

Key Messages

Positive trends

18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 92.6% during December.

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

Cancer: All of the cancer indicators achieved standard during December except 62 day Cancer upgrades.

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 December (6) was below plan.

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

Dementia: Estimated diagnosis rate for people aged 65+ for December was 74.9% against the 66.7% standard.

Referrals: GP referrals have decreased this month compared to last month and have continued to decrease overall and have decreased compared to the same period last year. Other referrals have decreased compared to last month and have slightly 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: December performance at Tameside And Glossop Integrated Care NHS FT (T&GICFT) is below the 95% target, at 76.2%. A total of 7,165 patients attended A&E in the month, of which 1703 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 1.85% during December.

Cancer: Performance was below the threshold (85%) for 62 day cancer upgrades for December.

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 December. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 61.6% and 57.3%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 85.4%.

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

111: The North West NHS 111 service is performance managed against a range of KPIs reported as follows for Dec:- Calls Answered (95% in 60 seconds) = 64.7%- Calls abandoned (<5%) = 10.8%- Warm transfer (75%) = 31.3%- Call back in 10 minutes (75%) = 33.5%

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%).

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

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

| Better Health | | | | | | | | | | | | | | | | | | | | GM | England | Trend | | |
|---------------|--|---|---------|--------------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|----------------|------------------|----------------|--|
| Description | Indicator | F | Level | Better is... | Threshold | 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 | Dec-16 | Exceptions | GM | England | Trend | |
| | Utilisation of the NHS e-referral service to enable choice at first routine elective referral | M | T&G CCG | H | | | | | | | 11.8% | 11.6% | 11.2% | 11.1% | 11.6% | 10.4% | 10.7% | 10.0% | | | 51.1% (Sept) | | | |
| | Number of women Smoking at Delivery. | Q | T&G CCG | L | England | 14.4% | | 16.1% | | 15.8% | | 13.6% | | 16.9% | | | | 15.3% | | | 11.9% (Q1) | 10.40% | | |
| | Personal health budgets | Q | T&G CCG | H | | | 4.0 | | | | 4.0 | | 4.1 | | | | | | | | 11 (Q1) | 18.7 (Q2) | | |
| | Percentage of deaths which take place in hospital | Q | T&G CCG | <=> | | | 50.7% | | | | 47.6% | | 49.0% | | | | | | | | 50% (Q4 15/16) | 47.1% (Q1 16/17) | | |
| | Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions | Q | T&G CCG | L | | | 1475 | | | | | | | | | | | | | | | 929 | | |
| | Inequality in emergency admissions for urgent care sensitive conditions | Q | T&G CCG | L | | | 3269 | | | | | | | | | | | | | | | 2168 | | |
| | Anti-microbial resistance: appropriate prescribing of antibiotics in primary care | Q | T&G CCG | <=> | | | | | | | | 1.1 | | | | | | | | | | 1.1 | | |
| | Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care | Q | T&G CCG | <=> | | | | | | | | 7.8% | | | | | | | | | | 9.10% | | |
| | Injuries from falls in people aged 65 and over | A | T&G CCG | L | | | | | 2116 | | | | 2159 | | | | | | | | | 1985 | | |
| Description | Indicator | | Level | Better is... | Threshold | 09/10 | 10/11 | 11/12 | 12/13 | 13/14 | 14/15 | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | 21/22 | 22/23 | Exceptions | GM | England | Trend | |
| | Percentage of children aged 10-11 classified as overweight or obese | A | T&G CCG | L | | | | | | 33.3% | 34.1% | | | | | | | | | | | 34.6% FY 14/15 | 33.2% FY 14/15 | |
| | Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children | A | T&G CCG | H | | | | | | | 46.8% | | | | | | | | | | | 41.8% FY 14/15 | 39.8% FY 14/15 | |
| | People with diabetes diagnosed less than a year who attend a structured education course | A | T&G CCG | H | | | | | | | 0.0% | | | | | | | | | | | 1.9% FY 14/15 | 5.7% FY 14/15 | |
| | People with a long-term condition feeling supported to manage their condition(s) | A | T&G CCG | H | | | | 66.6% | 63.9% | 62.9% | 62.4% | 61.4% | | | | | | | | | | 64.30% | | |
| | Quality of life of carers | A | T&G CCG | H | | | | 80.4% | 80.7% | 77.70% | 80.00% | 77.5% | | | | | | | | | | 90.5% (2015) | 80.0% (2016) | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
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Key: H=Higher L=Lower <=>=N/A

Better Care

| Description | Indicator | F | Level | Better is... | Threshold | 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 | Dec-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% | 97.5% | 97.4% | 97.7% | 96.3% | 96.4% | 95.8% | 97.1% | 96.1% | 94.3% | 94.6% | 95.4% | 96.5% | 97.5% | 98.1% | | 96.90% | 95.56% | |
| | 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% | 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% | 98.8% | | 96.30% | 95.17% | |
| 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% | 99.1% | 100.0% | 98.9% | 100.0% | 100.0% | 98.8% | 98.9% | 98.0% | 98.2% | 100.0% | | 97.80% | 97.95% | |
| | 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% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 94.4% | 100.0% | 100.0% | 100.0% | | 96.60% | 95.53% | |
| | Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen | M | T&G CCG | H | 98% | 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% | 100.0% | Breach due to deferred treatment in Jan-16. | 99.60% | 99.54% | |
| | 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% | 96.6% | 100% | 98.22% | |
| 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% | 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% | 88.0% | There were 10 breaches out of a total of 39 seen in Sept 16. | 88.30% | 83.05% | |
| | 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% | 95.3% | 100.0% | 100.0% | 60.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 92.9% | 100.0% | 90.00% | 93.47% | |
| | 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% | 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% | 78.6% | For Dec 16 14 patients treated with 3 being treated over the target. For Sept 16 there were 13 patients treated with 6 being treated over the target | 86.50% | 90.77% | |
| 18 Weeks RTT | Patients on incomplete non emergency pathways (yet to start treatment) | M | T&G CCG | H | 92% | 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% | 92.6% | CCG target (92%) not achieved. Failing specialties are Urology (89.37%), Trauma & Orthopaedics (89.27%), Plastic Surgery (77.23%), Cardiology (91.34%),Neurology (88.24%). | 92.30% | 89.70% | |
| | Patients waiting 52+ weeks on an incomplete pathway | M | T&G CCG | L | Zero Tolerance | 1 | 0 | 2 | 0 | 12 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 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% | 2.5% | 2.68% | 1.83% | 2.88% | 2.17% | 2.55% | 1.55% | 2.36% | 1.70% | 1.20% | 1.24% | 1.34% | 1.29% | 1.85% | CCG target not achieved, 89 breaches. Failing for CCG are Central Manchester with 38 breaches for echocardiography, flexi sigmoidoscopy, gastroscopy and MRI. PAHT with 1 breach for colonoscopy. Salford with 1 breach for Gastroscopy. Stockport with 3 breaches for Gastroscopy and Urodynamics. THFT with 33 breaches, for audiology assessments, colonoscopy, CT scans, gastroscopy and NOUS. Pioneer Healthcare with 13 breaches for Neurophysiology. | 1.50% | 1.70% | |
| Dementia | Estimated diagnosis rate for people aged 65+ | M | CCG | H | 66.70% | 68.90% | 70.30% | 71.60% | 71.10% | | 69.60% | 69.80% | 70.50% | 70.3% | 71.3% | 72.8% | 75.3% | 74.4% | 74.9% | | 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% | 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% | 76.2% | 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. December performance is 76.2% breached by 1703 patients. January performance is 76.7% breached by 1638 patients. | 86.00% | 79.30% | |
| | Delayed transfers of care per 100,000 population | M | T&G CCG | L | | | | | | | | | | | 21.2 | | | 24 | | 16.3 | 15 | | |

| | 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% | 77.20% | | | |
|---|--|---|---------|--------------|-----------|--------|--------|-------|--------|--------|-------|-------|------------|-------|-------|----|---------|-------|--|--|--|--|--|-------|--------|---------|----------------|----------------|
| | 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% | 48.40% | |
| | 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 | | | 1.2 | | | | | | | | | | | | | | | | | 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 | | | | | 62.7 | | | | | | | | | | | | 53.5 | 46.2 |
| 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 | 7.1 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 | 37.1% FY 15/16 |
| 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 | | | 3rd Quarter 2016-17 | | | Exceptions | GM | England * | Trend | | |
|--|--|---|-------|--------------|-----------|-------------------------|-------------------------|------------------------------|-------------------------|------------------------|--|--------|--------|---------------------|--------|--------|---------------------|--------|--------|------------|----|-----------|-------|-------|--|
| | | | | | | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-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% | 96.63% | 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% | 100.00% | 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% | 13.62% | 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% | 75.93% | Cumulative year to date performance reported | | | | | | | | | | | | - | 67.4 | |
| ASCOF 1E - Proportion of adults with learning disabilities in paid employment. | Total number of Learning Disability service users in paid employment | Q | LA | H | 5.8 | 2.20% | 2.00% | 1.99% | 1.92% | 1.89% | Cumulative year to date performance reported | | | | | | | | | | | | - | 5.8 | |
| ASCOF 1G - Proportion of adults with learning disabilities who live in their own home or with their family. | Total number of Learning Disability service users in settled accommodation. | Q | LA | H | 75.4 | 94.29% | 93.79% | 94.69% | 93.80% | 93.90% | Cumulative year to date performance reported | | | | | | | | | | | | - | 75.4 | |
| 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) | 7.44 (10 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) | 453.8 (174 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 | 184 | 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 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 | 8180 | 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 | 3008 | 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% | 87.94% | 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% | 62.78% | Cumulative year to date performance reported | | | | | | | | | | | | - | - | |

* Rag ratings are based on thresholds where appropriate otherwise based 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 | 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 | Dec-16 | Exceptions | GM | England | Trend |
|---|----------------------------|---|---------|--------------|-----------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------------------|----|---------|-------|
| | | | | | | | | | | | | | | | | | | | | | | | |
| Referrals | GP Referrals-Total | M | T&G CCG | L | | 5116 | 5180 | 5723 | 5636 | 67180 | 6018 | 5494 | 5724 | 5359 | 5142 | 5310 | 5086 | 5192 | 4421 | Variance from Monthly plan | | | |
| | Other referrals- Total | M | T&G CCG | L | | 2694 | 2670 | 2871 | 2837 | 34656 | 2904 | 2748 | 2730 | 2751 | 2853 | 2786 | 3060 | 3085 | 2434 | Variance from Monthly plan | | | |
| | GP referrals- T&G ICFT | M | T&G CCG | L | | 3804 | 3817 | 4242 | 4129 | 48782 | 4088 | 3971 | 4053 | 3766 | 3452 | 3611 | 3566 | 3673 | 3142 | Variance from previous year | | | |
| | Other referrals - T&G ICFT | M | T&G CCG | L | | 1418 | 1419 | 1639 | 1540 | 19274 | 1640 | 1428 | 1521 | 1637 | 1670 | 1612 | 1836 | 1854 | 1431 | Variance from previous year | | | |
| Activity | Outpatient Fist Attend | M | T&G CCG | L | Plan | 6561 | 6591 | 6698 | 6554 | 80783 | 6852 | 7137 | 7441 | 6755 | 6903 | 7205 | 7265 | 7606 | 6394 | Variance from Monthly plan | | | |
| | Elective Inpatients | M | T&G CCG | L | Plan | 2642 | 2799 | 2898 | 2717 | 34015 | 2799 | 2890 | 3022 | 2871 | 2876 | 2915 | 2956 | 3201 | 2624 | Variance from Monthly Plan | | | |
| | Non-Elective Admissions | M | T&G CCG | L | Plan | 2562 | 2407 | 2372 | 2636 | 28906 | 2361 | 2409 | 2314 | 2267 | 2336 | 2244 | 2337 | 2431 | 2444 | 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 | 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 | Dec-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 | 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 | Dec-16 | Exceptions | GM | England | Trend | |
|---------------------------------|--|---|---------|--------------|-----------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|---|---------|-------|--|
| Mixed Sex Accommodation | MSA Breach Rate | M | T&G CCG | L | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.1 | 0.2 | 0 | 0 | 0 | 0 | 0.1 | 0 | Total of 1 breach in June 16, 2 breaches in July 16 and 1 breach in Nov 16 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 | 2 | 12 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Number of last minute cancellations at THFT; 15-16 Q1 = 63, Q2 = 54, Q3 = 86, Q4 = 96 16-17 Q1 = 85, Q2 = 60, Q3 = 78 | 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% | 100% | 96.7% | 94.5% | 94.5% | 96.7% | 96.7% | 96.7% | 96.7% | 96.7% | 96.7% | 96.7% | 100.0% | 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 | | -14.25% | 14.22% | 14.95% | 29.21% | | | | | | | | | | | | | | | |
| | Avoidable admissions-Cost | | T&G CCG | L | | 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 | | | | | | | | | | |
| | DTOCS (Patients) | M | LA | L | | 19 | 43 | 42 | 37 | | 38 | 49 | 37 | 47 | 42 | 47 | 71 | 52 | 61 | | | | | |
| | DTOCS (Patients) | M | Trust | L | | 16 | 43 | 36 | 25 | | 26 | 38 | 25 | 32 | 29 | 38 | 61 | 45 | 50 | | | | | |

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% | 83.0% | 90.0% | 89.0% | 71.4% | 67.5% | 64.7% | | | | 88.50% | |
| | Calls abandoned | M | NW | L | <5% | 15.00% | 16.00% | 15.00% | 23.00% | | 6.00% | 4.00% | 2.00% | 4.0% | 2.0% | 2.0% | 6.4% | 6.9% | 10.8% | | | | 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% | 31.3% | | | | 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% | 33.5% | | | | 38.20% | |

Ambulance

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-----------------------------------|---|---------|---|--------|--------|--------|--------|--------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|--------|--------|--|
| Ambulance | Red 1 < 8 Minutes (75% Target) | M | T&G CCG | H | 75.00% | 76.60% | 54.50% | 67.00% | 73.20% | | 81.50% | 71.10% | 69.50% | 75.6% | 66.7% | 65.9% | 68.3% | 60.4% | 61.3% | | 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% | 65.30% | 60.90% | 55.80% | 68.30% | | 64.90% | 58.00% | 63.10% | 58.60% | 65.80% | 60.00% | 60.48% | 54.76% | 53.50% | | 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% | 91.2% | 89.1% | 87.9% | 92.3% | | 90.7% | 89.9% | 91.1% | 89.9% | 91.0% | 89.1% | 86.4% | 83.1% | 82.9% | | High levels of demand and lengthening turn around times. | 90.40% | | |
| | Red 1 < 8 Minutes (75% Target) | M | NWAS | H | 75% | 78.5% | 69.3% | 70.5% | 74.8% | | 76.5% | 74.3% | 73.1% | 70.5% | 72.6% | 69.5% | 64.6% | 62.8% | 61.6% | | High levels of demand and lengthening turn around times. | 63.00% | 67.30% | |
| | Red 2 < 8 Minutes (75% Target) | M | NWAS | H | 75% | 69.5% | 63.5% | 61.1% | 70.4% | | 67.5% | 66.3% | 66.2% | 62.7% | 65.3% | 61.8% | 63.0% | 60.4% | 57.3% | | High levels of demand and lengthening turn around times. | 57.10% | 62.90% | |
| | All Reds <19 Minutes (95% Target) | M | NWAS | H | 95% | 92.70% | 89.90% | 88.10% | 92.60% | | 92.00% | 91.50% | 91.50% | 89.8% | 91.1% | 89.0% | 88.2% | 86.8% | 85.4% | | High levels of demand and lengthening turn around times. | 90.40% | | |

Quality

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

Exception Report

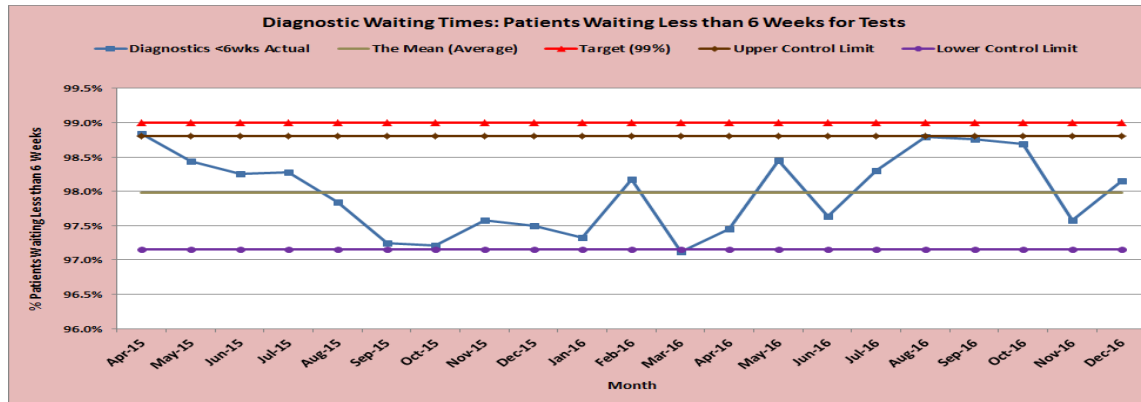
Tameside & Glossop CCG- February

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 1.85% performance. Of the 89 breaches, 38 occurred at Central Manchester (echocardiography, flexi sigmoidoscopy, gastroscopy and MRI). 33 at T&G ICFT (audiology assessments, colonoscopy, CT scans, gastroscopy and NOUS). 13 at Pioneer Healthcare (neurophysiology). 3 at Stockport (gastroscopy and urodynamics). 1 breach at Salford (gastroscopy) and 1 at Pennine Acute (colonoscopy).

