

Key Messages

Positive trends

18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 92.7% during November.

18 Weeks RTT 52+ Week Waits: There were no patients waiting longer than 52 weeks during November.

Cancer: All of the cancer indicators achieved standard during November.

IAPT Access Rate: Performance continues to be above the Quarterly standard (3.75%) achieving 3.92% during Quarter 2.

IAPT Waiting Times: Quarter 2 performance is above standard for 18 week waiting times and 18 week waits is reported as 98.6% (Standard 95%)

Healthcare Associated Infections Clostridium Difficile: The number of reported cases during November (6) was below plan.

Mixed Sex Accommodation: There were no MSA breaches reported in November for Tameside and Glossop CCG patients.

Dementia: Estimated diagnosis rate for people aged 65+ for November was 74.4% against the 66.7% standard.

Referrals: Although GP referrals have increased this month compared to last month they have continued to decrease overall and have decreased compared to the same period last year. Other referrals have slightly increased compared to last month and have also increased compared to the same period last year.

Challenges

Please note a more detailed exception report is available for each of these indicators later in this report.

A&E Waits Total Time Within 4 Hours At T&G ICFT: November performance at Tameside And Glossop Integrated Care NHS FT (T&GICFT) is below the 95% target, at 86.6%. A total of 7,029 patients attended A&E in the month, of which 943 did not leave the department within 4 hours.

Diagnostics 6+ Week Waiters: Performance was higher (worse than) the national standard of 1.00%, currently achieving 1.29% during November.

Ambulance Response Times Across NWAS Area: Performance against all three response times across the North West Ambulance Service (NWAS) area are worse than the national standards in November. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 62.8% and 60.4%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 86.8%.

Healthcare Associated Infections MRSA: There have been 6 reported cases of MRSA during the year. No cases reported in the month of November.

111: The North West NHS 111 service is performance managed against a range of KPIs reported as follows for Nov:- Calls Answered (95% in 60 seconds) = 67.47%- Calls abandoned (<5%) = 6.88%- Warm transfer (75%) = 34.96%Call back in 10 minutes (75%) = 36.04%

IAPT Recovery Rate: Quarter 2 performance was below the standard (50%) achieving 46.00%.

IAPT Waiting Times: Quarter 2 performance is below the standard for 6 week waiting times. IAPT 6 week waits is reported as 73.4% (standard 75%).

Key: H=Higher L=Lower ◊ =N/A

Better Care

Description	Indicator	F	Level	Better is...	Threshold	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	Nov-16	Exceptions	GM	England	Trend
Cancer 2 Week Wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	M	T&G CCG	H	93%	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%	97.5%		96.90%	95.16%	
	Maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	M	T&G CCG	H	93%	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%	100.0%		96.30%	96.05%	
Cancer 31 Day Wait	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	M	T&G CCG	H	96%	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%	98.2%		97.80%	97.22%	
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%		96.60%	94.54%	
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	M	T&G CCG	H	98%	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%	100.0%	Breach due to deferred treatment in Jan-16.	99.60%	99.51%	
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%	97.72%	
Cancer 62 Day Wait	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	M	T&G CCG	H	85%	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%	90.4%	There were 10 breaches out of a total of 39 seen in Sept 16.	88.30%	82.10%	
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	M	T&G CCG	H	90%	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%	92.9%		90.00%	92.47%	
	Maximum 62 day wait for first treatment following a consultants decision to upgrade the priority of the patients (all cancer)	M	T&G CCG	H	85%	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%	94.4%	For Sept 16 there were 13 patients treated with 6 being treated over the target	86.50%	89.65%	
18 Weeks RTT	Patients on incomplete non emergency pathways (yet to start treatment)	M	T&G CCG	H	92%	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%	92.7%	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%.	92.30%	90.05%	
	Patients waiting 52+ weeks on an incomplete pathway	M	T&G CCG	L	Zero Tolerance	0	1	0	2	0	12	1	0	1	1	1	0	1	0	In Oct-16 there was 1 patient waiting over 52 weeks for treatment on an incomplete pathway. This patients 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 that 6 weeks from referral	M	T&G CCG	L	1%	2.4%	2.5%	2.68%	1.83%	2.88%	2.17%	2.55%	1.55%	2.36%	1.70%	1.20%	1.24%	1.34%	1.29%	CCG target not achieved, 62 breaches. Failing for CCG are Central Manchester with 21 breaches for echocardiography, flexi sigmoidoscopy, gastroscopy and MRI. PAHT with 1 breach for gastroscopy. Stockport with 1 breach for colonoscopy. THFT with 31 breaches,for audiology assessments, colonoscopy, CT scans, gastroscopy and NOUS. Care UK with 8 breaches for audiology assessments and MRI.	1.50%	1.10%	
Dementia	Estimated diagnosis rate for people aged 65+	M	CCG	H	66.70%	68.90%	68.90%	70.30%	71.60%	71.10%		69.60%	69.80%	70.50%	70.3%	71.3%	72.8%	75.3%	74.4%		77.50%	68.00%	
A&E < 4 Hours	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - THFT	M	THFT	H	95%	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%	86.6%	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.	86.00%	88.40%	
	Delayed transfers of care per 100,000 population	M	T&G CCG	L												21.2					16.3	14.1	

	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	M		H				0.0%	11.1%			33.3%	45.5%	62.1%	65.4%							78.0%	72.00%		
	Achievement of milestones in the delivery of an integrated urgent care service	M		H											4										
IAPT-Improving Access to psychological services	Access	Q	T&G CCG	H	3.75%	4.30%	4.41%	4.3%	3.95%	3.92%													4.00%		
	Recovery	Q	T&G CCG	H	50%	44.00%	40.14%	40.0%	45.75%	46.00%													47.50%	48.89%	
	Waiting times less than 6 weeks	Q	T&G CCG	H	75%	52.60%	60.14%	56.3%	62.75%	73.40%													79.30%	84.82%	
	Waiting times less than 18 weeks	Q	T&G CCG	H	95%	89.61%	90.54%	90.4%	91.50%	98.60%													95.40%	97.47%	
	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q		L			65			62													62 (Q1)	58 (Q1)	
	Emergency admissions for urgent care sensitive conditions	Q		L			3269																	2359	
	Population use of hospital beds following emergency admission	Q		L			1.3																	1.0	
	Management of long term conditions	Q		L			1276																	795 Q4 15/16	
	People eligible for standard NHS Continuing Healthcare	Q		H						63.9													53.5	46.0	
Description	Indicator		Level	Better is...	Threshold	2009	2010	2011	2012	2013	2014	2015	Exceptions		GM	England	Trend								
	Cancers diagnosed at early stage	A	T&G CCG	H					44.1	43.7	44.2				48.90%	50.70%									
	One-year survival from all cancers	A	T&G CCG	H		64.9	65.7	66.6	67.6	67.6					69.50%	70.20%									
	Cancer patient experience	A	T&G CCG	H							9.1	8.7			9 (2014)	8.9 (2014)									
	Women's experience of maternity services	A	T&G CCG	H								77.6				79.7									
	Choices in maternity services	A	T&G CCG	H								61.4%													
Description	Indicator		Level	Better is...	Threshold	09/10	10/11	11/12	12/13	13/14	14/15	15/16	Exceptions		GM	England	Trend								
	Neonatal mortality and stillbirths	A	T&G CCG	L			5.9	5.1	6.4	7.8	7.8				8.0 FY 14/15	7.8 FY 14/15									
	Dementia Care Planning and Post-Diagnostic Support	A	T&G CCG	H							79.4%				79.6% FY 14/15	77.0% FY 14/15									
	Patient experience of GP services	A	T&G CCG	H				85.6%	85.7%	83.4%	81.2%	83.2%			85.40%	83.20%									
	Proportion of people with a learning disability on the GP register receiving an annual health check	A	T&G CCG	H						44.6%	34.0%				47.5% FY 13/14	47.0% FY 14/15									
Description	Indicator		Level	Better is...	Threshold	2010	2011	2012	2013	2014	2015	2016	Exceptions		GM	England	Trend								
	Primary care workforce	A	T&G CCG	H							0.9	1.0				1.0									

Key: H=Higher L=Lower ↔ =N/A

Better Care - Adult Social Care

Description	Indicator	F	Level	Better is...	Threshold	3rd Quarter 2015-16			4th Quarter 2015-16 Out-turn			1st Quarter 2016-17			2nd Quarter 2016-17			Exceptions	GM	England *	Trend
						Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16				
ASCOF 1C - Proportion of people using social care who receive self-directed support, and those receiving direct payments.	Part 1a - % of service users who receive self directed support	Q	LA	H	86.9	97.80%			97.77%			97.59%			97.51%			Cumulative year to date performance reported	-	86.9	
	Part 1b - % of carers who receive self directed support	Q	LA	H	77.7	92.89%			91.10%			99.57%			99.79%			Cumulative year to date performance reported	-	77.7	
	Part 2a - % of service users who are in receipt of direct payments	Q	LA	H	28.1	16.38%			15.43%			14.91%			14.74%			Cumulative year to date performance reported	-	28.1	
	Part 2b - % of carers who are in receipt of direct payments	Q	LA	H	67.4	91.38%			74.63%			77.87%			73.43%			Cumulative year to date performance reported	-	67.4	
ASCOF 2A - Permanent admissions to residential and nursing care homes, per 100,000 population.	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	Q	LA	L	13.3	9.69 (13 Admissions)			11.92 (16 Admissions)			1.49 (2 Admissions)			2.98 (4 Admissions)			Cumulative year to date performance reported	-	13.3	
	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	Q	LA	L	628.2	481.61 (182 Admissions)			643.03 (243 Admissions)			153.87 (59 Admissions)			307.75 (118 Admissions)			Cumulative year to date performance reported	-	628.2	
	Total number of permanent admissions to residential and nursing care homes aged 18+	Q	LA	H	-	195			259			61			122			Cumulative year to date performance reported	-	-	
ASCOF 2B - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services.	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	Q	LA	H	82.7	-			86.44			-			-			Based on a sample period of discharges from hospital between October - December each year.	-	82.7	
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital compared against the HES data (hospital episode stats)	Q	LA	H	2.9	-			4.02			-			-			Based on a sample period of discharges from hospital between October - December each year.	-	2.9	
Early Help	Number of people supported outside the Social Care System with prevention based services.	Q	LA	H	-	8609			8503			8406			8308			Cumulative year to date performance reported	-	-	
Helped To Live At Home	Number of people helped to live at home and remain independent with support from Adult Services in community based services	Q	LA	H	-	2945			2971			3027			3000			Cumulative year to date performance reported	-	-	
Early Help - Re-ablement Services	% of people completing re-ablement who leave with either no package or a reduced package of care.	Q	LA	H	-	90.29%			90.40%			85.98%			87.76%			Cumulative year to date performance reported	-	-	
REVIEWS D40 - Proportion of service users with a completed review in the financial year	Service users needs change and frequent reviews ensure that they receive services which are suitable for their needs, and that LA's can utilise resources in the most efficient and appropriate way.	Q	LA	H	-	60.07%			72.78%			22.39%			41.09%			Cumulative year to date performance reported	-	-	

* Rag ratings are based on quarter on quarter and year on year comparisons. England data is 15/16.

Key: H=Higher L=Lower <=>=N/A

Sustainability

Description	Indicator	F	Level	Better is...	Threshold	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	Nov-16	Exceptions	GM	England	Trend
Referrals	GP Referrals-Total	M	T&G CCG	L		5532	5116	5180	5723	5636	67180	6018	5494	5724	5359	5142	5310	5086	5192	Variance from Monthly plan			
	Other referrals- Total	M	T&G CCG	L		2715	2694	2670	2871	2837	34656	2904	2748	2730	2751	2853	2786	3060	3085	Variance from Monthly plan			
	GP referrals- T&G ICFT	M	T&G CCG	L		4088	3804	3817	4242	4129	48782	4088	3971	4053	3766	3452	3611	3566	3673	Variance from previous year			
	Other referrals - T&G ICFT	M	T&G CCG	L		1375	1418	1419	1639	1540	19274	1640	1428	1521	1637	1670	1612	1836	1854	Variance from previous year			
Activity	Outpatient Fist Attend	M	T&G CCG	L	Plan	7169	6561	6591	6698	6554	80783	6852	7137	7441	6755	6903	7205	7265	7606	Variance from Monthly plan			
	Elective Inpatients	M	T&G CCG	L	Plan	2986	2642	2799	2898	2717	34015	2799	2890	3022	2871	2876	2915	2956	3201	Variance from Monthly Plan			
	Non-Elctive Admissions	M	T&G CCG	L	Plan	2462	2562	2407	2372	2636	28906	2361	2409	2314	2267	2336	2244	2337	2431	Variance from Monthly Plan			
In-year financial performance	Q		H																				
Outcomes in areas with identified scope for improvement	Q		H																			58.30%	
Digital interactions between primary and secondary care	Q		H												52.6								
Local strategic estates plan (SEP) in place	A		H																	Yes			
Financial plan	A		H																	AMBER			

Key: H=Higher L=Lower <=>=N/A

Well Led

Description	Indicator	F	Level	Better is...	Threshold	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	Nov-16	Exceptions	GM	England	Trend		
	Quality of CCG leadership	Q		H																					
Description	Indicator		Level	Better is...	Threshold	2009	2010	2011	2012	2013	2014	2015	Exceptions										GM	England	Trend
	Staff engagement index	A		H								3.9												3.8	
	Progress against workforce race equality standard	A		L								0.3												0.2	
Description	Indicator		Level	Better is...	Threshold	09/10	10/11	11/12	12/13	13/14	14/15	15/16	Exceptions										GM	England	Trend
	Effectiveness of working relationships in the local system	A		H								66.9													

Indicates the lowest performance quartile nationally.

