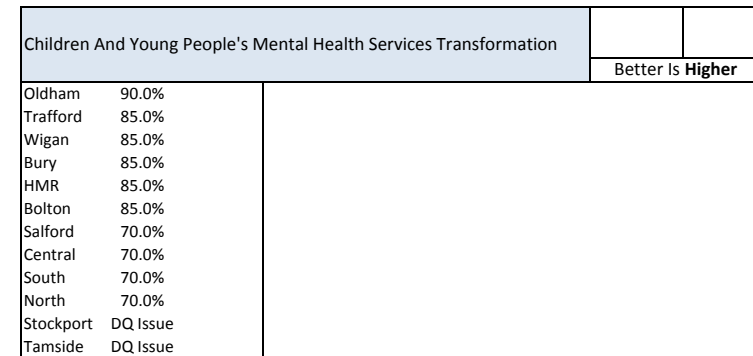
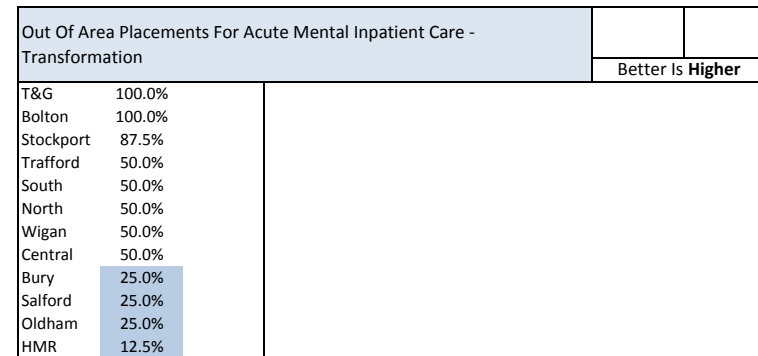
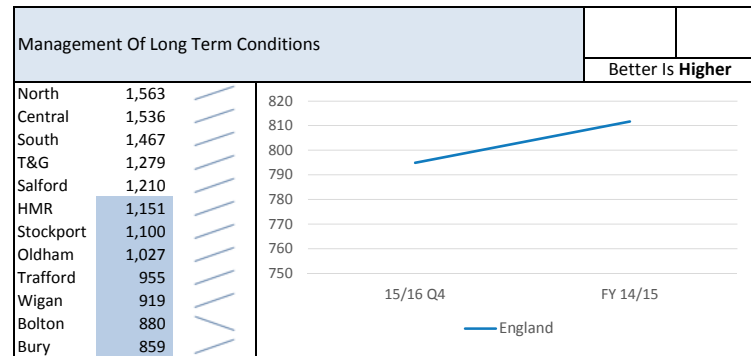
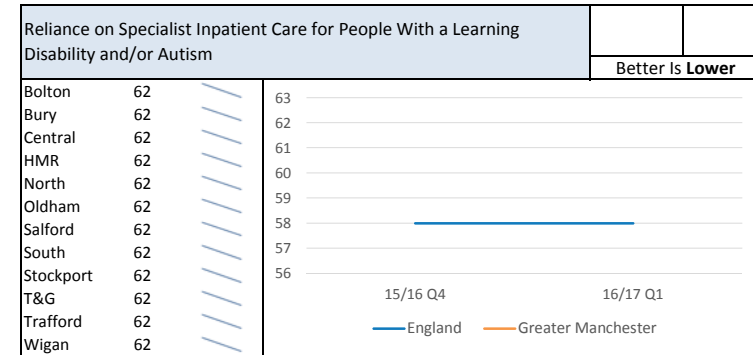
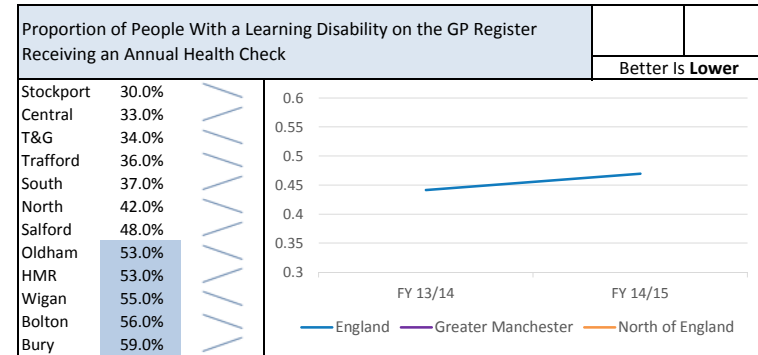
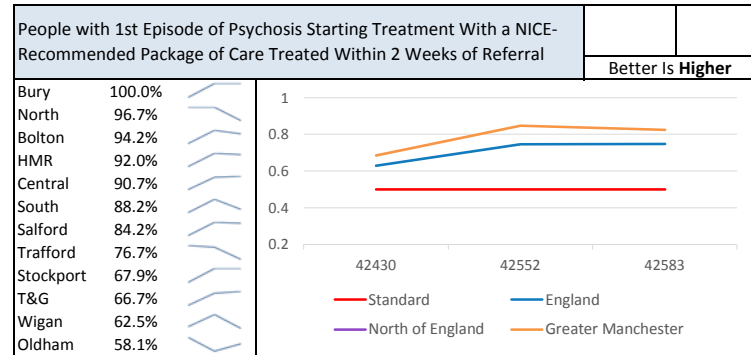
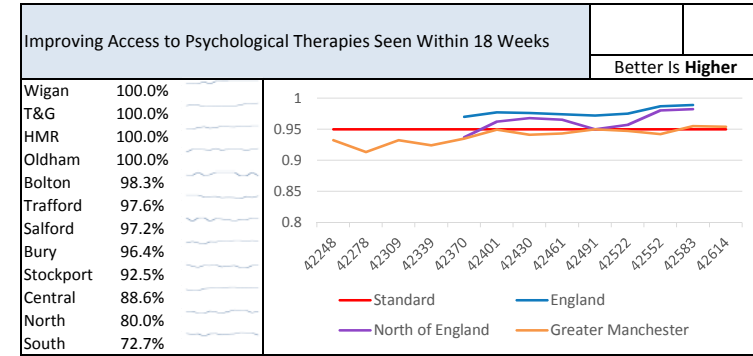
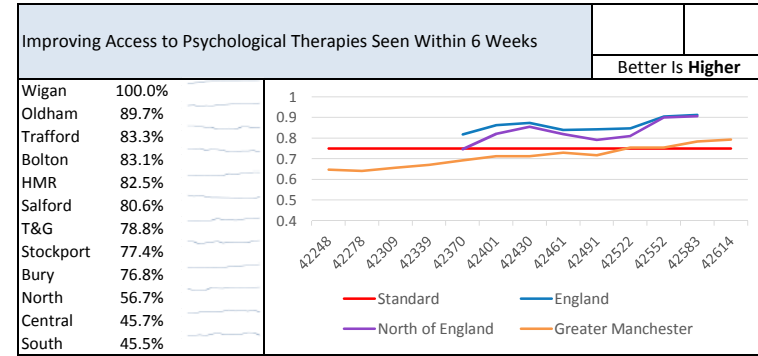
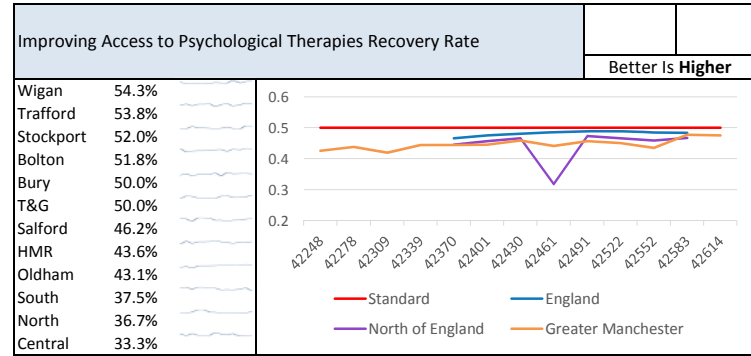
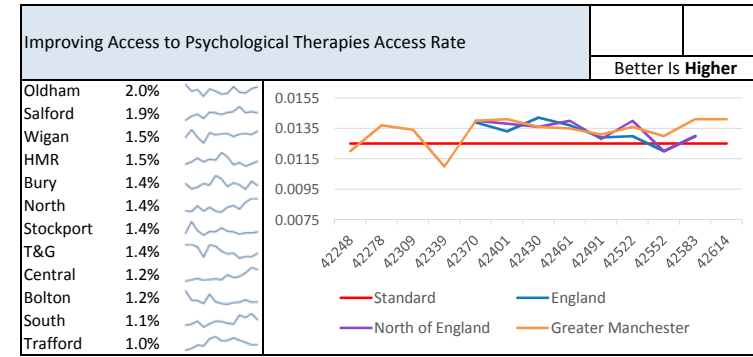
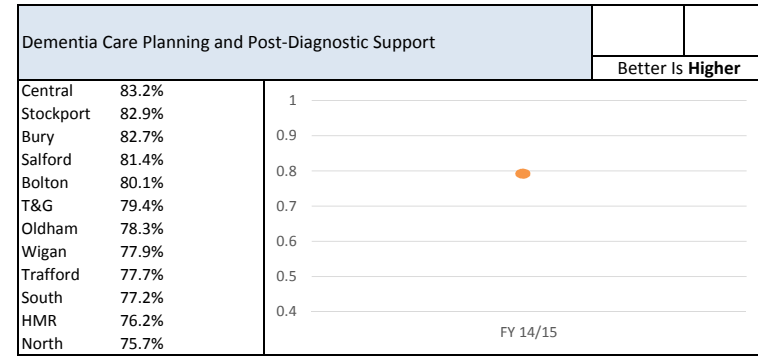
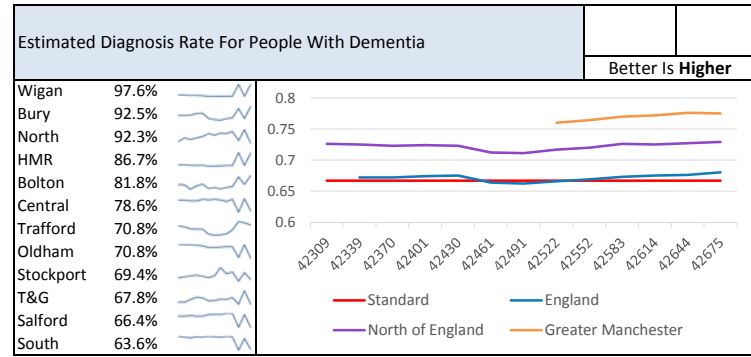
Decreased Variation In Quality Of Care Health Outcomes Across GM Localities



