

## Key Messages

### Positive trends

**18 Weeks RTT Incomplete Pathways:** Performance continues to be above the national standard of 92%, currently achieving 92.4% during April.

**Cancer:** All of the cancer indicators achieved standard during April.

**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%).

**Dementia:** Estimated diagnosis rate for people aged 65+ for April was 83.8% 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.

**Diagnostics 6+ Week Waiters:** Performance was lower (better than) the national standard of 1.00%, currently achieving 0.86% during April.

**Healthcare Associated Infections MRSA:** There have been no reported cases of MRSA during April.

### 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:** April performance at Tameside And Glossop Integrated Care NHS FT (T&GICFT) is below the 95% target, at 81.7%. A total of 6,965 patients attended A&E in the month, of which 1279 did not leave the department within 4 hours.

**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 April. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 70.08% and 68.94%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 92.54%.

**111:** The North West NHS 111 service is performance managed against a range of KPIs reported as follows for April:- Calls Answered (95% in 60 seconds) = 80.88%- Calls abandoned (<5%) = 5.69%- Warm transfer (75%) = 46.27% Call back in 10 minutes (75%) = 38.27%

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

**Healthcare Associated Infections Clostridium Difficile:** The number of reported cases during April (6) was above plan.

**18 Weeks RTT 52+ Week Waits:** There were 3 patients waiting longer than 52 weeks during April.



Key: H=Higher L=Lower ⇔ =N/A

Better Care

Description	Indicator	F	Level	Better is...	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	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%	95.8%	97.1%	96.1%	94.3%	94.6%	95.4%	96.5%	97.5%	98.1%	94.4%	95.6%	95.3%	95.9%		96.90%	92.80%			
	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%	93.9%	98.0%	95.8%	94.0%	96.7%	97.3%	100.0%	100.0%	98.8%	100.0%	93.6%	98.3%	98.0%		96.30%	89.80%			
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%	98.9%	100.0%	100.0%	98.8%	98.9%	98.0%	98.2%	100.0%	98.9%	100.0%	97.7%	100.0%		97.80%	97.40%			
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		96.60%	95.40%			
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	M	T&G CCG	H	98%	100.0%	100.0%	100.0%	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%	99.40%			
	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%	96.6%	100.0%	100.0%	100.0%	100.0%		100%	96.80%			
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%	89.7%	88.6%	91.5%	89.6%	91.3%	74.4%	91.1%	90.4%	88.0%	89.1%	87.3%	82.4%	98.4%	There were 10 breaches out of a total of 39 seen in Sept 16.	88.30%	82.70%			
	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%	60.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%		90.00%	93.20%				
	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%	83.3%	86.7%	94.4%	82.4%	100.0%	53.8%	78.3%	94.4%	78.6%	75.0%	87.5%	85.2%	86.7%	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%	88.30%			
18 Weeks RTT	Patients on incomplete non emergency pathways (yet to start treatment)	M	T&G CCG	H	92%	92.4%	92.5%	92.4%	92.4%	92.1%	92.1%	92.1%	92.7%	92.6%	93.0%	92.6%	92.6%	92.4%	CCG target (92%) achieved. Falling specialties are Urology (88.78%), Trauma & Orthopaedics (89.54%), Ear, Nose & Throat (ENT) (88.36%), Neurosurgery (86.96%), Plastic Surgery (68.47%), Cardiothoracic Surgery (91.11%)	92.30%	89.90%			
	Patients waiting 52+ weeks on an incomplete pathway	M	T&G CCG	L	Zero Tolerance	1	0	1	1	1	0	1	0	0	0	0	0	0	3	In Apr 17 we have 3 over 52 week waiters on an incomplete pathway. 1 at University Hospital South Manchester for 160 plastic surgery and 2 at Central Manchester for X01 Other. The patient waiting under the speciality plastic surgery has now been seen. We are awaiting an update on the other 2.		0.04		
Diagnostics < 6 Weeks	Patients waiting for diagnostic tests should have been waiting less than 6 weeks from referral	M	T&G CCG	L	1%	2.55%	1.55%	2.36%	1.70%	1.20%	1.24%	1.34%	1.29%	1.85%	1.88%	1.40%	0.70%	0.86%		1.50%	1.80%			
Dementia	Estimated diagnosis rate for people aged 65+	M	CCG	H	66.70%	69.60%	69.80%	70.50%	70.3%	71.3%	72.8%	75.3%	74.4%	74.9%	74.8%	75.3%	75.1%	83.8%		77.20%	67.90%			
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%	92.5%	92.2%	86.5%	85.0%	90.5%	82.7%	84.1%	86.6%	76.2%	76.7%	86.9%	88.3%	81.7%	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. February performance is 86.85% breached by 835 patients. March performance is 86.27% breached by 867 patients. 2016-17 performance shows that 12,263 patients waited more than 4 hours (denominator 85,638). April performance is 81.6% breached by 1,279 patients (6,965).	86.00%	90.50%			
	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		33.3%	45.5%	62.1%	65.4%	66.7%	73.3%	75.0%	89.0%							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%	3.95%			3.92%			3.90%									4.00%			
	Recovery	Q	T&G CCG	H	50%	45.75%			46.00%			42.20%										47.50%	48.40%	
	Waiting times less than 6 weeks	Q	T&G CCG	H	75%	62.75%			73.40%			78.40%										79.30%	84.82%	
	Waiting times less than 18 weeks	Q	T&G CCG	H	95%	91.50%			98.60%			100.0%											95.40%	97.47%
	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q		L		62															62 (Q1)	58 (Q1)		
	Emergency admissions for urgent care sensitive conditions	Q		L																		2359		
	Population use of hospital beds following emergency admission	Q		L		1.2																1.0		
	Management of long term conditions	Q		L																		795 Q4 15/16		
	People eligible for standard NHS Continuing Healthcare	Q		H		63.9			62.7													53.5	46.2	



