

Key Messages

Positive trends

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

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

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

IAPT Access Rate: Performance continues to be above the Quarterly standard (3.75%) achieving 3.90% during Quarter 3.

IAPT Waiting Times: Quarter 3 performance is above standard for 18 week waiting times and 18 week waits is reported as 100% (Standard 95%)

IAPT Waiting Times: Quarter 3 performance is above the standard for 6 week waiting times. IAPT 6 week waits is reported as 78.4% (standard 75%).

Healthcare Associated Infections Clostridium Difficile: The number of reported cases during February (4) was below plan.

Dementia: Estimated diagnosis rate for people aged 65+ for February was 74.8% 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 decreased 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: February performance at Tameside And Glossop Integrated Care NHS FT (T&GICFT) is below the 95% target, at 86.9%. A total of 6,352 patients attended A&E in the month, of which 835 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 1.36% during February.

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 February. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 61.8% and 58.8%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 85.7%.

Healthcare Associated Infections MRSA: There have been 10 reported cases of MRSA during the year. 2 further cases reported in the month of February.

111: The North West NHS 111 service is performance managed against a range of KPIs reported as follows for Feb:- Calls Answered (95% in 60 seconds) = 79.46%- Calls abandoned (<5%) = 6.18%- Warm transfer (75%) = 29.33% Call back in 10 minutes (75%) = 37.09%

IAPT Recovery Rate: Quarter 3 performance was below the standard (50%) achieving 42.20%.

NHS Tameside & Glossop CCG: NHS Constitution Indicators (May 2017)

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	Jan-17	Feb-17	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%	10.1%	11.1%	13.3%					
	Number of women Smoking at Delivery.	Q	T&G CCG	L	England	14.4%	16.1%			15.8%	13.6%	16.9%	15.3%										13.3% (Q3)	10.60%		
	Personal health budgets	Q	T&G CCG	H			4.0				4.0	4.1	3.6										30 (Q2)	18.7 (Q2)		
	Percentage of deaths which take place in hospital	Q	T&G CCG	<=>			50.7%				47.6%	49.0%	50.4%										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	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)											

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

Better Care

Description	Indicator	F	Level	Better is...	Threshold	Better Care																Exceptions	GM	England	Trend
						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	Jan-17	Feb-17				
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%	94.4%	95.6%		96.90%	94.00%	
	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%	100.0%	93.6%		96.30%	93.80%	
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%	98.9%	100.0%		97.80%	96.50%	
	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%	100.0%		96.60%	94.20%		
	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%	100.0%	Breach due to deferred treatment in Jan-16.	99.60%	98.90%		
	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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	100.0%	100.0%		100%	96.00%	
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%	89.1%	87.3%	There were 10 breaches out of a total of 39 seen in Sept 16.	88.30%	79.50%	
	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%	95.3%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%		90.00%	90.60%		
	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%	75.0%	87.5%	For Jan 17 20 patients treated with 4 being treated over the target. 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%	87.00%	
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%	93.0%	92.6%	CCG target (92%) achieved. Failing specialties are Urology (90.11%), Trauma & Orthopaedics (89.16%), Ear, Plastic Surgery (71.81%), Neurology (90.00%).	92.30%	89.90%	
	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	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 than 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%	1.88%	1.40%	CCG target not achieved, 63 breaches. Failing for CCG are T&G ICFT for Cystoscopy, Neurophysiology - peripheral neurophysiology, Audiology - Audiology Assessments, CMMC for Magnetic Resonance Imaging, Respiratory physiology - sleep studies, Computed Tomography, Flexi sigmoidoscopy, Gastroscopy, Colonoscopy, Salford FT for Magnetic Resonance Imaging, NORTH WEST CATS - INHEALTH for Magnetic Resonance Imaging and Ashton Primary Care Centre for DEXA Scan.	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%	74.8%	75.3%		77.30%	67.30%	
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%	76.7%	86.9%	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 1,1703 patients. January performance is 76.7% breached by 1638 patients. February performance is 86.85% breached by 835 patients.	86.00%	77.60%	
	Delayed transfers of care per 100,000 population	M	T&G CCG	L											21.2			24				16.3	15		

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				
						Cumulative year to date performance reported																	
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 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	Jan-17	Feb-17	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	5132	4951	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	2822	2508	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	3615	3469	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	1626	1412	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	6620	6406	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	2778	2766	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	2470	2256	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				53.7								
Local strategic estates plan (SEP) in place	A		H																							
Financial plan	A		H																							

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	Jan-17	Feb-17	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	Jan-17	Feb-17	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	0.1	0	0.3	0.0	Total of 1 breach in June 16, 2 breaches in July 16, 1 breach in Nov 16 and 2 breaches in Jan17 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.	0.65		
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	0	0	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%	96.7%	94.5%	96.7%	94.5%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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%	96.70%		

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	55	54					
	DTOCS (Patients)	M	Trust	L		16	43	36	25		26	38	25	32	29	38	61	45	50	42	35					

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%	77.5%	79.5%				90.60%	
	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%	7.1%	6.2%				2.30%	
	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%	32.9%	29.3%				50.10%	
	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%	38.4%	37.1%				43.40%	

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%	59.4%	63.6%	High levels of demand and lengthening turn around times.	63.00%	66.70%	
	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%	54.50%	56.91%	High levels of demand and lengthening turn around times.	57.10%	58.50%	
	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%	83.3%	88.4%	High levels of demand and lengthening turn around times.	87.60%		
	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%	61.8%	64.7%	High levels of demand and lengthening turn around times.	63.00%	66.70%	
	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%	58.8%	61.0%	High levels of demand and lengthening turn around times.	57.10%	58.50%	
	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%	85.7%	88.4%	High levels of demand and lengthening turn around times.	87.60%		

Quality

Quality	Clostridium Difficile-Whole Health Economy	M		L	Plan	1	4	5	3	71	4	7	3	9	10	5	13	6	6	5	4				1004		
	Clostridium Difficile-Acute	M		L	Plan	0	1	4	0	29	2	2	2	4	5	2	8	5	4	2	3				410		
	Clostridium Difficile-Non-Acute	M		L	Plan	1	3	1	3	42	2	5	1	5	5	3	5	1	2	3	1				594		
	MRSA-Whole Health Economy	M		L	0	2	0	0	1	8	0	0	2	1	3	0	0	0	0	2	2				4	92	
	MRSA-Acute	M		L	0	1	0	0	0	3	0	0	2	0	2	0	0	0	0	1	1				39		
	MRSA-Non Acute	M		L	0	1	0	0	1	5	0	0	0	1	1	0	0	0	0	1	1				53		

Exception Report

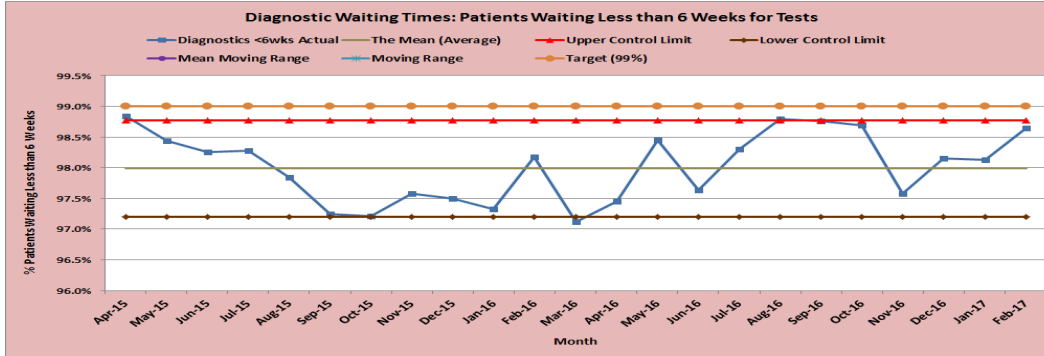
Tameside & Glossop CCG- May

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 1.36% performance.

Of the 63 breaches, 23 occurred at Central Manchester (CT, Respiratory physiology, colonoscopy, flexi sigmoidoscopy, gastroscopy and MRI). 26 at Ashton Primary Care Centre (Dexa Scan). 10 at T&G ICFT (audiology assessments, colonoscopy, Cystoscopy and Neurophysiology). 3 at Salford Trust (MRI), and 1 at NorthWest CATS Inhealth (MRI).

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 whilst not back on track have improved and further improvement is expected for March.

CARE UK had only 3 Dexa clinics rather than 4 in February but the reduction in capacity was due to slots being vacant. The backlog in activity from January along with the fact patients were unwilling to take up slots in February are the reasons for the failure. This may be linked to half term so should be resolved in March.

T&G ICFT is working to resolve the audiology waits.

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

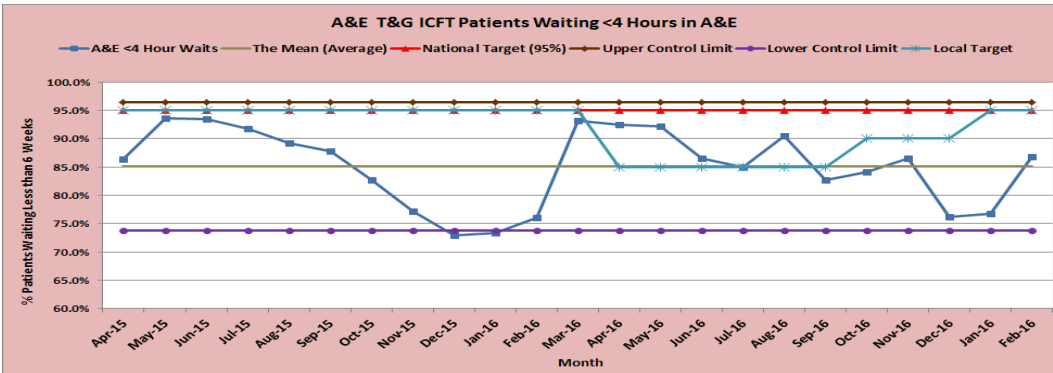
CCG	Feb-17			
	Waiting > 6 Weeks	Total Waiting List	Performance	Standard
NHS Central Manchester CCG	71	2837	2.2%	1%
NHS North Manchester CCG	48	3186	1.1%	1%
NHS Tameside and Glossop CCG	67	4643	1.4%	1%
NHS Bury CCG	33	3607	0.7%	1%
NHS Oldham CCG	35	3697	0.8%	1%
NHS South Manchester CCG	28	2830	0.8%	1%
NHS Trafford CCG	45	5473	0.7%	1%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	70	4054	1.6%	1%
NHS Bolton CCG	27	3705	0.6%	1%
NHS Salford CCG	50	4228	1.0%	1%
NHS Stockport CCG	54	5196	0.8%	1%
NHS Wigan Borough CCG	52	5521	0.8%	1%

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery board



February Performance: 86.9%

15/16 ytd: 84.07%

16/17 ytd: 85.44%

Key Risks and Issues:

The A&E performance for February was 86.9% which is below the target of 95%. Late assessment is the main reason for breaches. Issues include middle grade capacity. 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.

The local trajectory submitted to get back to the 90s in 1917/18 is Q1, Q2 and Q3 90% and 95% in March 18.

Actions:

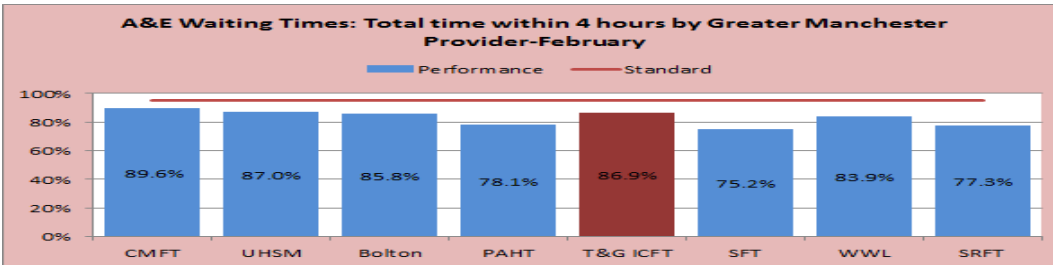
- Actions include:
 - NHSI's Head of Service Improvement 'significantly assured' about the Trust's response to the challenges relating to emergency flow;
 - Silver Command, including the deployment of Ward Liaison Officers, in place during February;
 - Additional medical staffing resources deployed, especially on days of expected increased activity (Monday/Tuesday);
 - Continuation of the Emergency Flow Service Improvement Project

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



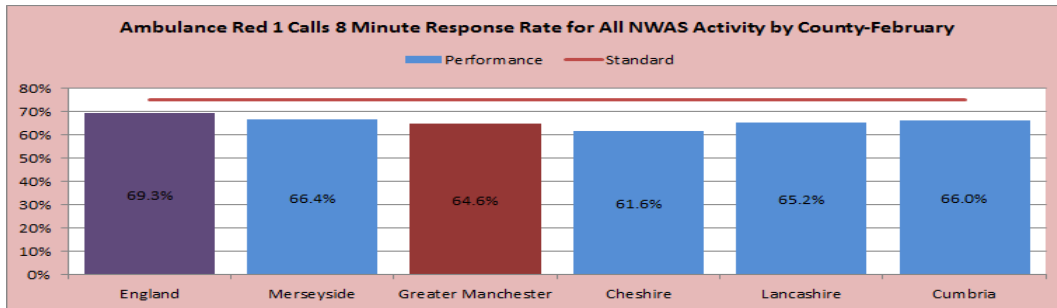
* Please note that Tameside Trust local trajectory for 16/17 is Q1 85%, Q2 85% Q3 90% And Q4 95%.

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



February Performance:
63.55%

15/16 ytd:
75.56%

16/17 ytd:
67.94%

Key Risks and Issues:

In February the north west position (which we are measured against) was 63.55% however locally we achieved 64.71%. 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).