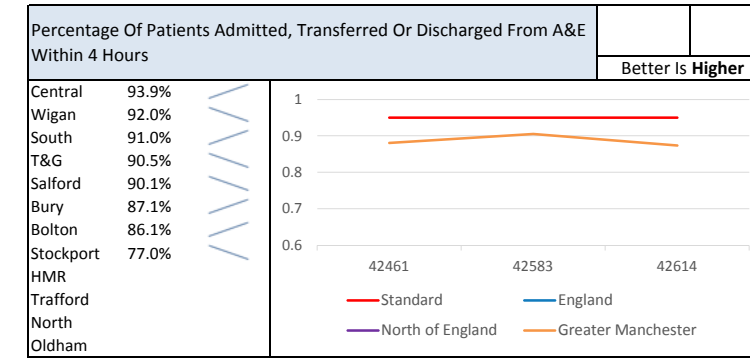
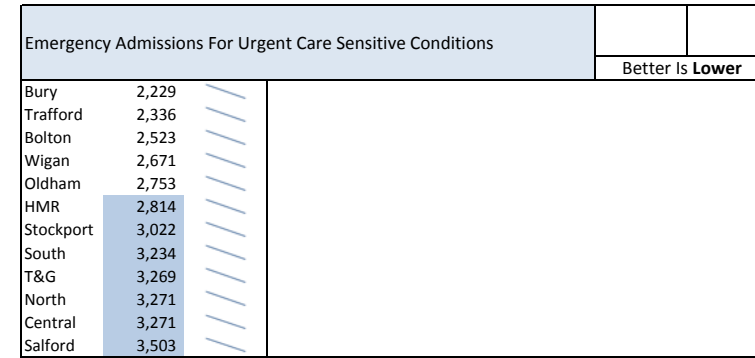
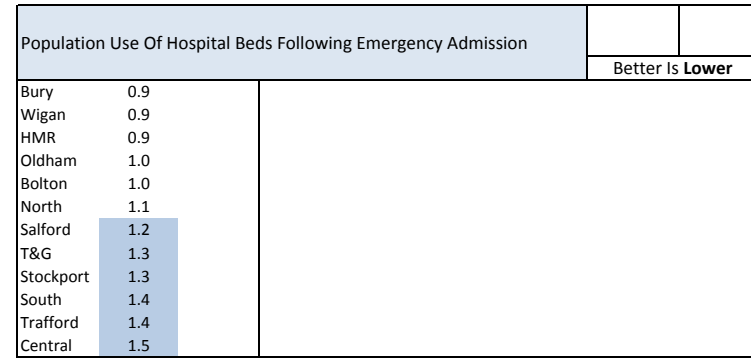
Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