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

### Better Care - Adult Social Care

Description	Indicator	F	Level	Better is...	Threshold	1st Quarter 2016-17			2nd Quarter 2016-17			3rd Quarter 2016-17			4th Quarter 2016-17			Exceptions	GM	England *	Trend
						Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17				
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	97.59%			97.51%			96.63%			96.15%			Cumulative year to date performance reported	-	86.9	
	Part 1b - % of carers who receive self directed support	Q	LA	H	77.7	99.57%			99.79%			100.00%			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	14.91%			14.74%			13.62%			12.47%			Cumulative year to date performance reported	-	28.1	
	Part 2b - % of carers who are in receipt of direct payments	Q	LA	H	67.4	77.87%			73.43%			75.93%			95.61%			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	1.99%			1.92%			1.89%			4.95%			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 accomodation.	Q	LA	H	75.4	94.69%			93.80%			93.90%			93.27%			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	1.49 (2 Admissions)			2.98 (4 Admissions)			7.44 (10 Admissions)			12.65 (17 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	153.87 (59 Admissions)			307.75 (118 Admissions)			453.8 (174 Admissions)			628.54 (241 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	-	61			122			184			258			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	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	Q	LA	H	82.7	-			-			-			-			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	-			-			-			-			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	-	8406			8308			8180			7536			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	-	3027			3000			3008			2977			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	-	85.98%			87.76%			87.94%			86.14%			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	-	22.39%			41.09%			62.78%			70.49%			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	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions	GM	England	Trend
Referrals	GP Referrals-Total	M	T&G CCG	L		6018	5494	5724	5359	5142	5310	5086	5192	4421	5132	4951	5564	4369	Variance from Monthly plan			
	Other referrals- Total	M	T&G CCG	L		2904	2748	2730	2751	2853	2786	3060	3085	2434	2822	2508	3004	2496	Variance from Monthly plan			
	GP referrals- T&G ICFT	M	T&G CCG	L		4088	3971	4053	3766	3452	3611	3566	3673	3142	3615	3469	3824	3117	Variance from previous year			
	Other referrals - T&G ICFT	M	T&G CCG	L		1640	1428	1521	1637	1670	1612	1836	1854	1431	1626	1412	1725	1411	Variance from previous year			
Activity	Outpatient Fist Attend	M	T&G CCG	L	Plan	6852	7137	7441	6755	6903	7205	7265	7606	6394	6620	6406	7259	5846	Variance from Monthly plan			
	Elective Inpatients	M	T&G CCG	L	Plan	2799	2890	3022	2871	2876	2915	2956	3201	2624	2778	2766	3054	2611	Variance from Monthly Plan			
	Non-Elective Admissions	M	T&G CCG	L	Plan	2361	2409	2314	2267	2336	2244	2337	2431	2444	2470	2256	2390	2284	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			Yes																
Financial plan	A		H			AMBER																