Ambulance Red 1 Calls 8 Minute Response Rate for All NWAS Activity by CCG

CCG	Feb-17			
	<8 Mins	Total	Performance	Standard
NHS Central Manchester CCG	52	71	73.9%	75%
NHS South Manchester CCG	44	58	75.4%	75%
NHS North Manchester CCG	78	105	74.3%	75%
NHS Heywood Middleton & Rochdale CCG	53	87	60.9%	75%
NHS Salford CCG	64	99	64.3%	75%
NHS Wigan Borough CCG	77	111	69.4%	75%
NHS Oldham CCG	58	87	66.3%	75%
NHS Stockport CCG	50	92	54.3%	75%
NHS Tameside and Glossop CCG	69	109	63.6%	75%
NHS Bolton CCG	69	99	70.1%	75%
NHS Bury CCG	36	62	58.1%	75%
NHS Trafford CCG	34	78	43.6%	75%

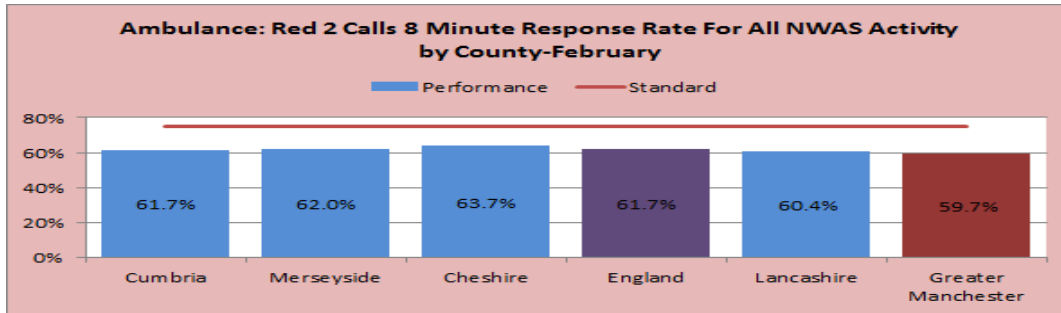
Unvalidated next month FORECAST

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



February Performance:
56.91%

15/16 ytd:
71.57%

16/17 ytd:
62.60%

Key Risks and Issues:

In February the north west position (which we are measured against) was 56.91% however locally we achieved 60.96% 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).

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

CCG	Feb-17			
	<8 Mins	Total	Performance	Standard
NHS South Manchester CCG	748	1066	70.1%	75%
NHS North Manchester CCG	992	1548	64.1%	75%
NHS Central Manchester CCG	629	981	64.1%	75%
NHS Heywood Middleton & Rochdale CCG	742	1244	59.6%	75%
NHS Wigan Borough CCG	976	1614	60.5%	75%
NHS Bury CCG	609	1014	60.1%	75%
NHS Tameside and Glossop CCG	814	1430	56.9%	75%
NHS Salford CCG	779	1363	57.1%	75%
NHS Stockport CCG	794	1407	56.4%	75%
NHS Oldham CCG	819	1395	58.7%	75%
NHS Bolton CCG	792	1366	58.0%	75%
NHS Trafford CCG	566	1077	52.5%	75%

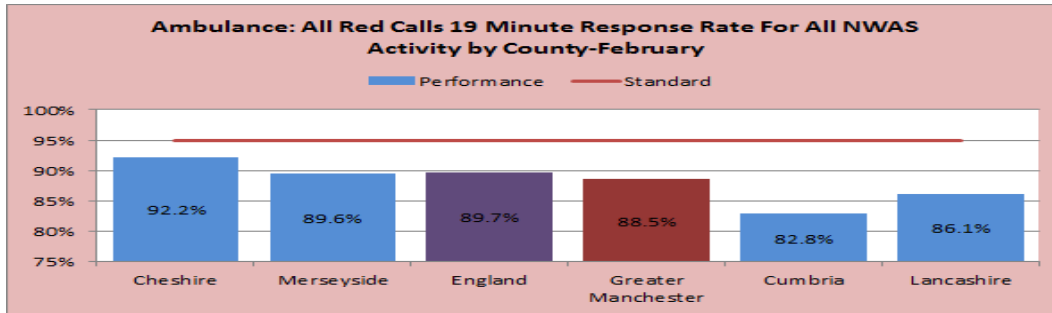
Unvalidated next month FORECAST

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



February Performance:
88.38%

15/16 ytd:
93.19%

16/17 ytd:
88.93%

Key Risks and Issues:

In February the north west position (which we are measured against) was 88.38% however locally we only achieved 88.38% 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.

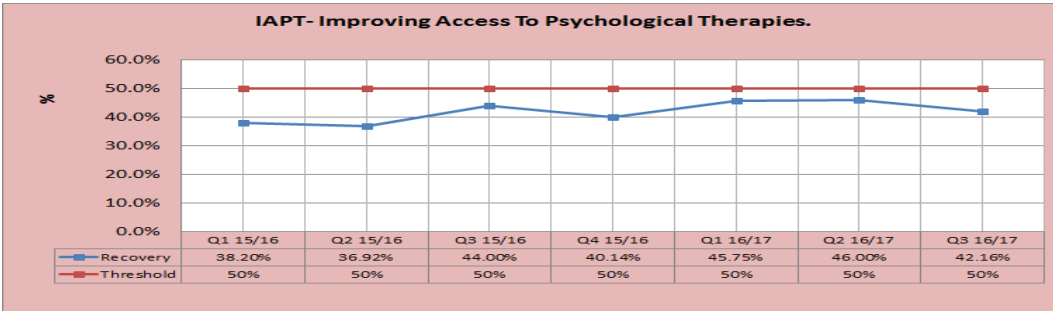
Operational and Financial implications:

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

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

CCG	Feb-17			
	<19 Mins	Total	Performance	Standard
NHS South Manchester CCG	1031	1124	91.7%	95%
NHS Central Manchester CCG	937	1052	89.1%	95%
NHS Stockport CCG	1357	1499	90.5%	95%
NHS North Manchester CCG	1453	1653	87.9%	95%
NHS Salford CCG	1311	1462	89.6%	95%
NHS Trafford CCG	991	1155	85.8%	95%
NHS Oldham CCG	1324	1482	89.3%	95%
NHS Wigan Borough CCG	1525	1725	88.4%	95%
NHS Tameside and Glossop CCG	1360	1539	88.4%	95%
NHS Bolton CCG	1312	1465	89.6%	95%
NHS Heywood Middleton & Rochdale CCG	1138	1331	85.5%	95%
NHS Bury CCG	921	1076	85.6%	95%

Unvalidated next month FORECAST

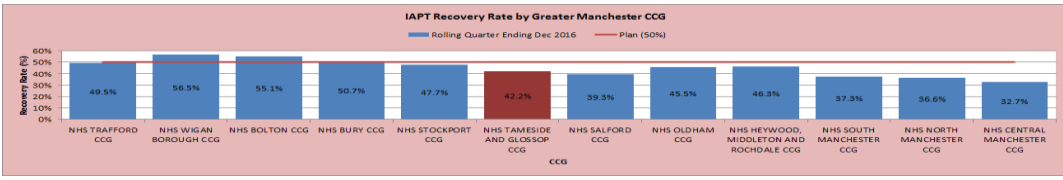


Key Risks and Issues:
 Recovery.
 A drop in October brought down Q3 overall. Provider reported Q4 position show trajectory has recovered.

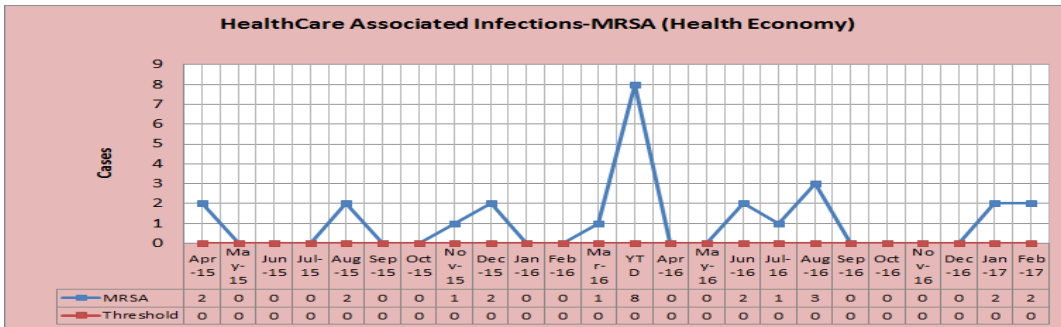
Actions:
 Recovery.
 A range of improvement measure are having an impact. Monthly monitoring meetings are in place.

Operational and Financial implications:
 Failure of the standard will negatively impact on the CCG assurance rating. Information is awaited from provider regarding growth required to meet the standards in 2017/18 and going forward.

Greater Manchester CCG	IAPT Recovery Rate	
	Rolling Quarter Ending Dec 2016	Plan (50%)
NHS TRAFFORD CCG	49.49%	50.00%
NHS WIGAN BOROUGH CCG	56.54%	50.00%
NHS BOLTON CCG	55.15%	50.00%
NHS BURY CCG	50.71%	50.00%
NHS STOCKPORT CCG	47.66%	50.00%
NHS TAMESIDE AND GLOSSOP CCG	42.16%	50.00%
NHS SALFORD CCG	39.33%	50.00%
NHS OLDHAM CCG	45.53%	50.00%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	46.34%	50.00%
NHS SOUTH MANCHESTER CCG	37.25%	50.00%
NHS NORTH MANCHESTER CCG	36.56%	50.00%
NHS CENTRAL MANCHESTER CCG	32.65%	50.00%



Unvalidated next QTR FORECAST



Key Risks and Issues:

There were 2 reported cases in February. T&G CCG have reported 10 cases of MRSA; 6 acute cases (2 at T&G ICFT, 3 at Central Manchester, 1 at South Manchester FT) and 5 non acute cases, against a plan of zero tolerance.

The PIR (Post Incident Review) investigations, for all 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.

Actions:

Investigations have been completed for all cases that the CCG are responsible for; all have been reviewed by the HCAI WHE Quality Improvement Group and concluded that all cases were unavoidable with no lapses in care identified.

The MRSA case for T&G CCG was on the 25th Jan 2017. Early findings from the PIR investigation show no lapses in care identified; this will be reviewed for assurance at the HCAI quality improvement group.

Learning from MRSA and CDIF investigations from 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 support 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 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	Dec-16	Jan-17	Feb-17	Total
NHS BOLTON CCG	00T	0	1	0	2	3	1	3	1	1	3	0	15
NHS TAMESIDE AND GLOSSOP CCG	01Y	0	0	2	1	3	0	0	0	0	2	2	10
NHS NORTH MANCHESTER CCG	01M	1	2	0	0	0	1	0	2	0	0	0	6
NHS CENTRAL MANCHESTER CCG	00W	0	0	0	0	0	0	0	1	1	1	1	4
NHS OLDHAM CCG	00Y	1	0	0	0	1	1	0	1	0	0	0	4
NHS SALFORD CCG	01G	1	0	0	2	0	0	1	0	0	0	0	4
NHS STOCKPORT CCG	01W	1	1	1	0	0	0	0	0	1	0	0	4
NHS WIGAN BOROUGH CCG	02H	0	0	0	0	0	0	0	1	1	1	0	3
NHS SOUTH MANCHESTER CCG	01N	1	0	0	0	0	0	0	0	1	0	0	2
NHS TRAFFORD CCG	02A	0	0	0	0	0	0	0	1	0	1	0	2
NHS BURY CCG	00V	0	0	1	0	0	0	0	0	0	0	0	1
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	01D	0	0	0	0	0	0	0	0	0	1	0	1
Total		5	4	4	5	7	3	4	7	5	9	3	56

Next month FORECAST

Indicators - access & quality	NW inc. Blackpool	Scoring out of 42 Areas				
		NW inc. Blackpool	Highest	Lowest		
Calls per month per 1,000 people	21.7	22	Isle of Wight	38.6	East London and City	11.8
Calls per month via 111 per 1,000 people	21.7	21	Isle of Wight	38.4	East London and City	11.8
Of all calls offered, % abandoned after at least 30 seconds ¹	6%	1	NW inc. Blackpool	6%	South East London	0%
Of calls answered, % in 60 seconds	79%	42	South East London	97%	NW inc. Blackpool	79%
Of calls answered, % triaged	89%	17	Luton	122%	East London and City	68%
Of answered calls, % transferred to clinical advisor	21%	32	South East Coast	41%	Bedfordshire	14%
Of transferred calls, % live transferred	44%	13	Isle of Wight	97%	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	12%	30	Devon	21%	Isle of Wight	1%
Of call backs, % within 10 minutes	37%	21	Cambridge and Peterborough	73%	North Central London	10%
Average episode length	00:15:48					
Of answered calls, % calls to a CAS clinician	21%	35	North Central London	57%	Bedfordshire	14%

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	Cornwall	18%	South Essex	9%
111 dispositions: % Recommended to attend A&E	8%	8%	29	East London and City	14%	Leicestershire and Rutland	4%
Recommended to attend primary and community care	57%	57%	35	Berkshire	67%	North Central London	52%
Of which - % Recommended to contact primary and community care		43%	20	Banes & Wiltshire	47%	Nottinghamshire	35%
- % Recommended to speak to primary and community care		12%	24	Cambridge and Peterborough	19%	Outer North East London	5%
- % Recommended to dental / pharmacy		2%	41	York & Humber	11%	Devon	1%
111 dispositions: % Recommended to attend other service	2%	2%	31	Leicestershire and Rutland	10%	Banes & Wiltshire	1%
111 dispositions: % Not recommended to attend other service	18%	18%	6	Inner North West London	20%	Mainland SHIP	8%
Of which - % Given health information		4%	1	NW inc. Blackpool	4%	Staffordshire	0%
- % Recommended home care		4%	40	East London and City	8%	Nottinghamshire	4%
- % Recommended non clinical		10%	11	York & Humber	13%	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 Feb:

- Calls Answered (95% in 60 seconds) = 79.46%
- Calls abandoned (<5%) = 6.18%
- Warm transfer (75%) = 29.33%
- Call back in 10 minutes (75%) = 37.09%

In February 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. 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.