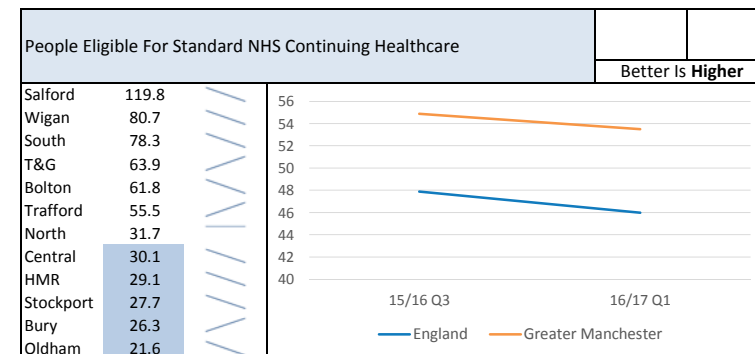
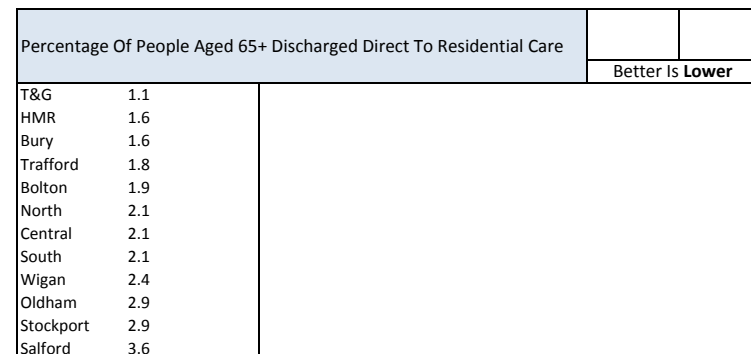
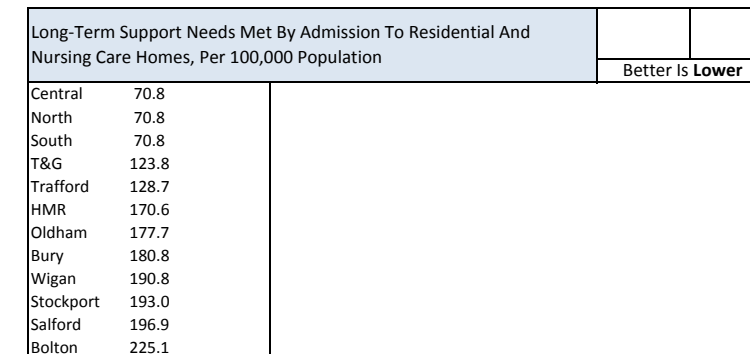
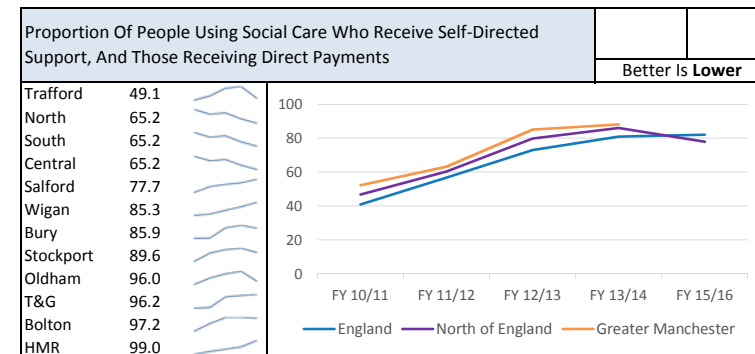
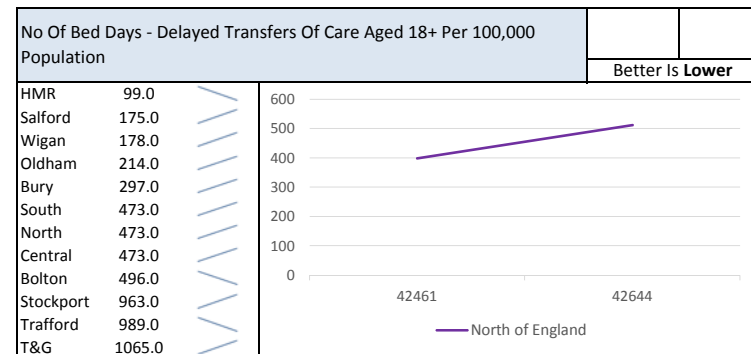
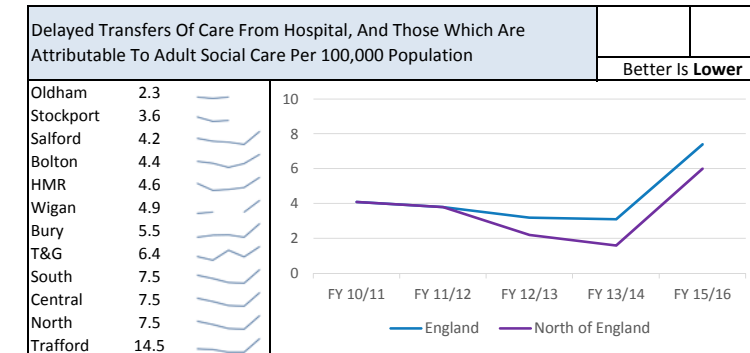
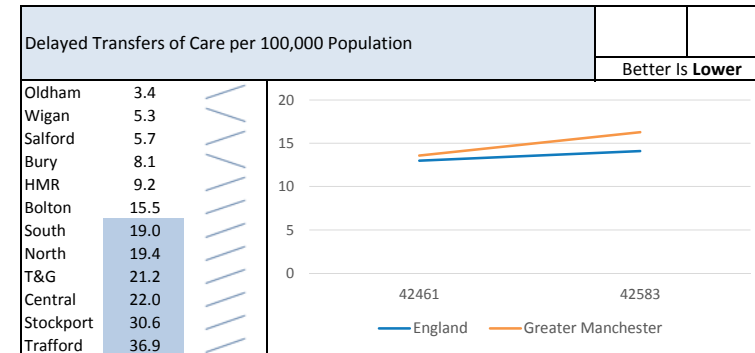
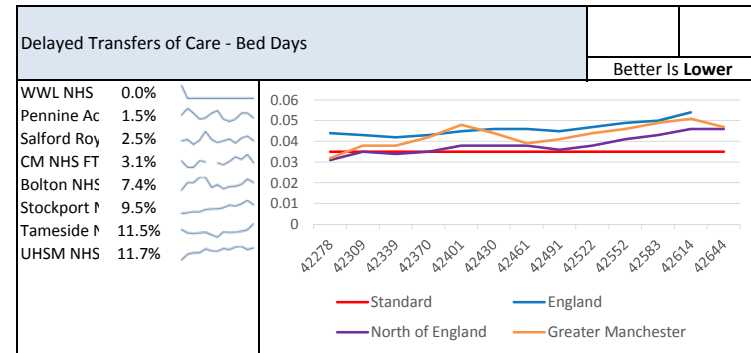
Improved Outcomes For People With Learning Disabilities/Mental Health Needs