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

### Well Led

Description	Indicator	F	Level	Better is...	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions	GM	England	Trend		
	Quality of CCG leadership	Q		H																				
Description	Indicator	F	Level	Better is...	Threshold	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	F	Level	Better is...	Threshold	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	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions	GM	England	Trend
Mixed Sex Accommodation	MSA Breach Rate	M	T&G CCG	L	0	0	0	0.1	0.2	0	0	0	0.1	0	0.3	0.0	0.0	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.	0.44		
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	2			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%	94.5%			96.7%			100.0%			92.9%			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																			
	Avoidable admissions-Cost		T&G CCG	L																			
	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		38	49	37	47	42	47	71	52	61	55	54	31						
	DTOCs (Patients)	M	Trust	L		26	38	25	32	29	38	61	45	50	42	35	27						

#### Other Indicators-111

111 KPIs	Calls answered (60 Seconds)	M	NW	H	95.00%	80.00%	85.00%	90.00%	83.0%	90.0%	89.0%	71.4%	67.5%	64.7%	77.5%	79.5%	81.9%	80.9%		90.60%		
	Calls abandoned	M	NW	L	<5%	6.00%	4.00%	2.00%	4.0%	2.0%	2.0%	6.4%	6.9%	10.8%	7.1%	6.2%	5.7%	5.7%		2.30%		
	Warm Transfer	M	NW	H	75%	35.0%	33.0%	32.0%	33.0%	35.0%	36.0%	33.2%	35.0%	31.3%	32.9%	29.3%	32.8%	46.3%		50.10%		
	Call back in 20 mins	M	NW	H	75%	39.00%	41.00%	40.00%	38.0%	39.0%	34.0%	34.7%	36.0%	33.5%	38.4%	37.1%	38.1%	38.3%		43.40%		

#### Ambulance

Ambulance	Red 1 < 8 Minutes (75% Target)	M	T&G CCG	H	75.00%	81.50%	71.10%	69.50%	75.6%	66.7%	65.9%	68.3%	60.4%	61.3%	59.4%	63.6%	66.0%	66.4%	High levels of demand and lengthening turn around times.	63.00%	73.00%	
	Red 2 < 8 Minutes (75% Target)	M	T&G CCG	H	75%	64.90%	58.00%	63.10%	58.60%	65.80%	60.00%	60.48%	54.76%	53.50%	54.50%	56.91%	60.20%	67.44%	High levels of demand and lengthening turn around times.	57.10%	66.20%	
	All Reds <19 Minutes (95% Target)	M	T&G CCG	H	95%	90.7%	89.9%	91.1%	89.9%	91.0%	89.1%	86.4%	83.1%	82.9%	83.3%	88.4%	90.8%	92.1%	High levels of demand and lengthening turn around times.	92.30%		
	Red 1 < 8 Minutes (75% Target)	M	NWAS	H	75%	76.5%	74.3%	73.1%	70.5%	72.6%	69.5%	64.6%	62.8%	61.6%	61.8%	64.7%	65.6%	70.1%	High levels of demand and lengthening turn around times.	63.00%	73.00%	
	Red 2 < 8 Minutes (75% Target)	M	NWAS	H	75%	67.5%	66.3%	66.2%	62.7%	65.3%	61.8%	63.0%	60.4%	57.3%	58.8%	61.0%	63.4%	68.9%	High levels of demand and lengthening turn around times.	57.10%	66.20%	
	All Reds <19 Minutes (95% Target)	M	NWAS	H	95%	92.00%	91.50%	91.50%	89.8%	91.1%	89.0%	88.2%	86.8%	85.4%	85.7%	88.4%	90.2%	92.5%	High levels of demand and lengthening turn around times.	92.30%		