Key: H=Higher L=Lower <=>=N/A

Other Indicators

Description	Indicator	F	Level	Better is...	Threshold	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	Nov-16	Exceptions	GM	England	Trend
Mixed Sex Accommodation	MSA Breach Rate	M	T&G CCG	L	0	0	0	0	0	0	0	0	0	0.1	0.2	0	0	0	0	Total of 1 breach in June 2016 and 2 breaches in July 2016 for T&G CCG. This is an unjustified mixing in relation to sleeping accommodation. Data shows the breach rate per 1,000 finished consultant episodes.	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	Q	THFT	L	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 in-patient care during the period	Q	T&G CCG	H	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%		

Other Indicators

Other indicators	Avoidable admissions- People		T&G CCG	L		5.58%	-14.25%	14.22%	14.95%	29.21%														
	Avoidable admissions-Cost		T&G CCG	L		39.92%	41.00%	12.51%	15.90%	-2.92%														
	Re admissions		T&G CCG	L																				
	Average LOS	M	T&G CCG	L									5.38	5.22	5.00	4.20								
	DTACS (Patients)	M	LA	L		39	19	43	42	37			38	49	37	47	42	47	71	52				
	DTACS (Patients)	M	Trust	L		33	16	43	36	25			26	38	25	32	29	38	61	45				

Other Indicators-111

111 KPIs	Calls answered (60 Seconds)	M	NW	H	95.00%		55.00%	56.00%	58.00%	49.00%		80.00%	85.00%	90.00%	83.00%	90.00%	89.00%	71.4%	67.5%				88.50%	
	Calls abandoned	M	NW	L	<5%		15.00%	16.00%	15.00%	23.00%		6.00%	4.00%	2.00%	4.00%	2.00%	2.00%	6.4%	6.9%				2.40%	
	Warm Transfer	M	NW	H	75%		38.0%	39.0%	38.0%	31.0%		35.0%	33.0%	32.0%	33.0%	35.0%	36.0%	33.2%	35.0%				36.10%	
	Call back in 20 mins	M	NW	H	75%		36.00%	32.00%	34.00%	32.00%		39.00%	41.00%	40.00%	38.0%	39.0%	34.0%	34.7%	36.0%				38.20%	

Ambulance

Ambulance	Red 1 < 8 Minutes (75% Target)	M	T&G CCG	H	75.00%	70.40%	76.60%	54.50%	67.00%	73.20%		81.50%	71.10%	69.50%	75.6%	66.7%	65.9%	68.3%	60.4%	High levels of demand and lengthening turn around times.	63.00%	67.30%	
	Red 2 < 8 Minutes (75% Target)	M	T&G CCG	H	75%	61.60%	65.30%	60.90%	55.80%	68.30%		64.90%	58.00%	63.10%	58.60%	65.80%	60.00%	60.48%	54.76%	High levels of demand and lengthening turn around times.	57.10%	62.90%	
	All Reds <19 Minutes (95% Target)	M	T&G CCG	H	95%	90.20%	91.2%	89.1%	87.9%	92.3%		90.7%	89.9%	91.1%	89.9%	91.0%	89.1%	86.4%	83.1%	High levels of demand and lengthening turn around times.	90.40%		
	Red 1 < 8 Minutes (75% Target)	M	NWAS	H	75%	70.40%	78.5%	69.3%	70.5%	74.8%		76.5%	74.3%	73.1%	70.5%	72.6%	69.5%	64.6%	62.8%	High levels of demand and lengthening turn around times.	63.00%	67.30%	
	Red 2 < 8 Minutes (75% Target)	M	NWAS	H	75%	68.50%	69.5%	63.5%	61.1%	70.4%		67.5%	66.3%	66.2%	62.7%	65.3%	61.8%	63.0%	60.4%	High levels of demand and lengthening turn around times.	57.10%	62.90%	
	All Reds <19 Minutes (95% Target)	M	NWAS	H	95%	92.00%	92.70%	89.90%	88.10%	92.60%		92.00%	91.50%	91.50%	89.8%	91.1%	89.0%	88.2%	86.8%	High levels of demand and lengthening turn around times.	90.40%		

Quality

Quality	Clostridium Difficile-Whole Health Economy	M		L	Plan	4	1	4	5	3	71	4	7	3	9	10	5	13	6				1120		
	Clostridium Difficile-Acute	M		L	Plan	1	0	1	4	0	29	2	2	2	4	5	2	8	5				399		
	Clostridium Difficile-Non-Acute	M		L	Plan	3	1	3	1	3	42	2	5	1	5	5	3	5	1				718		
	MRSA-Whole Health Economy	M		L	0	1	2	0	0	1	8	0	0	2	1	3	0	0	0				4	66	
	MRSA-Acute	M		L	0	0	1	0	0	0	3	0	0	2	0	2	0	0	0				29		
	MRSA-Non Acute	M		L	0	1	1	0	0	1	5	0	0	0	1	1	0	0	0				37		

Exception Report

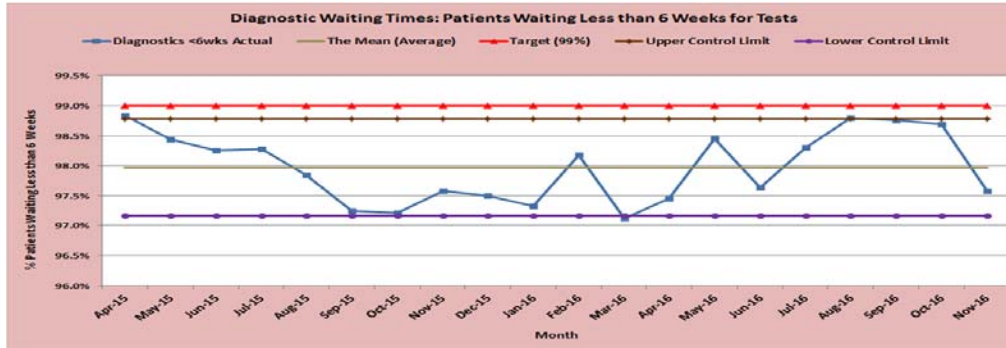
Tameside & Glossop CCG- January

Diagnostics- Patients Waiting for Diagnostic test.

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: Contracts



Key Risks and Issues:

As a CCG

This month the CCG failed to achieve the 1% standard with a 1.29% performance.

Of the 61 breaches 30 occurred at Central Manchester (echocardiography, flexi sigmoidoscopy, gastroscopy and MRI). 22 at T&G ICFT (audiology assessments, colonoscopy, CT scans, gastroscopy and NOUS). 8 at NWCATS (audiology assessments and MRI) and 1 at Pennine Acute (gastroscopy).

Central Manchester performance is due to an ongoing issue with endoscopy which GM are aware of.

T&G ICFT performance is primarily due to audiology struggling with capacity.

As lead Commissioner.

T&G ICFT as a provider are achieving the standard.

Actions:

The Lead commissioner for CMFT has been asked to inform us when performance will come in line

T&G ICFT Information Team are working with the Audiology business manager to understand what action is needed to resolve the audiology waits.

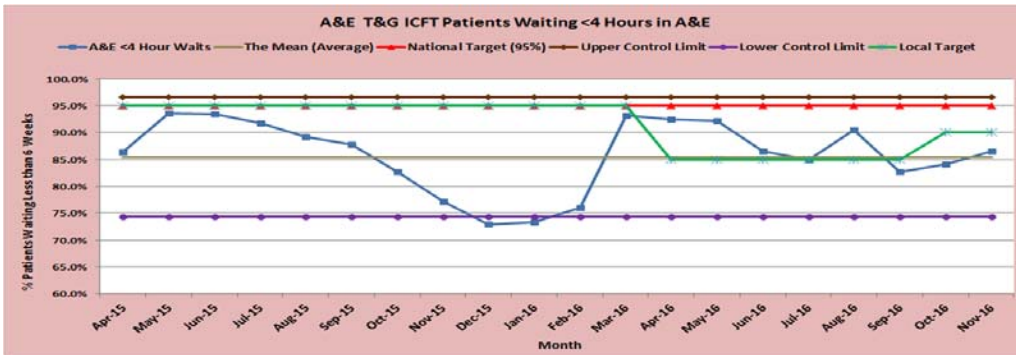
Practices are being encouraged to book NWCATS Direct Access MRI through E-referral which would reduce booking delays.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. The CCG can Levey penalties through contract with those providers who fail the target.

Unvalidated -Next month FORECAST

Diagnostics Waiting Times Patients Waiting > 6 Weeks by GM CCG				
CCG	Waiting > 6 Weeks	Nov-16		
		Total Waiting List	Performance	Standard
NHS Central Manchester CCG	153	3180	4.8%	1%
NHS North Manchester CCG	68	3266	2.1%	1%
NHS South Manchester CCG	44	2618	1.7%	1%
NHS Trafford CCG	50	5204	1.6%	1%
NHS Oldham	61	3931	1.6%	1%
NHS Bury CCG	49	3644	1.3%	1%
NHS Bolton CCG	47	3604	1.3%	1%
NHS Heywood Middleton & Rochdale CCG	56	4309	1.3%	1%
NHS Tameside and Glossop CCG	61	4730	1.3%	1%
NHS Salford CCG	54	4389	1.2%	1%
NHS Wigan Borough CCG	50	5720	0.9%	1%
NHS Stockport CCG	44	5278	0.8%	1%



Key Risks and Issues:

The A&E performance for November was 86.58% which is below the target of 95%. The current performance is not on target to achieve the 90% for Quarter 3. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There are still medical cover and specialty delays when teams are in Theatres. Acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need. IAU and AEC are used as escalation capacity at times of pressure and this then increases traffic through A&E as the capacity to accept direct admissions are reduced.

The level of acute beds occupied by people who should have been discharged is higher than it should be which reduces Medical bed capacity.

Overall the system has little resilience and so increased demand or reduced capacity in any one of the component Health and Social Care services can quickly reduce the A&E performance.

Actions:

Actions include:

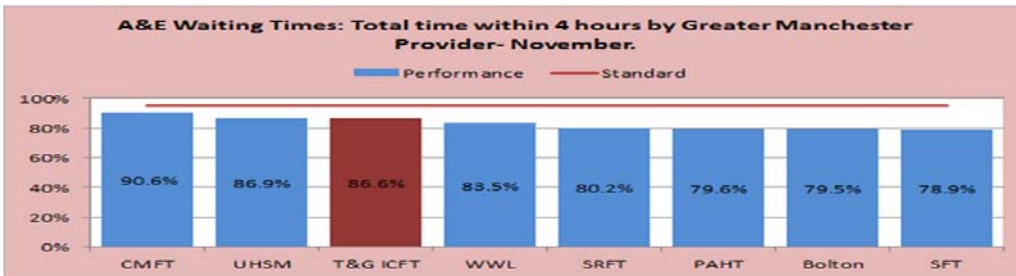
- Weekly urgent Care Exec focus on the Delayed Discharges to address capacity issues and prioritising discharges. Additional staffing in IUCT will support the wider roll out of Discharge to Assess building on the excellence seen in discharging people home for assessment. Additional capacity has been funded in the Community bed base.
- T&G ICFT internal Silver Command model operational when required
- Ward Liaison Officers operational to support effective patient flow
- Escalation beds are closed as quickly as possible to release IAU and AEC capacity and the old Critical care area is being opened to deliver the Ambulatory Care service.
- Using Fracture Clinic at peak times to assist with managing the minors work stream. the trust are also working with Salford ED to identify improved model for minors
- Staffing capacity is being flexed to support times of peak activity

Operational and Financial implications:

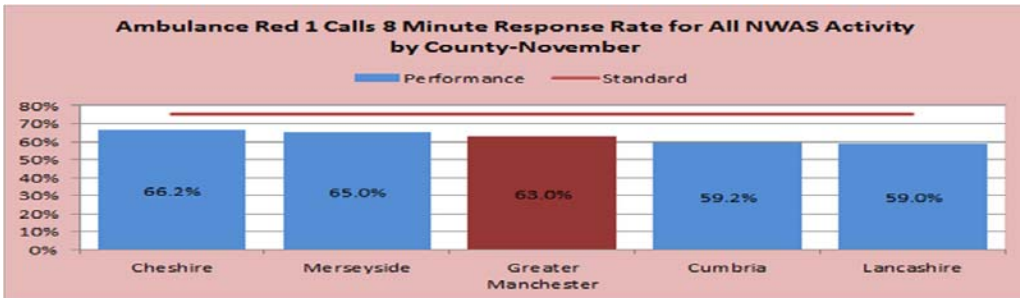
Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

The failure of this target will impact on the CCGs ability to obtain the

Next month FORECAST



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



Key Risks and Issues:

In November the north west position (which we are measured against) was 62.8% however locally we only achieved 60.4% Increases in activity have placed a lot of pressure on NWAS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWAS in implementation of its remedial action plan.

NWAS have agreed the following actions including :

- Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.
- Working with identified care homes that are high users of 999.
- Working with acute trusts with handover delays to identify opportunities to reduce them.
- An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED.
- Additional areas of support are also being identified including working more closely with 111.

The Contracting and Strategic Partnership Board will maintain scrutiny on NWAS to ensure agreed actions are implemented.

Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

Operational and Financial Implications:

Failure of the standard will negatively impact on the CCG assurance rating. The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

CCG	Nov-16			
	<8 Mins	Total	Performance	Standard
NHS Central Manchester CCG	36	50	72.0%	75%
NHS Wigan Borough CCG	76	113	67.3%	75%
NHS Stockport CCG	60	90	66.7%	75%
NHS North Manchester CCG	93	140	66.2%	75%
NHS Bolton CCG	73	112	65.2%	75%
NHS Oldham	56	86	65.1%	75%
NHS Bury CCG	41	63	64.5%	75%
NHS Salford CCG	70	114	61.6%	75%
NHS South Manchester CCG	33	54	61.1%	75%
NHS Tameside and Glossop CCG	59	97	60.4%	75%
NHS Heywood Middleton & Rochdale CCG	40	78	50.6%	75%
NHS Trafford CCG	29	59	49.2%	75%

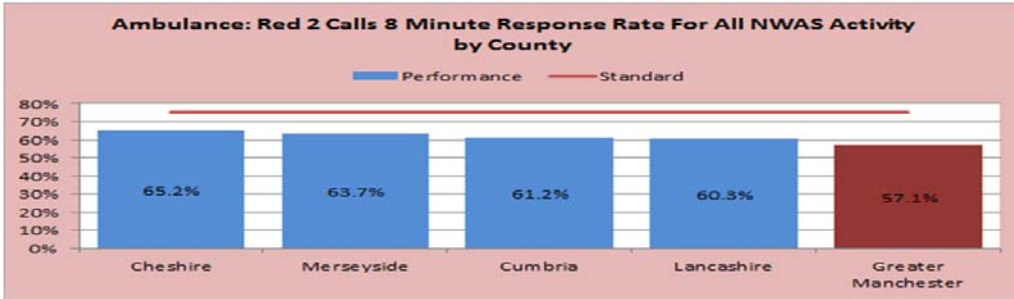
Unvalidated next month FORECAST

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



CCG	Nov-16			
	<8 Mins	Total	Performance	Standard
NHS South Manchester CCG	805	1250	64.4%	75%
NHS Central Manchester CCG	708	1131	62.6%	75%
NHS Bury CCG	640	1066	60.1%	75%
NHS North Manchester CCG	926	1543	60.0%	75%
NHS Bolton CCG	951	1622	58.7%	75%
NHS Wigan Borough CCG	1059	1808	58.6%	75%
NHS Oldham	825	1491	55.3%	75%
NHS Heywood Middleton & Rochdale CCG	728	1320	55.2%	75%
NHS Tameside and Glossop CCG	816	1490	54.8%	75%
NHS Salford CCG	757	1394	54.3%	75%
NHS Stockport CCG	871	1651	52.8%	75%
NHS Trafford CCG	561	1132	49.6%	75%

Key Risks and Issues:

In November the north west position (which we are measured against) was 60.4% however locally we only achieved 54.76. Increases in activity have placed a lot of pressure on NWS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWS in implementation of its remedial action plan.

NWS have agreed the following actions including :

Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.
Working with identified care homes that are high users of 999.
Working with acute trusts with handover delays to identify opportunities to reduce them.

An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED.
Additional areas of support are also being identified including working more closely with 111.

The Contracting and Strategic Partnership Board will maintain scrutiny on NWS to ensure agreed actions are implemented.

Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating.
Contract penalties applied by lead commissioner (Blackpool CCG).

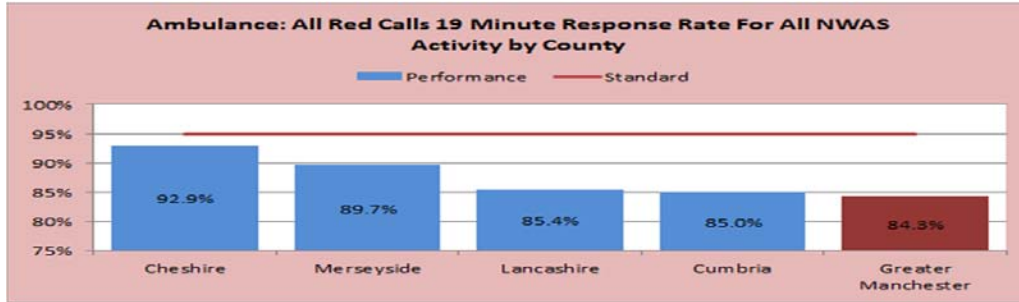
Unvalidated next month FORECAST

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



Key Risks and Issues:

In November the north west position (which we are measured against) was 86.8% however locally we only achieved 83.1% Increases in activity have placed a lot of pressure on NWS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWS in implementation of its remedial action plan.

NWS have agreed the following actions including :

- Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.
- Working with identified care homes that are high users of 999.
- Working with acute trusts with handover delays to identify opportunities to reduce them.
- An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED.
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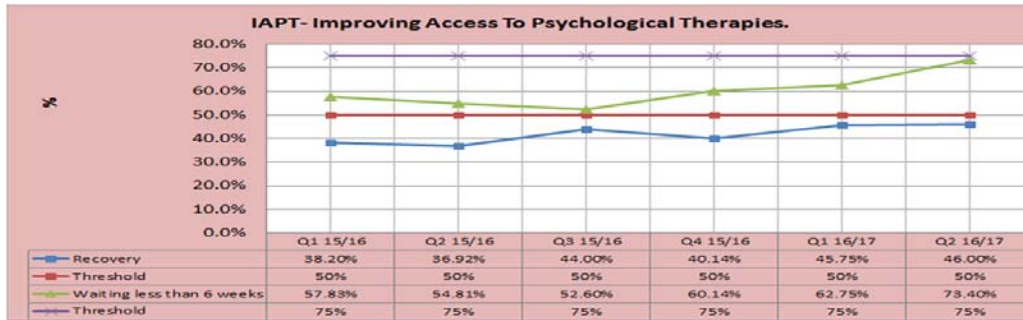
Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. Contract penalties applied by lead commissioner (Blackpool CCG).

Unvalidated next month FORECAST

CCG	Nov-16			
	<19 Mins	Total	Performance	Standard
NHS South Manchester CCG	1155	1304	88.5%	95%
NHS Central Manchester CCG	1034	1181	87.6%	95%
NHS Stockport CCG	1491	1741	85.6%	95%
NHS Salford CCG	1281	1508	84.9%	95%
NHS North Manchester CCG	1425	1683	84.7%	95%
NHS Bolton CCG	1468	1734	84.7%	95%
NHS Wigan Borough CCG	1623	1921	84.5%	95%
NHS Oldham	1312	1577	83.2%	95%
NHS Tameside and Glossop CCG	1318	1587	83.1%	95%
NHS Heywood Middleton & Rochdale CCG	1149	1398	82.2%	95%
NHS Bury CCG	921	1129	81.6%	95%
NHS Trafford CCG	961	1191	80.7%	95%



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) Reduction of time taken for initial triage 3) Increased roll-out of step 3 groups

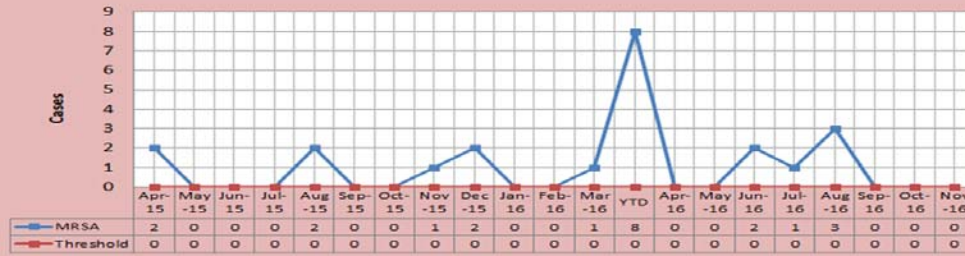
Operational and Financial implications:
 Failure of the standard will negatively impact on the CCG assurance rating. The achievement of the standards may need additional investment notably to achieve the expected expansion of the service by 2020.

Greater Manchester CCG	IAPT Recovery Rate	
	Rolling Quarter Ending Sep 2016	Plan (50%)
NHS TRAFFORD CCG	55.05%	50.00%
NHS WIGAN BOROUGH CCG	51.18%	50.00%
NHS BOLTON CCG	50.98%	50.00%
NHS BURY CCG	50.90%	50.00%
NHS STOCKPORT CCG	48.65%	50.00%
NHS TAMESIDE AND GLOSSOP CCG	46.04%	50.00%
NHS SALFORD CCG	44.67%	50.00%
NHS OLDHAM CCG	44.30%	50.00%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	41.43%	50.00%
NHS SOUTH MANCHESTER CCG	41.10%	50.00%
NHS NORTH MANCHESTER CCG	33.75%	50.00%
NHS CENTRAL MANCHESTER CCG	31.71%	50.00%

Greater Manchester CCG	IAPT Completing Treatment <6 Weeks	
	Rolling Quarter Ending Sep 2016	Plan (75%)
NHS WIGAN BOROUGH CCG	100.00%	75.00%
NHS OLDHAM CCG	89.00%	75.00%
NHS TRAFFORD CCG	83.00%	75.00%
NHS BOLTON CCG	83.00%	75.00%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	82.00%	75.00%
NHS SALFORD CCG	81.00%	75.00%
NHS TAMESIDE AND GLOSSOP CCG	78.00%	75.00%
NHS STOCKPORT CCG	78.00%	75.00%
NHS BURY CCG	77.00%	75.00%
NHS NORTH MANCHESTER CCG	57.00%	75.00%
NHS CENTRAL MANCHESTER CCG	46.00%	75.00%
NHS SOUTH MANCHESTER CCG	44.00%	75.00%

Unvalidated next QTR FORECAST

HealthCare Associated Infections-MRSA (Health Economy)



Key Risks and Issues:

There were no reported cases in November.

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 ICFT - 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 HCAI 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 HCAs.

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

Operational and Financial implications:

The CCG can Levy penalties through contract with those providers who fail the target.

Greater Manchester CCGs MRSA

Organisation Name	Code	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Total
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	01D	0	0	0	0	0	0	0	0	0
NHS BURY CCG	00V	0	0	1	0	0	0	0	0	1
NHS CENTRAL MANCHESTER CCG	00W	0	0	0	0	0	0	0	1	1
NHS SOUTH MANCHESTER CCG	01N	1	0	0	0	0	0	0	0	1
NHS TRAFFORD CCG	02A	0	0	0	0	0	0	0	1	1
NHS WIGAN BOROUGH CCG	02H	0	0	0	0	0	0	0	1	1
NHS OLDHAM CCG	00Y	1	0	0	0	1	1	0	1	4
NHS SALFORD CCG	01G	1	0	0	2	0	0	1	0	4
NHS STOCKPORT CCG	01W	1	1	1	0	0	0	0	0	3
NHS NORTH MANCHESTER CCG	01M	1	2	0	0	0	1	0	2	6
NHS TAMESIDE AND GLOSSOP CCG	01Y	0	0	2	1	3	0	0	0	6
NHS BOLTON CCG	00T	0	1	0	2	3	1	3	1	11
Total		5	4	4	5	7	3	4	7	39

Next month FORECAST

Indicators - access & quality	Scoring out of 42 Areas					
	NW inc. Blackpool	NW inc. Blackpool	Highest	Lowest		
Calls per month per 1,000 people	22.7	18	Isle of Wight	45.9	South East Coast	6.1
Calls per month via 111 per 1,000 people	22.7	16	Isle of Wight	45.7	South East Coast	6.1
Of all calls offered, % abandoned after at least 30 seconds ¹	7%	1	NW inc. Blackpool	7%	Milton Keynes	0%
Of calls answered, % in 60 seconds	67%	42	Bristol	98%	NW inc. Blackpool	67%
Of calls answered, % triaged	90%	16	Luton	124%	Bedfordshire	67%
Of answered calls, % transferred to clinical advisor	12%	42	North Central London	33%	NW inc. Blackpool	12%
Of transferred calls, % live transferred	50%	9	Isle of Wight	82%	York & Humber	10%
Average NHS 111 live transfer time ¹	00:00:07					
Average warm transfer time	NCA					
Of calls answered, % passed for call back	11%	33	Comwall	20%	Isle of Wight	1%
Of call backs, % within 10 minutes	36%	20	Cambridge and Peterborough	74%	Leicestershire and Rutland	9%
Average episode length	00:15:08					

Dispositions as a proportion of all calls triaged	Scoring out of 42 Areas						
	T&G CCG	NW inc. Blackpool	NW inc. Blackpool	Highest	Lowest		
111 dispositions: % Ambulance dispatches	15%	15%	8	Devon	20%	North Essex	10%
111 dispositions: % Recommended to attend A&E	8%	8%	28	East London and City	14%	South East Coast	5%
Recommended to attend primary and community care	57%	57%	37	Berkshire	66%	North Central London	39%
Of which - % Recommended to contact primary and community care		43%	22	Banes & Wiltshire	45%	North Central London	30%
- % Recommended to speak to primary and community care		12%	28	Cambridge and Peterborough	19%	North Central London	5%
- % Recommended to dental / pharmacy		2%	41	York & Humber	12%	Devon	1%
111 dispositions: % Recommended to attend other service	2%	2%	30	Nottinghamshire	9%	Banes & Wiltshire	1%
111 dispositions: % Not recommended to attend other service	19%	18%	5	North Central London	31%	Mainland SHIP	8%
Of which - % Given health information		4%	1	NW inc. Blackpool	4%	Somerset	0%
- % Recommended home care		3%	42	North Central London	14%	NW inc. Blackpool	3%
- % Recommended non clinical		10%	7	South East London	27%	Cambridge and Peterborough	3%

Key Risks and Issues:

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

- Calls Answered (95% in 60 seconds) = 67.47%
- Calls abandoned (<5%) = 6.88%
- Warm transfer (75%) = 34.96%
- Call back in 10 minutes (75%) = 36.04%

In November 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.

Actions:

NWAS has agreed a further remedial action plan with commissioners. NWAS has continued to deploy all available staff, and is actively managing staff absence and attrition in order to best meet the service needs. Recruitment and training has been carried out to deliver new staff into operations during December and January. A range of process changes are being implemented this includes patients using telephone key pads to identify the most appropriate call handler e.g. call regarding children automatically go to a nurse and issues such as coughs and colds receive self care and advise. Greater Manchester is working with NWAS and Out Of Hours providers to implement the clinical assessment service that will help ensure A&E and primary care dispositions are correct.