Central Manchester performance is due to increased demand and issues around decontamination have impacted endoscopy performance which GM are aware of. Performance in 2017/18 is expected to be impacted when work is undertaken to ensure they achieve the JAG rating as 6 week waits may build up again.

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:

CMFT reported to their Board they hope to get back on track by the end of February 2017 or by the end of March at the latest. 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. Potential mobile provider details shared with ICFT and GM HSCP

Operational and Financial implications:

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

Unvalidated - Next month FORECAST

Diagnostics Waiting Times Patients Waiting > 6 Weeks by GM CCG

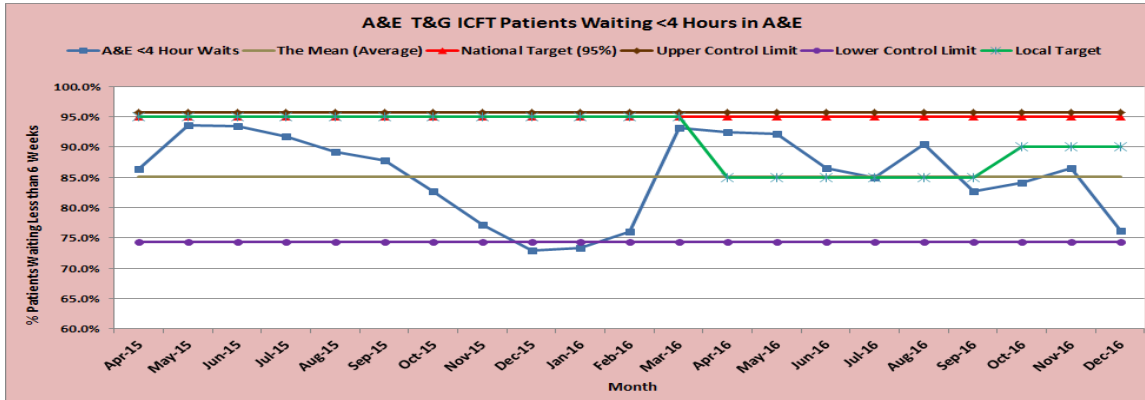
| CCG | Dec-16 | | | |
|--------------------------------------|-------------------|--------------------|-------------|----------|
| | Waiting > 6 Weeks | Total Waiting List | Performance | Standard |
| NHS Central Manchester CCG | 187 | 2792 | 6.7% | 1% |
| NHS North Manchester CCG | 90 | 3225 | 2.8% | 1% |
| NHS Trafford CCG | 126 | 5017 | 2.5% | 1% |
| NHS South Manchester CCG | 63 | 2552 | 2.5% | 1% |
| NHS Tameside and Glossop CCG | 89 | 4800 | 1.9% | 1% |
| NHS Bury CCG | 53 | 3536 | 1.5% | 1% |
| NHS Salford CCG | 61 | 4303 | 1.4% | 1% |
| NHS Stockport CCG | 69 | 5108 | 1.4% | 1% |
| NHS Heywood Middleton & Rochdale CCG | 51 | 4146 | 1.2% | 1% |
| NHS Wigan Borough CCG | 61 | 5321 | 1.1% | 1% |
| NHS Bolton CCG | 41 | 3615 | 1.1% | 1% |
| NHS Oldham | 42 | 3785 | 1.1% | 1% |

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery board



Key Risks and Issues:

The A&E performance for December was 76.22% which is below the target of 90%. Quarter 3 has also failed the 90%. 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:

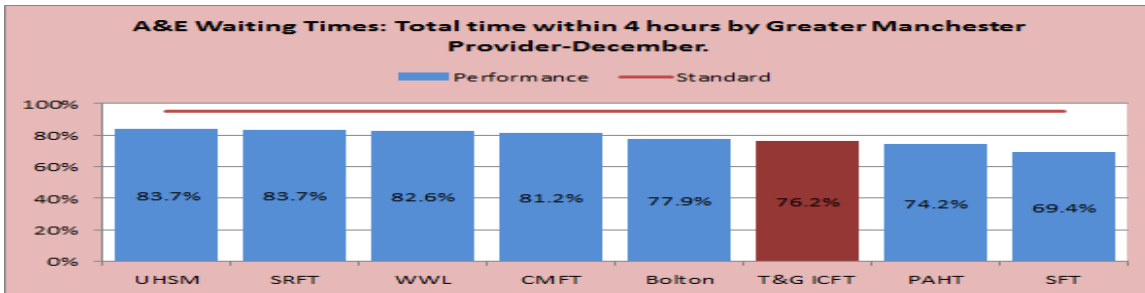
- Weekly urgent Care Exec focus on the Delayed Discharges to address capacity issues and prioritising discharges. Additional staffing in IUCT will support the wider roll out of Discharge to Assess building on the excellence seen in discharging people home for assessment. Additional capacity has been 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 money attached to this target for the Quality Premium Payment (QPP). STP

Next month FORECAST



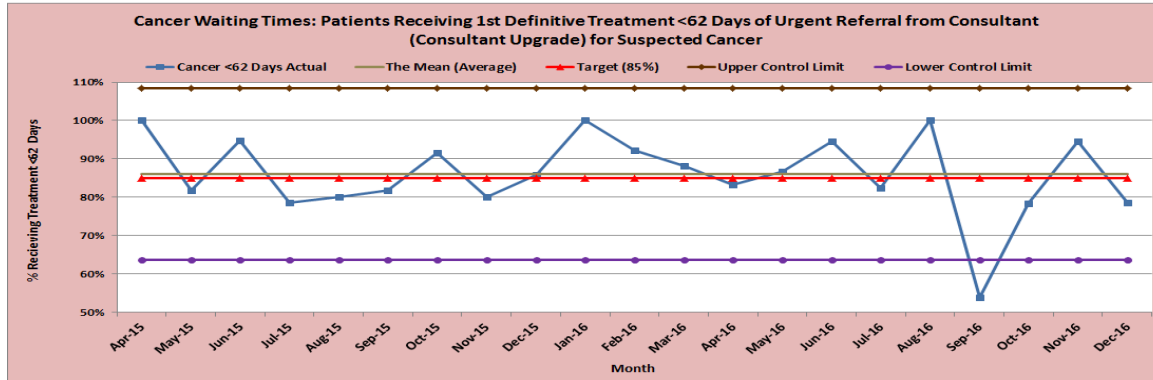
* Please note that Tameside Trust local trajectory for 16/17 is Q1 85%, Q2 85% Q3 90% And Q4 95%.

Cancer 62 Days Upgrade-

Lead Officer: Alison Lewin

Lead Director: Clare Watson

Governance: Contracts meeting



Key Risks and Issues:

The 62 day upgrade standard was not met in Dec with performance at 78.3% against the 85% threshold. 5 breaches mostly due to late referrals and patient cancellation. Small numbers make larger impact on performance.

Actions:

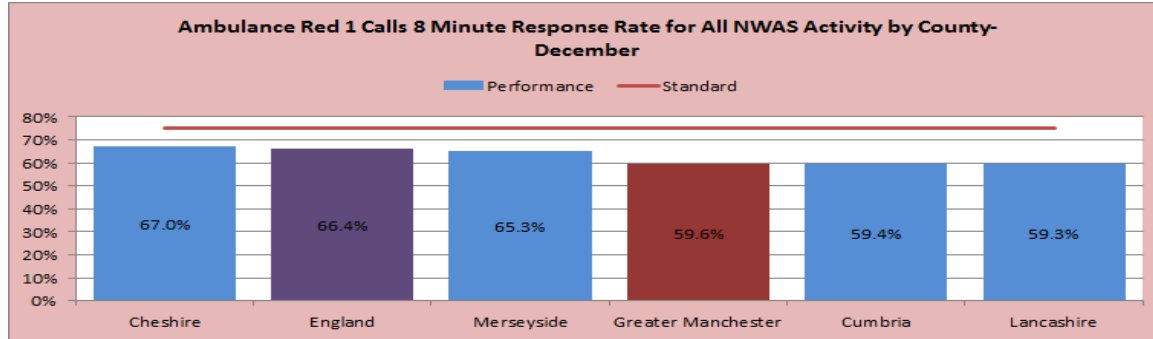
Tameside & Glossop ICNHSFT have introduced an internal policy to manage the 'consultant upgrade' process. To date there have been issues with consultants upgrading patients to 2ww pathways when referring them for further diagnostics, thus putting additional pressure on the radiology and endoscopy departments. 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 Nov ember 2016.

Operational and Financial implications:

Failure of this standard could negatively impact on the patients experience. Patients having to wait longer than the standard for first definitive treatment.

FORECAST

| Cancer Waiting Times: Patients Receiving 1st Definitive Treatment <62 Days of Urgent Referral from Consultant (Consultant Upgrade) for Suspected Cancer by GM CCG | | | | |
|---|----------|-------|-------------|----------|
| CCG | <62 Days | Total | Performance | Standard |
| NHS South Manchester CCG | 13 | 13 | 100.0% | 85% |
| NHS Wigan Borough CCG | 52 | 55 | 94.5% | 85% |
| NHS Salford CCG | 16 | 17 | 94.1% | 85% |
| England | 1674 | 1858 | 90.1% | 85% |
| NHS Trafford CCG | 21 | 24 | 87.5% | 85% |
| NHS Oldham | 7 | 8 | 87.5% | 85% |
| NHS Bolton CCG | 12 | 14 | 85.7% | 85% |
| NHS North Manchester CCG | 10 | 12 | 83.3% | 85% |
| NHS Stockport CCG | 15 | 18 | 83.3% | 85% |
| NHS Tameside and Glossop CCG | 11 | 14 | 78.6% | 85% |
| NHS Heywood Middleton & Rochdale CCG | 6 | 8 | 75.0% | 85% |
| NHS Bury CCG | 7 | 11 | 63.6% | 85% |
| NHS Central Manchester CCG | | | | 85% |



| CCG | Dec-16 | | | |
|--------------------------------------|---------|-------|-------------|----------|
| | <8 Mins | Total | Performance | Standard |
| NHS Bolton CCG | 84 | 121 | 69.4% | 75% |
| NHS South Manchester CCG | 50 | 78 | 64.0% | 75% |
| NHS Bury CCG | 57 | 90 | 63.3% | 75% |
| NHS Tameside and Glossop CCG | 73 | 119 | 61.3% | 75% |
| NHS North Manchester CCG | 73 | 121 | 60.7% | 75% |
| NHS Wigan Borough CCG | 88 | 145 | 60.6% | 75% |
| NHS Heywood Middleton & Rochdale CCG | 59 | 99 | 59.6% | 75% |
| NHS Stockport CCG | 58 | 100 | 58.2% | 75% |
| NHS Salford CCG | 55 | 96 | 57.0% | 75% |
| NHS Central Manchester CCG | 41 | 73 | 55.6% | 75% |
| NHS Trafford CCG | 44 | 85 | 51.8% | 75% |
| NHS Oldham | 62 | 121 | 51.2% | 75% |

Key Risks and Issues:

In December the north west position (which we are measured against) was 61.6% however locally we only achieved 61.3%. 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.

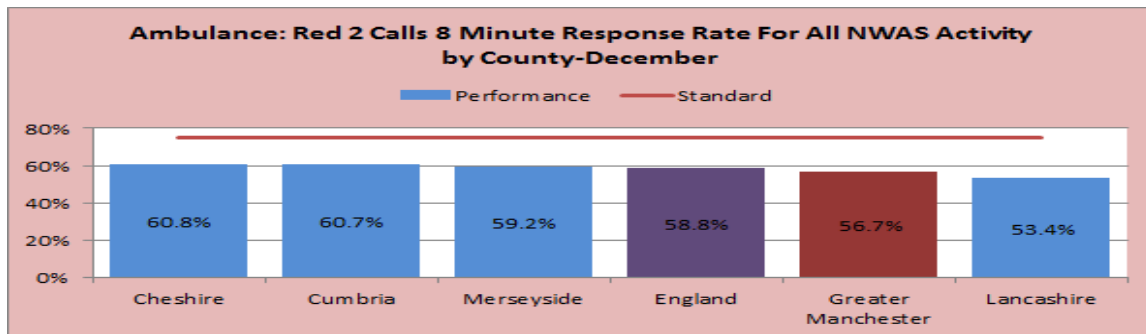
The Contracting and Strategic Partnership Board will maintain scrutiny on NWS to ensure agreed actions are implemented.

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. 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).

Unvalidated next month FORECAST



Ambulance: Red 2 Calls 8 Minute Response Rate For All NWS Activity by CCG

| CCG | Dec-16 | | | | |
|--------------------------------------|---------|-------|-------------|----------|--|
| | <8 Mins | Total | Performance | Standard | |
| NHS South Manchester CCG | 891 | 1326 | 67.2% | 75% | |
| NHS North Manchester CCG | 1014 | 1680 | 60.4% | 75% | |
| NHS Central Manchester CCG | 631 | 1046 | 60.4% | 75% | |
| NHS Bury CCG | 715 | 1203 | 59.4% | 75% | |
| NHS Oldham | 874 | 1518 | 57.6% | 75% | |
| NHS Bolton CCG | 975 | 1716 | 56.8% | 75% | |
| NHS Wigan Borough CCG | 1065 | 1889 | 56.4% | 75% | |
| NHS Heywood Middleton & Rochdale CCG | 790 | 1404 | 56.2% | 75% | |
| NHS Salford CCG | 883 | 1605 | 55.0% | 75% | |
| NHS Tameside and Glossop CCG | 978 | 1817 | 53.9% | 75% | |
| NHS Stockport CCG | 959 | 1863 | 51.5% | 75% | |
| NHS Trafford CCG | 607 | 1237 | 49.1% | 75% | |

Key Risks and Issues:

In November the north west position (which we are measured against) was 57.3% however locally we only achieved 53.9%. 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.
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- Additional areas of support are also being identified including working more closely with 111.