#### Quality

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

# Exception Report

## Tameside & Glossop CCG- June

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

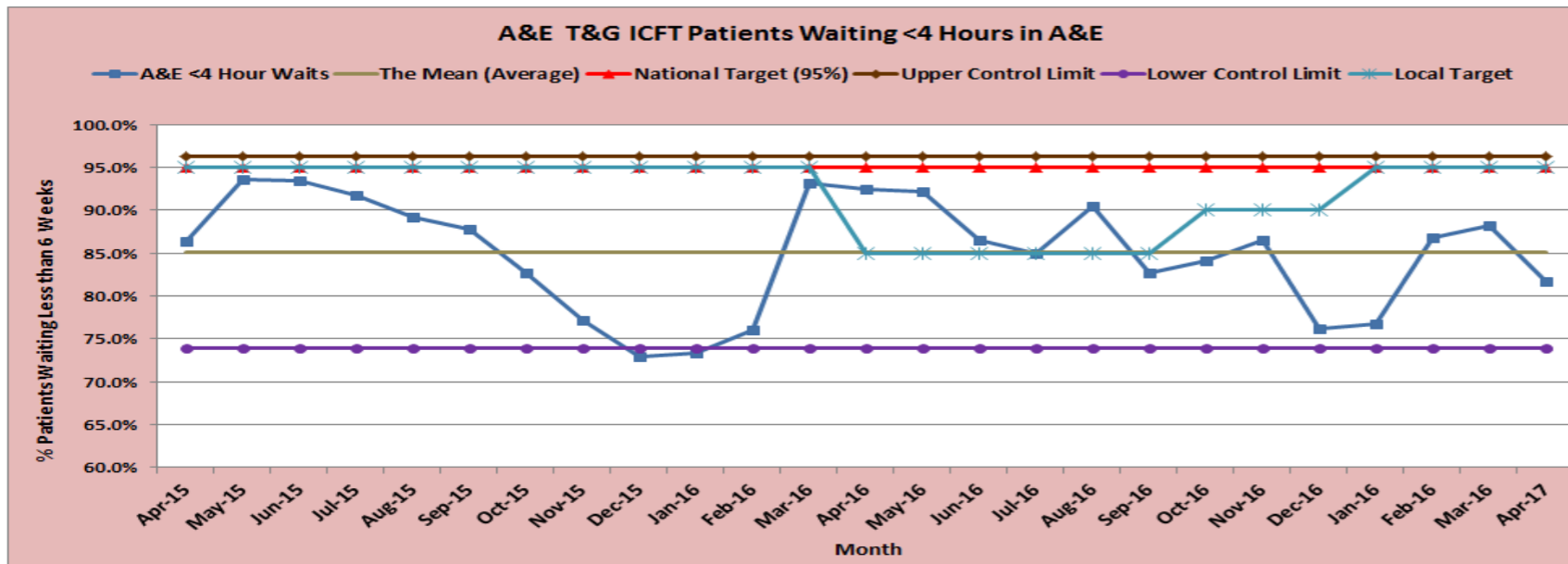
Lead Director: Clare Watson

Governance: A&E Delivery board

April Performance: 81.65%

16/17 ytd:  
92.46%

17/18 ytd:  
81.65%



**Key Risks and Issues:**

The A&E performance for April was 81.65% 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.

National and local shortages of medical and nursing cover.