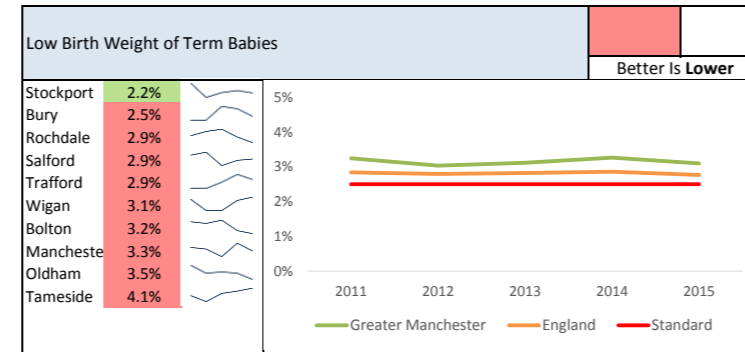
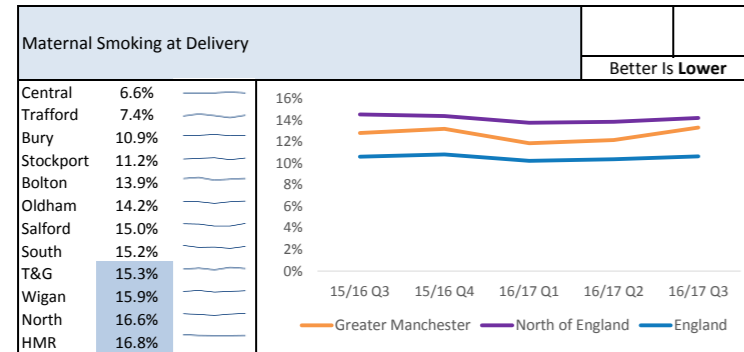
Operational and Financial implications:

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).

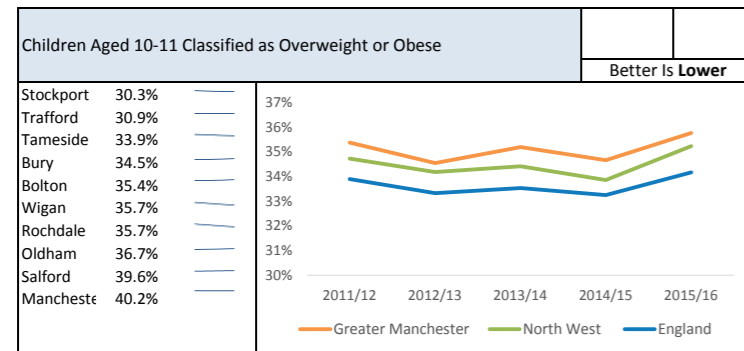
Unvalidated next month FORECAST



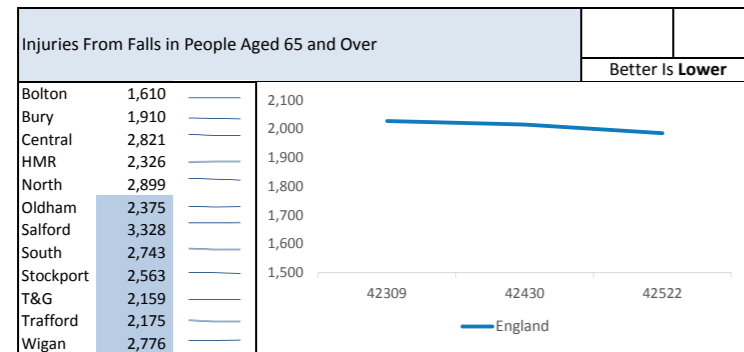
Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Costs To The Health System



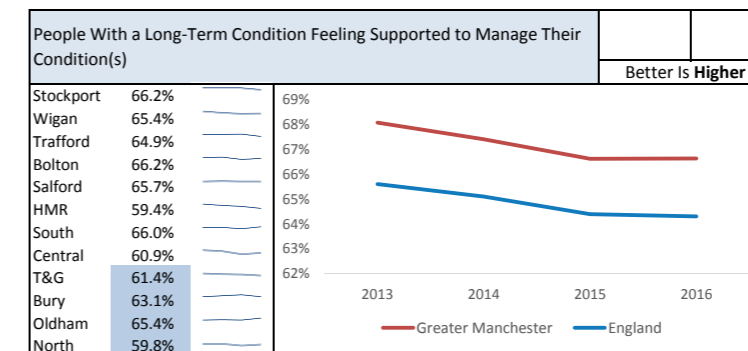
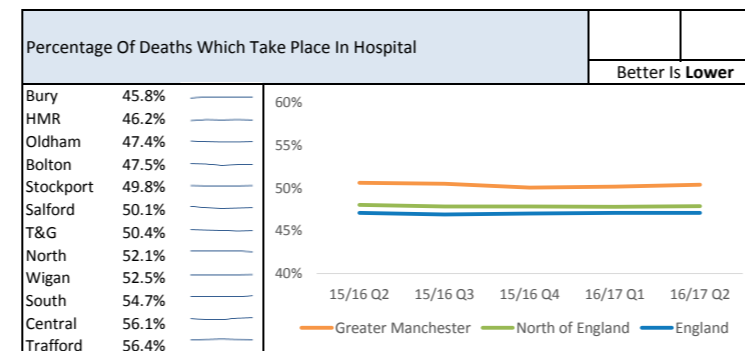
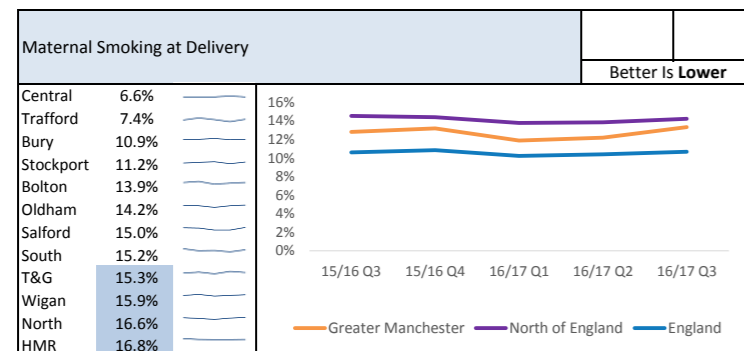
More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally



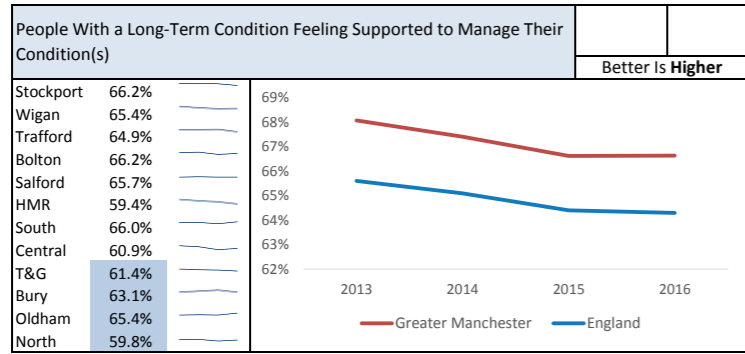
More People Will Be Supported To Stay Well and Live at Home for as Long as Possible



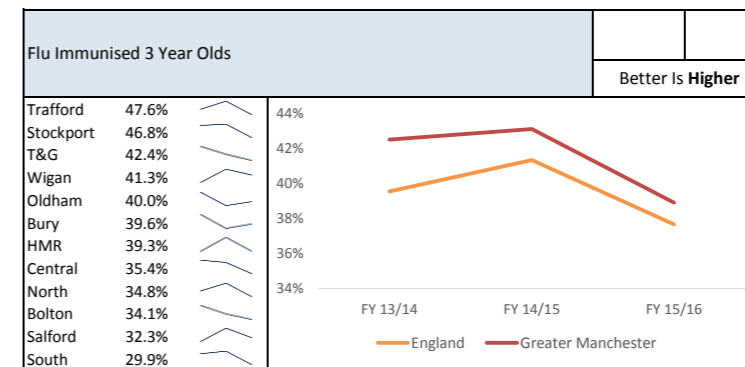
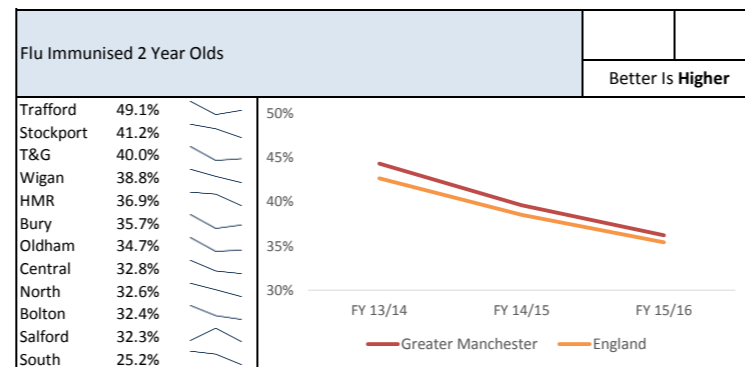
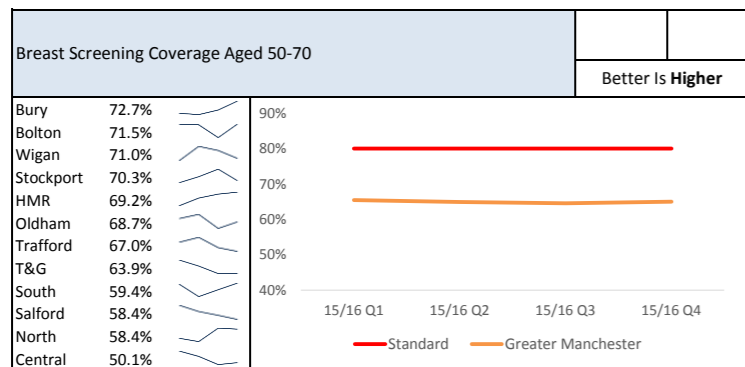
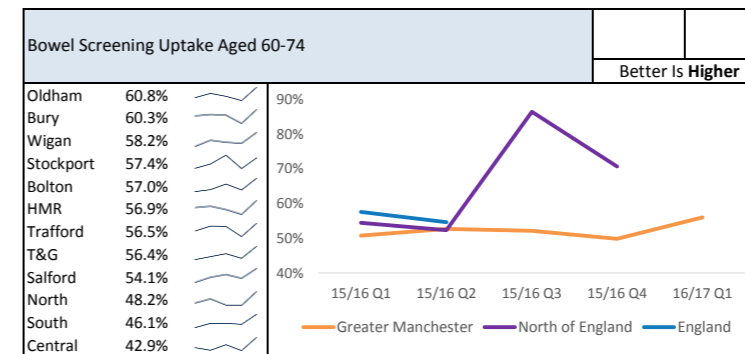
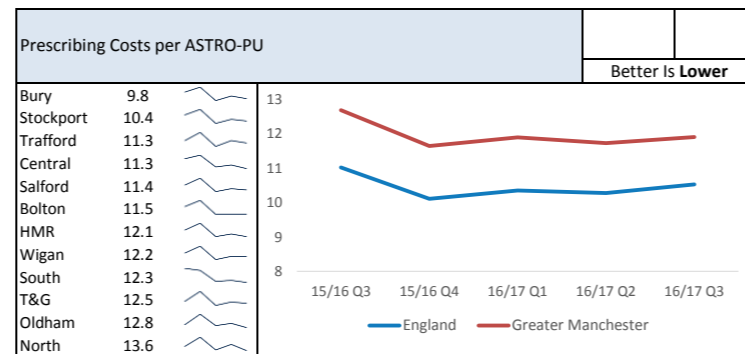
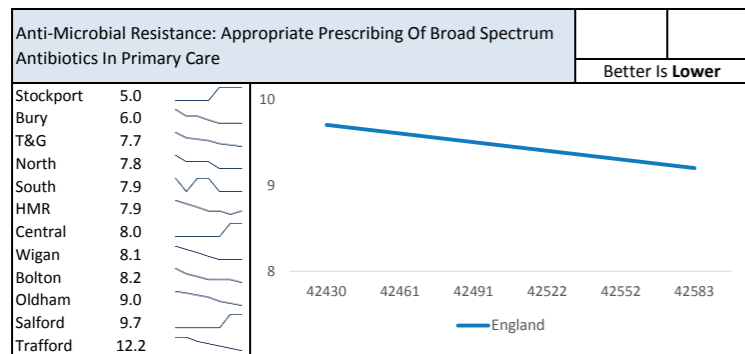
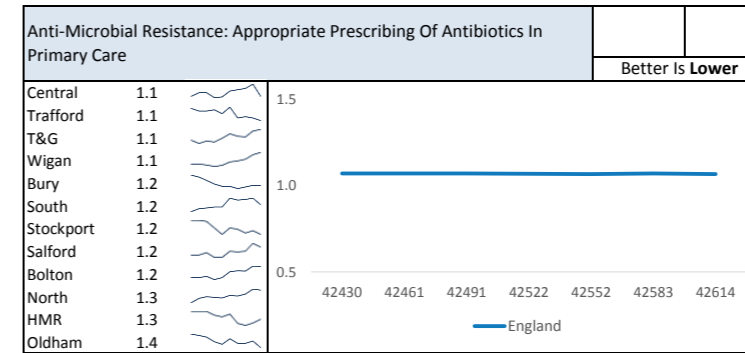
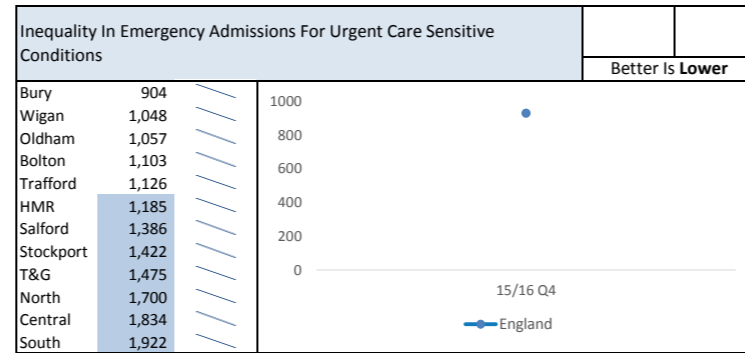
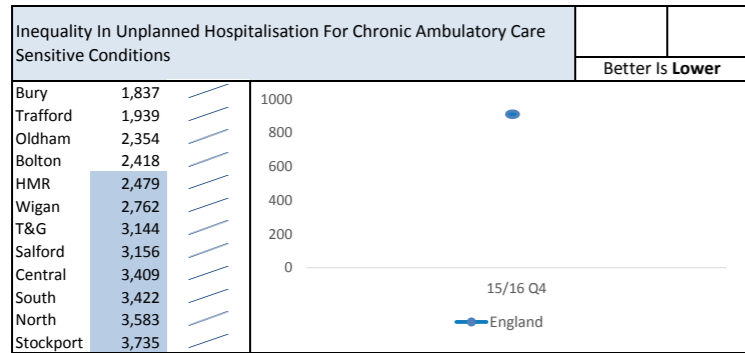
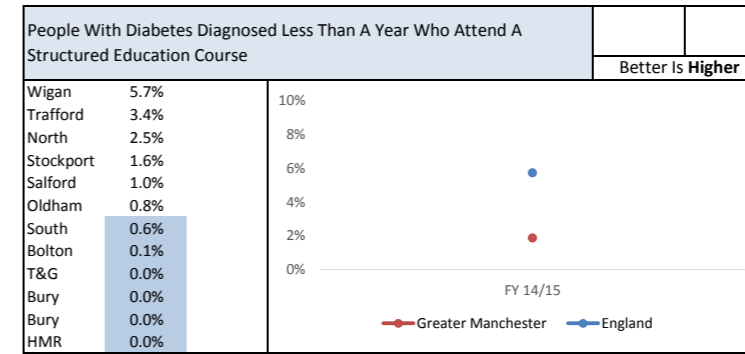
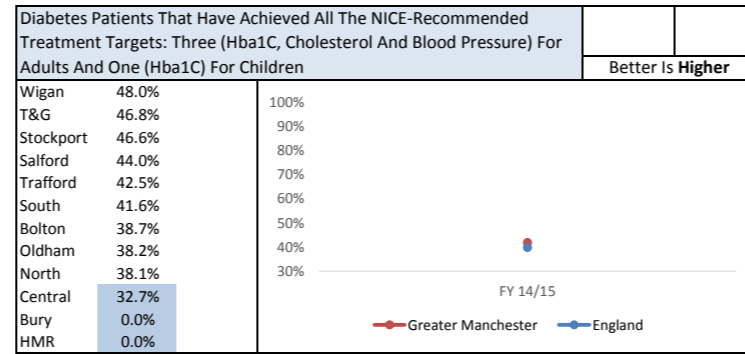
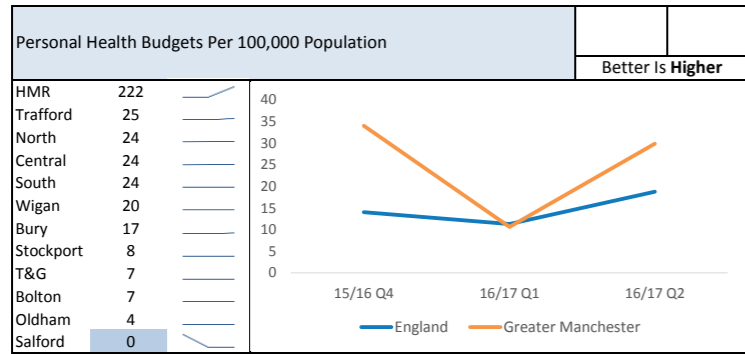
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease