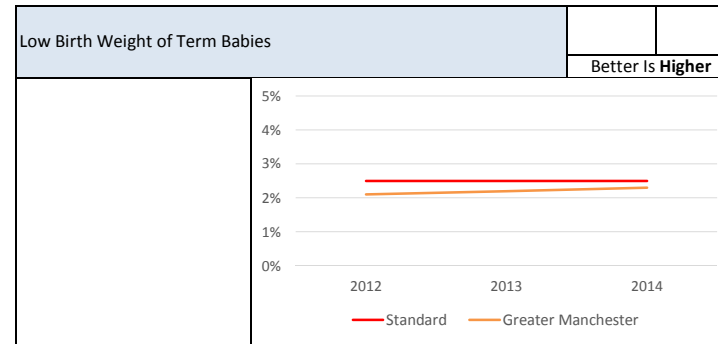
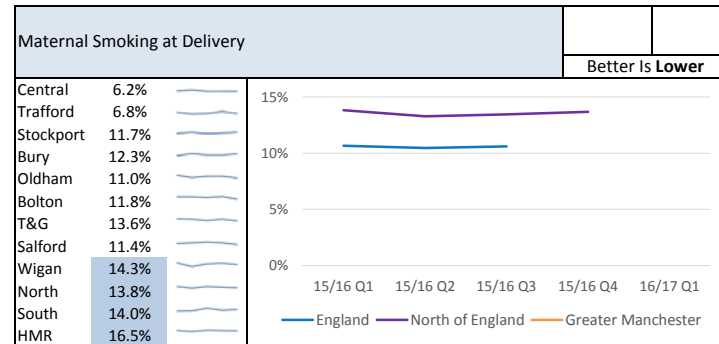
Operational and Financial implications:

Poor patient experience could impact on willingness to use the service and increase A&E and primary care presentations. Contract penalties applied by lead commissioner (Blackpool CCG).

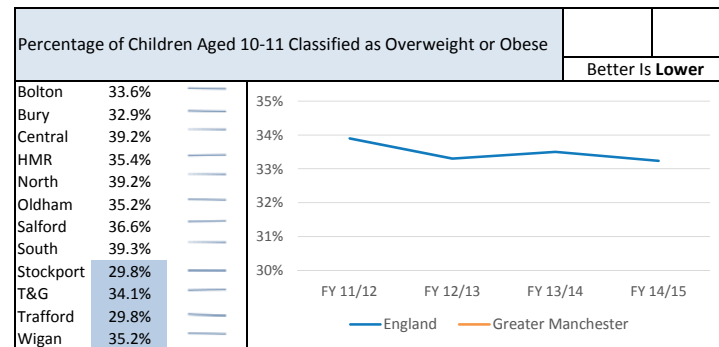
Unvalidated next month FORECAST



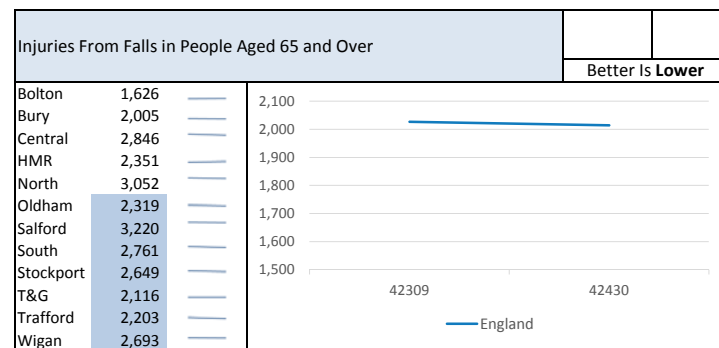
Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Costs To The Health System



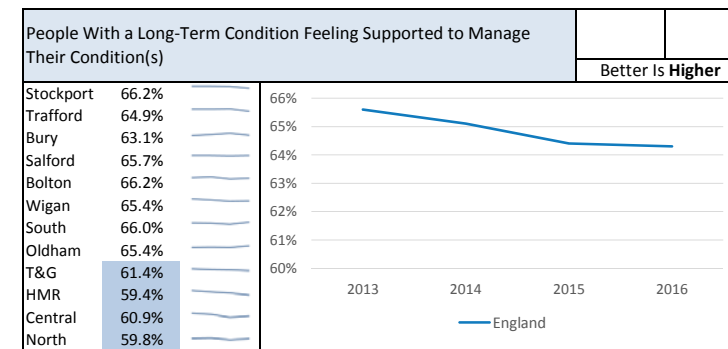
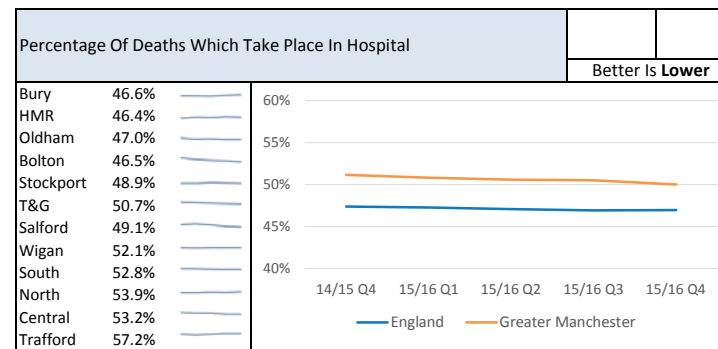
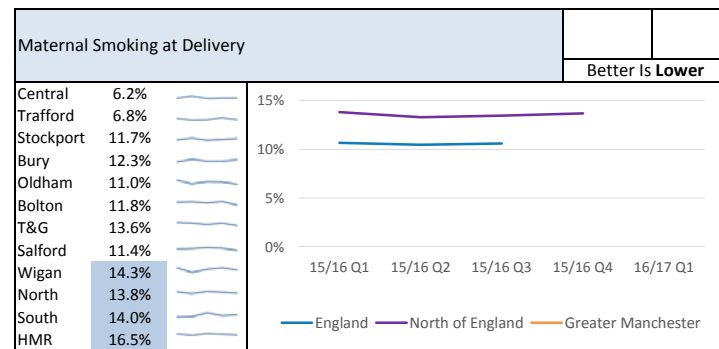
More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally



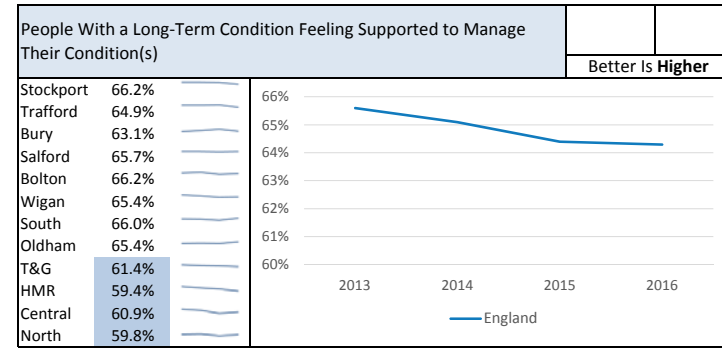
More People Will Be Supported To Stay Well and Live at Home for as Long as Possible



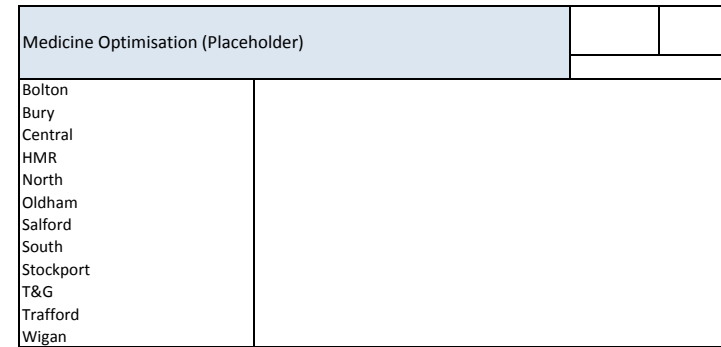
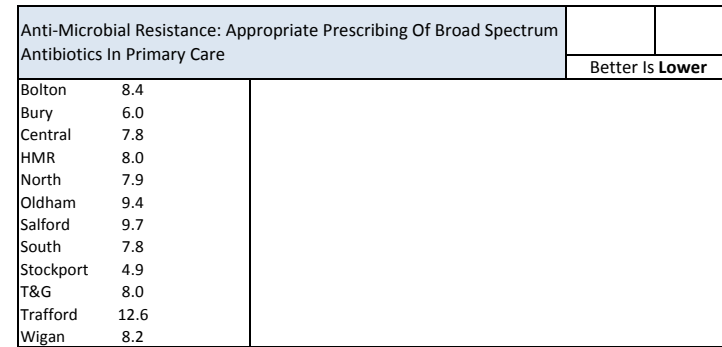
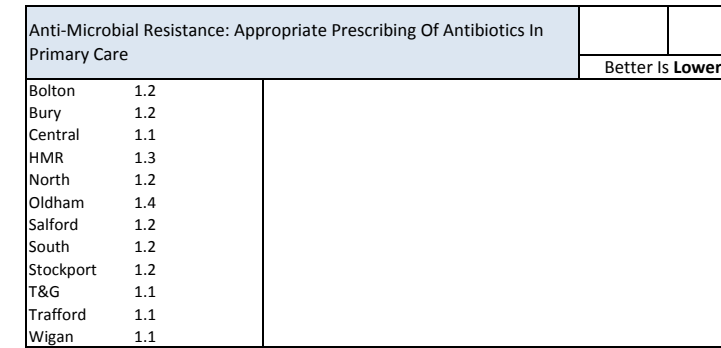
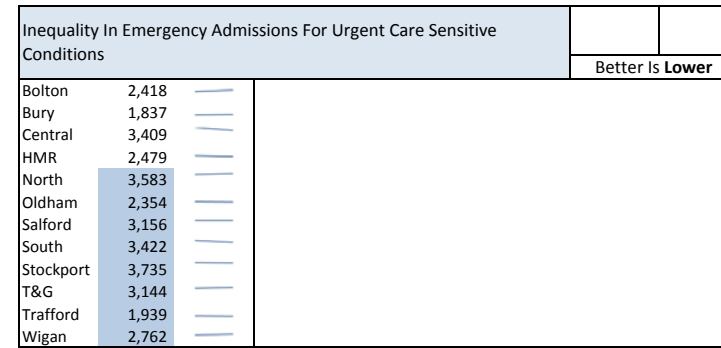
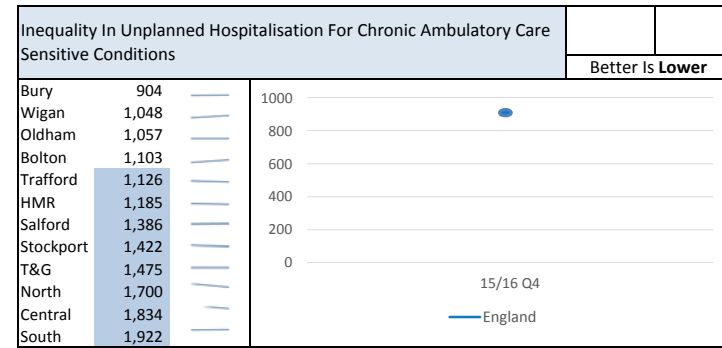
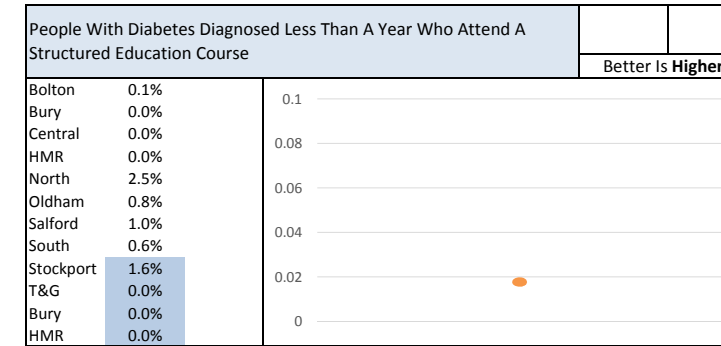
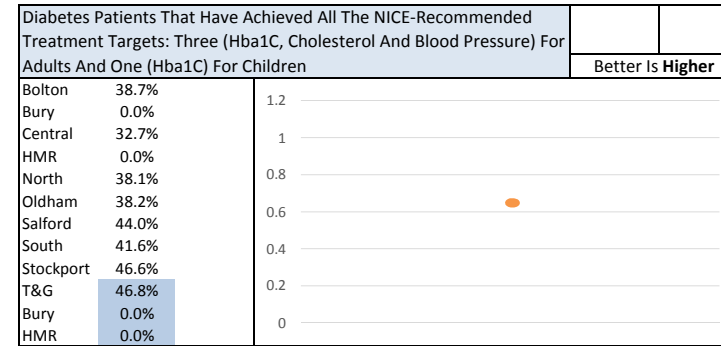
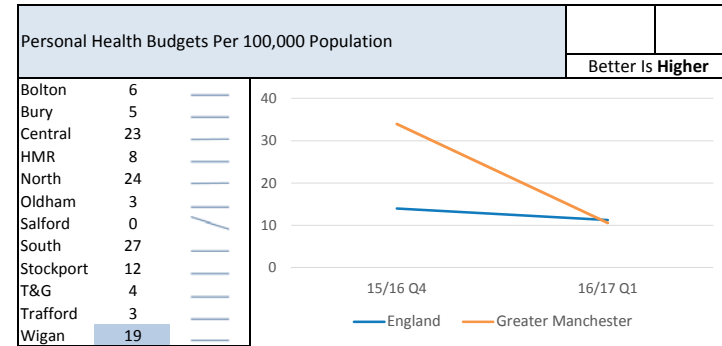
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