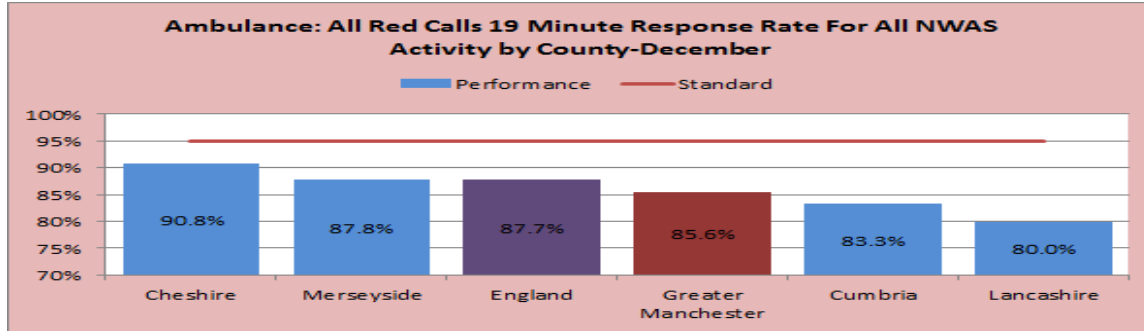
The Contracting and Strategic Partnership Board will maintain scrutiny on NWS to ensure agreed actions are implemented.

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: All Red Calls 19 Minute Response Rate For All NWS Activity by CCG

| CCG | Dec-16 | | | |
|--------------------------------------|----------|-------|-------------|----------|
| | <19 Mins | Total | Performance | Standard |
| NHS South Manchester CCG | 1254 | 1404 | 89.3% | 95% |
| NHS Central Manchester CCG | 987 | 1119 | 88.2% | 95% |
| NHS Oldham | 1434 | 1639 | 87.5% | 95% |
| NHS Salford CCG | 1474 | 1701 | 86.6% | 95% |
| NHS Wigan Borough CCG | 1760 | 2034 | 86.5% | 95% |
| NHS Bury CCG | 1113 | 1293 | 86.1% | 95% |
| NHS Bolton CCG | 1576 | 1837 | 85.8% | 95% |
| NHS Stockport CCG | 1668 | 1963 | 85.0% | 95% |
| NHS Heywood Middleton & Rochdale CCG | 1272 | 1503 | 84.6% | 95% |
| NHS North Manchester CCG | 1523 | 1801 | 84.6% | 95% |
| NHS Tameside and Glossop CCG | 1604 | 1936 | 82.9% | 95% |
| NHS Trafford CCG | 1063 | 1322 | 80.4% | 95% |

Key Risks and Issues:

In November the north west position (which we are measured against) was 85.4% however locally we only achieved 82.9% 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.
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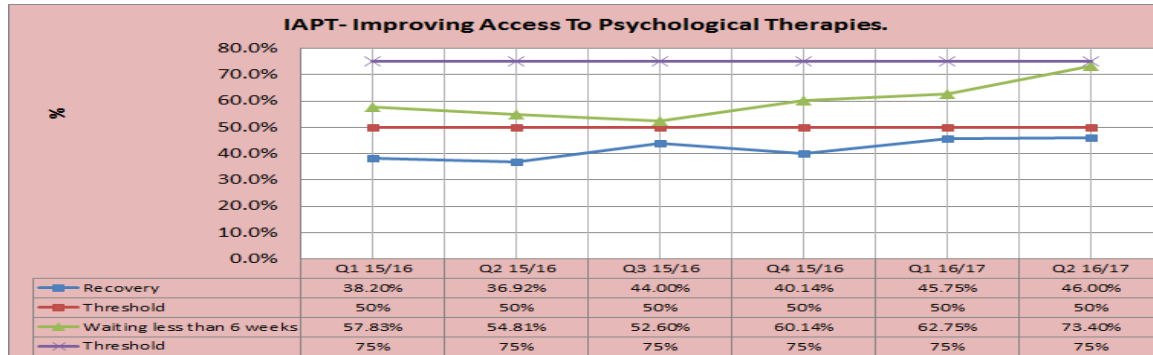
The Contracting and Strategic Partnership Board will maintain scrutiny on NWS to ensure agreed actions are implemented.

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).

Invalidated next month FORECAST



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

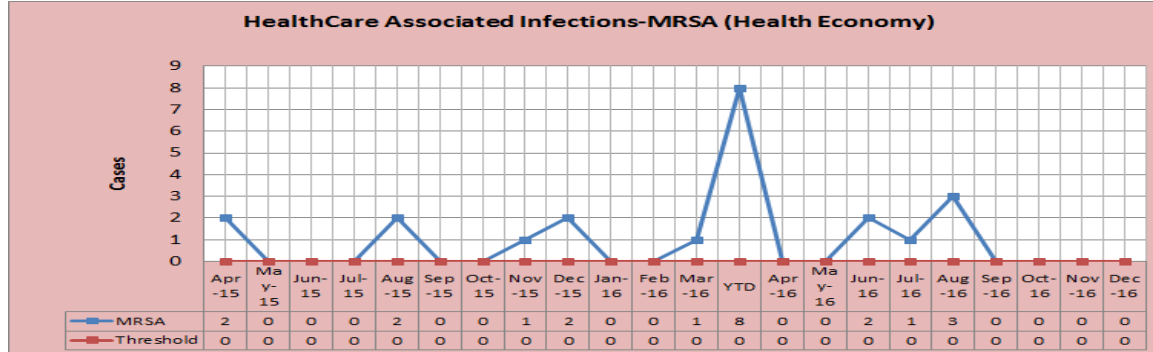
Operational and Financial implications:

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.

Unvalidated next QTR FORECAST

| 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% |



Key Risks and Issues:

There were no reported cases in December.
 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 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 HCAIs. 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 Levey penalties through contract with those providers who fail the target.

Next month FORECAST

| Greater Manchester CCGs MRSA | | | | | | | | | | | |
|---|------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Organisation Name | Code | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Total |
| NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | 01D | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NHS BURY CCG | 00V | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| NHS CENTRAL MANCHESTER CCG | 00W | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| NHS SOUTH MANCHESTER CCG | 01N | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| NHS TRAFFORD CCG | 02A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| NHS WIGAN BOROUGH CCG | 02H | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| NHS OLDHAM CCG | 00Y | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 4 |
| NHS SALFORD CCG | 01G | 1 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 4 |
| NHS STOCKPORT CCG | 01W | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| NHS NORTH MANCHESTER CCG | 01M | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 6 |
| NHS TAMESIDE AND GLOSSOP CCG | 01Y | 0 | 0 | 2 | 1 | 3 | 0 | 0 | 0 | 0 | 6 |
| NHS BOLTON CCG | 00T | 0 | 1 | 0 | 2 | 3 | 1 | 3 | 1 | 1 | 12 |
| Total | | 5 | 4 | 4 | 5 | 7 | 3 | 4 | 7 | 3 | 42 |

111-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: Contracts

| Indicators - access & quality | NW inc. Blackpool | Scoring out of 42 Areas | | | | |
|--|----------------------|-------------------------|----------------------|--------|-------------------------|------|
| | | NW inc. Blackpool | Highest | Lowest | | |
| Calls per month per 1,000 people | 28.4 | 22 | South East Coast | 55.8 | East London and City | 13.5 |
| Calls per month via 111 per 1,000 people | 28.4 | 21 | South East Coast | 55.8 | East London and City | 13.5 |
| Of all calls offered, % abandoned after at least 30 seconds ¹ | 11% | 1 | NW inc. Blackpool | 11% | Inner North West London | 0% |
| Of calls answered, % in 60 seconds | 65% | 42 | East London and City | 98% | NW inc. Blackpool | 65% |
| Of calls answered, % triaged | 89% | 15 | Luton | 121% | Bedfordshire | 68% |
| Of answered calls, % transferred to clinical advisor | 21% | 28 | Devon | 32% | Bedfordshire | 14% |
| Of transferred calls, % live transferred | 49% | 12 | Isle of Wight | 96% | York & Humber | 15% |
| Average NHS 111 live transfer time ¹ | 00:00:06 | | | | | |
| Average warm transfer time | NCA | | | | | |
| Of calls answered, % passed for call back | 11% | 33 | Devon | 19% | Isle of Wight | 1% |
| Of call backs, % within 10 minutes | 33% | 21 | Devon | 69% | Outer North East London | 11% |
| Average episode length | 00:15:21 | | | | | |

| Dispositions as a proportion of all calls triaged | T&G CCG | NW inc. Blackpool | Scoring out of 42 Areas | | | | |
|--|---------|----------------------|-------------------------|----------------------------|--------|----------------------------|-----|
| | | | NW inc. Blackpool | Highest | Lowest | | |
| 111 dispositions: % Ambulance dispatches | 16% | 14% | 7 | Devon | 19% | South Essex | 9% |
| 111 dispositions: % Recommended to attend A&E | 6% | 7% | 31 | East London and City | 13% | Leicestershire and Rutland | 4% |
| Recommended to attend primary and community care | 57% | 58% | 39 | Berkshire | 68% | North Central London | 50% |
| Of which - % Recommended to contact primary and community care | | 44% | 20 | Banes & Wiltshire | 48% | North Central London | 35% |
| - % Recommended to speak to primary and community care | | 12% | 28 | Cambridge and Peterborough | 20% | East London and City | 9% |
| - % Recommended to dental / pharmacy | | 2% | 41 | York & Humber | 11% | Devon | 1% |
| 111 dispositions: % Recommended to attend other service | 2% | 3% | 28 | Nottinghamshire | 9% | Banes & Wiltshire | 1% |
| 111 dispositions: % Not recommended to attend other service | 18% | 18% | 3 | North Central London | 22% | Mainland SHIP | 8% |
| Of which - % Given health information | | 5% | 1 | NW inc. Blackpool | 5% | Staffordshire | 0% |
| - % Recommended home care | | 3% | 42 | North West London | 8% | NW inc. Blackpool | 3% |
| - % Recommended non clinical | | 10% | 9 | South East London | 29% | Cambridge and Peterborough | 2% |

Key Risks and Issues:

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

- Calls Answered (95% in 60 seconds) = 64.7%
- Calls abandoned (<5%) = 10.8%
- Warm transfer (75%) = 31.3%
- Call back in 10 minutes (75%) = 33.5%

In December 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 advice. 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.

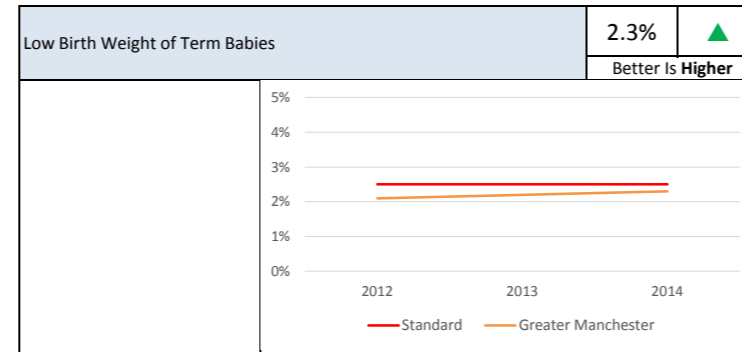
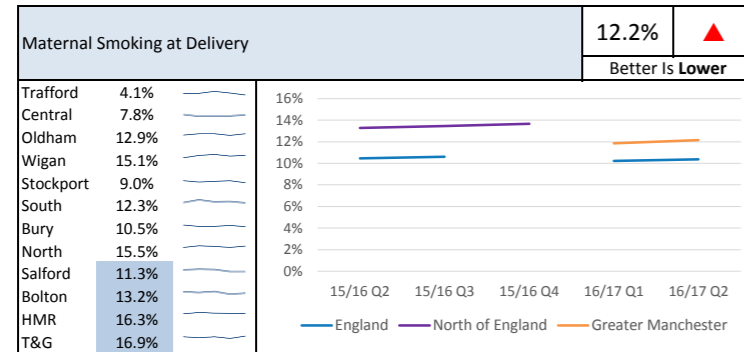
Operational and Financial implications:

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).

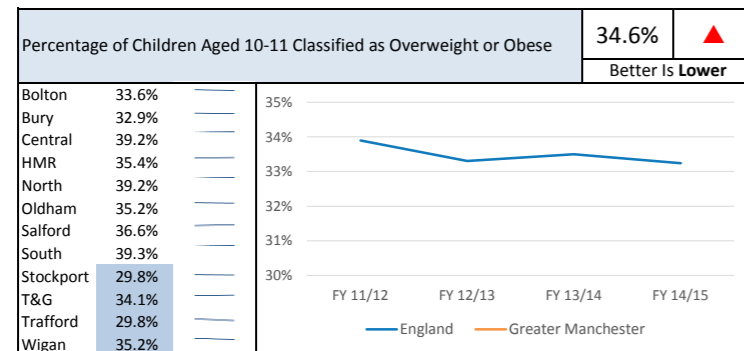
Unvalidated next month FORECAST



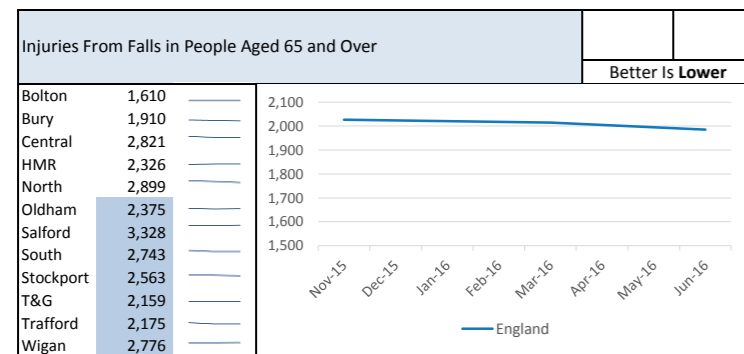
Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Costs To The Health System



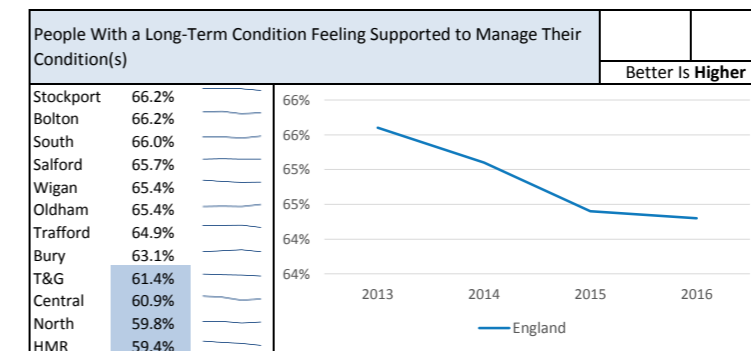
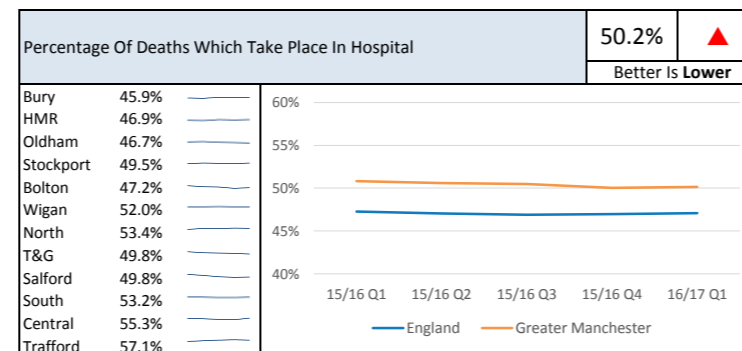
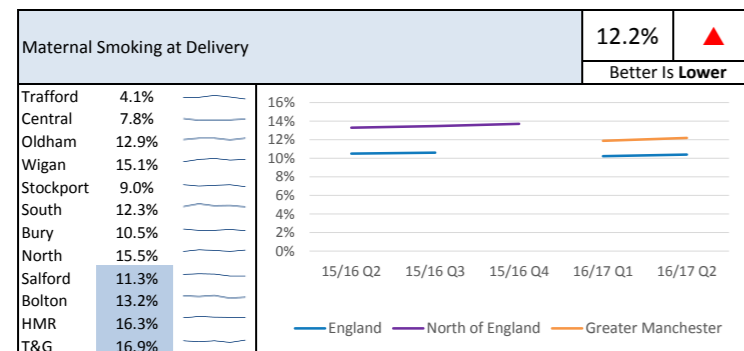
More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally



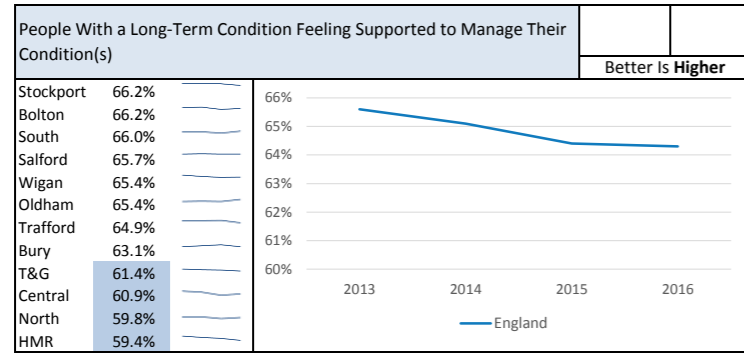
More People Will Be Supported To Stay Well and Live at Home for as Long as Possible



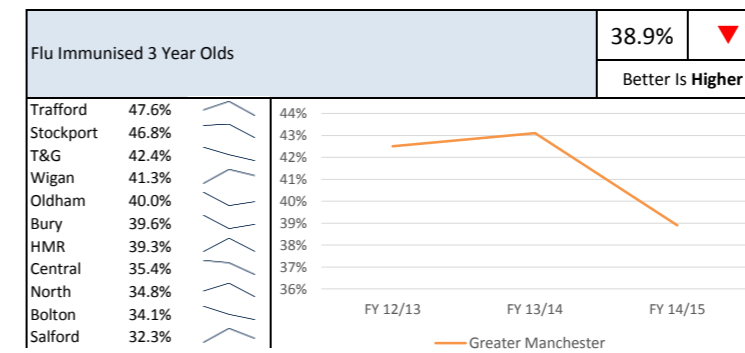
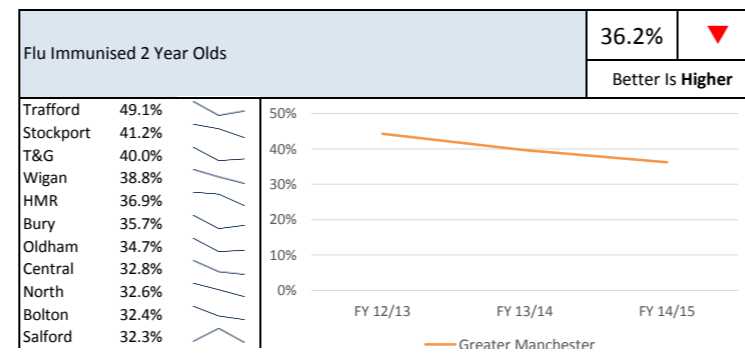
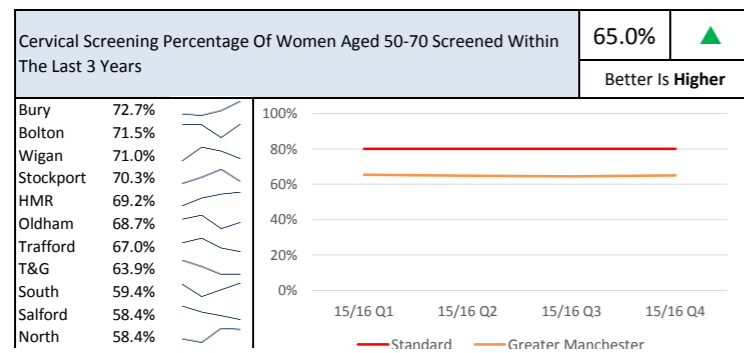
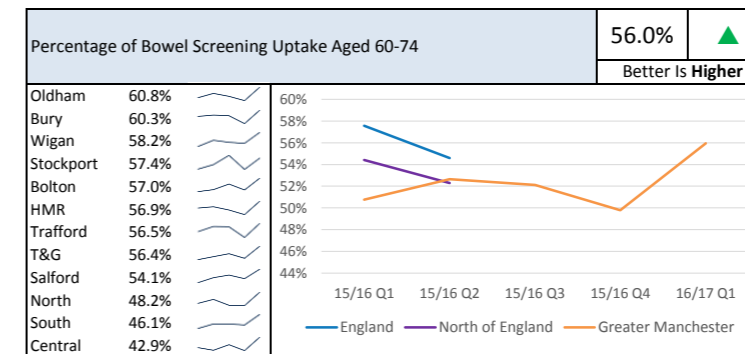
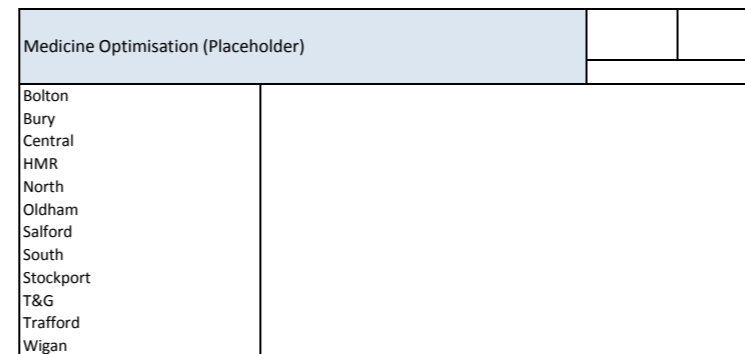
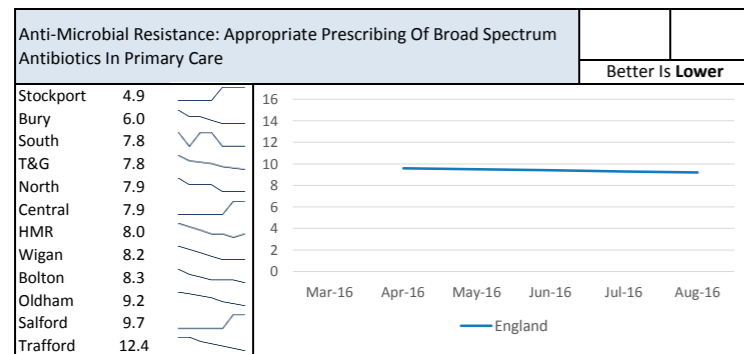
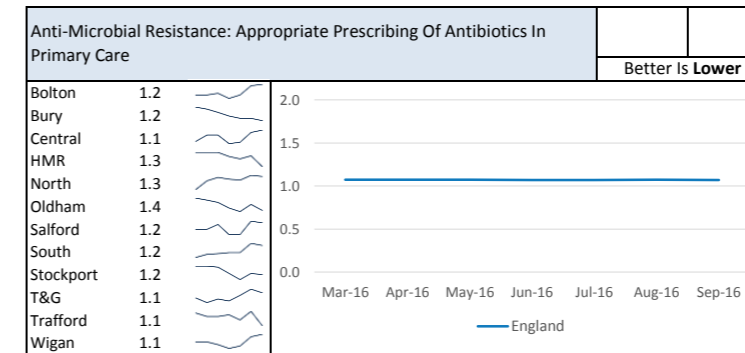
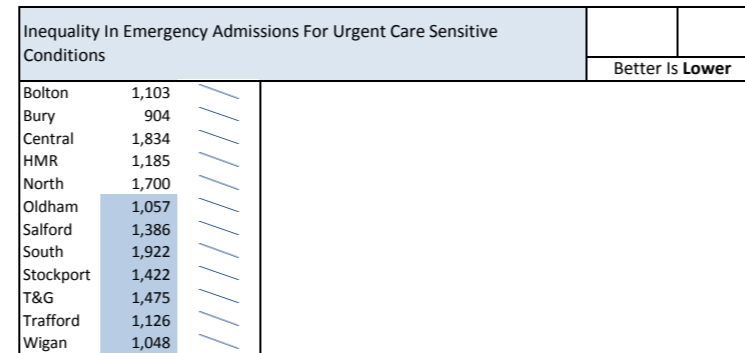
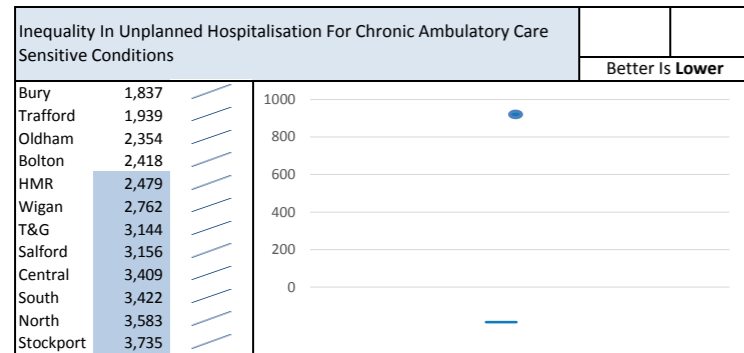
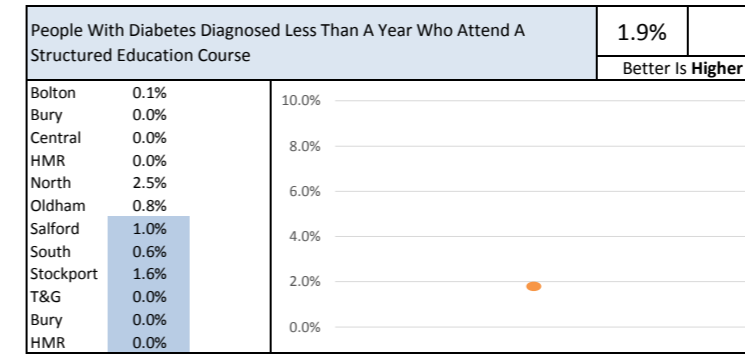
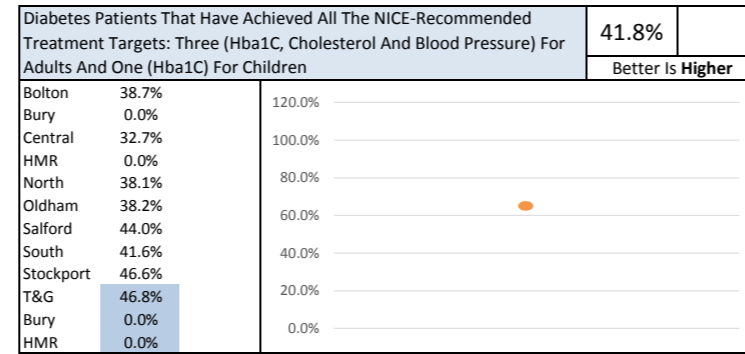
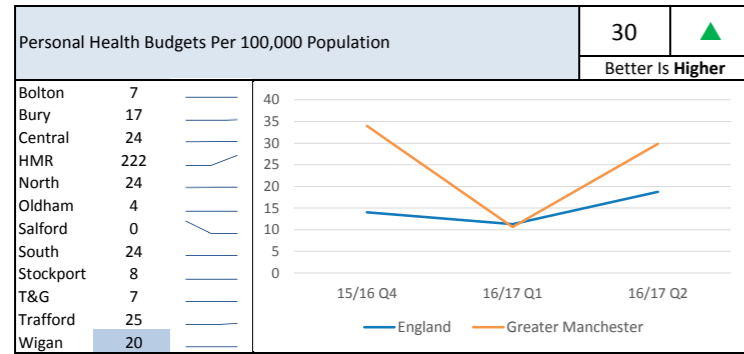
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease

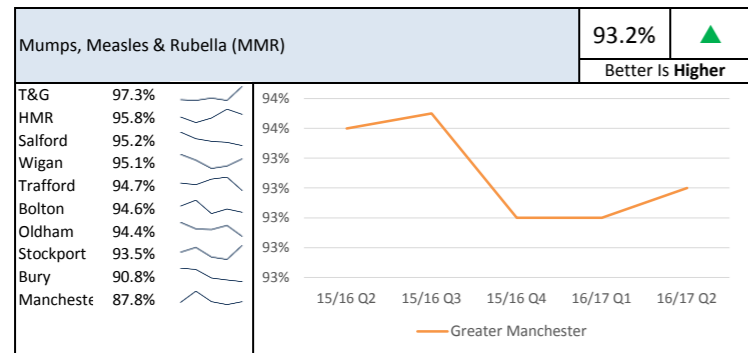
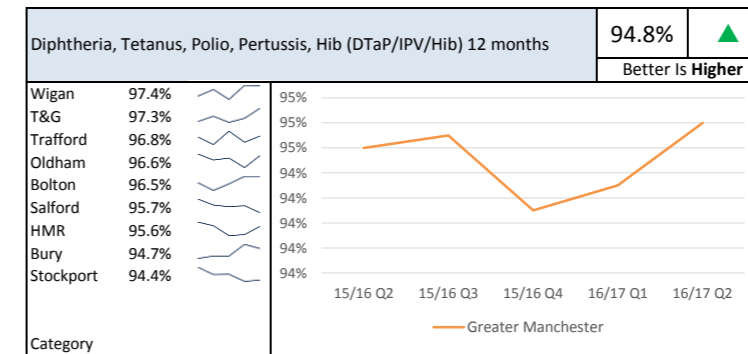
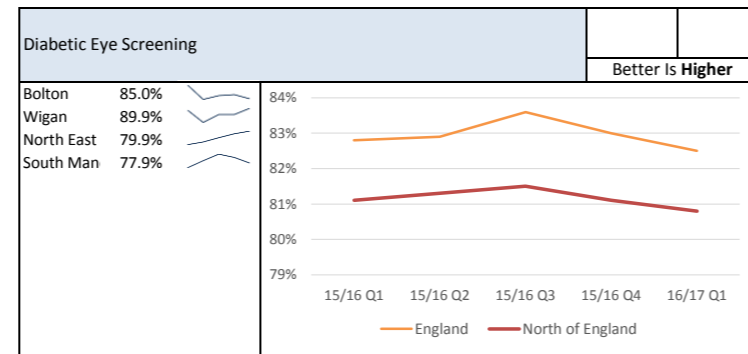
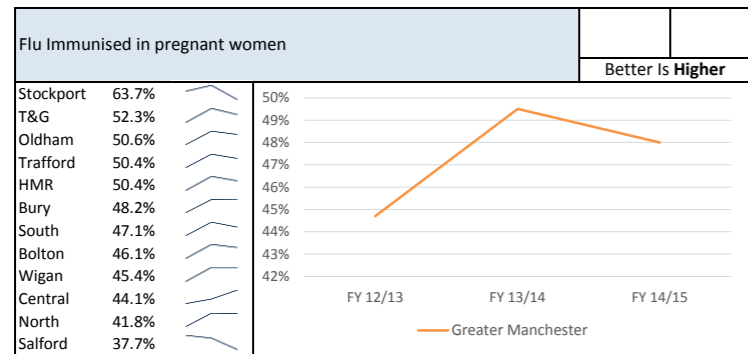
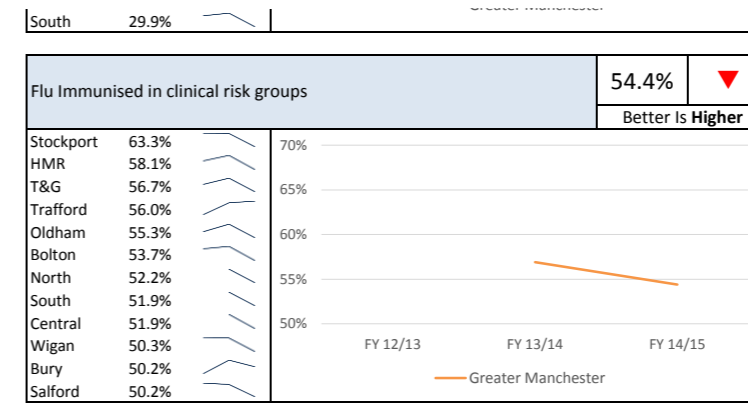
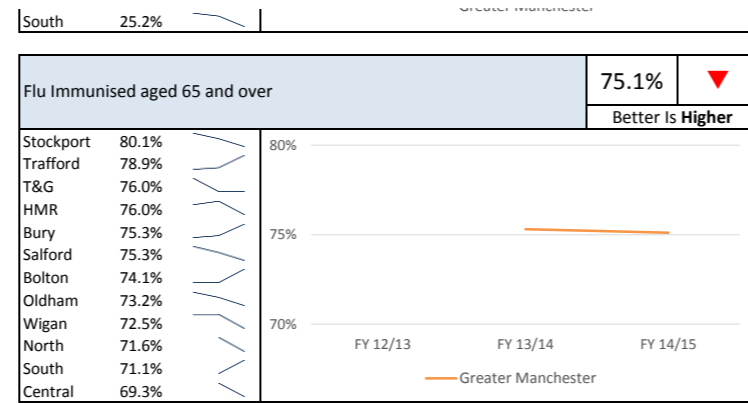
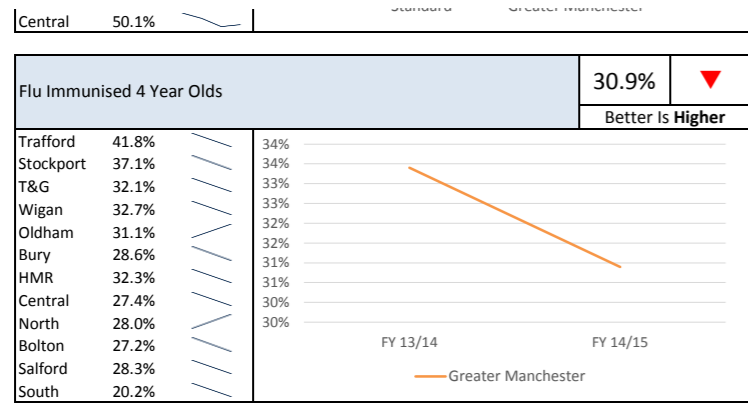


Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



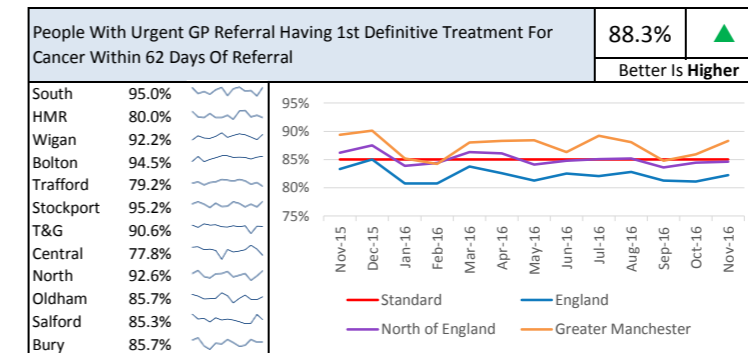
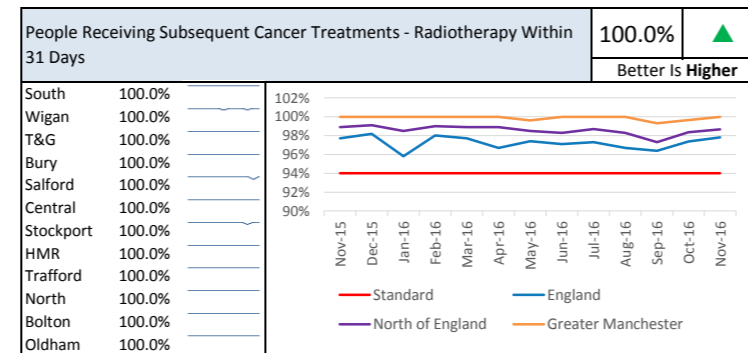
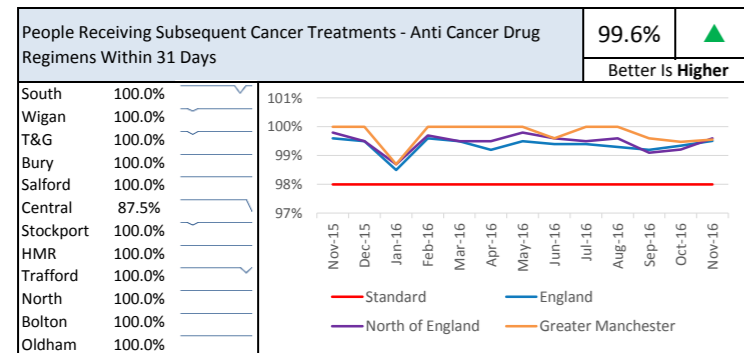
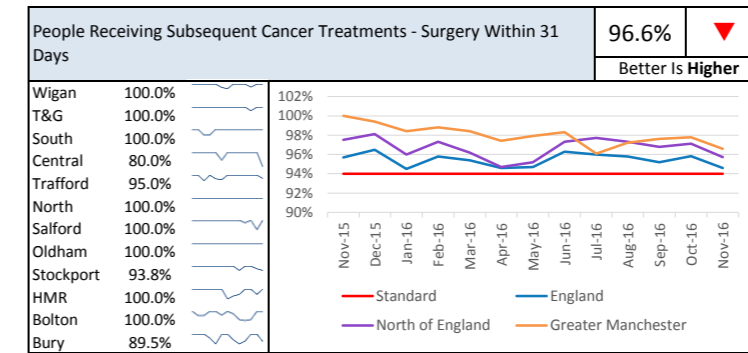
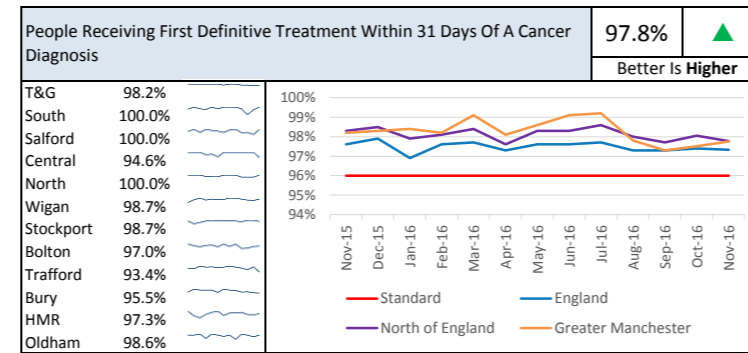
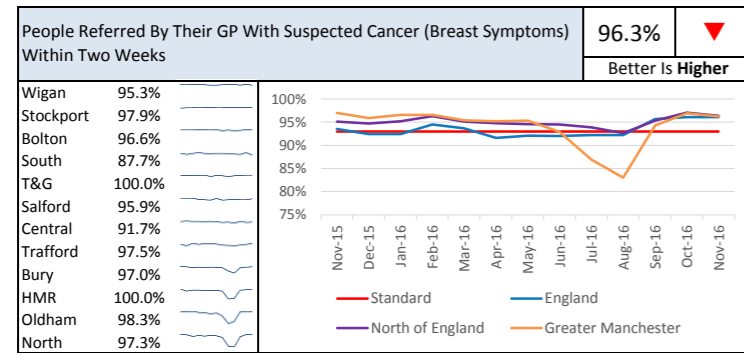
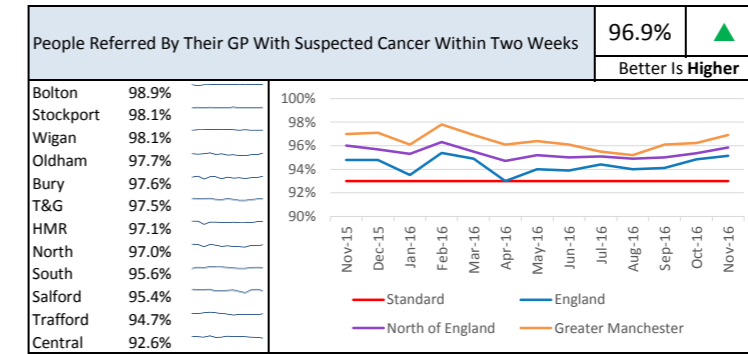
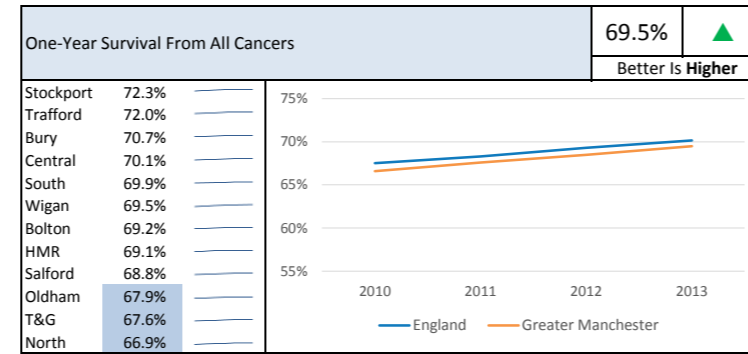
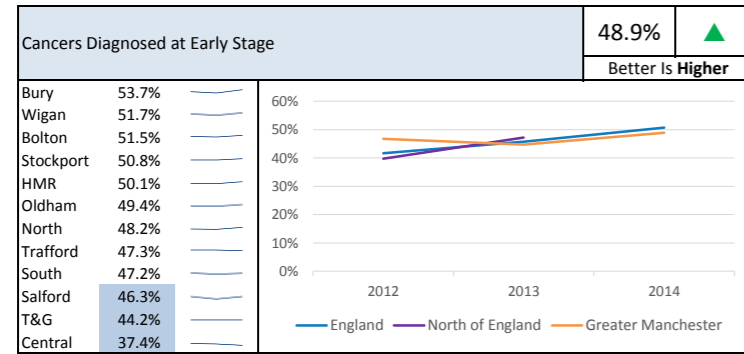
(Placeholder TBC)



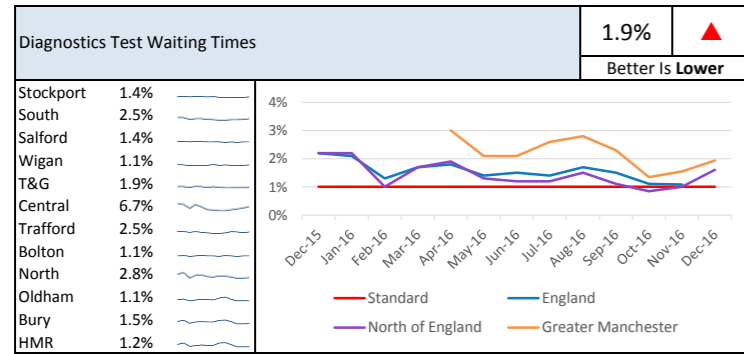
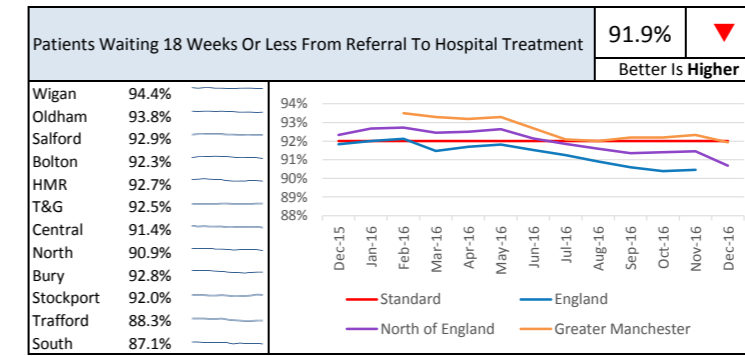
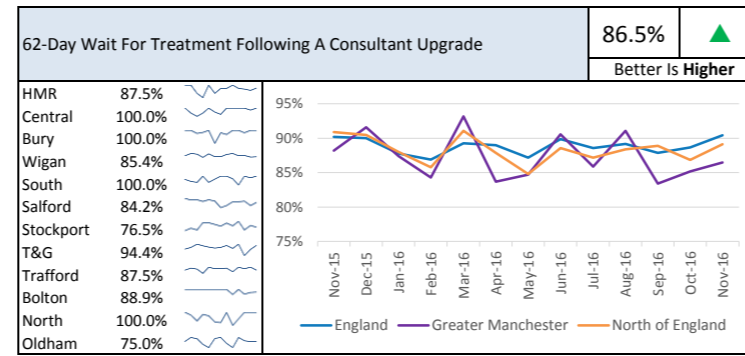
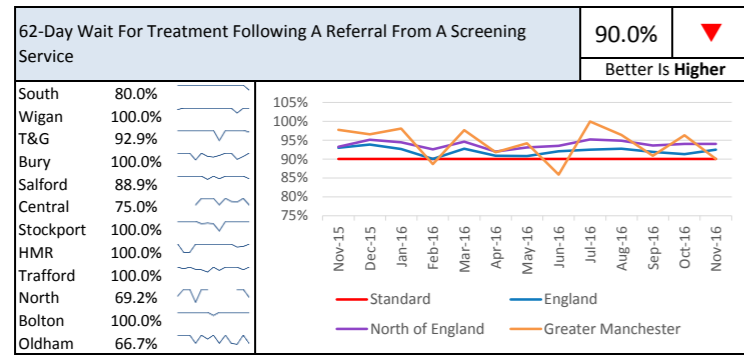




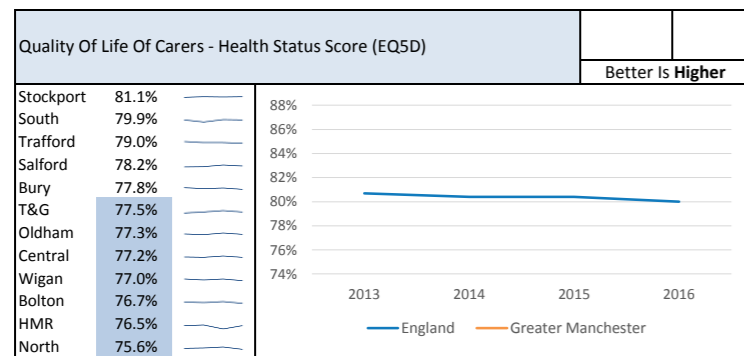
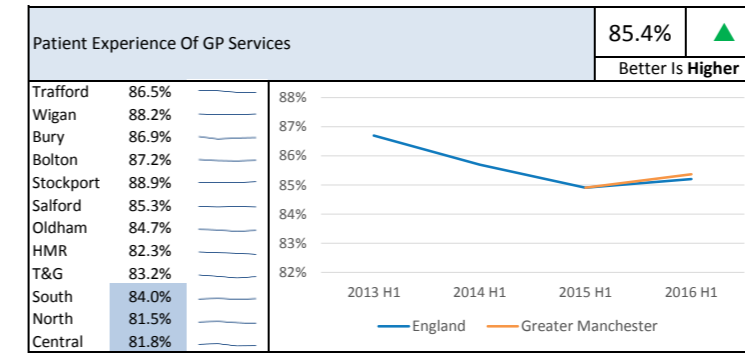
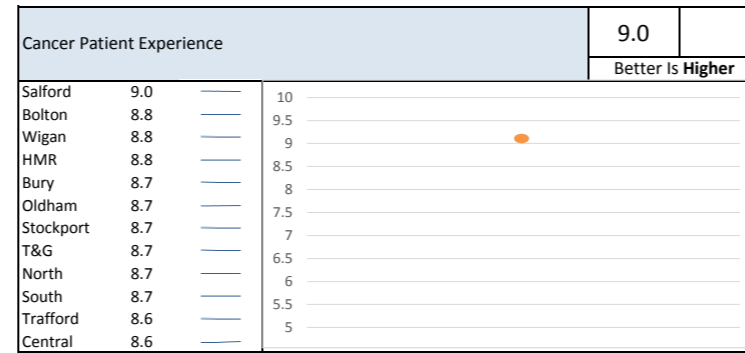
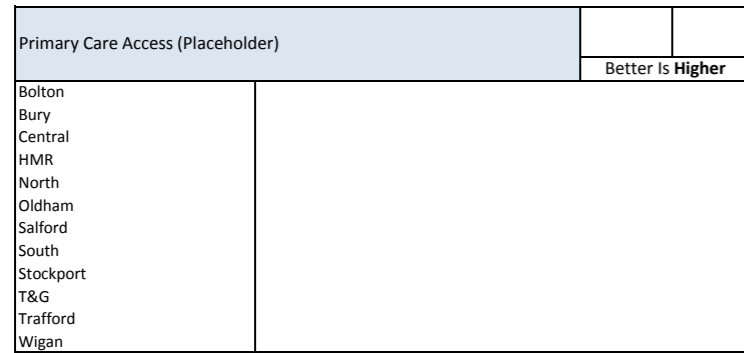
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