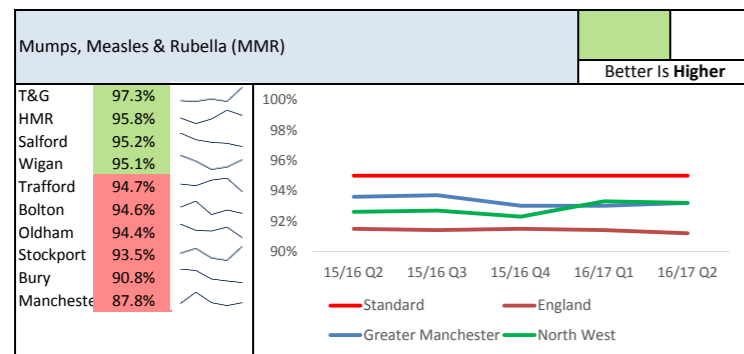
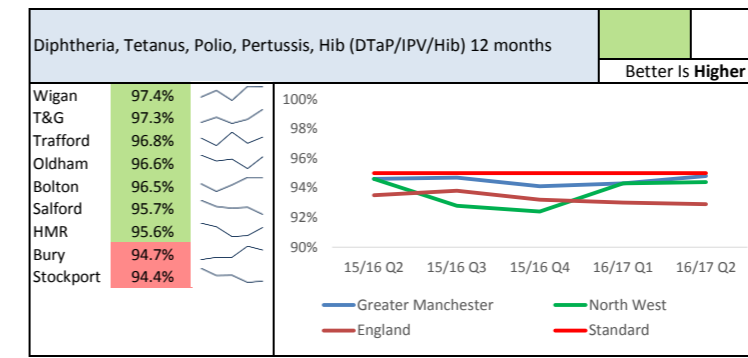
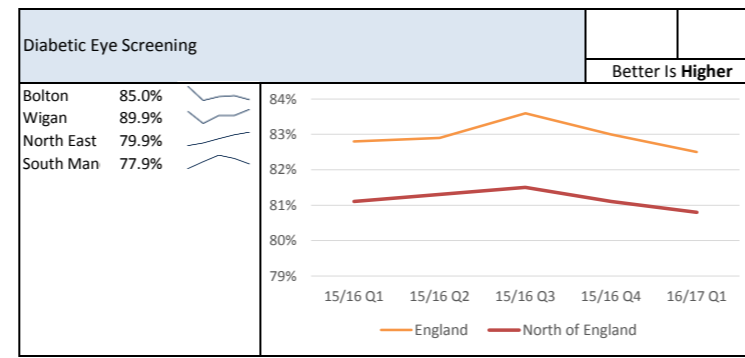
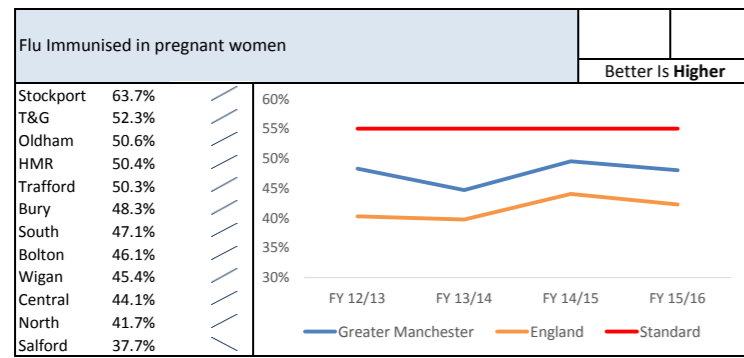
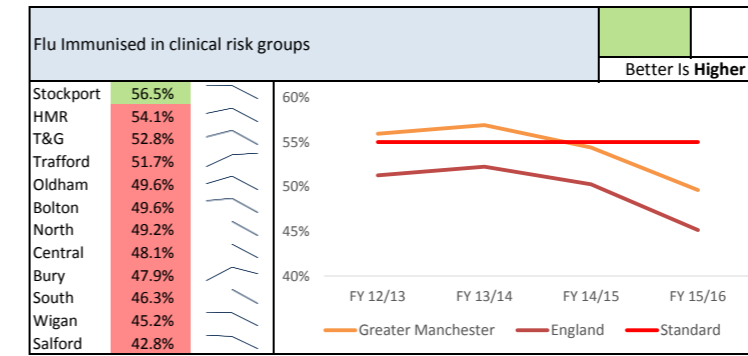
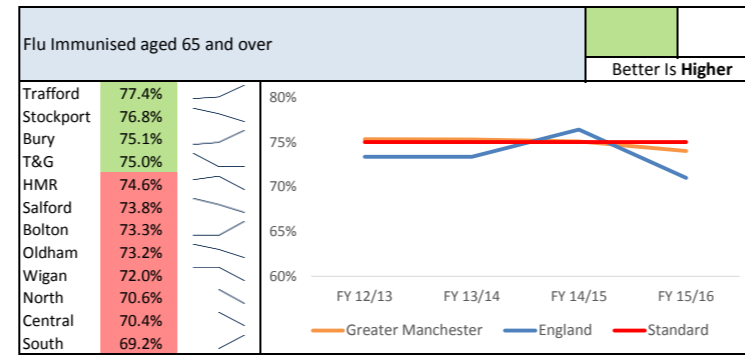
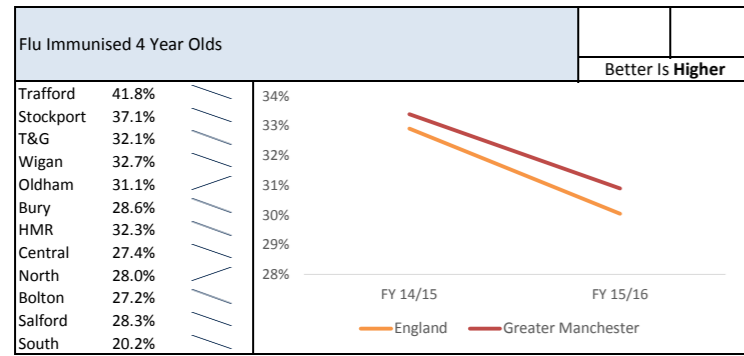


Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



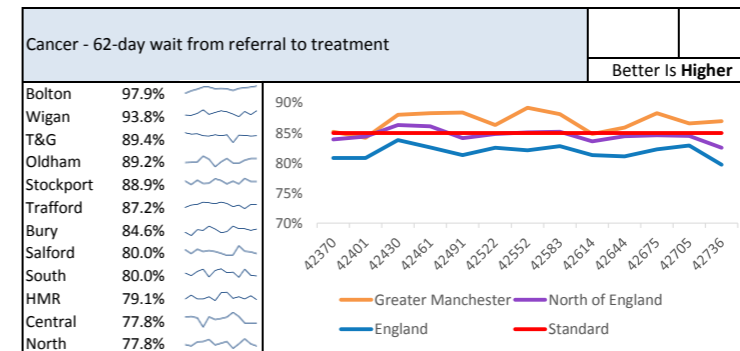
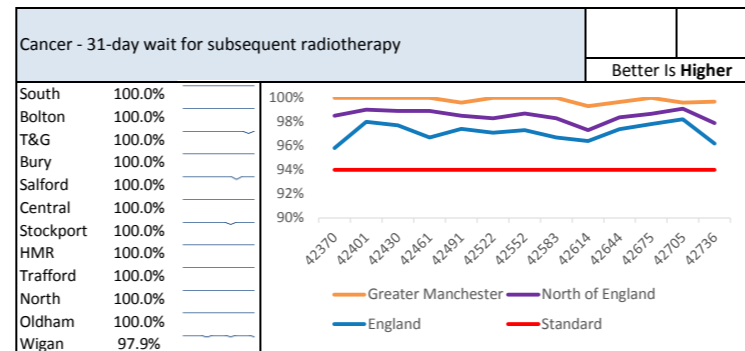
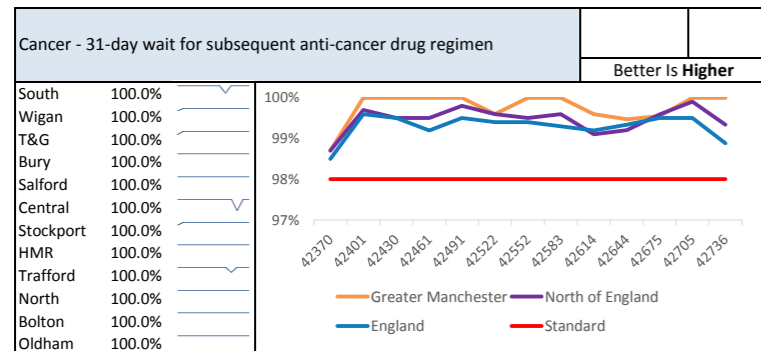
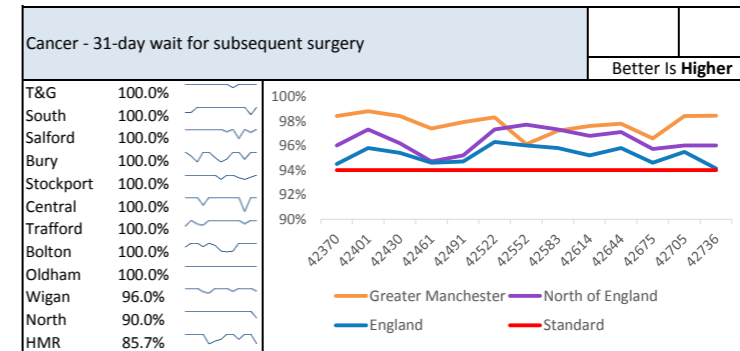
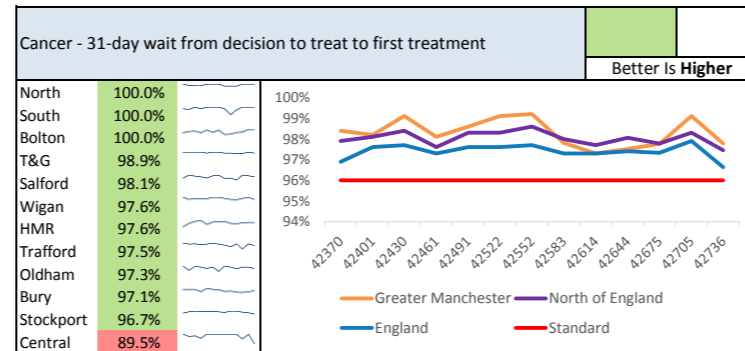
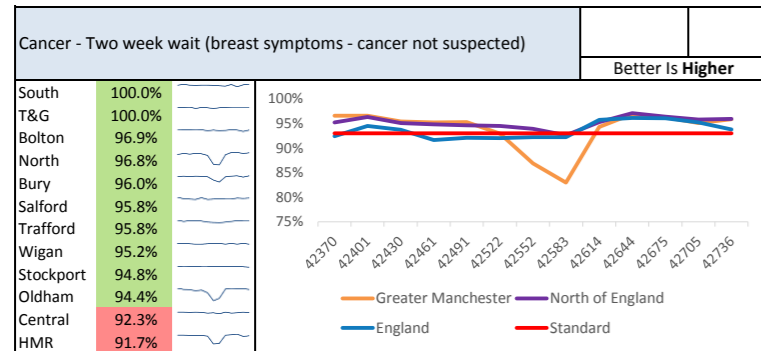
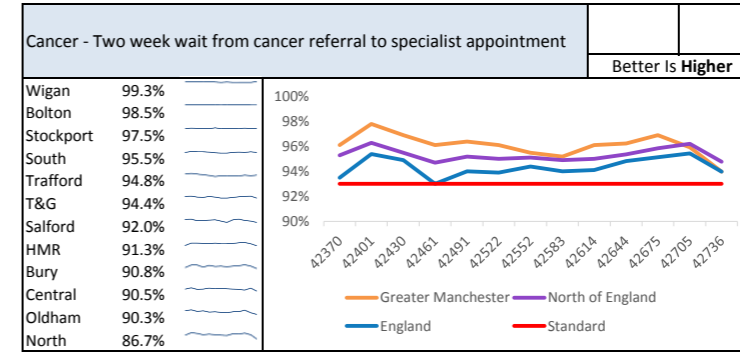
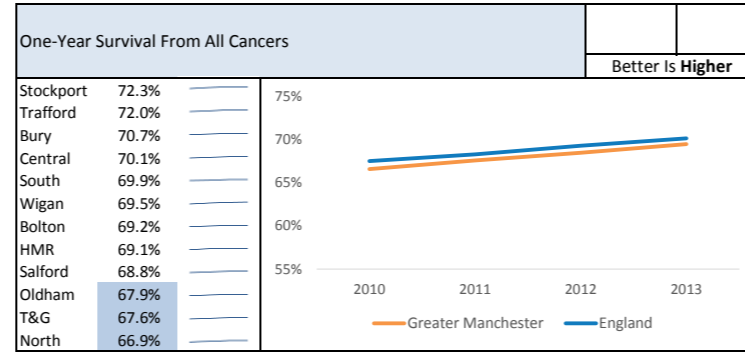
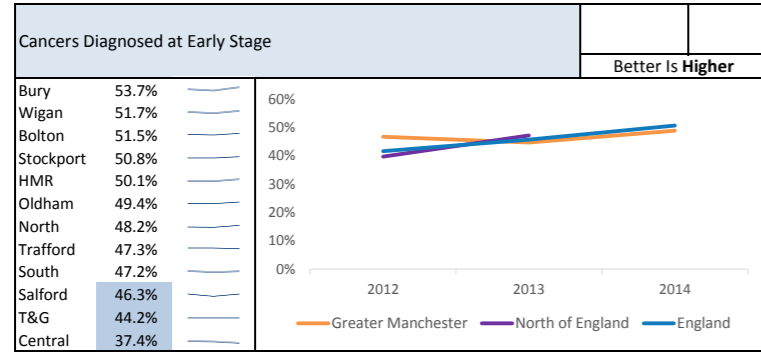
(Placeholder TBC)