Improved Patient/Carer Experience Of Care And Increased Patient Empowerment

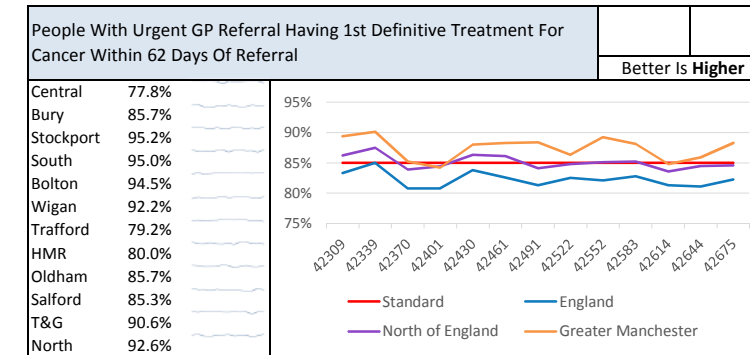
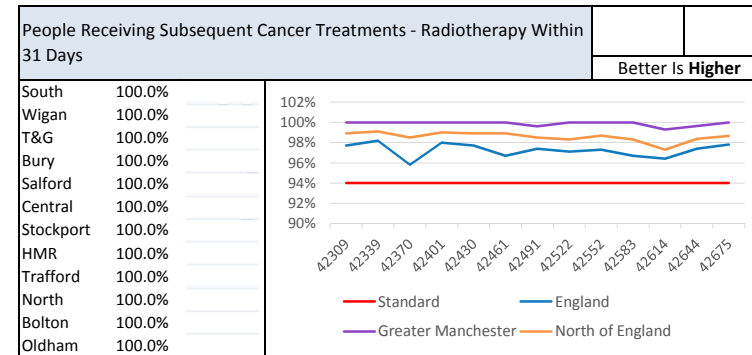
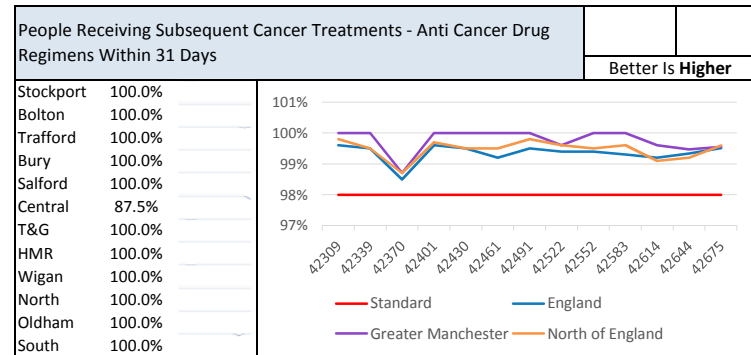
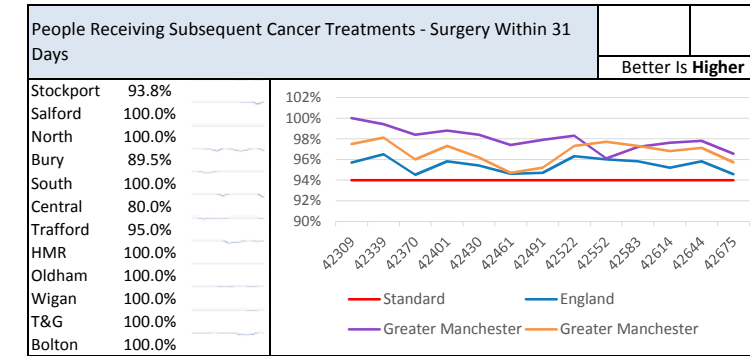
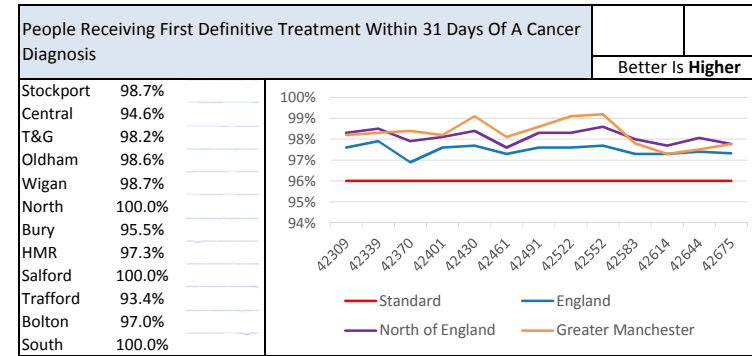
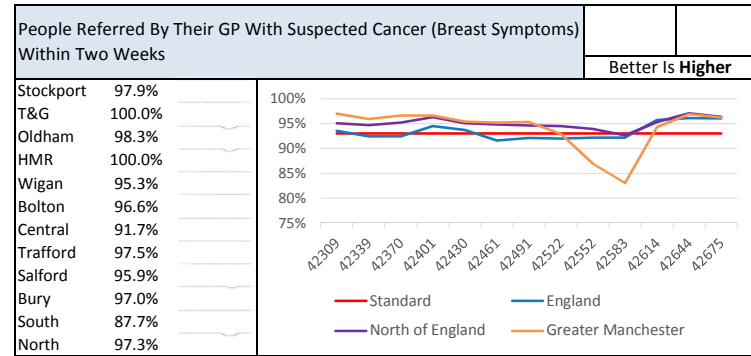
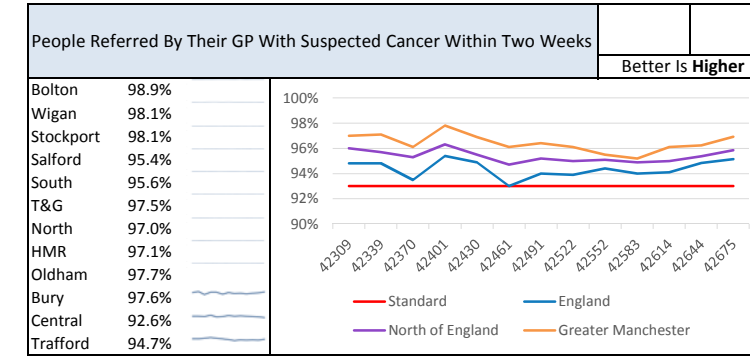
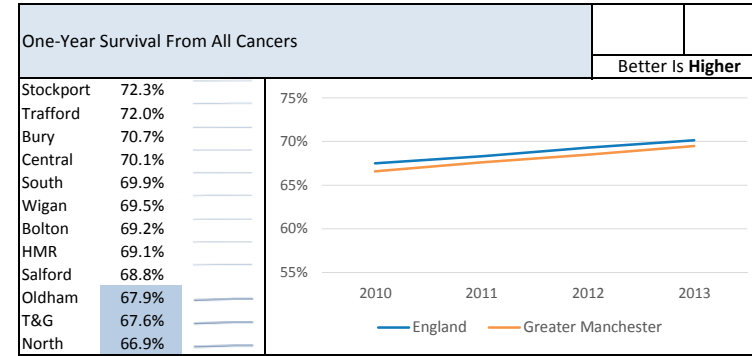
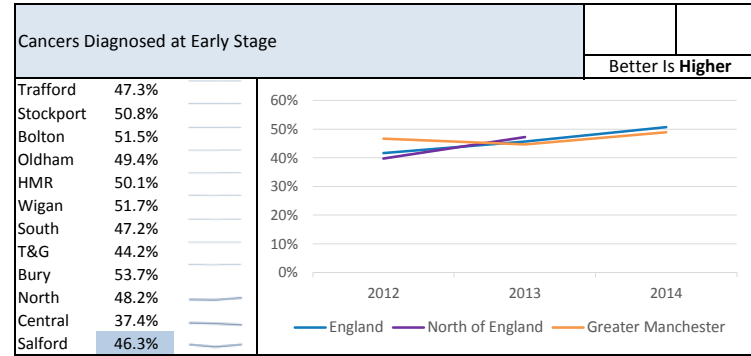


(Placeholder TBC)

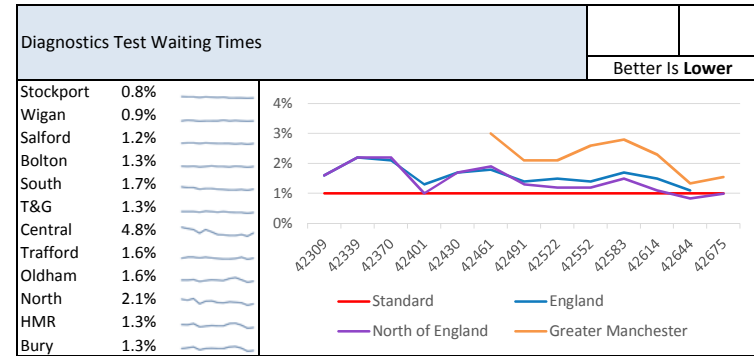
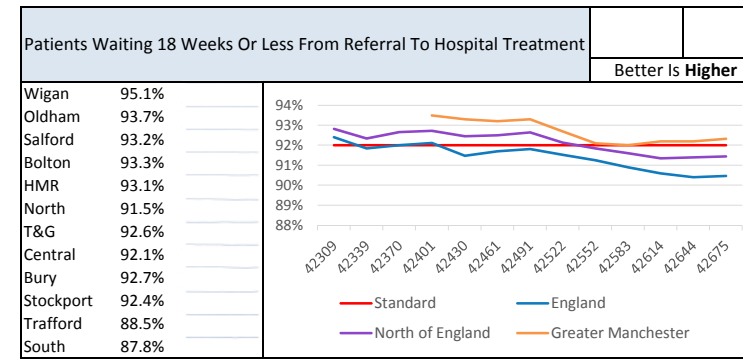
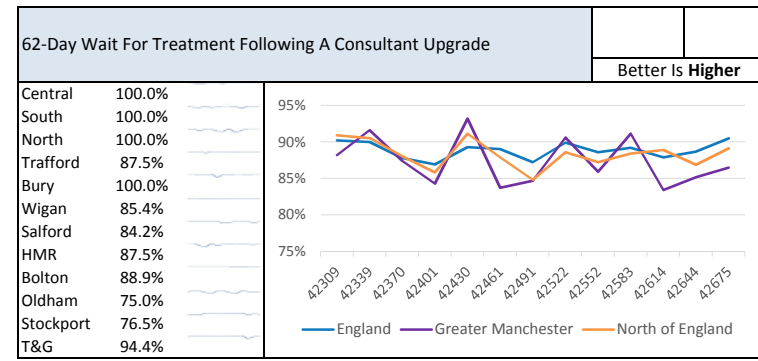
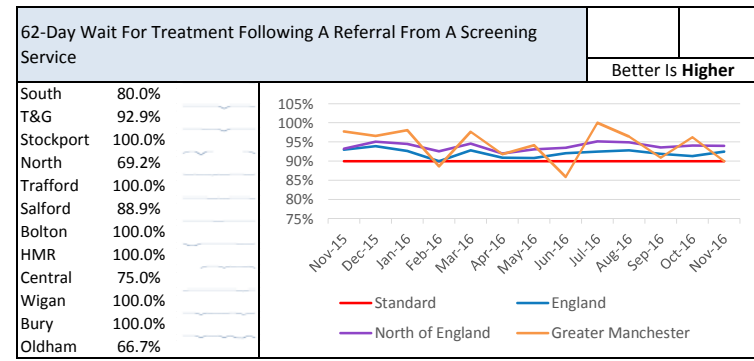




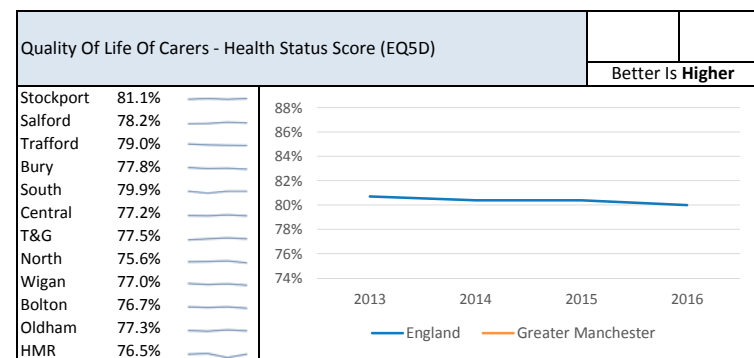
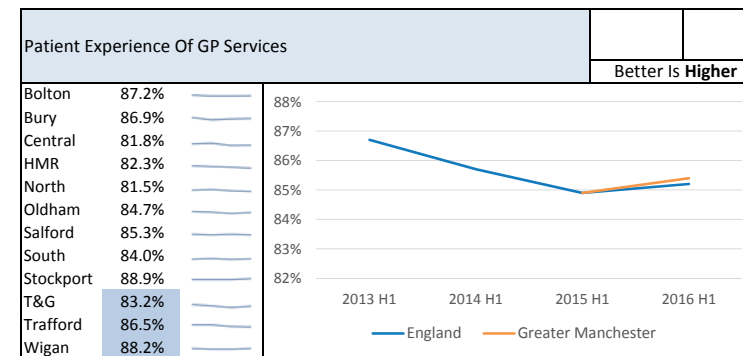
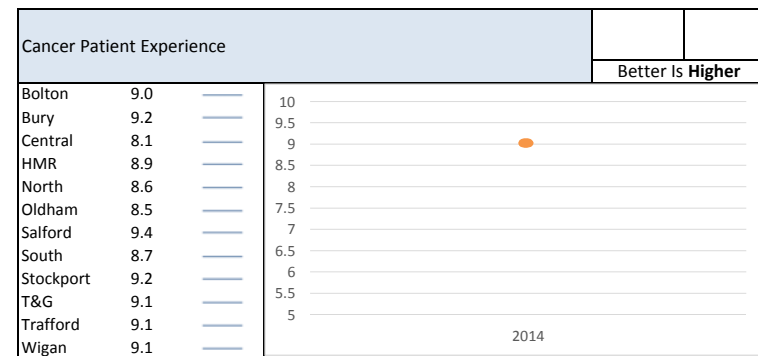
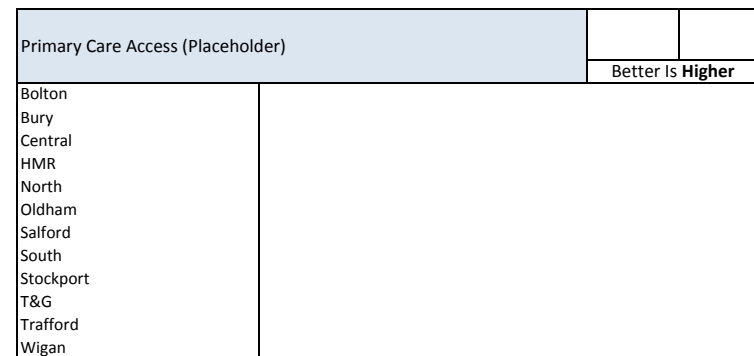
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