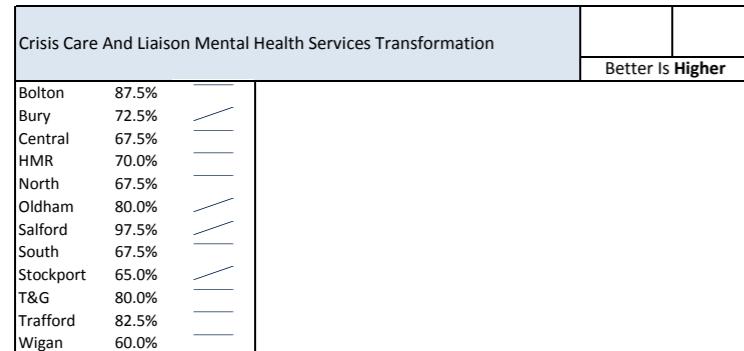
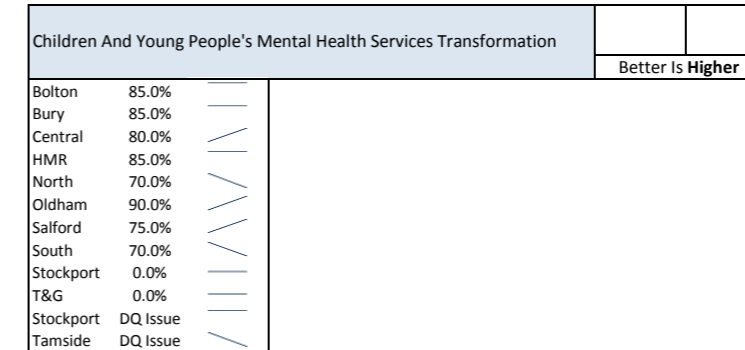
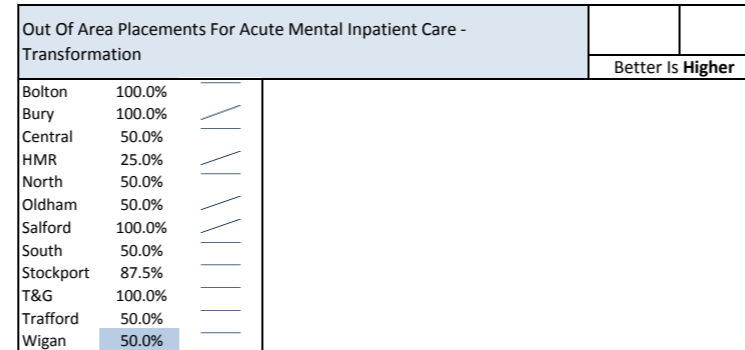
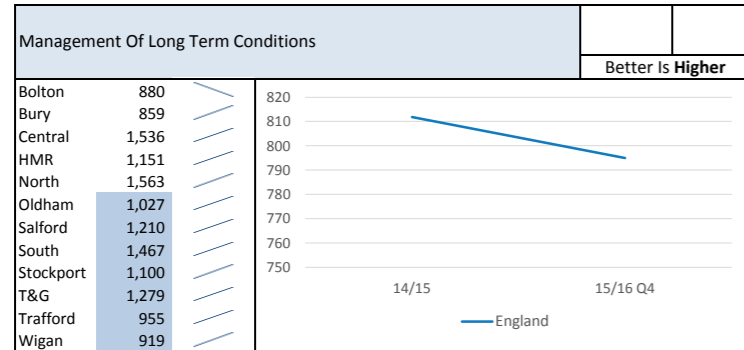
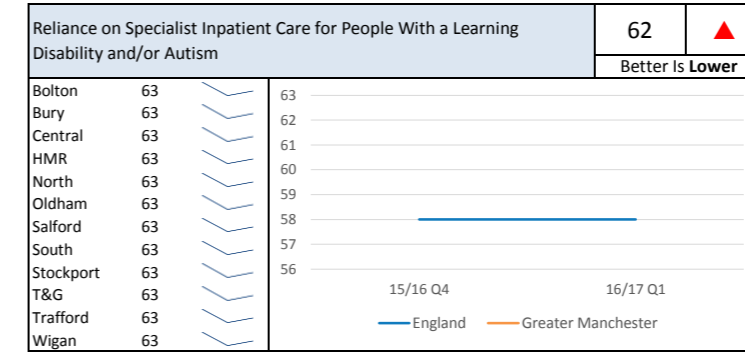
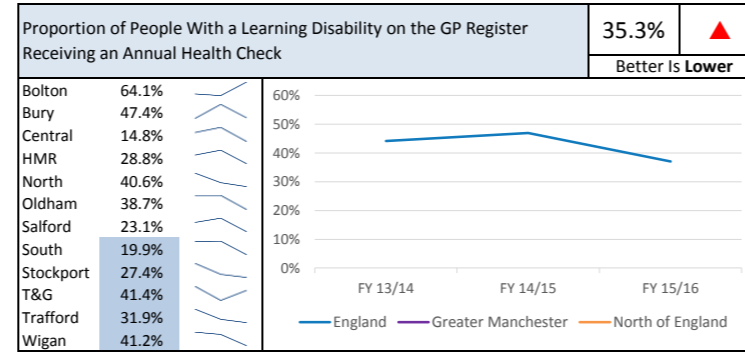
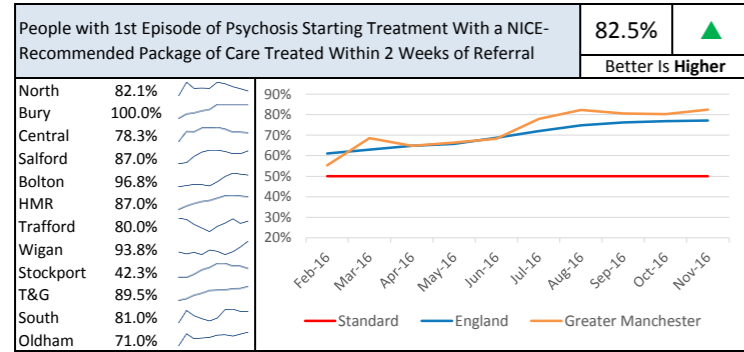
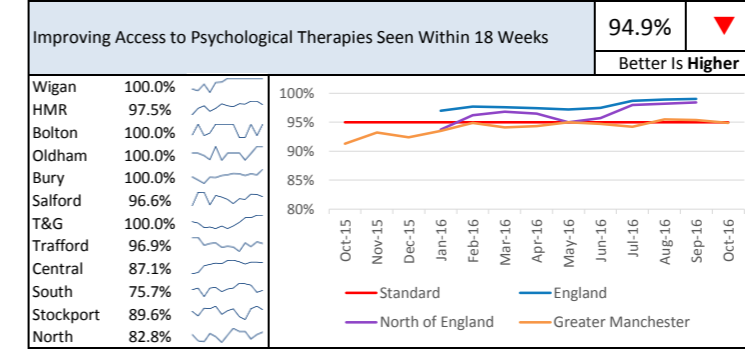
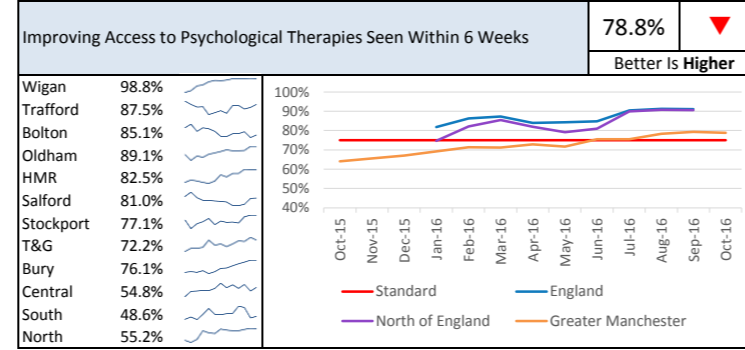
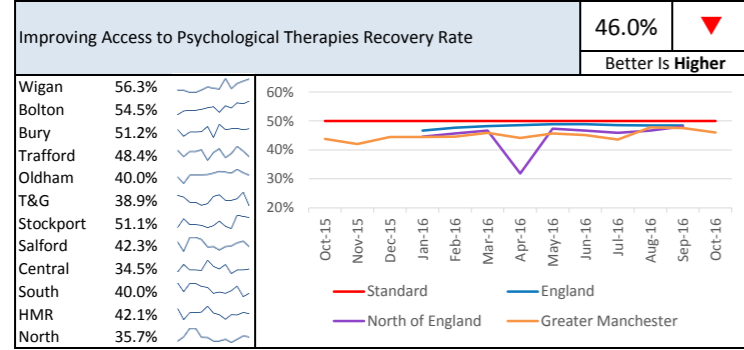
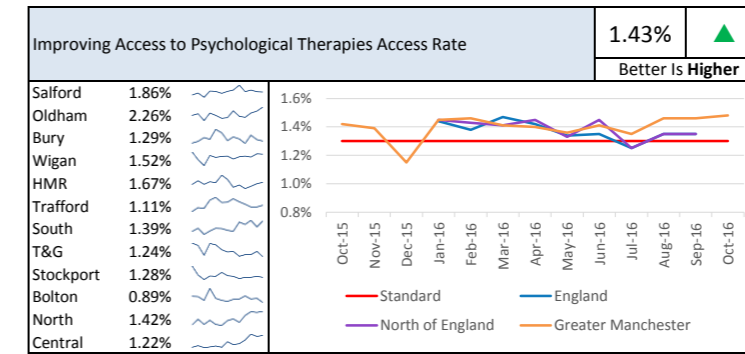
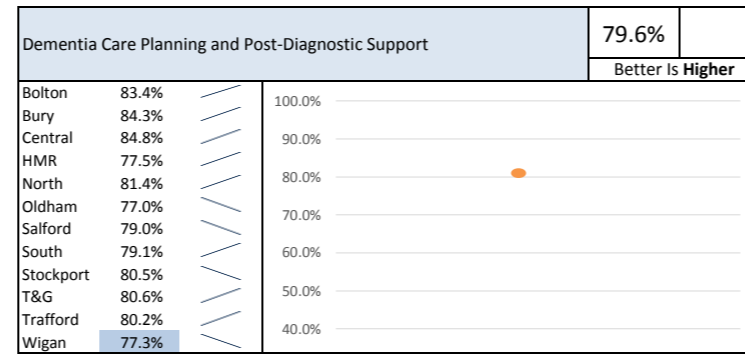
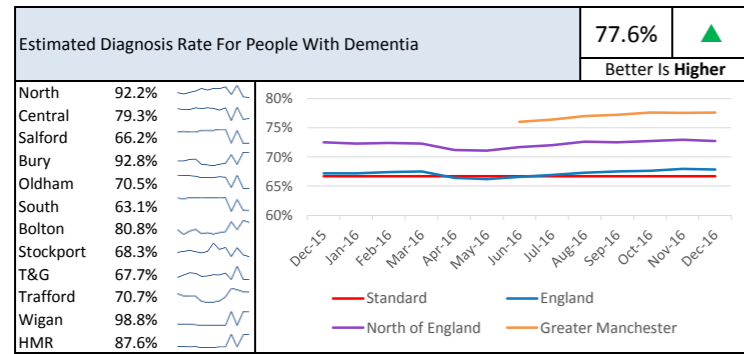
Decreased Variation In Quality Of Care Health Outcomes Across GM Localities



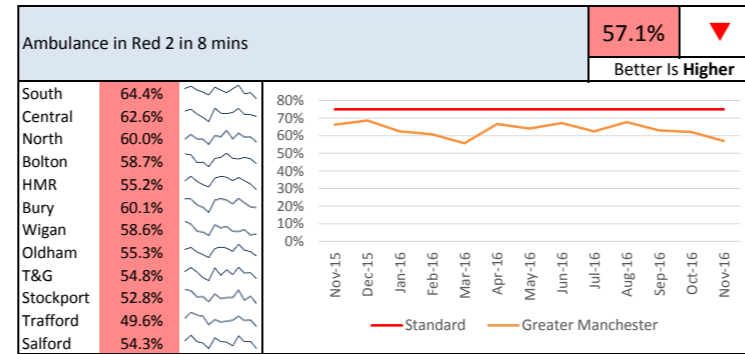
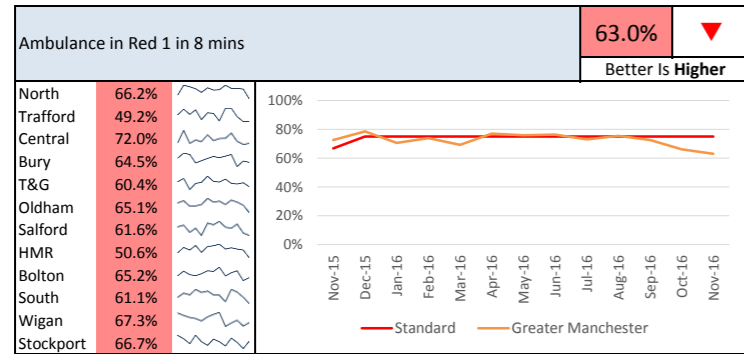
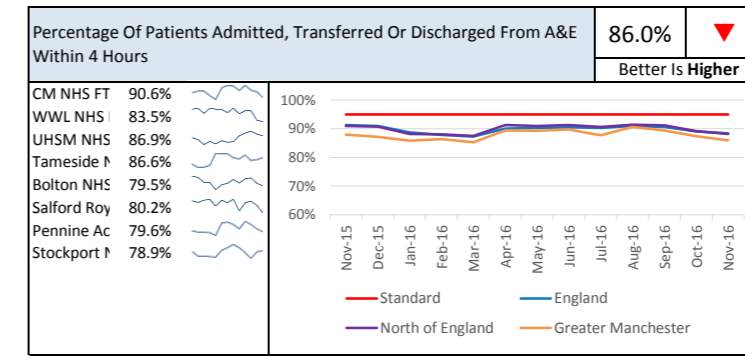
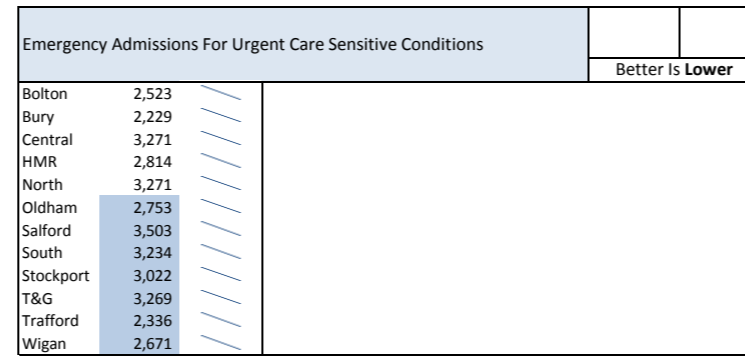
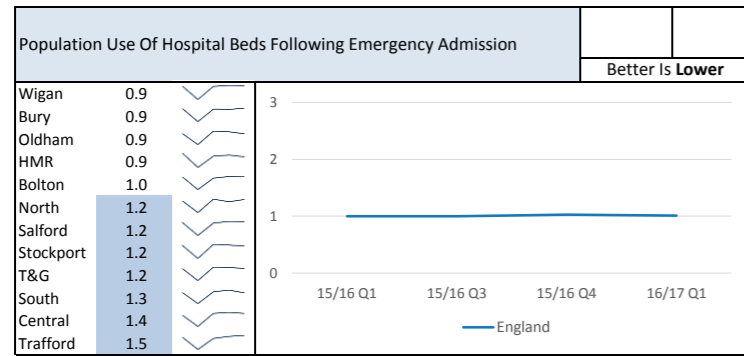
Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