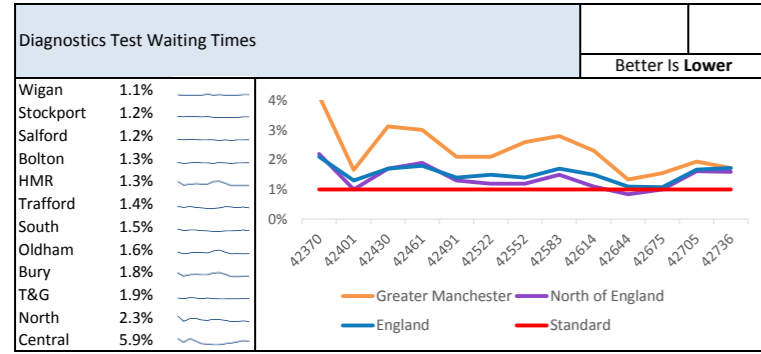
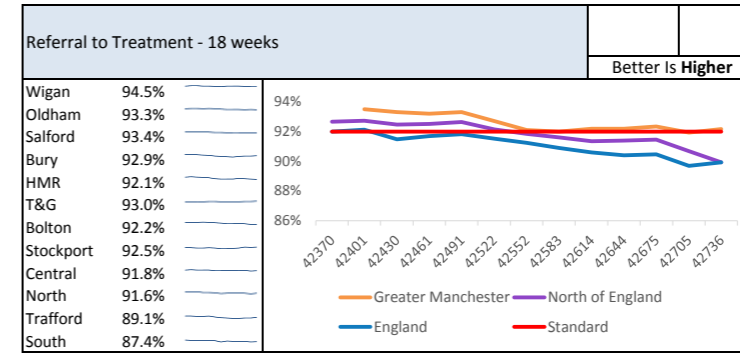
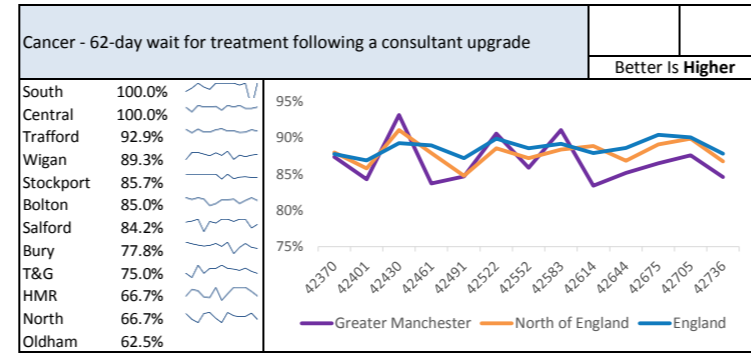
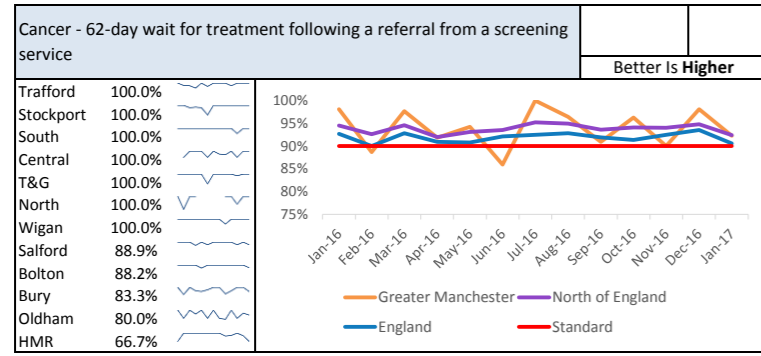




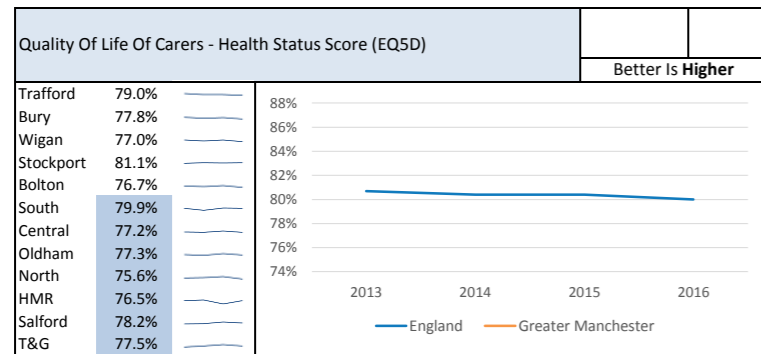
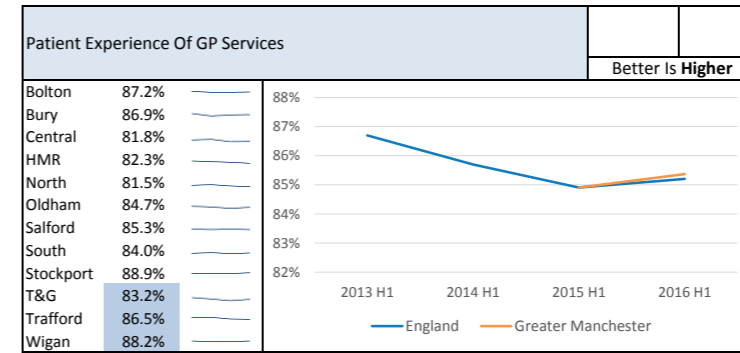
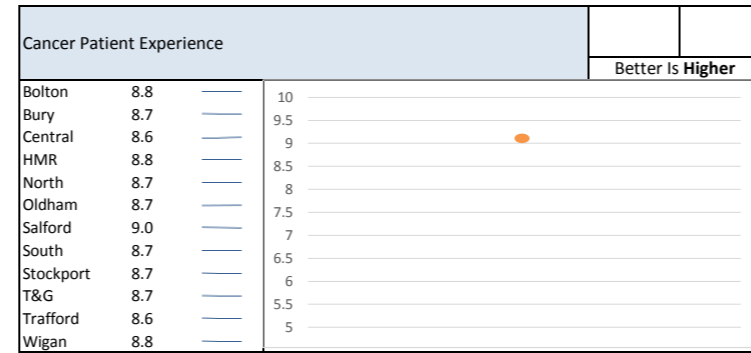
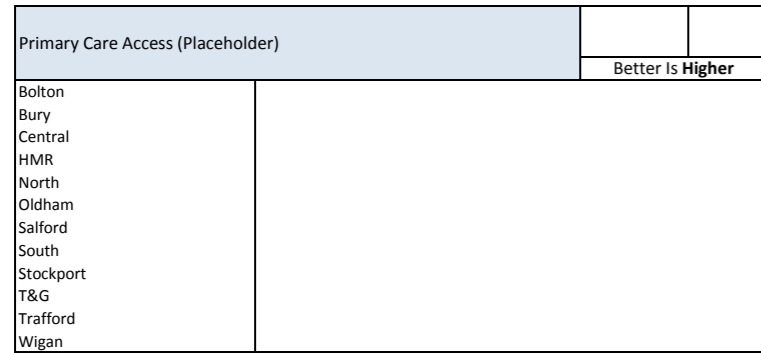
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