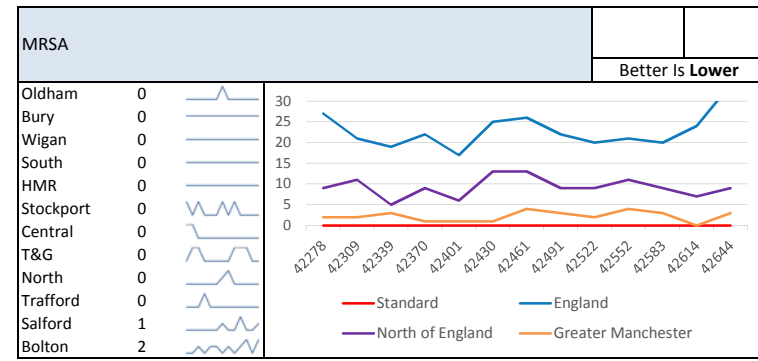
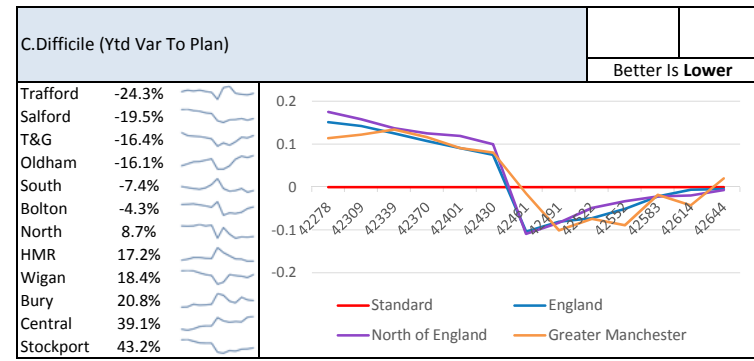
Decreased Need For Hospital Services With More Community Support



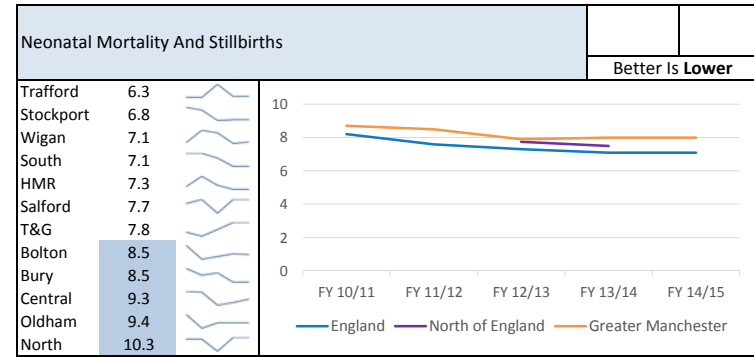
Improved Transition Of Care Across Health And Social Care



Placeholder TBC



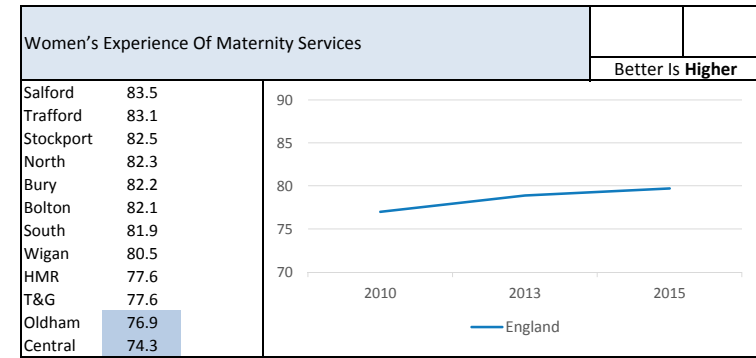
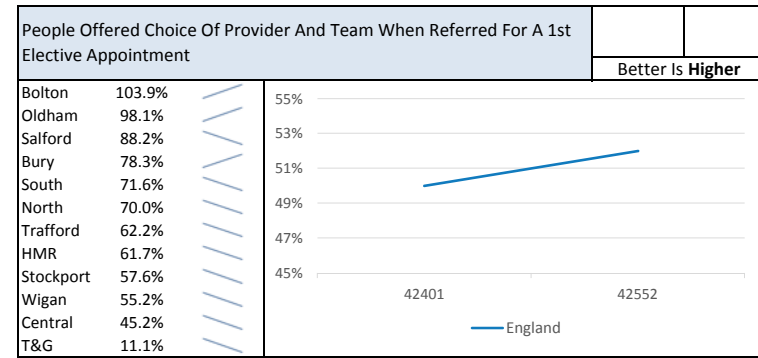
Achievement Of Milestones In The Delivery Of An Integrated Urgent Care Service		Better Is Higher	
Bolton	4		
Bury	4		
Central	4		
HMR	4		
North	4		
Oldham	4		
Salford	4		
South	4		
Stockport	4		
T&G	4		
Trafford	4		
Wigan	4		



Primary Care Workforce		Better Is Higher	
Salford	1.1		
T&G	1.0		
Bolton	1.0		
HMR	0.9		
Stockport	0.9		
Wigan	0.9		
Bury	0.9		
Oldham	0.9		
South	0.8		
Trafford	0.8		
Central	0.8		
North	0.8		

Achievement Of Clinical Standards In The Delivery Of 7 Day Services (Placeholder)		Better Is Higher	
Bolton			
Bury			
Central			
HMR			
North			
Oldham			
Salford			
South			
Stockport			
T&G			
Trafford			
Wigan			

Primary Care Workforce - GPs And Practice Nurses Per 1,000 Population		Better Is Higher	
Salford	100.0%		
T&G	90.0%		
Stockport	90.0%		
HMR	90.0%		
Wigan	90.0%		
Bolton	90.0%		
Oldham	90.0%		
Trafford	80.0%		
South	80.0%		
Bury	80.0%		
North	80.0%		
Central	80.0%		