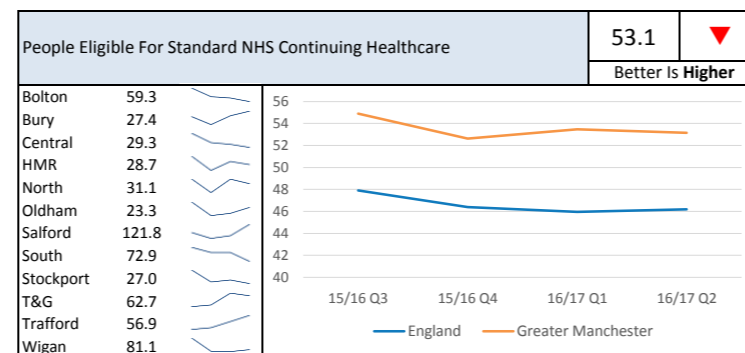
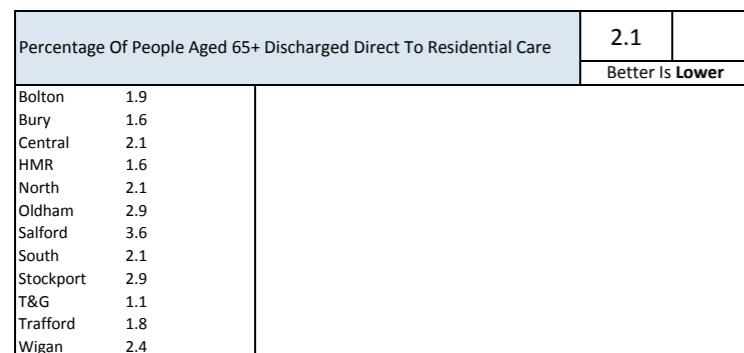
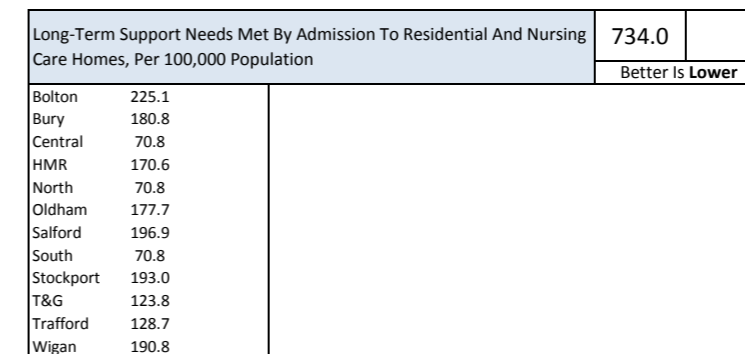
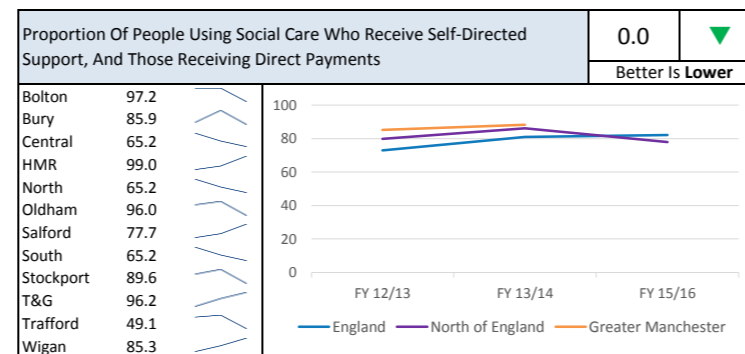
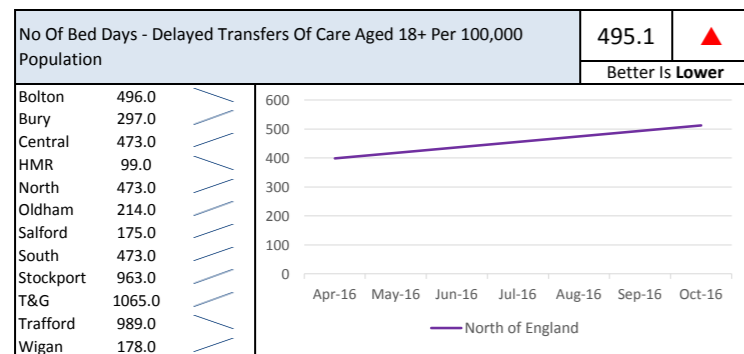
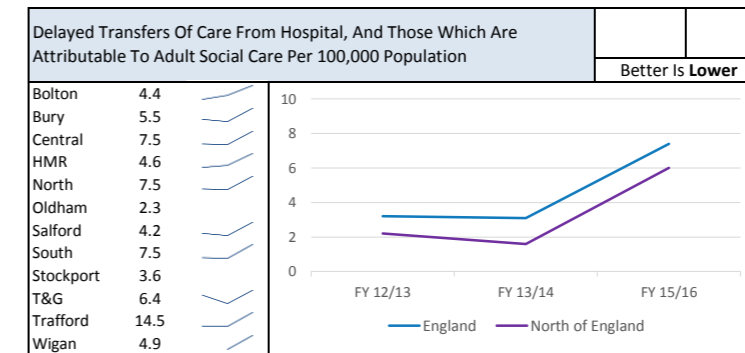
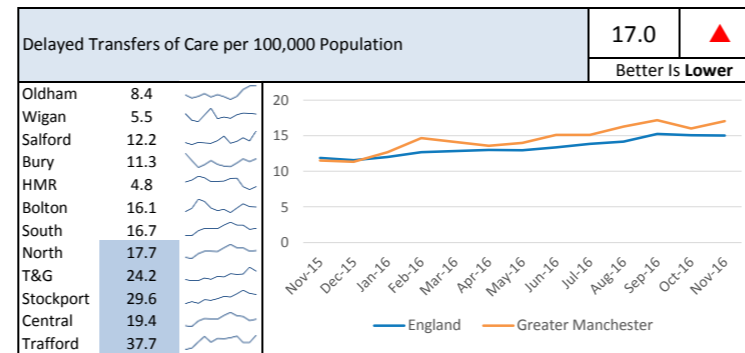
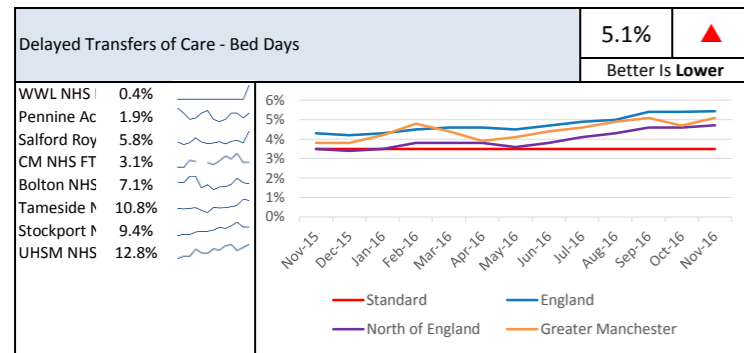
Improved Outcomes For People With Learning Disabilities/Mental Health Needs



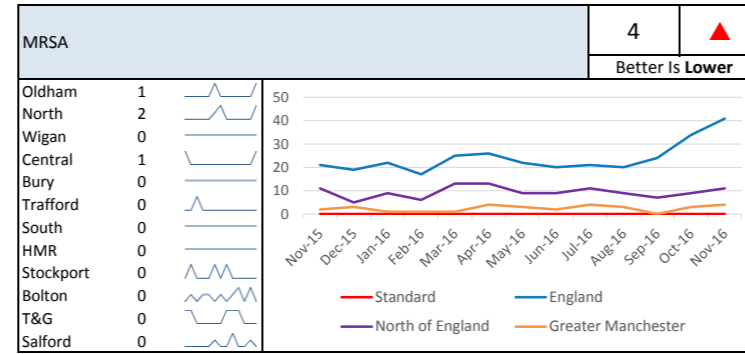
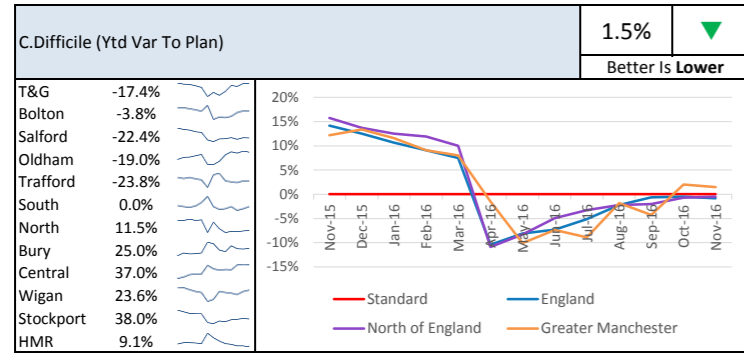
Decreased Need For Hospital Services With More Community Support



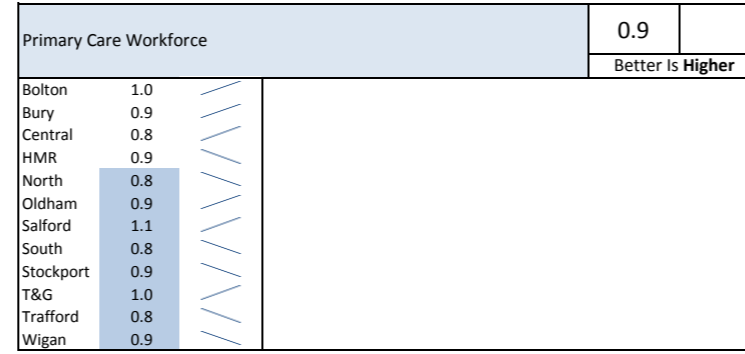
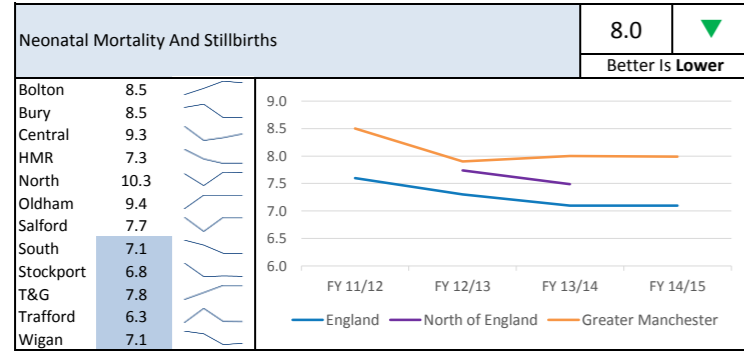
Improved Transition Of Care Across Health And Social Care



Placeholder TBC

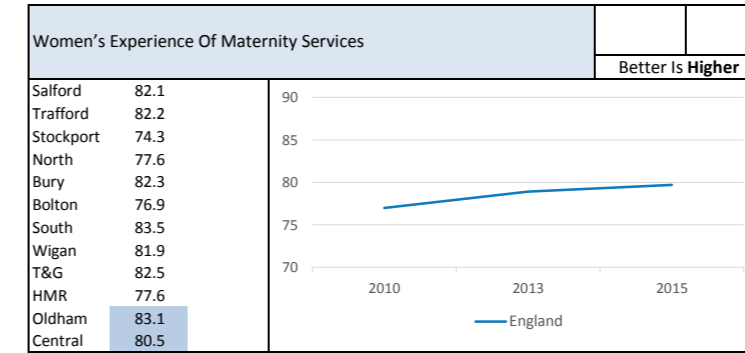
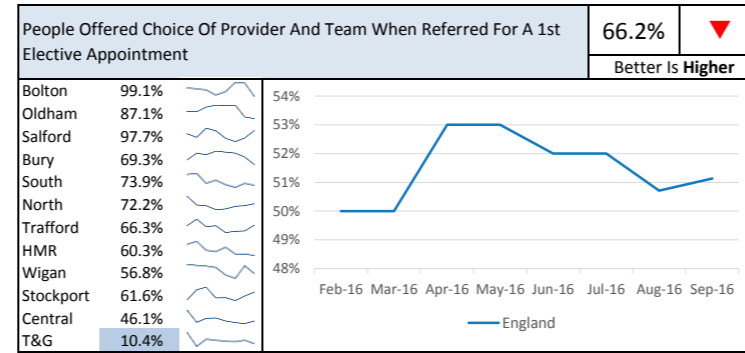


| | | | |
|--|---|------------------|--|
| Achievement Of Milestones In The Delivery Of An Integrated Urgent Care Service | | | |
| | | Better Is Higher | |
| Bolton | 4 | | |
| Bury | 4 | | |
| Central | 4 | | |
| HMR | 4 | | |
| North | 4 | | |
| Oldham | 4 | | |
| Salford | 4 | | |
| South | 4 | |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