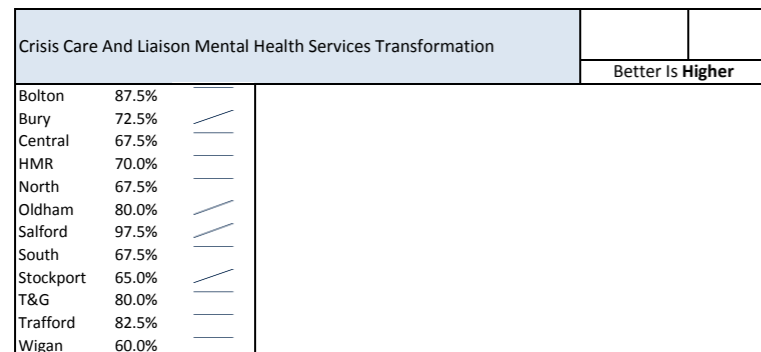
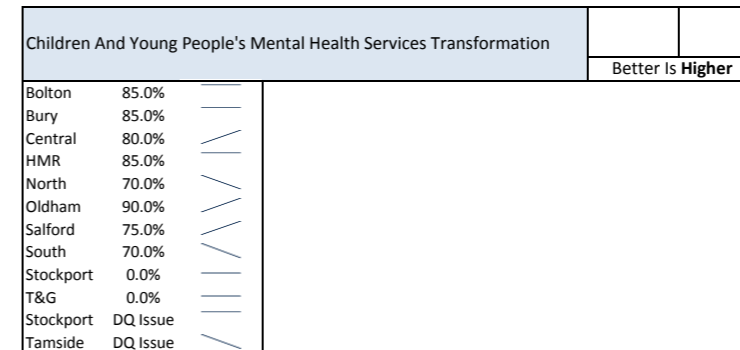
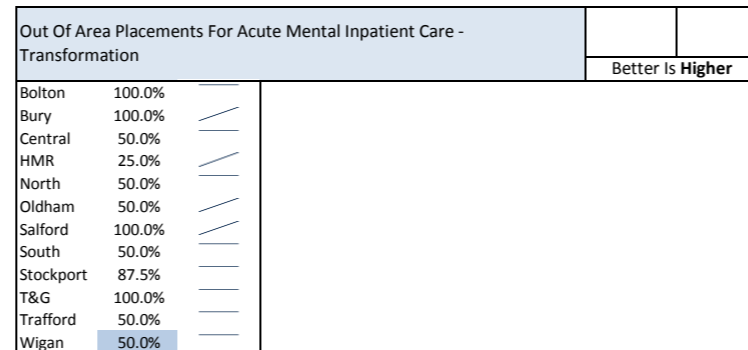
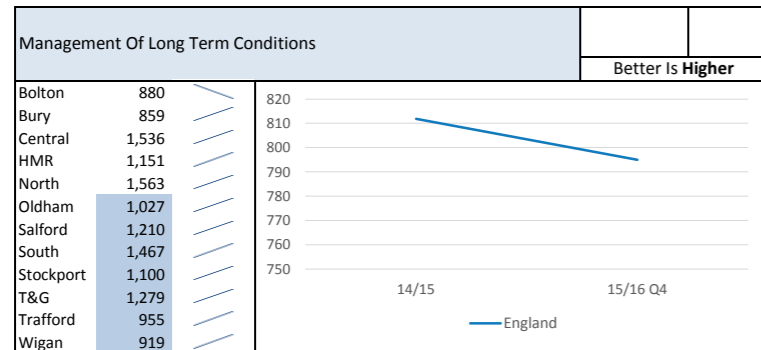
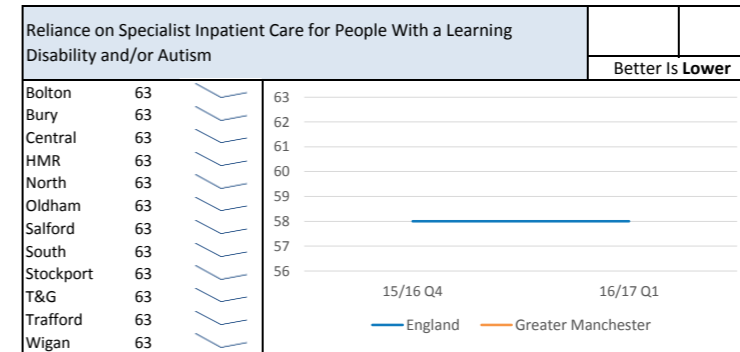
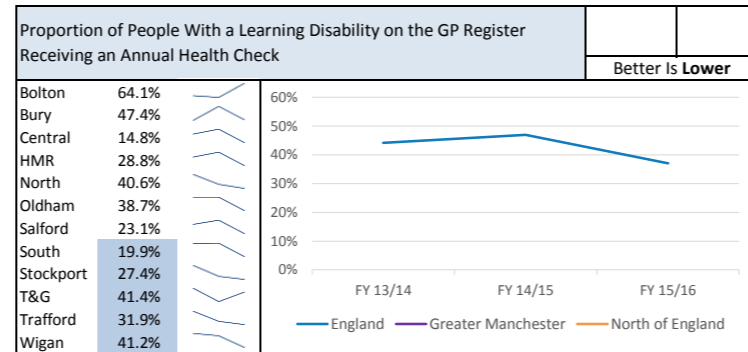
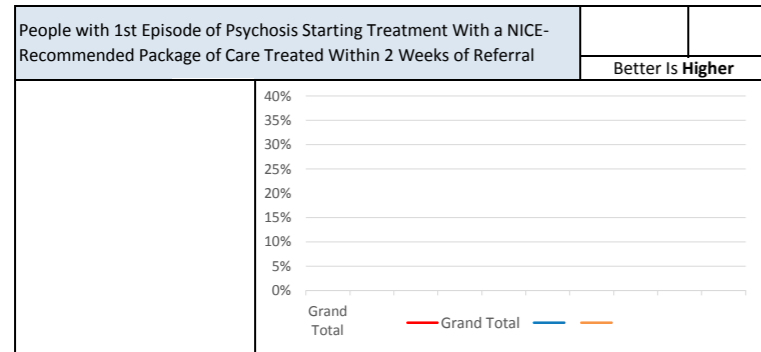
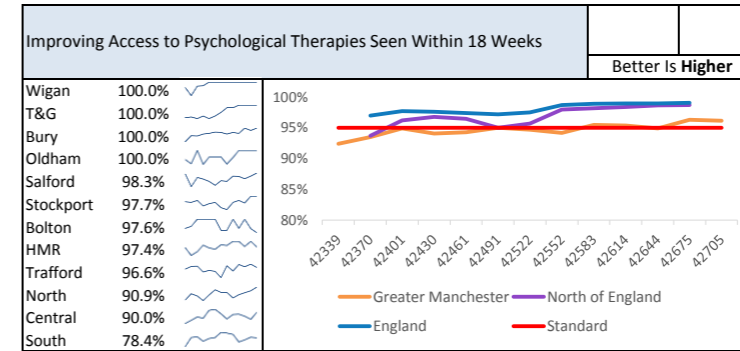
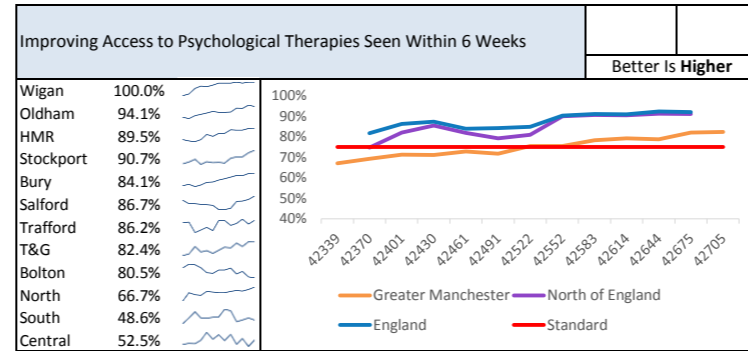
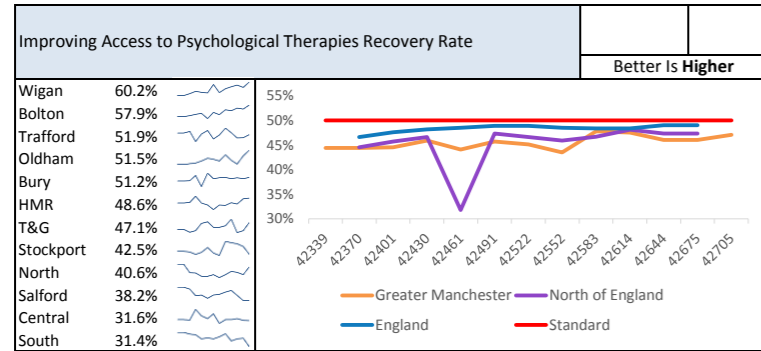
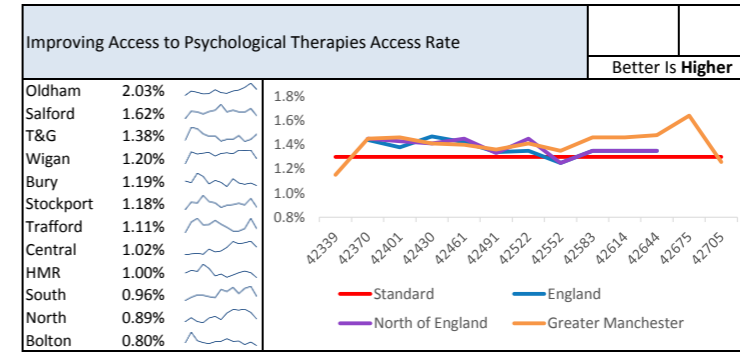
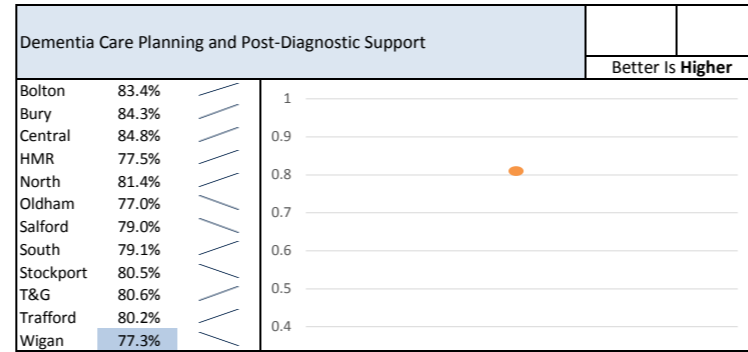
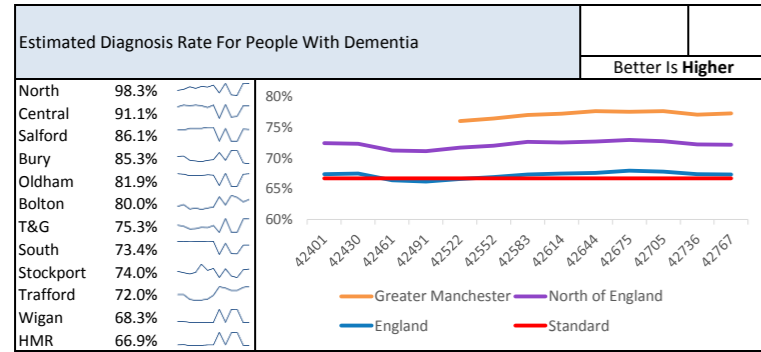
Decreased Variation In Quality Of Care Health Outcomes Across GM Localities



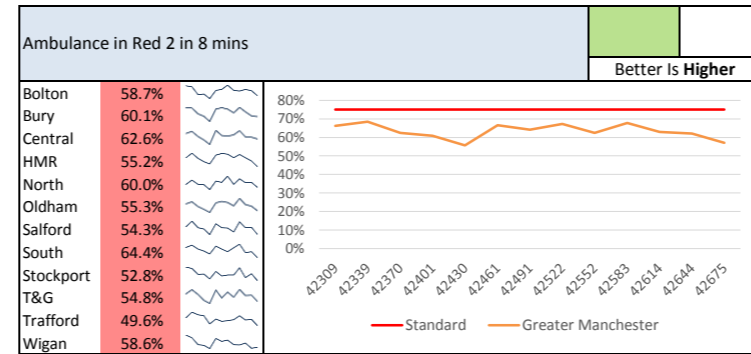
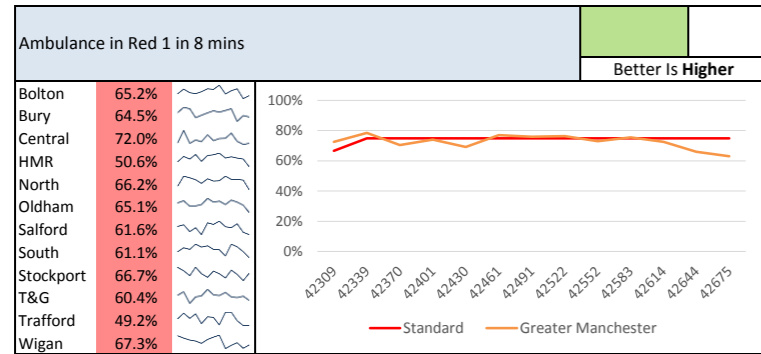
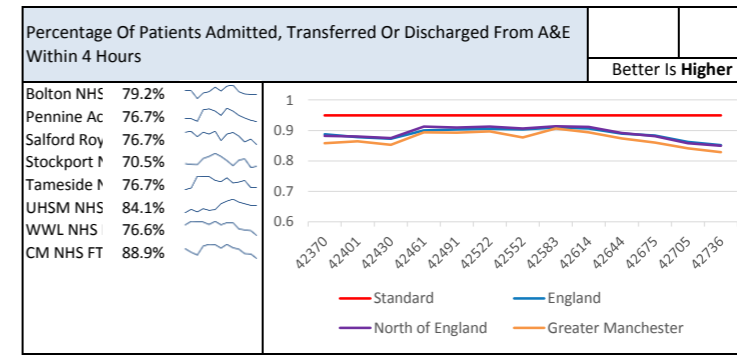
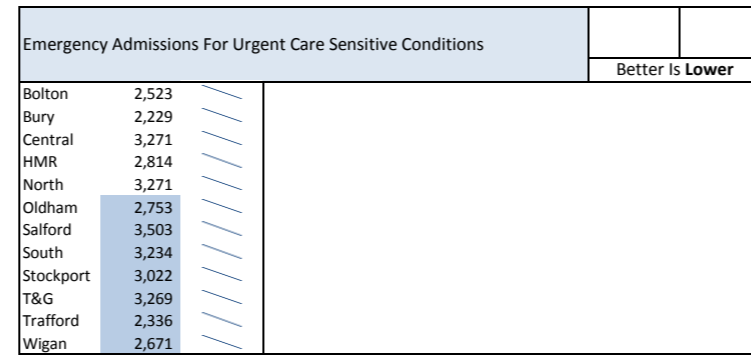
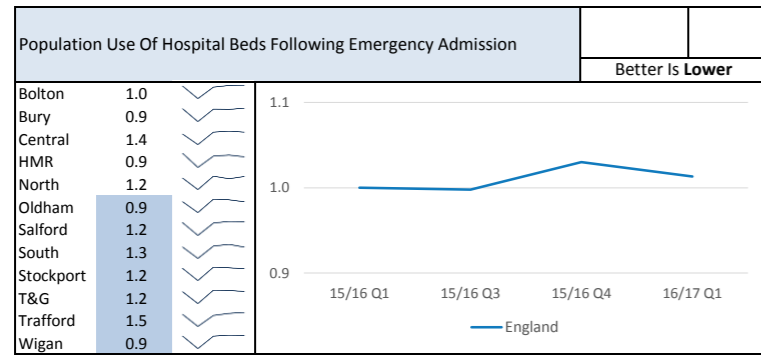
Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