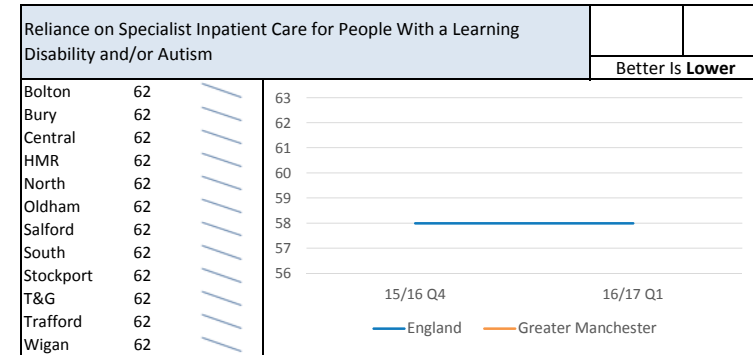
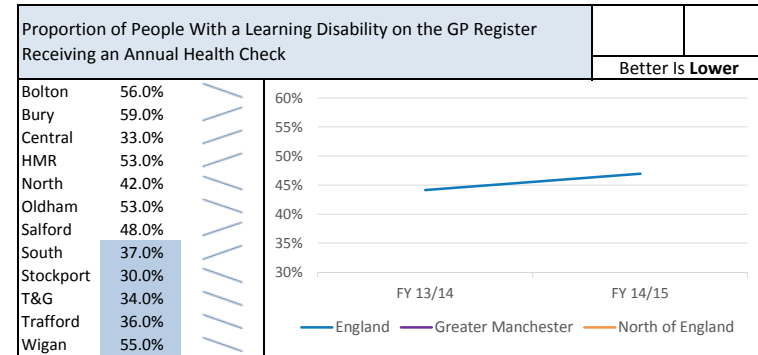
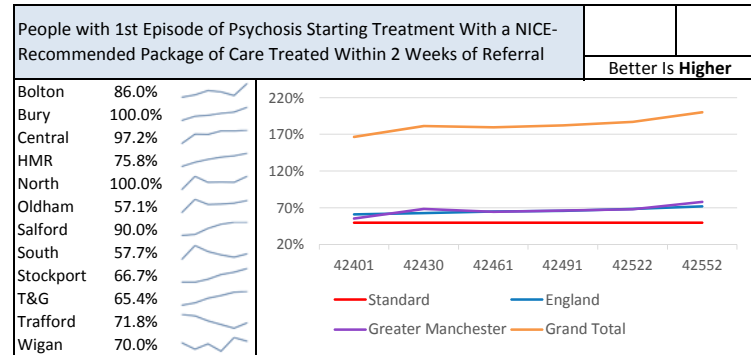
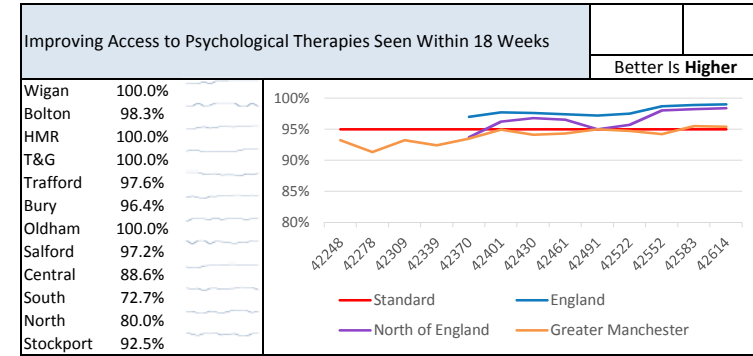
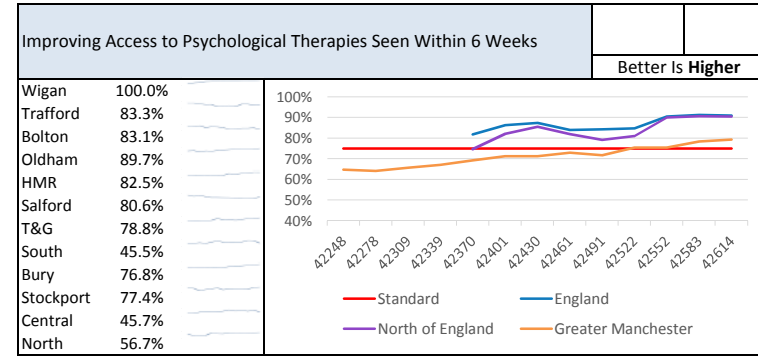
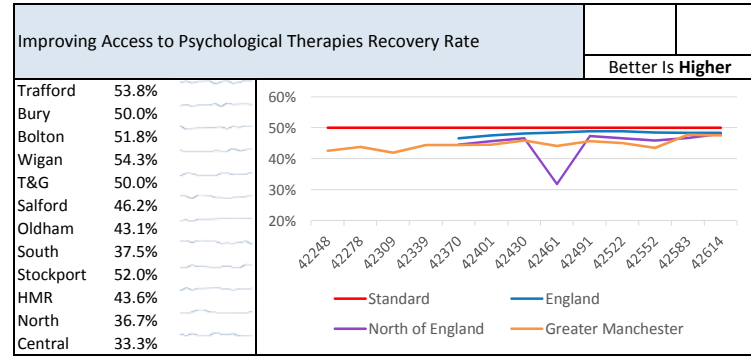
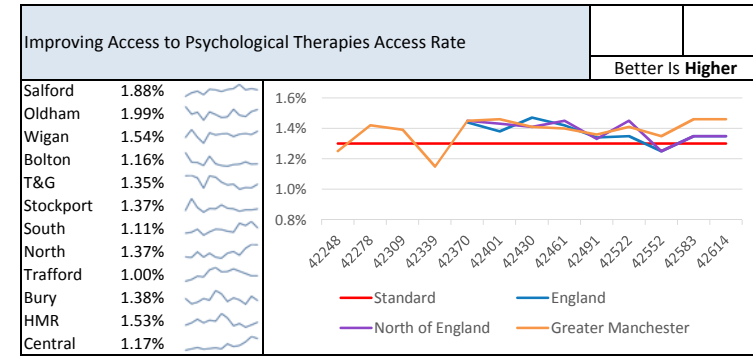
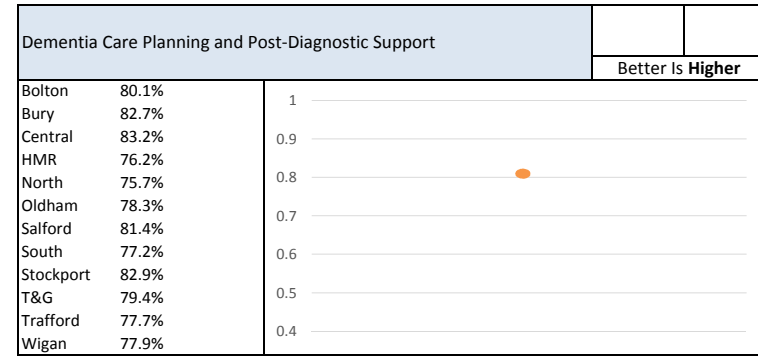
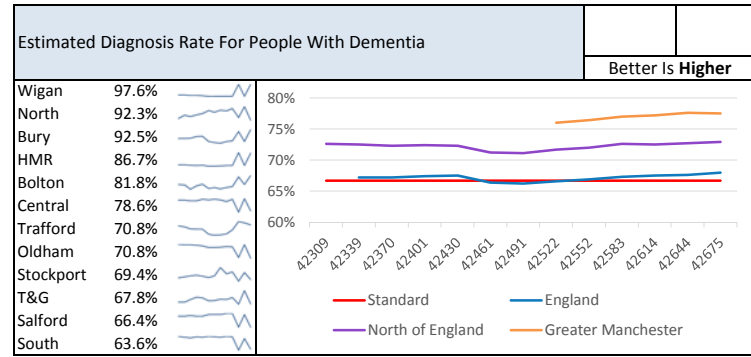
Decreased Variation In Quality Of Care Health Outcomes Across GM Localities

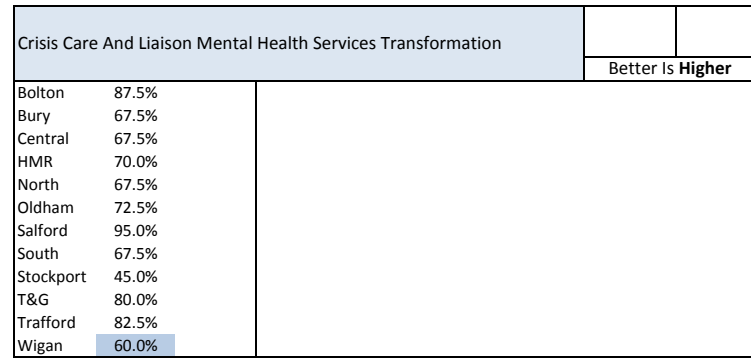
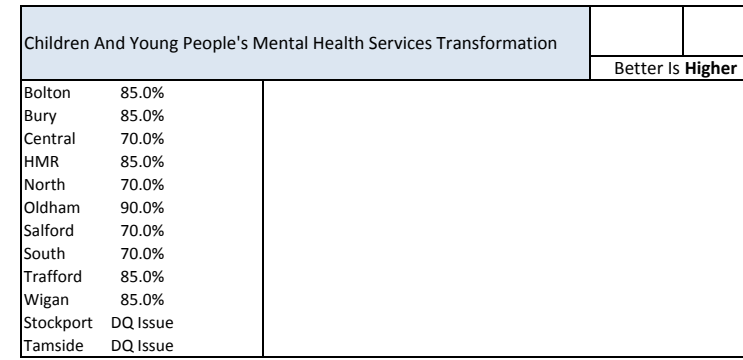
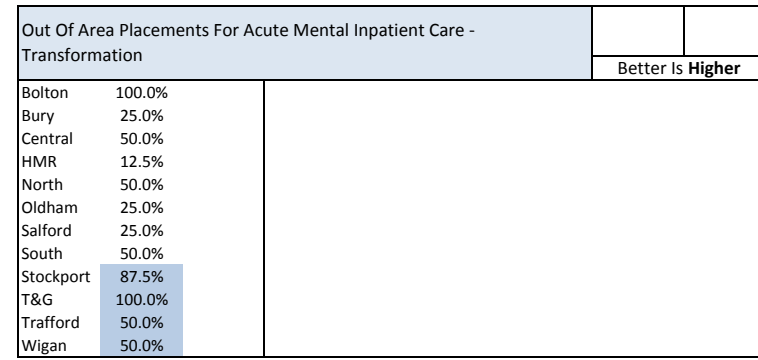
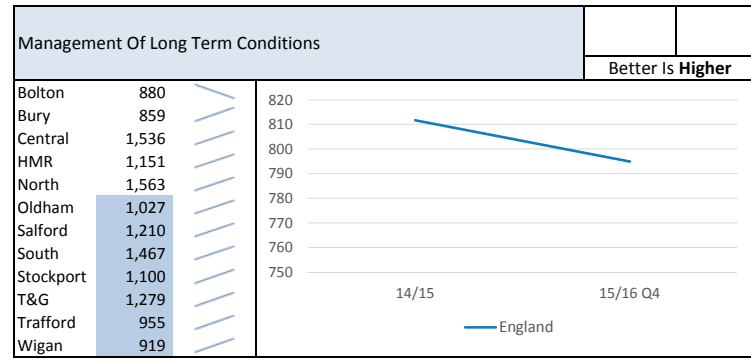