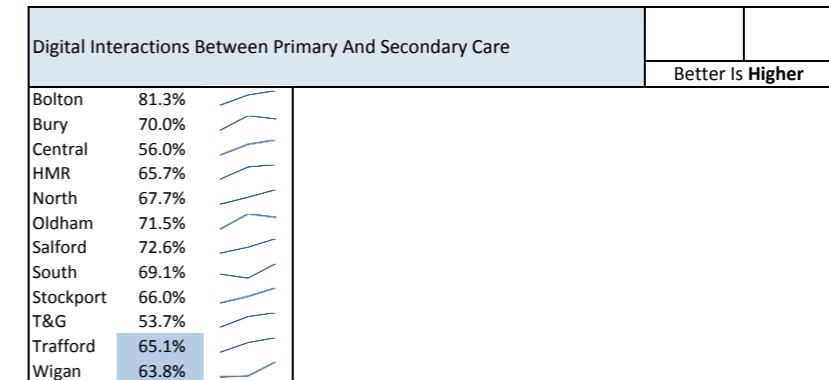
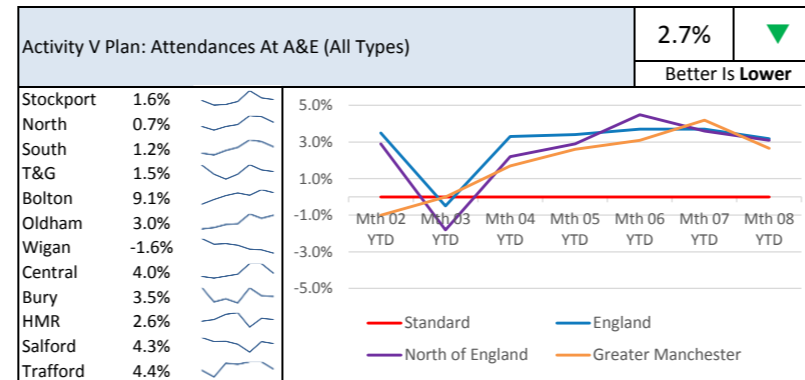
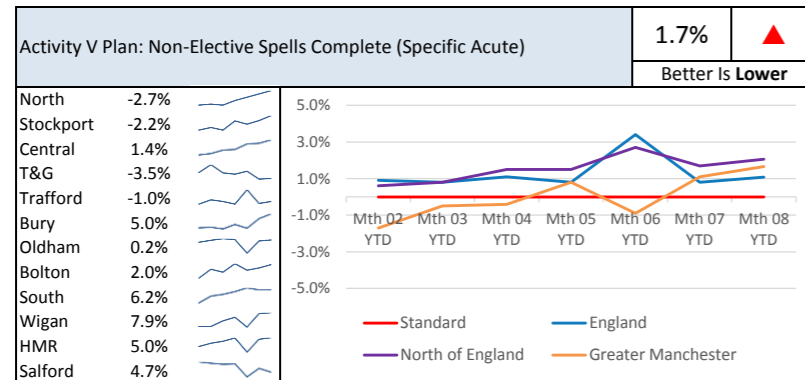
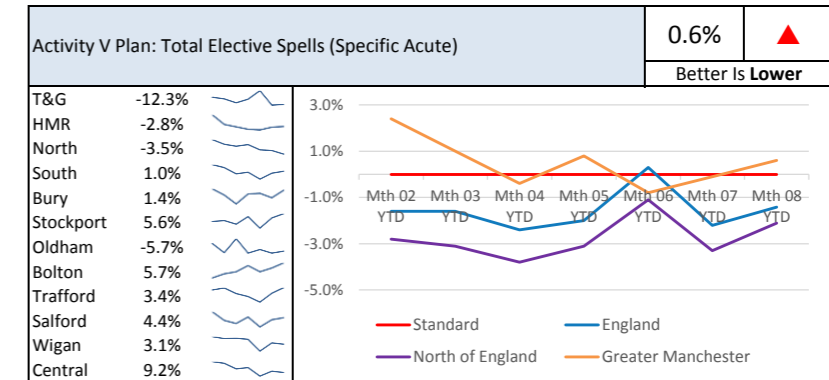
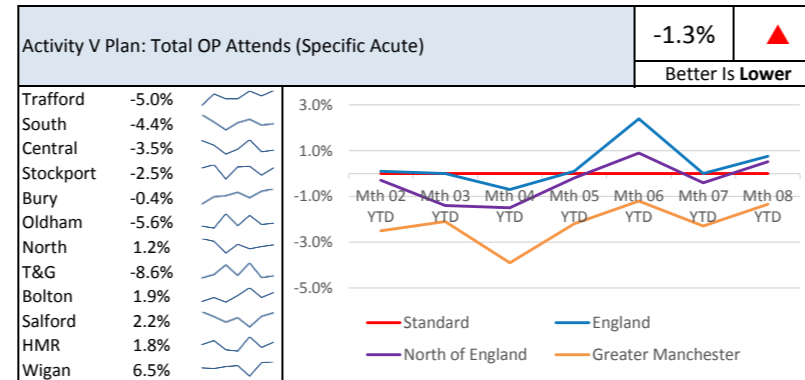
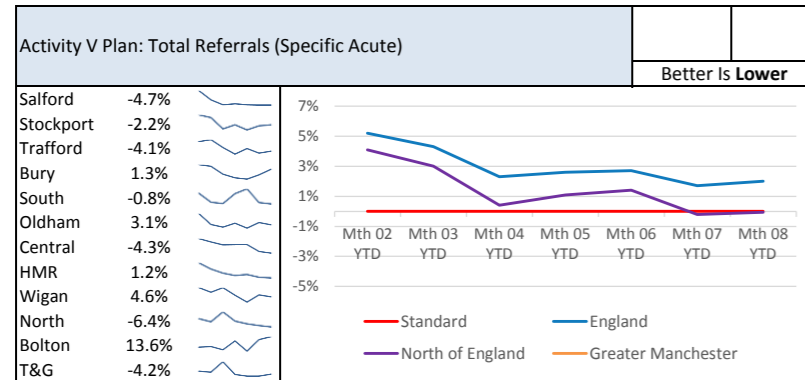
| | | | |
|---|--|------------------|--|
| Achievement Of Clinical Standards In The Delivery Of 7 Day Services (Placeholder) | | | |
| | | Better Is Higher | |
| Bolton | | | |
| Bury | | | |
| Central | | | |
| HMR | | | |
| North | | | |
| Oldham | | | |
| Salford | | | |
| South | | | |
| Stockport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

| | | | |
|-------------------------------|-------|------------------|--|
| 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% | | |





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 | In-Year Financial Performance 16/17 Q2 | - |
|----------------------|--|--|-----------------|
| | | | Better Is Green |
| Bolton | Green | Green | ◀▶ |
| Bury | Amber | Amber | ◀▶ |
| Central | Green | Green | ◀▶ |
| HMR | Green | Green | ◀▶ |
| North | Green | Green | ◀▶ |
| Oldham | Green | Green | ◀▶ |
| Salford | Green | Green | ◀▶ |
| South | Green | Green | ◀▶ |
| Stockport | Red | Amber | ▲ |
| T&G | Amber | Amber | ▲ |
| Trafford | Amber | Amber | ◀▶ |
| Wigan | Amber | Amber | ◀▶ |

| Local Strategic Estates Plan (SEP) In Place | | - | - |
|---|-----|---------------|---|
| | | Better Is Yes | |
| Bolton | Yes | | |
| Bury | Yes | | |
| Central | Yes | | |
| HMR | Yes | | |
| North | Yes | | |
| Oldham | Yes | | |
| Salford | Yes | | |
| South | Yes | | |
| Stockport | Yes | | |
| T&G | Yes | | |
| Trafford | Yes | | |
| Wigan | Yes | | |

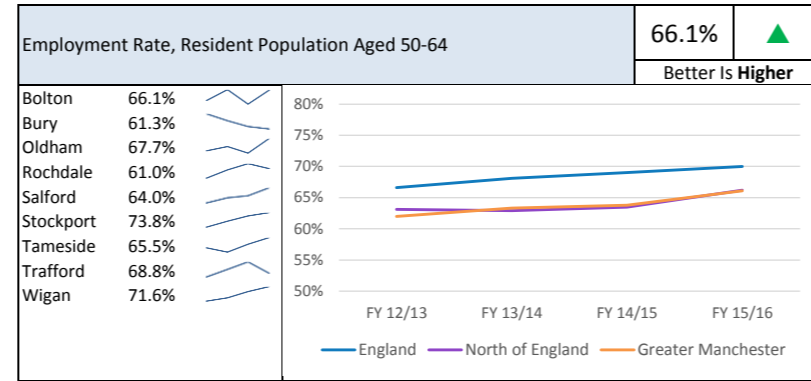
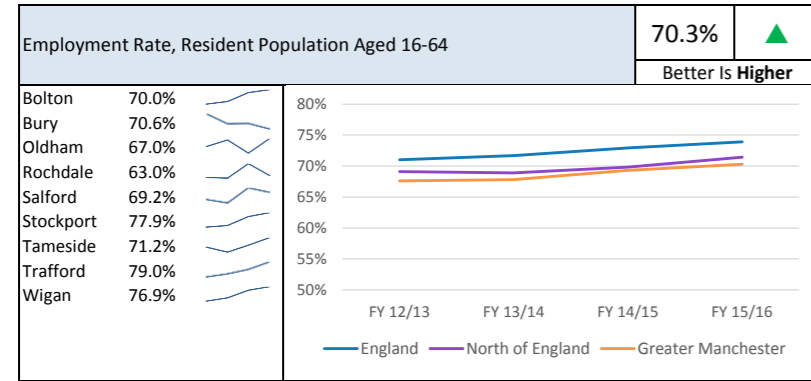
| Adoption Of New Models Of Care (Placeholder) | | - | - |
|--|--|------------------|---|
| | | Better Is Higher | |
| Bolton | | | |
| Bury | | | |
| Central | | | |
| HMR | | | |
| North | | | |
| Oldham | | | |
| Salford | | | |
| South | | | |
| Stockport | | | |
| T&G | | | |
| Trafford | | | |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





Placeholder TBC

| Staff Engagement Index | | | |
|------------------------|-----|------------------|--|
| | | Better Is Higher | |
| Wigan | 4.0 | | |
| T&G | 3.9 | | |
| Bolton | 3.9 | | |
| Central | 3.9 | | |
| Trafford | 3.8 | | |
| Salford | 3.8 | | |
| Stockport | 3.8 | | |
| South | 3.8 | | |
| North | 3.8 | | |
| Bury | 3.7 | | |
| Oldham | 3.7 | | |
| HMR | 3.7 | | |

| Progress Against Workforce Race Equality Standard | | | |
|---|-----|-----------------|--|
| | | Better Is Lower | |
| Wigan | 0.6 | | |
| Bolton | 0.5 | | |
| T&G | 0.3 | | |
| Stockport | 0.3 | | |
| Bury | 0.3 | | |
| HMR | 0.2 | | |
| Oldham | 0.2 | | |
| Salford | 0.2 | | |
| North | 0.2 | | |
| South | 0.1 | | |
| Trafford | 0.1 | | |
| Central | 0.0 | | |

| 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.

2.

3.

4.

5.

- ← Select a region
- ← Select STP or DCO
- ← Select an STP or DCO
- ← Select a CCG
- ← Select an Indicator

Print Current CCG to PDF
(This will print rows 57 - 116 only)

NHS Tameside and Glossop CCG

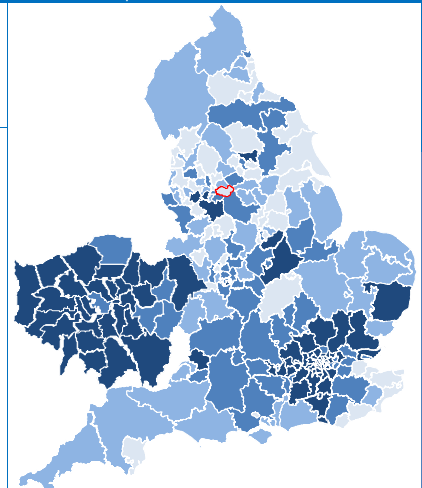
The 10 closest CCGs to NHS Tameside and Glossop CCG

- NHS Rotherham CCG (12.1%)
- NHS Stoke on Trent CCG (19.4%)
- NHS Bury CCG (10.5%)
- NHS Wakefield CCG (20.8%)
- NHS Hartlepool and Stockton-on-Tees CCG (14.1%)
- NHS Barnsley CCG (14.0%)
- NHS St Helens CCG (13.8%)
- NHS Halton CCG (17.3%)
- NHS South Tees CCG (21.1%)
- NHS Telford and Wrekin CCG (19.3%)

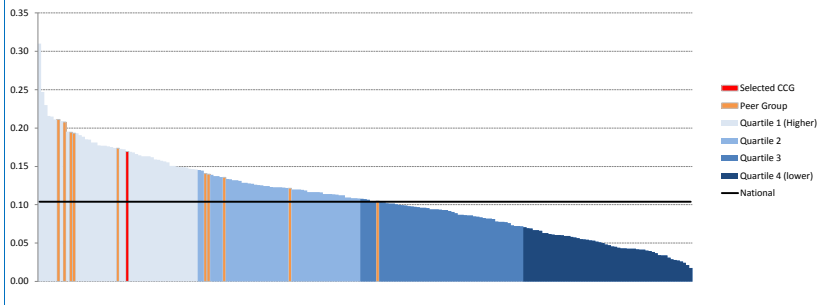
What you need to know...

- 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



| Improvement and Assessment Indicators | Latest Period | CCG | England | Trend | Better is... | Range |
|--|---------------|---------------|---------|-------|--------------|-------|
| Better Health | | | | | | |
| ▲ Maternal smoking at delivery | Q2 16/17 | 16.9% | 10.4% | | 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% | | L | |
| ▲ Injuries from falls in people aged 65 and over | Jun-16 | 2,159 | 1,985 | | L | |
| ▼ Utilisation of the NHS e-referral service to enable choice at first routine elective referral | Sep-16 | 10.4% | 51.1% | | H | |
| ▲ Personal health budgets | Q2 16/17 | 7.1 | 18.7 | | H | |
| ▼ Percentage of deaths which take place in hospital | Q1 16/17 | 49.8% | 47.1% | | <> | |
| ▼ 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 | 3,144 | 2,168 | | L | |
| ▼ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care | Sep-16 | 1.1 | 1.1 | | <> | |
| ▼ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care | Sep-16 | 7.8% | 9.1% | | <> | |
| ▲ Quality of life of carers | 2016 | 0.78 | 0.80 | | H | |
| Better Care | | | | | | |
| ▲ Provision of high quality care | Q3 16/17 | 55.0 | 50.7% | | H | |
| ▼ 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 | Q2 16/17 | 86.6% | 82.3% | | 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 | Sep-16 | 46.0% | 48.4% | | H | |
| ▲ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral | Nov-16 | 89.5% | 77.2% | | H | |
| ▲ Children and young people's mental health services transformation | Q2 16/17 | DQ Issue | | | H | |
| ▲ Crisis care and liaison mental health services transformation | Q2 16/17 | 80.0% | | | H | |
| ▲ Out of area placements for acute mental health inpatient care - transformation | Q2 16/17 | 100.0% | | | H | |
| ▲ Reliance on specialist inpatient care for people with a learning disability and/or autism | Q2 16/17 | 63 | | | L | |
| ▲ Proportion of people with a learning disability on the GP register receiving an annual health check | 2015/16 | 41.4% | 37.1% | | L | |
| ▲ Neonatal mortality and stillbirths | 2014-15 | 7.8 | 7.1 | | L | |
| ▲ Women's experience of maternity services | 2015 | 77.5 | | | H | |
| ▲ Choices in maternity services | 2015 | 61.4 | | | H | |
| ▼ Estimated diagnosis rate for people with dementia | Nov-16 | 74.4% | 68.0% | | H | |
| ▲ Dementia care planning and post-diagnostic support | 2015/16 | 80.6% | | | 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 | 3,260 | 2,359 | | L | |
| ▲ Percentage of patients admitted, transferred or discharged from A&E within 4 hours | Nov-16 | 86.8% | 88.4% | | H | |
| ▼ Delayed transfers of care per 100,000 population | Nov-16 | 24.2 | 15.0 | | L | |
| ▼ Population use of hospital beds following emergency admission | Q1 16/17 | 1.2 | 1.0 | | L | |
| ▲ Management of long term conditions | Q4 15/16 | 1,276 | 795 | | L | |
| ▲ Patient experience of GP services | H1 2016 | 83.2% | 85.2% | | H | |
| ▲ Primary care access | Q3 16/17 | 70.7% | | | H | |
| ▲ Primary care workforce | H1 2016 | 1.0 | 1.0 | | H | |
| ▲ Patients waiting 18 weeks or less from referral to hospital treatment | Nov-16 | 92.6% | 90.6% | | H | |
| ▼ People eligible for standard NHS Continuing Healthcare | Q2 16/17 | 62.7 | 46.2 | | <> | |
| Sustainability | | | | | | |
| ▲ Financial plan | 2016 | Amber | | | <> | |
| ▲ In-year financial performance | Q2 16/17 | Amber | | | <> | |
| ▲ Outcomes in areas with identified scope for improvement | Q2 16/17 | CCG not incl. | | | H | |
| ▲ Expenditure in areas with identified scope for improvement | Q2 16/17 | Not included | | | H | |
| ▲ Local digital roadmap in place | Q3 16/17 | Yes | | | <> | |
| ▲ Digital interactions between primary and secondary care | Q3 16/17 | 53.7% | | | H | |
| ▲ Local strategic estates plan (SEP) in place | 2016-17 | Yes | | | <> | |
| Well led | | | | | | |
| ▲ Probity and corporate governance | Q2 16/17 | Fully complia | | | H | |
| ▲ 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 | 56.9 | | | H | |
| ▲ Quality of CCG leadership | Q2 16/17 | Green | | | <> | |