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:**

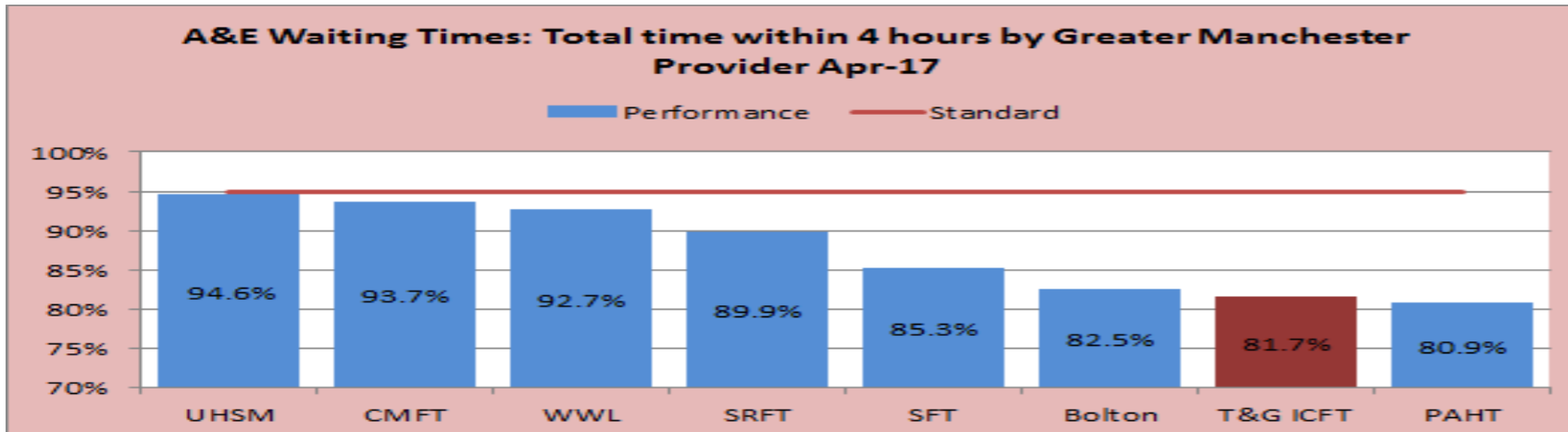
- Actions include:
  - NHSI's Head of Service Improvement 'significantly assured' about the Trust's response to the challenges relating to emergency flow;
  - Silver Command, including the deployment of Ward Liaison Officers, in place during February;
  - Additional medical staffing resources deployed, especially on days of expected increased activity (Monday/Tuesday);
  - Continuation of the Emergency Flow Service Improvement Project
  - NHSI to offer focused support concerning ED streaming
  - 'Back to 90s' programme to reset performance at 90%

**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.

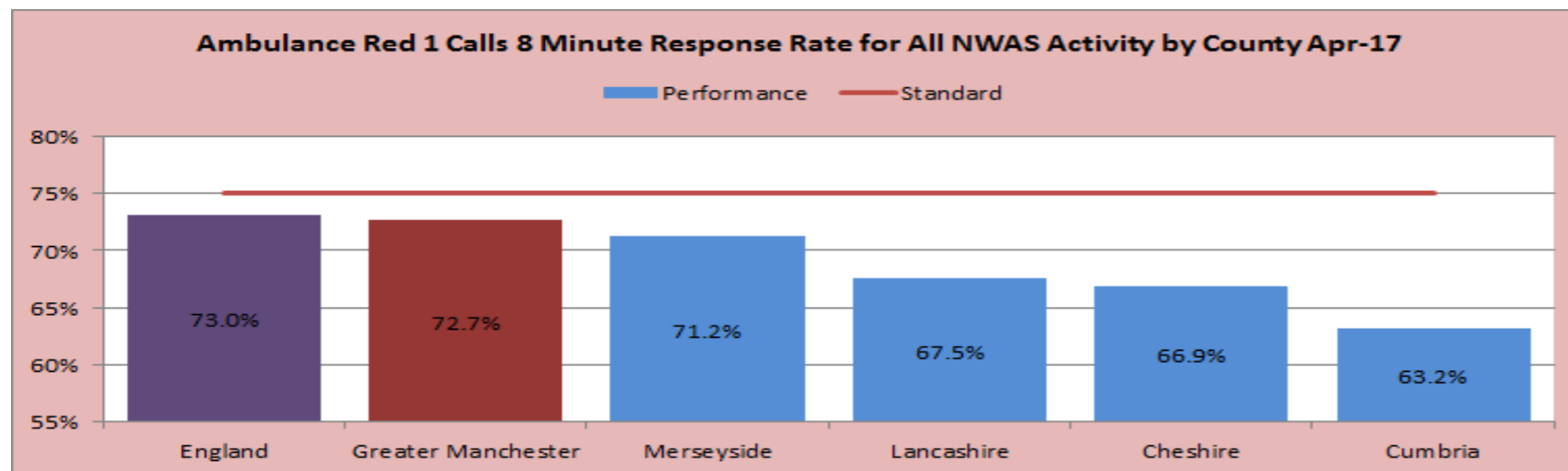
The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP). STP

Next month FORECAST



\* Please note that Tameside Trust local trajectory for 17/18 is Q1, Q2 and Q3 90%, and Q4 95%.