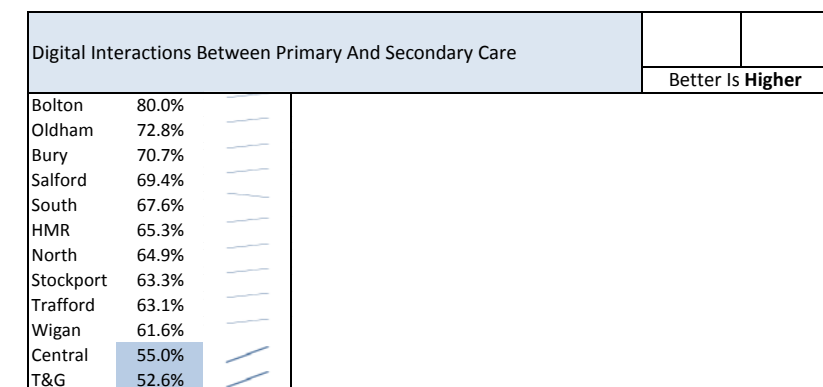
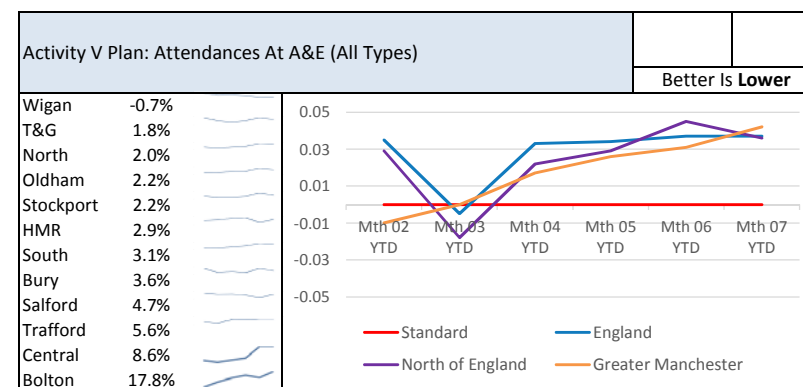
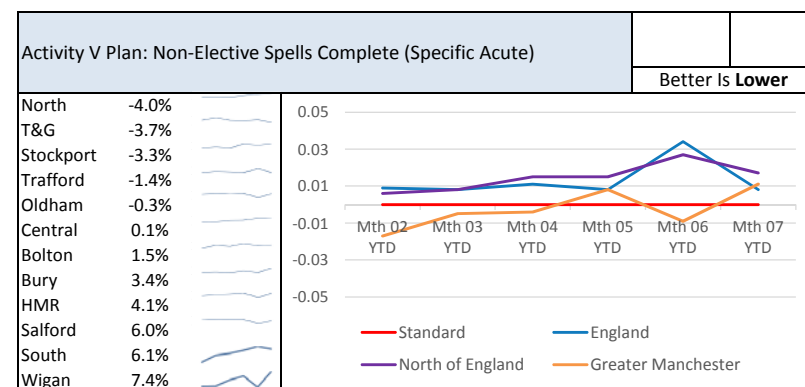
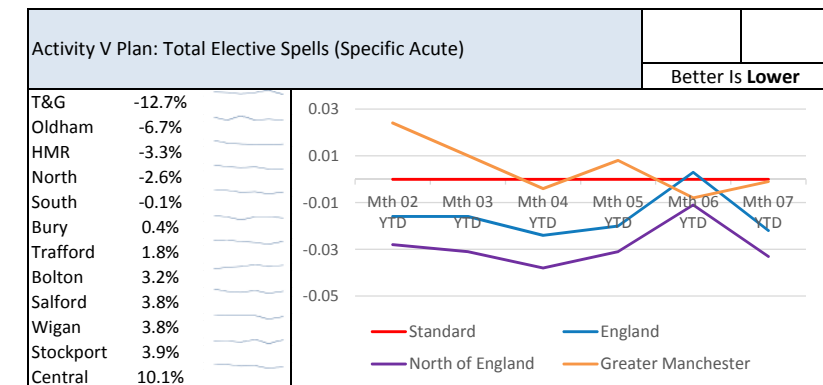
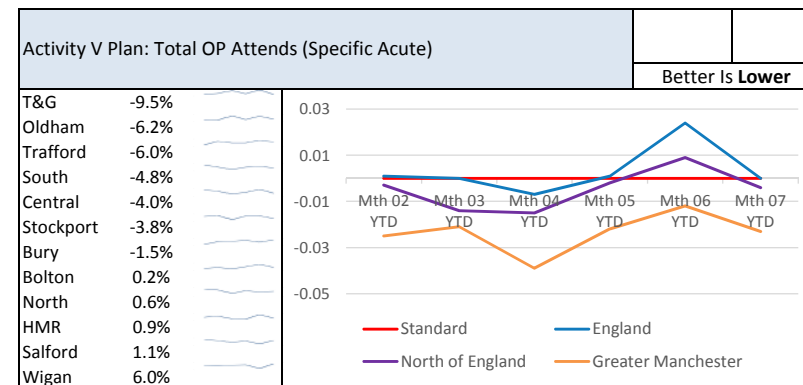
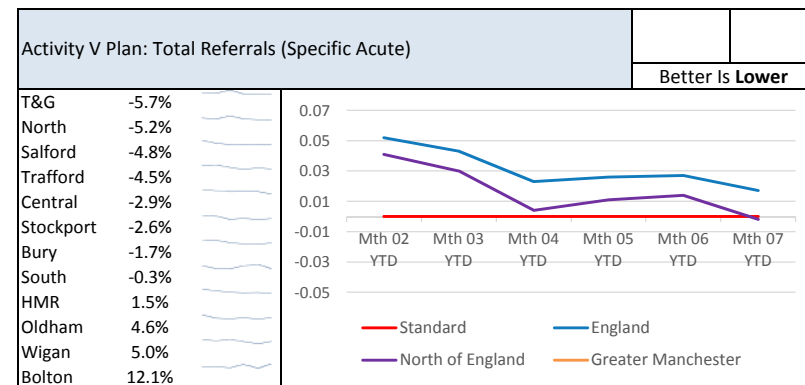


Choices In Maternity Services		Better Is Higher	
Salford	69.8%		
Bury	69.7%		
North	68.7%		
HMR	68.7%		
South	67.8%		
Oldham	65.3%		
Stockport	65.0%		
Wigan	64.6%		
Trafford	64.5%		
Bolton	64.3%		
Central	63.0%		
T&G	61.4%		

Sustainability



Reduced Demand for Reactive Health and Social Care Services and a Shift in Spend to Proactive Provision



Financial Plan 16/17

In-Year Financial Performance 16/17 Q1

Better Is Green

Bolton	#REF!	#REF!	↔
Bury	#REF!	#REF!	↔
Central	#REF!	#REF!	↔
HMR	#REF!	#REF!	↔
North	#REF!	#REF!	↔
Oldham	#REF!	#REF!	↔
Salford	#REF!	#REF!	↔
South	#REF!	#REF!	↔
Stockport	#REF!	#REF!	↔
T&G	#REF!	#REF!	↔
Trafford	#REF!	#REF!	↔
Wigan	#REF!	#REF!	↔

Local Strategic Estates Plan (SEP) In Place

Better Is Yes

Bolton	#REF!
Bury	#REF!
Central	#REF!
HMR	#REF!
North	#REF!
Oldham	#REF!
Salford	#REF!
South	#REF!
Stockport	#REF!
T&G	#REF!
Trafford	#REF!
Wigan	#REF!

Adoption Of New Models Of Care (Placeholder)

Better Is Higher

Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

Local Digital Roadmap In Place (Placeholder)

Better Is Higher

Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

Expenditure In Areas With Identified Score For Improvement (Placeholder)

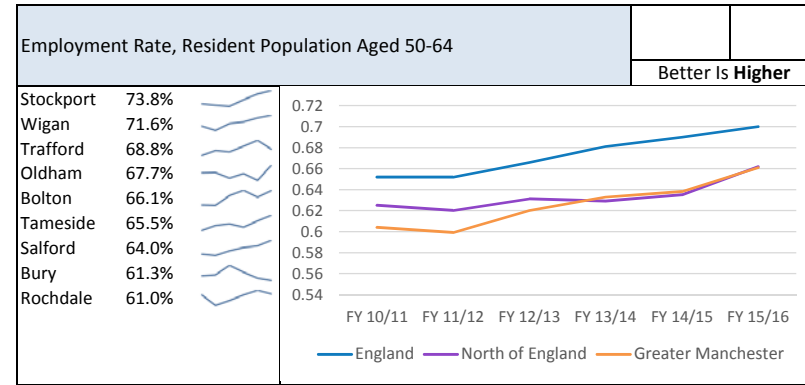
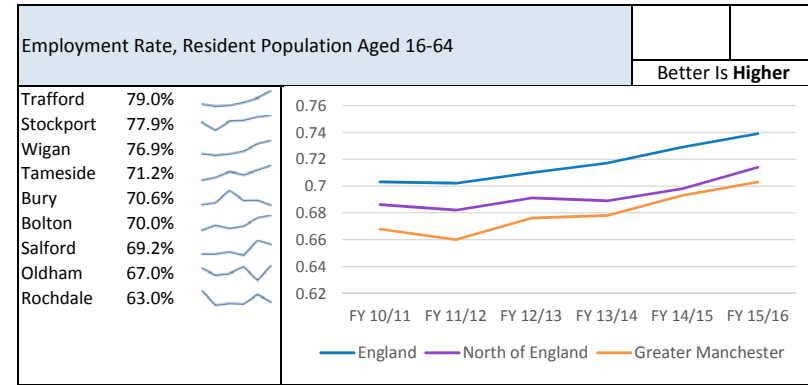
Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