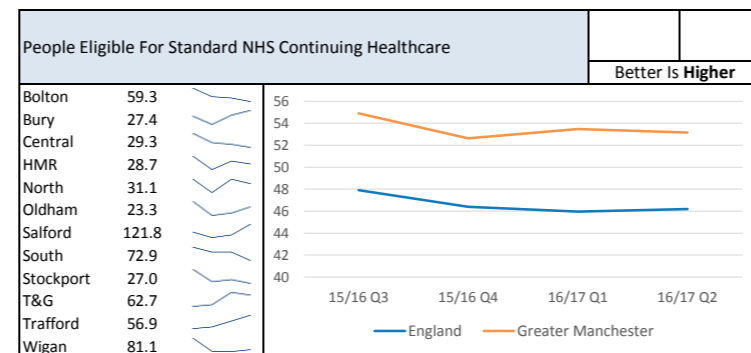
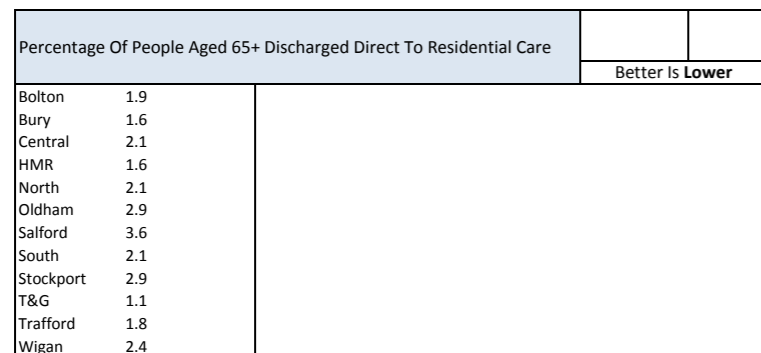
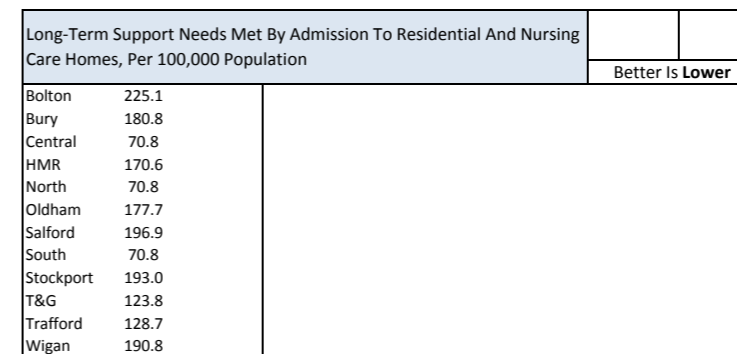
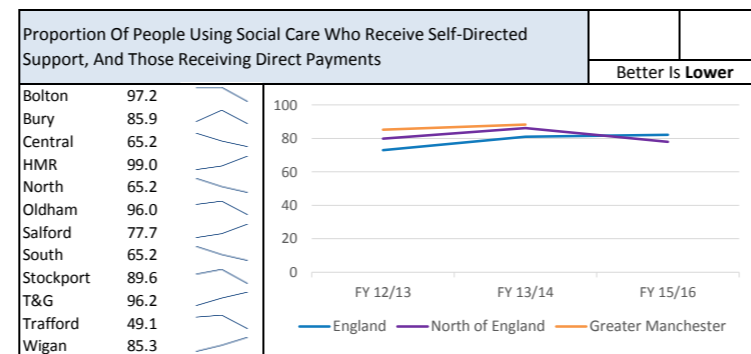
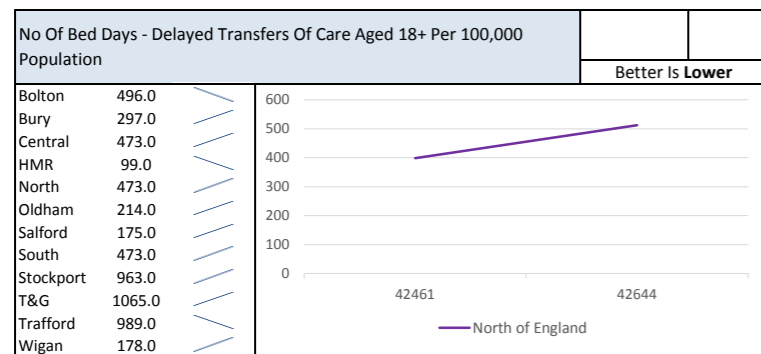
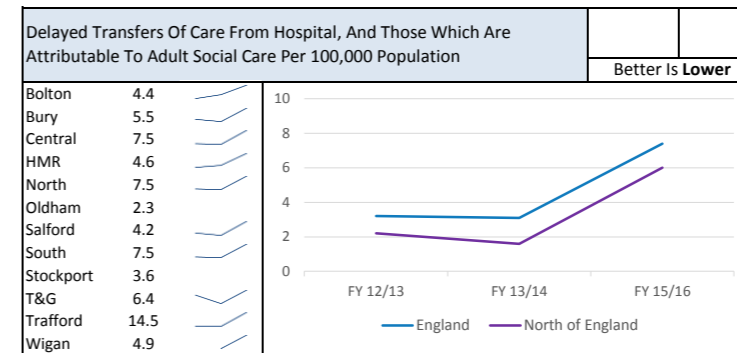
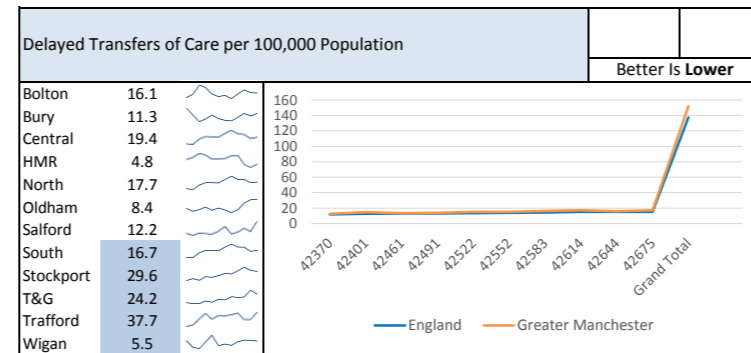
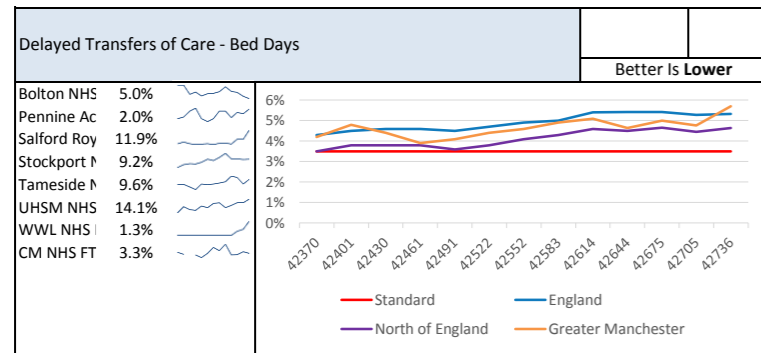
Improved Outcomes For People With Learning Disabilities/Mental Health Needs



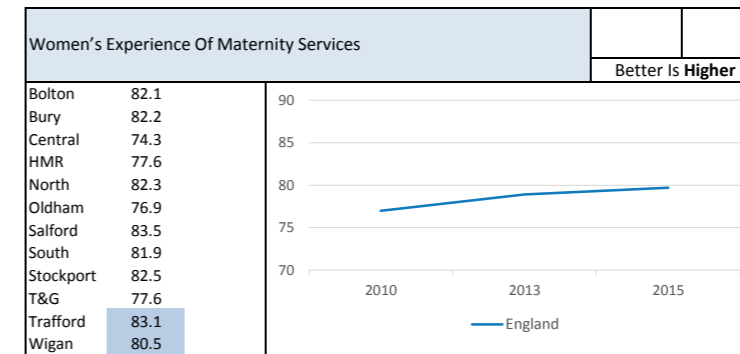
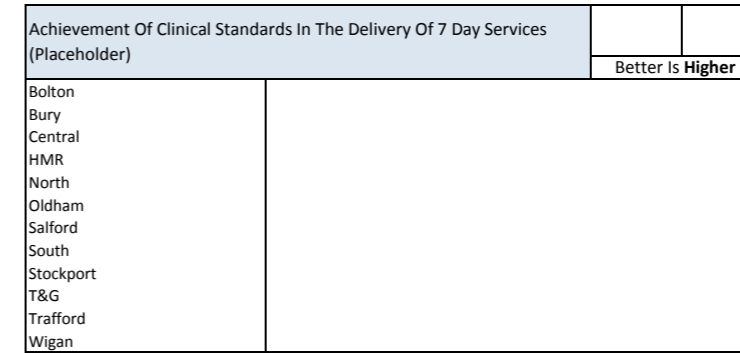
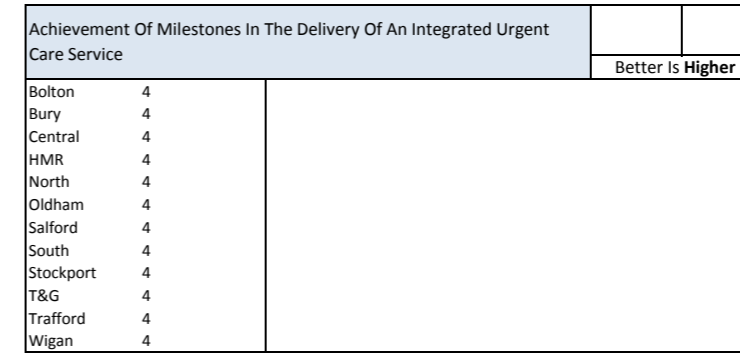
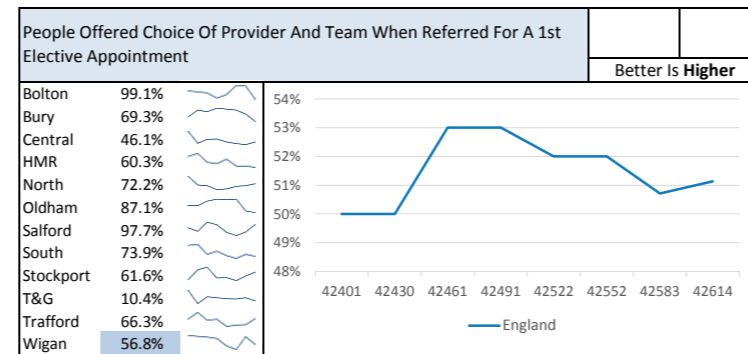
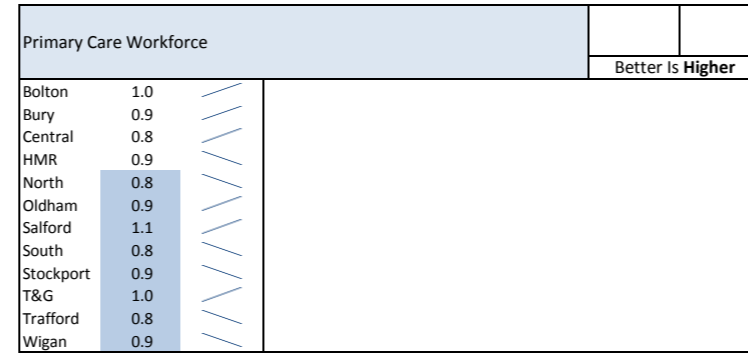
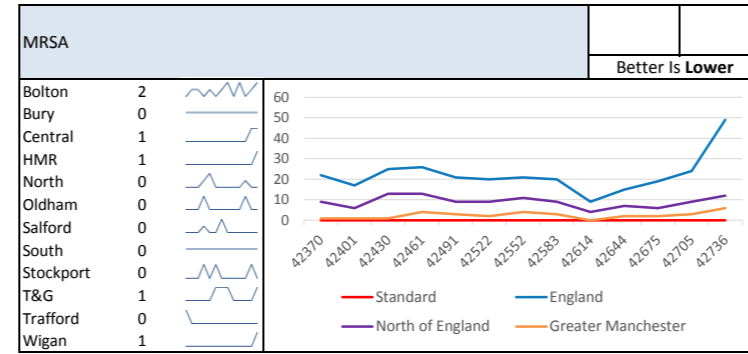
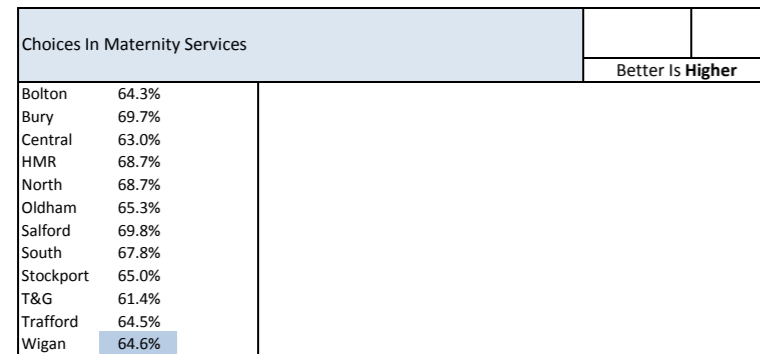
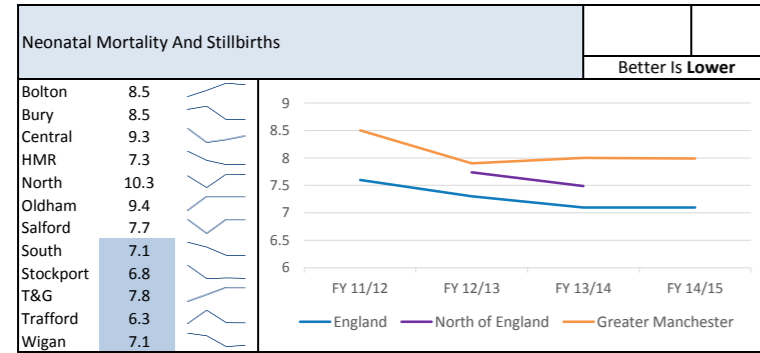
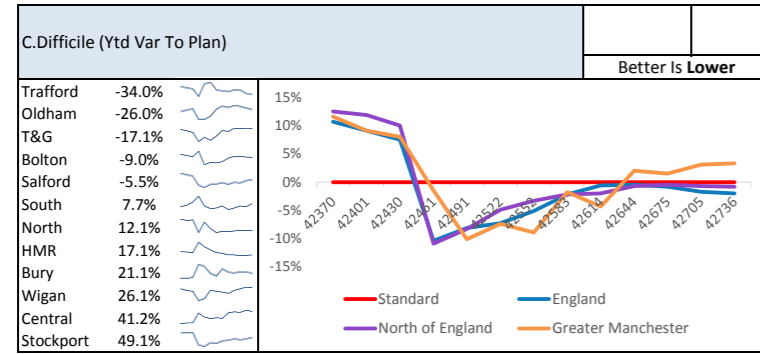
Decreased Need For Hospital Services With More Community Support