Improved Patient/Carer Experience Of Care And Increased Patient Empowerment

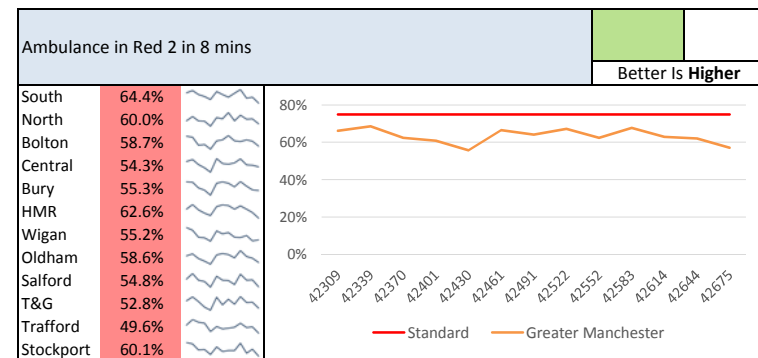
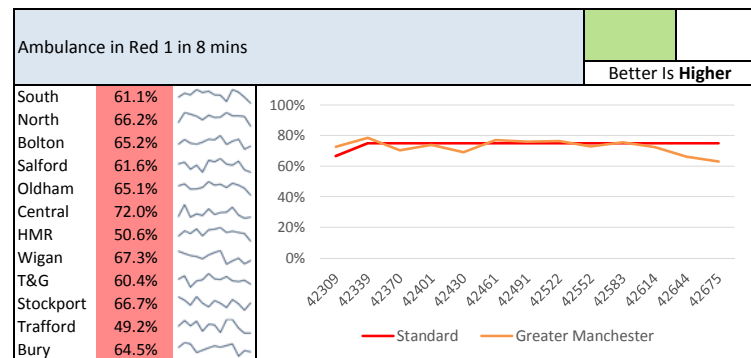
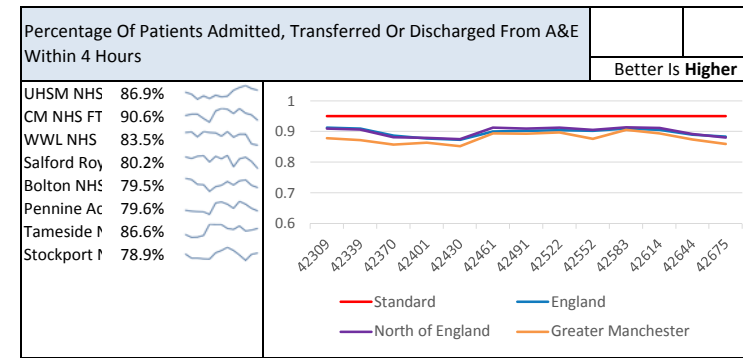
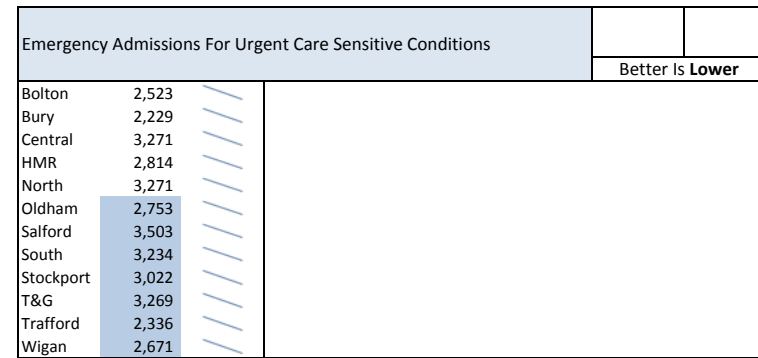
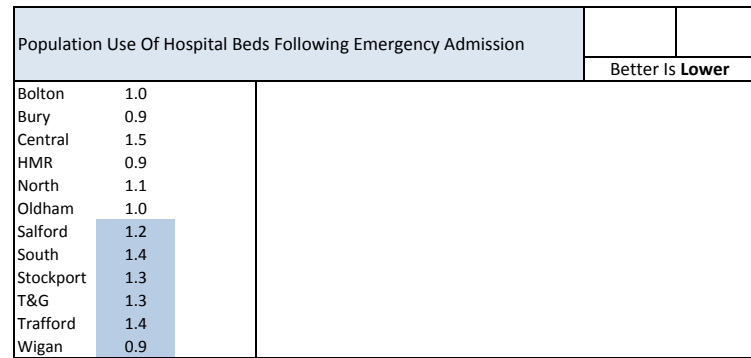


Improved Outcomes For People With Learning Disabilities/Mental Health Needs

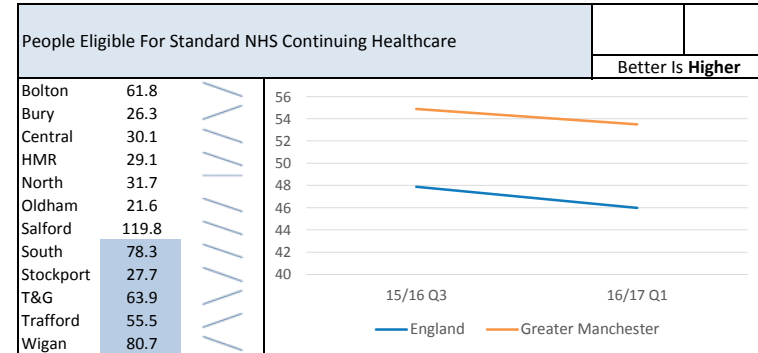
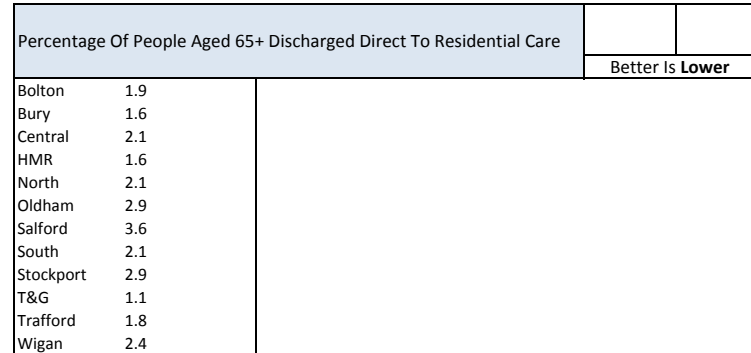
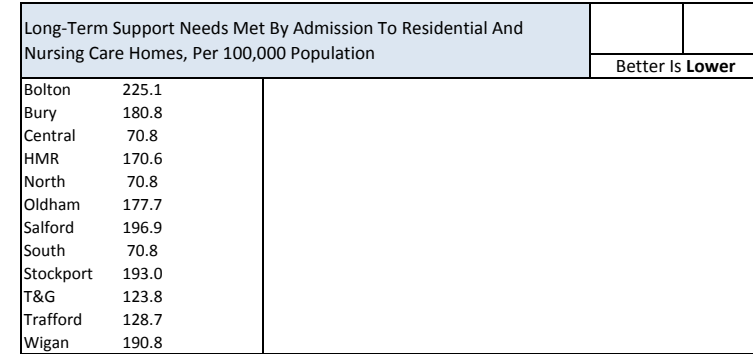
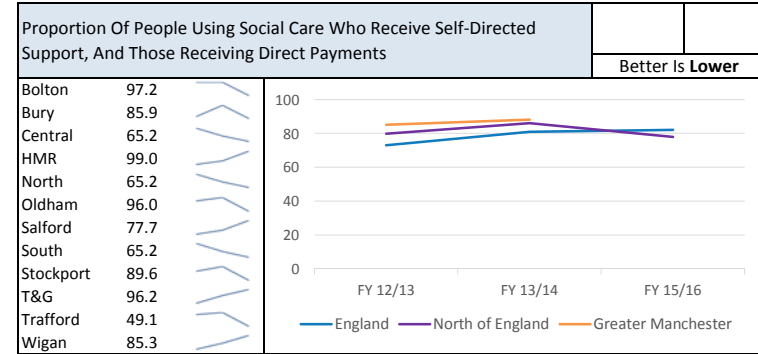
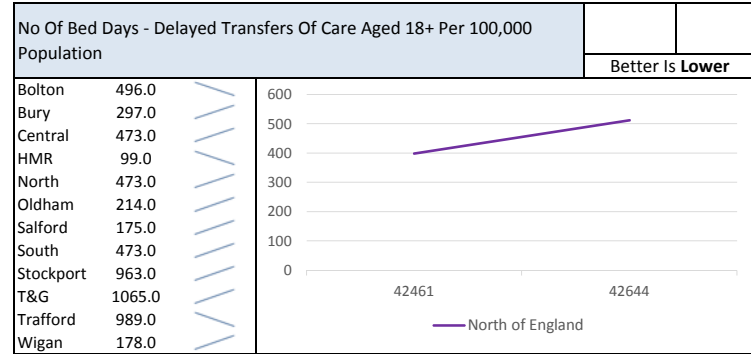
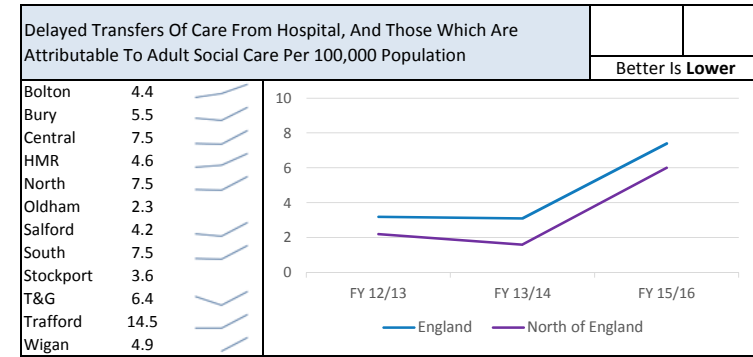
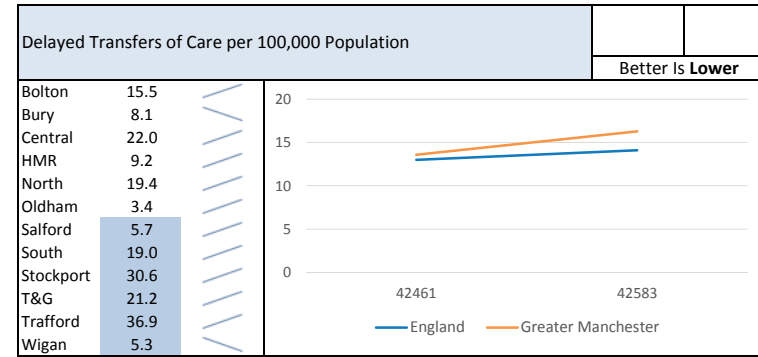
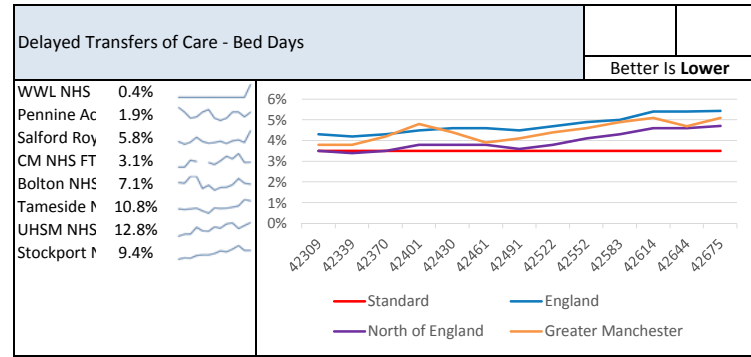




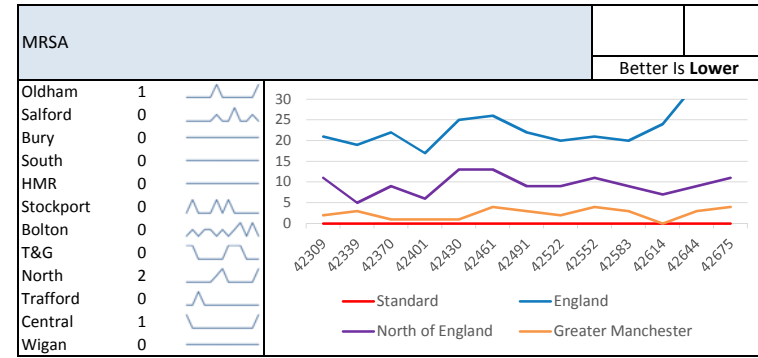
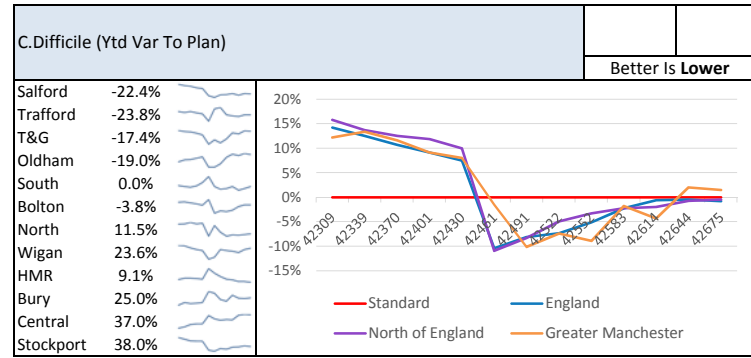
Decreased Need For Hospital Services With More Community Support



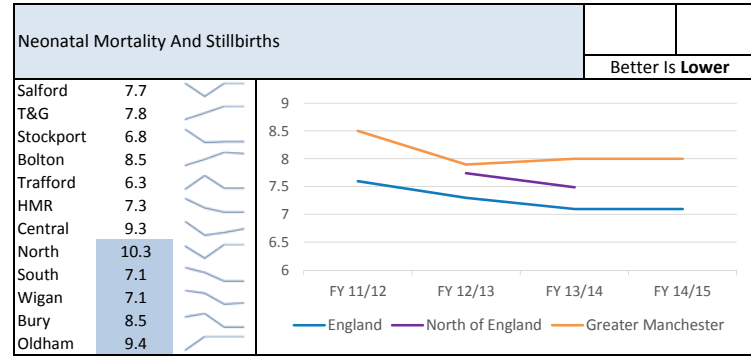
Improved Transition Of Care Across Health And Social Care



Placeholder TBC



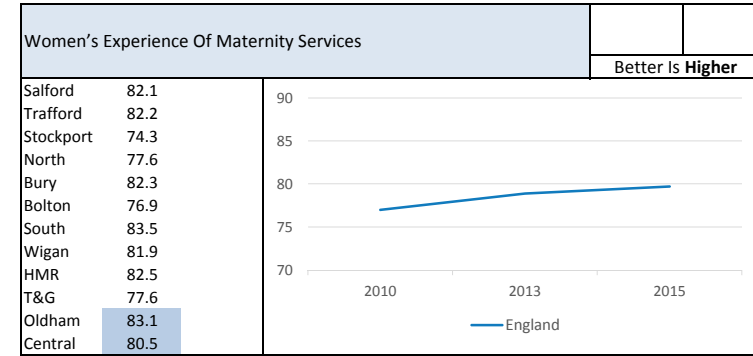
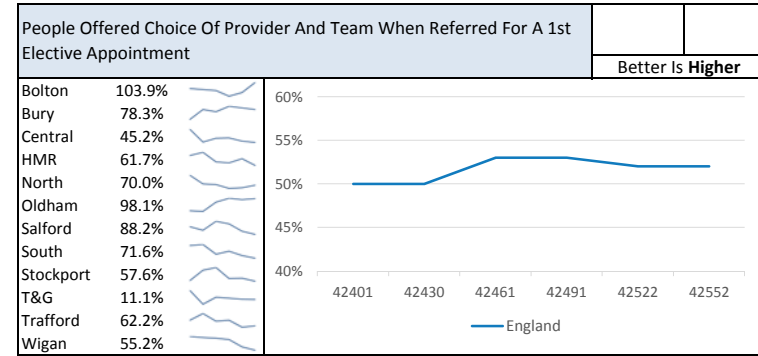
Achievement Of Milestones In The Delivery Of An Integrated Urgent Care Service		Better Is Higher	
Bolton	4		
Bury	4		
Central	4		
HMR	4		
North	4		
Oldham	4		
Salford	4		
South	4		
Stockport	4		
T&G	4		
Trafford	4		
Wigan	4		