Outcomes In Areas With Identified Scope For Improvement (Placeholder)

Better Is Higher

Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

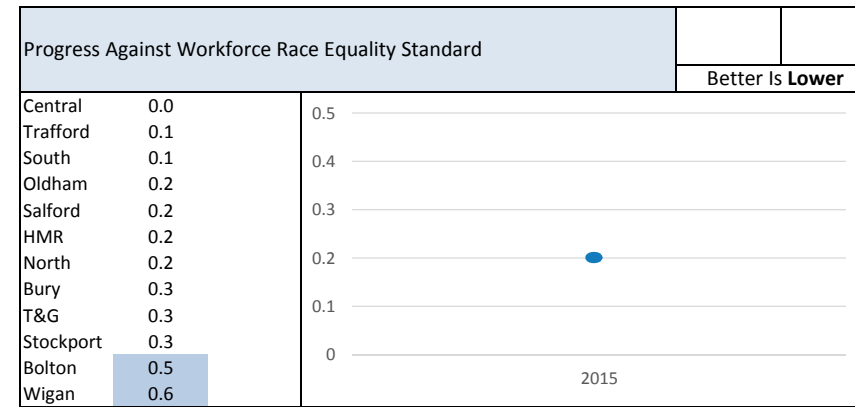
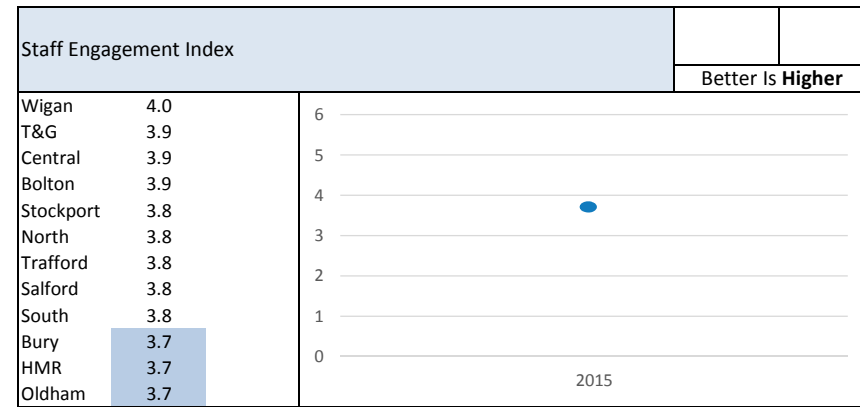
More People Will Be In Employment, With An Increasing Proportion In 'Good Work' And Able To Stay In Work For Longer



Well Led



Placeholder TBC



Effectiveness Of Working Relationships In The Local System			
		Better Is Higher	
Bolton	74.4		
Oldham	74.3		
Salford	74.2		
HMR	71.5		
Central	71.0		
Trafford	69.9		
Wigan	69.8		
South	69.8		
Stockport	68.8		
Bury	67.1		
T&G	66.9		
North	66.0		

Quality Of CCG Leadership		-	-
		Better Is Green Star	
Salford	Green Star		
Bolton	Green		
Bury	Green		
Central	Green		
HMR	Green		
North	Green		
Oldham	Green		
South	Green		
Stockport	Green		
T&G	Green		
Trafford	Green		
Wigan	Green		

Sustainability And Transformation Plan (Placeholder)			
Bolton			
Bury			
Central			
HMR			
North			
Oldham			
Salford			
South			
Stockport			
T&G			
Trafford			
Wigan			

Probity And Corporate Governance (Placeholder)			
Bolton			
Bury			
Central			
HMR			
North			
Oldham			
Salford			
South			
Stockport			
T&G			
Trafford			
Wigan			

Select a CCG

3. North

2. STP

4. 3. #VALUE!

4.

5.

Select a region

Select STP or DCO

Select an STP or DCO

Select a CCG

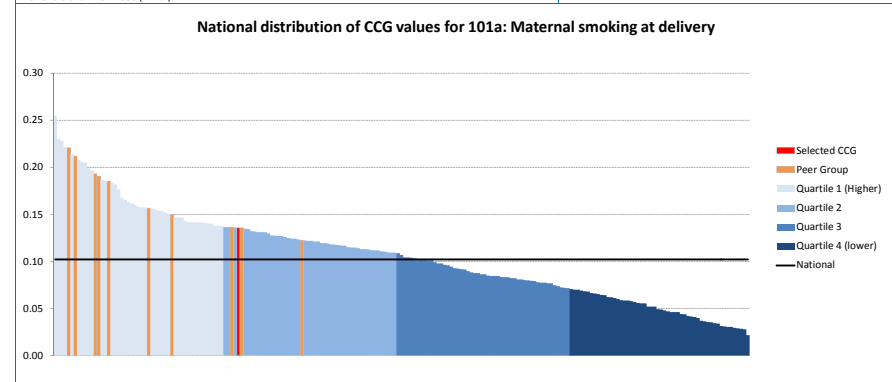
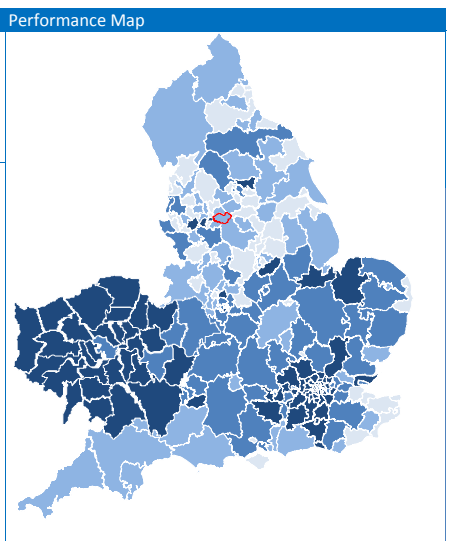
Select an Indicator

NHS Tameside and Glossop CCG

- The 10 closest CCGs to NHS Tameside and Glossop CCG**
- NHS Rotherham CCG (13.1%)
 - NHS Stoke on Trent CCG (18.5%)
 - NHS Bury CCG (12.3%)
 - NHS Wakefield CCG (19.3%)
 - NHS Hartlepool and Stockton-on-Tees CCG (13.6%)
 - NHS Barnsley CCG (15.7%)
 - NHS St Helens CCG (13.6%)
 - NHS Halton CCG (15.0%)
 - NHS South Tees CCG (21.2%)
 - NHS Telford and Wrekin CCG (22.1%)

What you need to know...

- CCG and national values for each IAF indicator are presented in the table.
- Sparklines show the scores for each indicator over time.
- The spine chart shows how the CCG value compares other CCGs. A key is displayed over the chart to help with interpretation.



Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
Better Health						
▼ Maternal smoking at delivery	Q1 16/17	13.6%	10.2%		L	
▼ Percentage of children aged 10-11 classified as overweight or obese	2014-15	34.1%	33.2%		L	
▼ Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c)	2014-15	46.8%	39.8%		H	
▼ People with diabetes diagnosed less than a year who attend a structured education course	2014-15	0.0%	5.7%		H	
▼ Injuries from falls in people aged 65 and over	Mar-16	2,116	2,014		L	
▼ Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Jul-16	113.8%	52.0%		H	
▼ Personal health budgets	Q1 16/17	3.7	11.3		H	
▼ Percentage of deaths which take place in hospital	Q4 15/16	50.7%	47.0%		<=	
▼ People with a long-term condition feeling supported to manage their condition(s)	2016	61.4%	64.3%		H	
▲ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	1,475	929		L	
▲ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	3,164	2,168		L	
▲ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Jul-16	1.1	1.1		<=	
▲ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Jul-16	8.0%	9.3%		<=	
▲ Quality of life of carers	2016	77.5%	80.0%		H	
Better Care						
▼ Cancers diagnosed at early stage	2014	44.2%	50.7%		H	
▼ People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q1 16/17	90.1%	82.2%		H	
▲ One-year survival from all cancers	2013	67.6%	70.2%		H	
▲ Cancer patient experience	2015	8.7			H	
▲ Improving Access to Psychological Therapies recovery rate	Jun-16	45.8%	48.9%		H	
▲ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Jul-16	65.4%	72.0%		H	
▼ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 16/17	62			L	
▼ Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	34.0%	47.0%		H	
▼ Neonatal mortality and stillbirths	2014-15	7.8	7.1		L	
▼ Women's experience of maternity services	2015	77.6			H	
▼ Choices in maternity services	2015	61.4%			H	
▲ Estimated diagnosis rate for people with dementia	Aug-16	71.3%	67.3%		H	
▲ Dementia care planning and post-diagnostic support	2014/15	79.4%	77.0%		H	
▲ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H	
▲ Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,269	2,359		L	
▲ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Aug-16	90.3%	91.0%		H	
▲ Delayed transfers of care per 100,000 population	Aug-16	21.2	14.1		L	
▲ Population use of hospital beds following emergency admission	Q4 15/16	1.3	1.0		L	
▲ Management of long term conditions	Q4 15/16	1,236	795		L	
▲ Patient experience of GP services	H1 2016	83.2%	85.2%		H	
▲ Primary care workforce	H1 2016	1.0	1.0		H	
▲ Patients waiting 18 weeks or less from referral to hospital treatment	Aug-16	92.1%	91.0%		H	
▲ People eligible for standard NHS Continuing Healthcare	Q1 16/17	63.9	46.0		H	
Sustainability						
▲ Financial plan	2016	Amber			H	
▲ In-year financial performance	Q1 16/17	Red			H	
▲ Outcomes in areas with identified scope for improvement	Q1 16/17	CCG not incl.	58.3%		H	
▲ Digital interactions between primary and secondary care	Q2 16/17	52.6%			H	
▲ Local strategic estates plan (SEP) in place	2016-17	Yes			H	
Well Led						
▲ Staff engagement index	2015	3.9	3.8		H	
▲ Progress against workforce race equality standard	2015	0.3	0.2		L	
▲ Effectiveness of working relationships in the local system	2015-16	66.9			H	
▲ Quality of CCG leadership	Q1 16/17	Green			H	