Improved Transition Of Care Across Health And Social Care

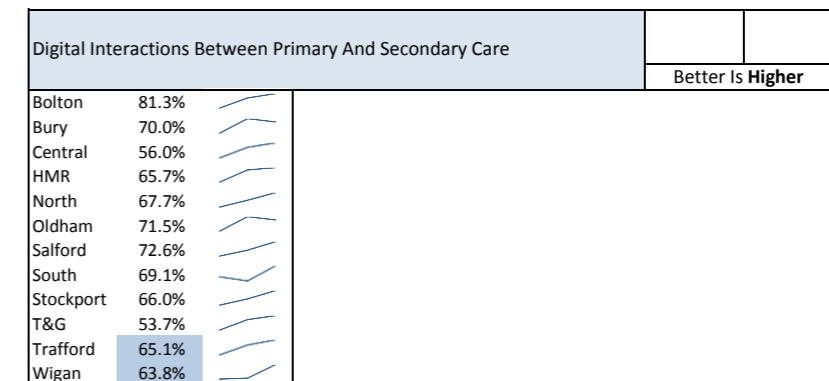
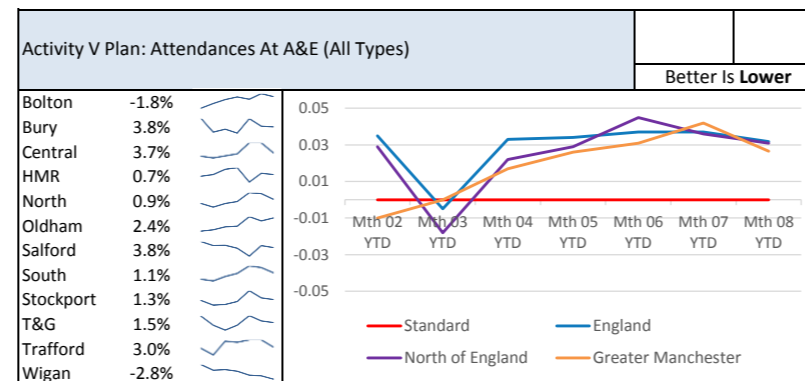
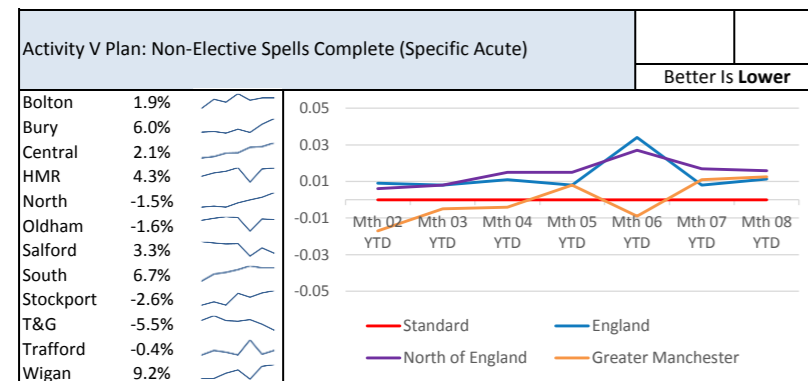
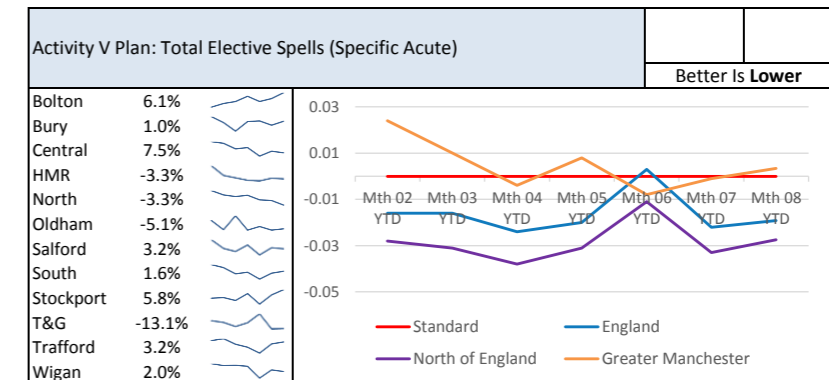
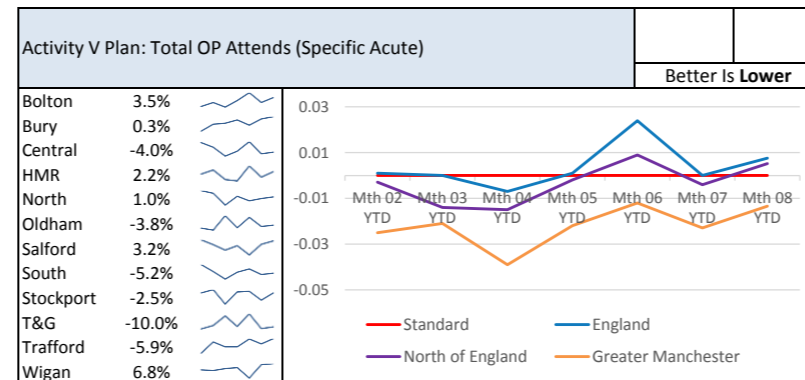
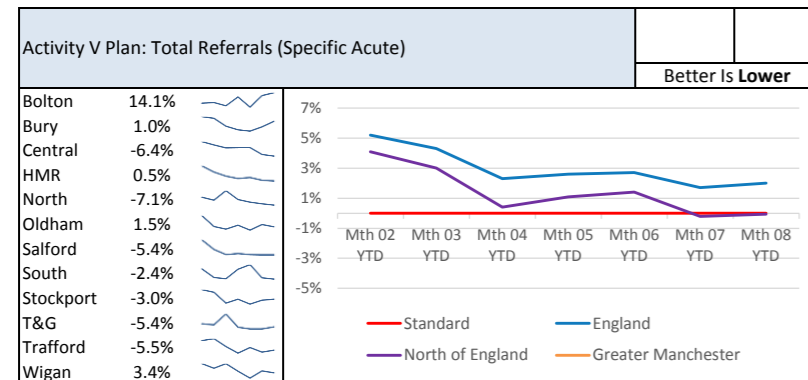


Placeholder TBC





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

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!		

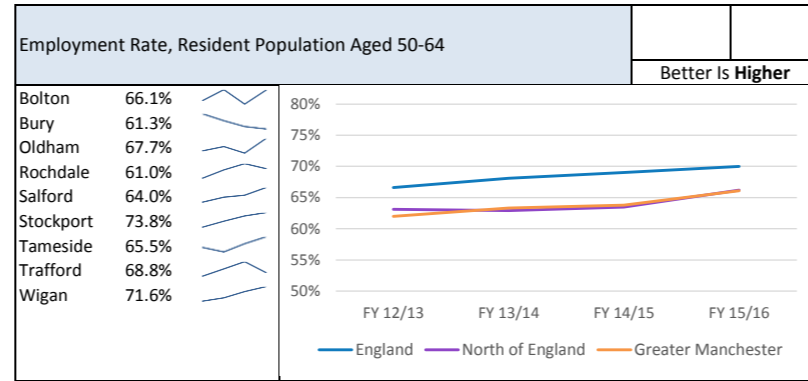
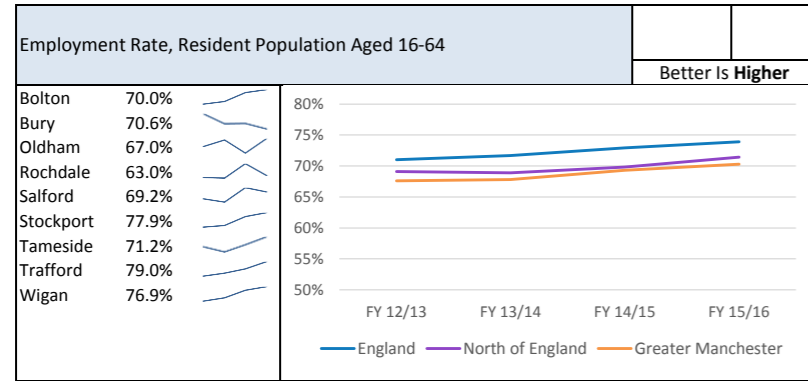
Adoption Of New Models Of Care (Placeholder)		Better Is Higher	
Bolton			
Bury			
Central			
HMR			
North			
Oldham			
Salford			
South			
Stockport			
T&G			
Trafford			
Wigan			

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

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

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

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.
- 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

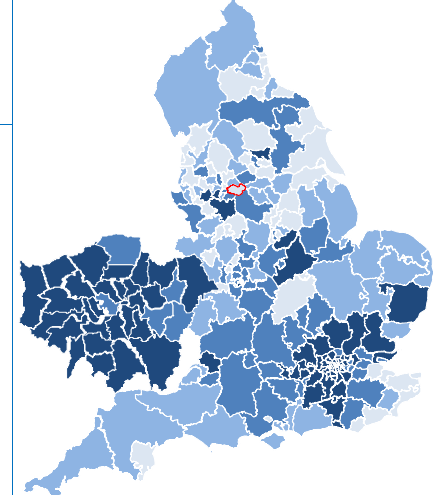
The 10 closest CCGs to NHS Tameside and Glossop CCG

- 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 (13.6%)
- NHS Halton CCG (17.3%)
- NHS South Tees CCG (21.1%)
- NHS Telford and Wrekin CCG (19.3%)

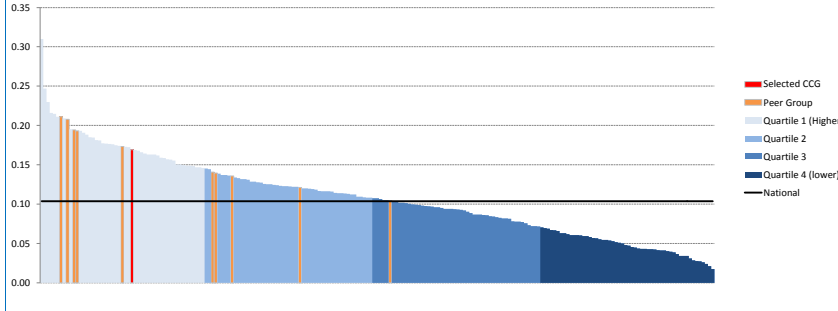
What you need to know...

- 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



KEY
H = Higher
L = Lower
N/A = Not Available

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

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

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
Better Health						
▲ Maternal smoking at delivery	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	10.0%	5.7%		H	
▲ Injuries from falls in people aged 65 and over	Jun-16	2,150	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	7.3	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%		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	62.4			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	3,269	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	66.9			H	
▲ Quality of CCG leadership	Q2 16/17	Green			<>	

Improving Urgent Care

Tuesday 9th May 2017

Current Performance Issues

- Expectation was that 90% would be achieved by end of March and through-out Q1.
- From March 27th onwards performance deteriorated significantly as implications of IR35 began to affect medical rotas.
- Impacted across specialties not just within ED department affecting flow across the hospital wards.

Current Performance Issues

- Trust has relatively small number of training posts at the registrar level.
- Difficulty in recruitment to middle grade level across Trust.
- Substantive workforce supported through long- term locum doctors working via personal service companies.
- Many stepped off rotas given their concerns regards IR35.
- Compounded by holiday period which had been covered but withdrawal of locums had additional impact.

Immediate Actions to Address

- Executive meetings with consultant and middle grade doctors.
- Agreed pay rates to support transition from agencies and PSC to hospital bank.
- Remained within pay-rates across GM.
- Providing from 8th May weekly pay to replicate arrangements with agencies.
- Already engaged an umbrella company to ensure compliance with IR35 and enable cascade to multiple framework agencies in line with NHSI guidance and commenced on 1st April.
- Transition from previous provider to new resulted in poor performance from both providers.
- Return to the 90s week commencing 8th May.

Back to the 90s Week Initiative

- Every patient, every ward to be reviewed and Executive team each assigned area to oversee.
- 3 Sitrep meetings per day with Executive input to support pull from ED and assessment areas.
- Aligned with on-going work around red & green days which NHSI will support review of this month as agreed at visit in February.



On-going “internal” actions

- **Action plan focused on:**
 - Medical workforce planning
 - Junior workforce planning
 - Clinical Streaming – dependent on capital monies
 - Patient Flow.
- Aiming to stabilise performance at 85% for the remainder of the Quarter.
- Return to 90% in Q2.

Economy Wide Schemes

Care Together Transformational Schemes – 2017-18

Home First Project Lead: Rachel Brown/ Grace Well Clinical Lead: Dr S Ahmed / Dr N Riyaz	Digital Health in Care Homes Project Lead: Peter Grace/Grace Well Clinical Lead: Dr S Ahmed / Dr N Riyaz	E-Referrals Project Lead: Zoe Maher/ Michelle Shiels Clinical Lead: Dr A Lee / Dr A Ali	Advice & Guidance Project Lead: Zoe Maher/ Michelle Shiels Clinical Lead: Dr A Lee / Dr A Ali	Heart Disease Project Lead: Ema O'Neill-Jones Clinical Lead: Dr A Abrahm / Dr J Harvey / Dr T Jones	Diabetes Project Lead: Ema O'Neill-Jones Clinical Lead: Dr E Jude / Dr T Jones
Community Bed Base Project Lead: SCF	Home Care Project Lead: Sandra Whitehead	GM Cancer Plan Project Lead: Dr S Penney/Teresa Hopley Clinical Lead: Dr S Penney / Dr A Lee / Dr R Jha	IV Therapies Project Lead: Dawn Fletcher Clinical Lead: Dr S Ahmed	Urgent Care Walk-in- Centre Project Lead: Commissioners/ Trish Cavanagh Clinical Lead: Dr S Ahmed / Dr N Riyaz	Urgent Care Streaming Project Lead: Trish Cavanagh Clinical Lead: Dr S Ahmed / Dr N Riyaz
Neighbourhood Community System Project Lead: Colin Skayles	Co-location of Neighbourhood Teams Project Lead: Neighbourhood Managers/Angela Brierley	Single Point of Contact Project Lead: John Schooling/ Angela Brierley	Neighbourhood Workforce Project Lead: Amanda Bromley	Extensive Care Service Project Lead: Natalie Davies Clinical Lead: Dr H Bain / Dr K Miller	Falls Project Lead: Sandra Whitehead Clinical Lead: Dr S Ahmed / Dr N Riyaz
Social Prescribing Project Lead: Chris Easton Clinical Lead: Dr J Harvey	System-wide Social Marketing Project Lead: Chris Easton	System-wide Asset Based Approaches Project Lead: Chris Easton Clinical Lead: Dr J Harvey	System-wide Workforce Education Project Lead: Chris Easton Clinical Lead: Dr A Lee	System-wide Self Care & PAM Project Lead: Chris Easton Clinical Lead: Dr J Harvey	System-wide Self Care IT development Project Lead: Chris Easton Clinical Lead: Dr J Harvey
Community Mental Health Project Lead: Giles Wilmore Clinical Lead: Dr L Gutteridge	IN Paramedics Project Lead: Sam Hogg (July 17) Clinical Lead: Dr R Jha	IN Pharmacists Project Lead: Tony Sivner Clinical Lead: Dr A Ali			

System-wide Pathway Redesign Projects

Sexual Health Clinical Lead: Dr J Harvey	HPB/Liver Pathway Clinical Lead: Dr V Patel & Dr A Lee	Gynaecology Pathways Clinical Lead: Dr F New & DL Gutteridge
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Delivery of Transformation

- Majority of schemes aimed at reducing urgent care demand and managing that demand effectively.
- 6 schemes now become operational which will support admission avoidance/flow.
- Progress monitored through governance system in place.