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

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			

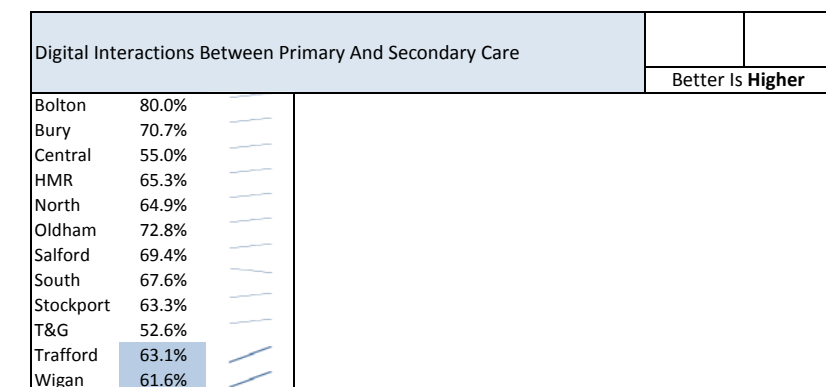
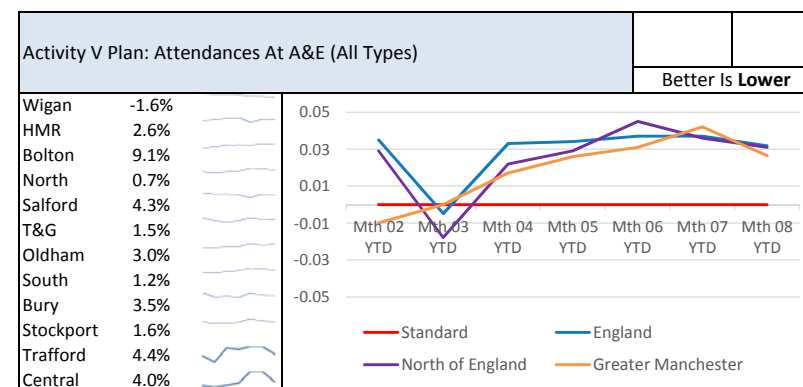
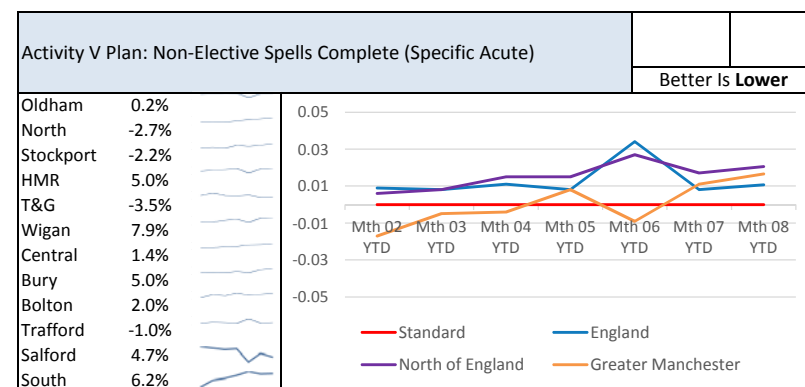
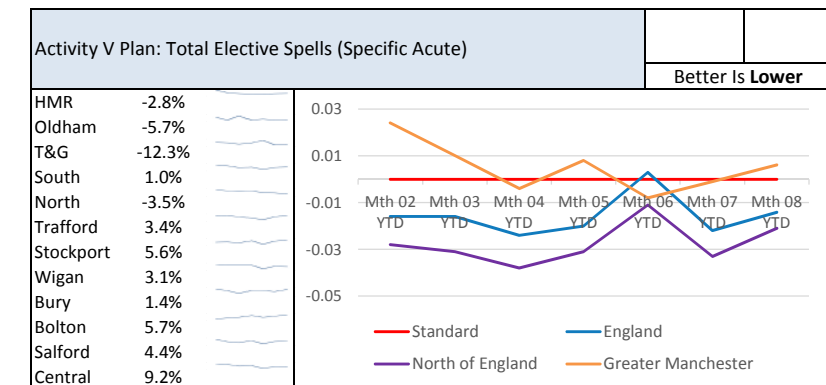
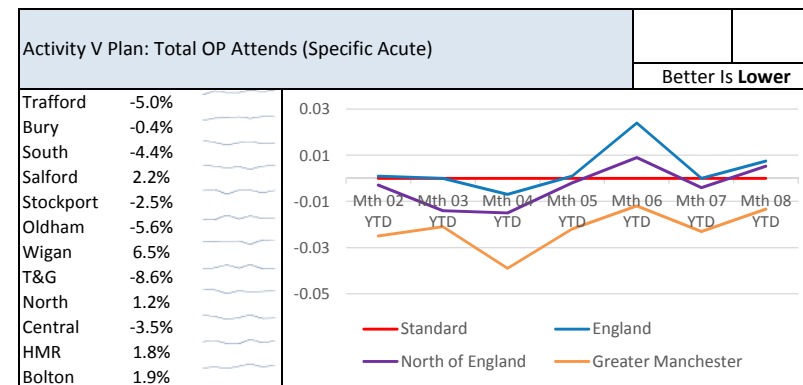
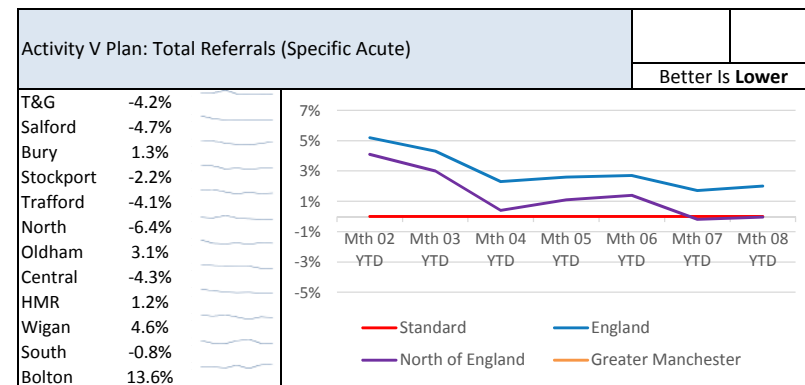
Primary Care Workforce - GPs And Practice Nurses Per 1,000 Population		Better Is Higher	
Bolton	90.0%		
Bury	80.0%		
Central	80.0%		
HMR	90.0%		
North	80.0%		
Oldham	90.0%		
Salford	100.0%		
South	80.0%		
Stockport	90.0%		
T&G	90.0%		
Trafford	80.0%		
Wigan	90.0%		



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



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		-
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		-	-
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!		

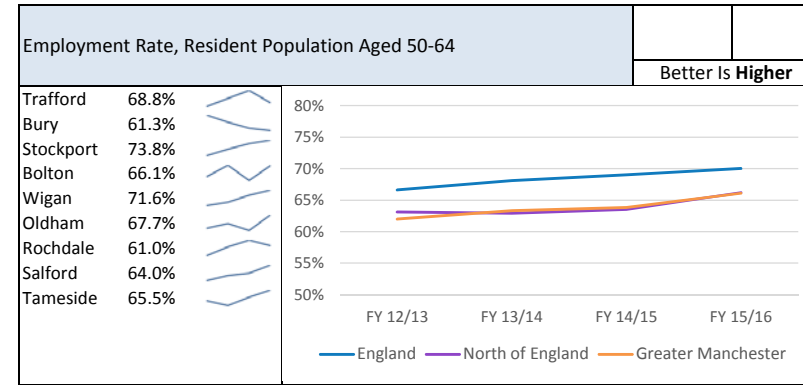
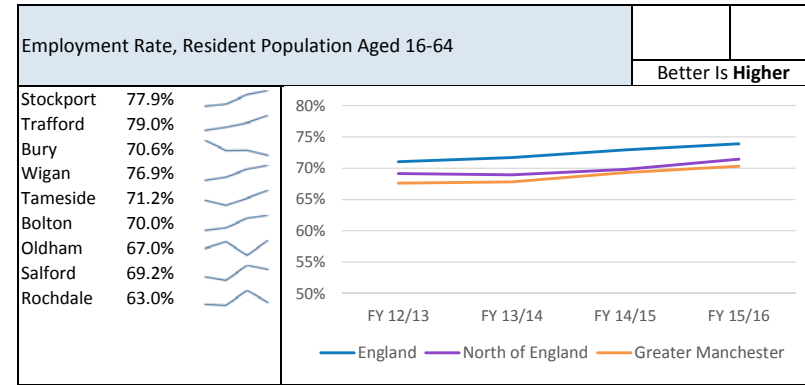
Adoption Of New Models Of Care (Placeholder)			Better Is Higher
Bolton			
Bury			
Central			
HMR			
North			
Oldham			
Salford			
South			
Stockport			
T&G			
Trafford			
Wigan			

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			

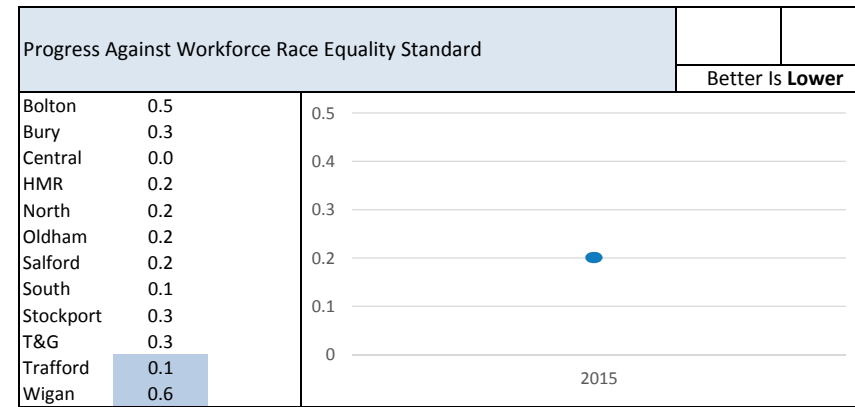
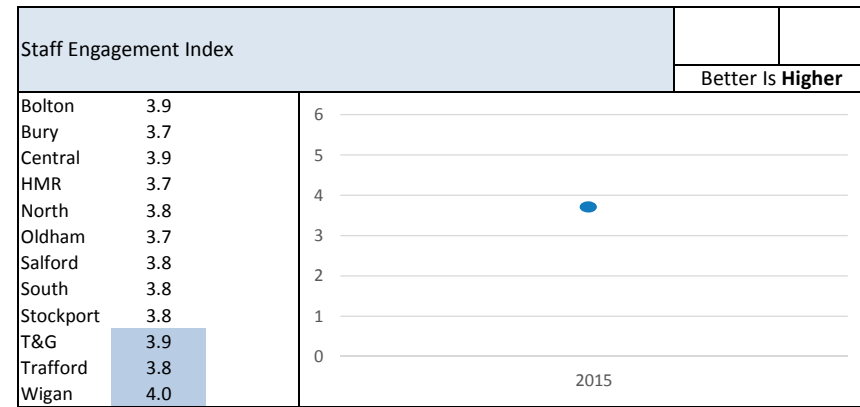
More People Will Be In Employment, With An Increasing Proportion In 'Good Work' And Able To Stay In Work For Longer



Well Led



Placeholder TBC



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

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

- 1. North
- 2. STP
- 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

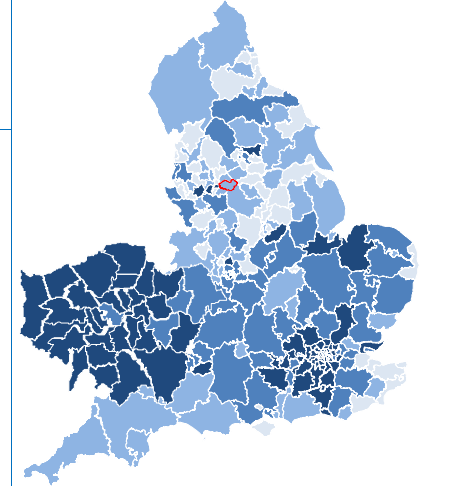
The 10 closest CCGs to NHS Tameside and Glossop CCG

- 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%)

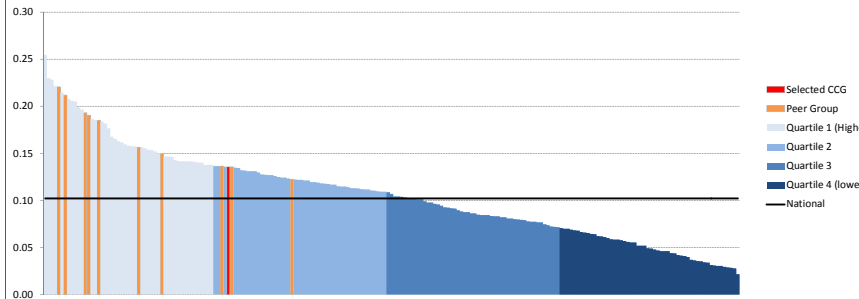
What you need to know...

- 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.

Performance Map



National distribution of CCG values for 101a: Maternal smoking at delivery



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.

KEY
H = Higher
L = Lower
<= = N/A

KEY
Not Average On Y-axis
More Less
25th 75th

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) for children	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%			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	