Population Health

Appendix 1

Domain	Level 1 Outcome	Level 2 Outcome	Outcome Indicators	Indicator Source	Lead for indicators	Frequency
1.1 Start Well	Our children get the best possible start in life	Babies are given the best start Children are well prepared for primary education Young people are well prepared for employment	Low birth weight babies	PHBF	Jacqui D	Quarterly (2 Qs behind)
			Maternal smoking at delivery	NHS Digital	Martin K/Ricky	Quarterly
			Neonatal and stillbirths per 1000 population	PCMD	Jacqui D	Quarterly
			Breastfeeding rates	HV submission	Jacqui D	Quarterly
			Number of babies born to obese mothers	NHS Digital	Jacqui D	Monthly
			Post natal depression rates	Local Maternity	Jacqui D	Quarterly
			Perinatal depression rates	Local Health Visiting team	Geoff Luker?	Quarterly
			ASQ Development milestones (development at 2 & half yrs)	Local Health Visiting team	Geoff Luker?	Quarterly
			School readiness	TMBC	Dean McDonagh	Annual
			GCSE's achieved grade A*-C	TMBC	Dean McDonagh	Annual
			1.2 Live Well	Adults experience good quality of life	Children and young people experience positive mental wellbeing People live health lives for longer People experience positive mental wellbeing People feel part of a strong community People don't experience poverty People take part in meaningful activity, including work People live in good quality housing People are physically active People maintain a healthy weight People don't smoke People don't use alcohol excessively Older people are supported to prevent falls Older people feel as independent as possible for as long as possible Carers are supported, valued and involved Older people live as long as possible in as good health as possible Older people experience positive mental wellbeing Older people feel safe and part of their community	Rate of people leaving education with no qualifications
Youth unemployment rates						
Immunisation rates data	PHOF	Jacqui D				annually
Physical activity rates amongst young people	What About YOUTH? survey	Jacqui D				annually
Pupil Absence	PHOF	Jacqui D				annually
Tooth decay in children aged 5 (change to) Hospital admissions for dental caries (1-4 years)	CHiMat	Jacqui D				annually
Excess weight in 4-5 and 10-11 year olds	NCMP	Jacqui D				annually
Rate of 'underweight' children	NCMP	Jacqui D				annually
Admissions related to alcohol in U18s	CHiMat/SUS	Jacqui D				annually/quarterly
Hospital admissions caused by unintentional and deliberate injuries aged 0-14	CHiMat/SUS	Jacqui D				annually/quarterly
Smoking rates at age 15	What About YOUTH? survey	Jacqui D				annually
Data relating to 'Healthy' Schools Programme	?					
Admissions related to self harm	CHiMat/SUS	Jacqui D	annually/quarterly			
Average wait to access CAMHS	?					
Number of children and young people requiring inpatient mental health services	SUS	Jacqui D	annually			
Healthy life expectancy	PHOF	Jacqui D	annually			
U75 mortality rate for cancer	PHOF/PCMD	Jacqui D	annually/quarterly			
U75 mortality rate for respiratory conditions	PHOF/PCMD	Jacqui D	annually/quarterly			
U75 mortality for cardiovascular disease	PHOF/PCMD	Jacqui D	annually/quarterly			
U75 mortality for liver disease	PHOF/PCMD	Jacqui D	annually/quarterly			
Measure from annual wellbeing survey (Self-reported wellbeing - people with a low satisfaction score)	PHOF	Jacqui D	Annually			
Measure relating to access to IAPT (finished a course of treatment within 6 weeks of referral and 18weeks)	NHS Digital	MartinK	Monthly/Quarterly			
Measure related to inpatient mental health (Emergency HAS for mental health conditions)	SUS	Jacqui D	Annually			
Measure of investment in asset based community approaches	?					
Placeholder for survey measure relating to feeling part of a community (Whether people chat to their neighbours at	Community Life Survey	Jacqui D	Annually			
Percentage of households where income is less than 60 per cent of median household income before housing costs(only available as children living in plus it's 2011)	https://www.gov.uk/governm	Jacqui D	Annually			
Employment rate of people with health condition or illness lasting 12 months or more (16-64) OR Those who are somewhat, mostly or completely satisfied with their job , ONS (struggling with up to date stats)						
Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services	PHOF	Jacqui D	Annually			
Average Earnings difference (Tamesis/Dev/North West)	ONS/NOMIS	Jacqui D	Annually			
Percentage of people out of work	ONS/NOMIS	Jacqui D	Annually			
Proportion of T&G residents living in a "Decent Home" OR Satisfaction with Accommodation (ONS)						
Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation	SCOF	Andrea Staniforth	Quarterly			
Statutory homelessness - households in temporary accommodation	PHOF	Jacqui D	Annually			
Proportion of adults achieving at least 150 minutes physical activity per week	PHOF	Jacqui D	Annually			
Excess weight in adults	PHOF	Jacqui D	Annually			
Prevalence of smoking amongst 15 year olds and over 18 year olds	PHOF	Jacqui D	Annually			
Number of admissions involving an alcohol related primary diagnosis or alcohol related external cause per 100,000 population	PHOF	Jacqui D	Annually			
Number of falls amongst over 65s and over 80s	PHOF	Jacqui D	Annually			
Proportion of older people still at home 91 days after discharge	SCOF	Andrea Staniforth	Quarterly			
Emergency Admissions for Ambulatory Care Conditions per 100,000 population	SUS	Martin	Quarterly			
Delayed transfer of care attributable to health or social care per 100,000 population	SUS	Martin	Quarterly			
Permanent admissions of older people (aged 65 and over) to residential and nursing homes per 1000 population	SCOF	Andrea Staniforth	Quarterly			
Carer related quality of life	SCOF	Andrea Staniforth	Annually			
Life expectancy at birth	PHOF	Jacqui D	Annually			
Life expectancy at 75 years	PCMD	Jacqui D	Annually			
Fraction of mortality attributable to particulate air pollution	PHOF	Jacqui D	Annually			
People with suspected cancer referred to by their GP within two weeks	Open Eeater	Ricky Hind	Monthly			
People receiving first definitive treatment within 31 days of diagnosis	Open Eeater	Ricky Hind	Monthly			
One year all cancer survival rate	Cancerstats	Jacqui D	Annually			
SHM Measure	NHS Digital	Jacqui D	Annually			
Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	PCMD	Jacqui D	Annually			
Directly age-standardised rate of mortality from causes considered preventable per 100,000 population	PHOF	Jacqui D	Annually			
Potential years of life lost (PYLL) from causes amenable to healthcare) i) adults ii) children	NHS Digital	Jacqui D	Annually			
Placeholder to identify metrics						
Placeholder to identify metrics	Tameside Insight					
1.3 Age Well	Older people experience good quality of life	People don't experience inequality of life expectancy There is parity of esteem between physical and mental health	Slope index of inequality of life expectancy at birth within T&G	PHOF	Jacqui D	Annually
			potential years of life lost from causes considered amenable to healthcare	NHS Digital	Jacqui D	Annually
			Gap in life expectancy between the best and worst ward	PCMD	Jacqui D	Annually
			Excess mortality rate in adults with serious mental illness aged under 75 per 100,000 population	NHS Digital	Jacqui D	Annually
			IAPT access rate	NHS Digital	Martin	Quarterly
			IAPT recovery rate	NHS Digital	Martin	Quarterly
			IAPT seen within 6 weeks	NHS Digital	Martin	Quarterly
			IAPT seen with 18 weeks	NHS Digital	Martin	Quarterly
			Prevalence of Depression	QOF	Jacqui D	Annually
			Excess under 60 mortality rate amongst people with a learning disability	NHS Outcomes Framework	Jacqui D	Annually
			Take up of annual health check in primary care for people with a learning disability	PHE	Jacqui D	Annually
1.4 Health Inequalities are Reducing	People don't experience inequality related to health	People with a learning disability are supported effectively in their community	People with a learning disability and/or autism receiving specialist inpatient care per 100,000 population			Needs confirming may not be available at CCG or LA level

Empowering People and Communities

	Domain	Level 1 Outcome	Level 2 Outcome	Outcome Indicators	Indicator Source
2.1	Self-Care and Supported Self Management	The public understand how to 'self-care'		Placeholder for number of people accessing A&E inappropriately Antibiotic prescription rates Placeholder for measure of population health literacy	
		People with long term conditions are supported to develop the knowledge, skills and confidence to manage their health and health conditions effectively		Mean increase in patient activation score amongst identified cohorts of people with long term conditions % of people with diabetes accessing structured education programme post diagnosis Placeholder: Consider rollout of Clinician Support for Patient Activation Measure	
2.2	Choice and Control	Care is well planned and takes account of individual goals and preferences		% of people with LTC with a person centred care and support plan Placeholder for a measure of shared decision making in planned care	
		People experience choice and control over the care they receive		Proportion of people dying at home/place of their choosing Number of people being offered personal budgets % population with online access to records People offered choice of provider when referred for first elective appointment Choice of maternity services	
2.3	Asset Based Approaches	Individuals, families and communities are resilient and able to support one another		Year on year increase in joint place-based investment for asset-based community development (ABCD) Brief Resilience Scale (BRS) Social isolation measure (PHOF) % of people scoring seven or more when asked whether satisfied with family life	
2.4	Patient and Public Voice	The voice of the public are at the heart of everything we do		% change in statutory investment in VCS to support health and wellbeing outcomes Placeholder for measure of patient and public engagement	

System Performance and Sustainability

	Domain	Level 1 Outcome	Level 2 Outcome	Outcome Indicators
		The health and care system is in recurrent financial balance		Aggregate health economy financial position
3.1	Financial Sustainability	Activity across the system is reducing or stabilising	DN: NEED TO INSERT ACTIVITY ASSUMPTIONS FROM CBA WHEN AGREED	
		Waste in the system is reducing		Placeholder for measure of medication waste
		Care is effective		CQC inspection rating [new inspection regime for new models of care] OR % practices rated excellent
				Indirectly standardised percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital after admission
		Care is safe		National PROMs: Total health gain as assessed by patients for elective procedures (hip replacement, knee replacement, groin hernia surgeries and varicose vein removal surgeries)
				Potential years of life lost (PYLL) from causes amenable to healthcare) i) adults ii) children
3.2	High Quality Care			National and local standards are adhered to [DN need to break down]
				Deaths attributable to problems in healthcare
				Number of never events / 1000 population
				Severe harm attributable to problems in healthcare
				Incidence of healthcare acquired infections
				Proportion of people who use services who say that those services have made them feel safe and secure
				Admissions to hospital as a result of medication error: Number of medicine related emergency admissions to hospital
3.3	Workforce stability	Placeholder: Meeting planned in NY with Kate Quinn to develop stronger workforce section		