April Performance: 70.08%

16/17 ytd: 76.5%

17/18 ytd: 70.08%

**Key Risks and Issues:**

In April the north west position (which we are measured against) was 70.08% however locally we achieved 66.37%. Increases in activity have placed a lot of pressure on NWAS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

**Actions:**

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

NWAS have agreed the following actions including :

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

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

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

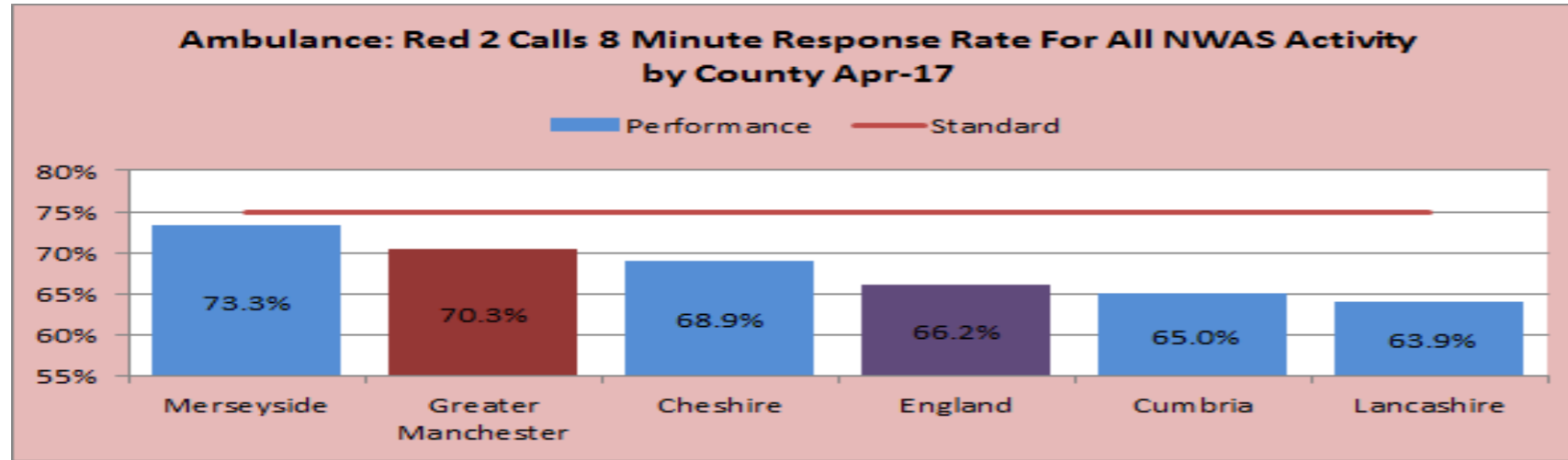
**Operational and Financial implications:**

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

CCG	Apr-17			
	<8 Mins	Total	Performance	Standard
NHS Central Manchester CCG	74	92	80.0%	75%
NHS Bolton CCG	88	114	77.5%	75%
NHS North Manchester CCG	196	254	77.2%	75%
NHS Stockport CCG	84	112	74.8%	75%
NHS Heywood Middleton & Rochdale CCG	59	81	73.4%	75%
NHS Oldham CCG	69	95	72.6%	75%
NHS South Manchester CCG	43	60	71.9%	75%
NHS Wigan Borough CCG	93	132	70.5%	75%
NHS Salford CCG	74	108	68.5%	75%
NHS Trafford CCG	52	78	66.7%	75%
NHS Tameside and Glossop CCG	78	118	66.4%	75%
NHS Bury CCG	41	65	63.1%	75%
Data source; NWAS PES report				

Invalidated next month FORECAST





April Performance: 68.94%

16/17 ytd: 67.50%

17/18 ytd: 68.94%

**Key Risks and Issues:**

In April the north west position (which we are measured against) was 68.94% however locally we achieved 67.44% 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.

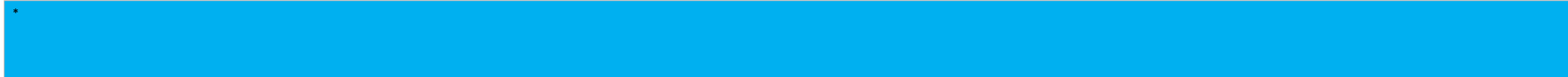
Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

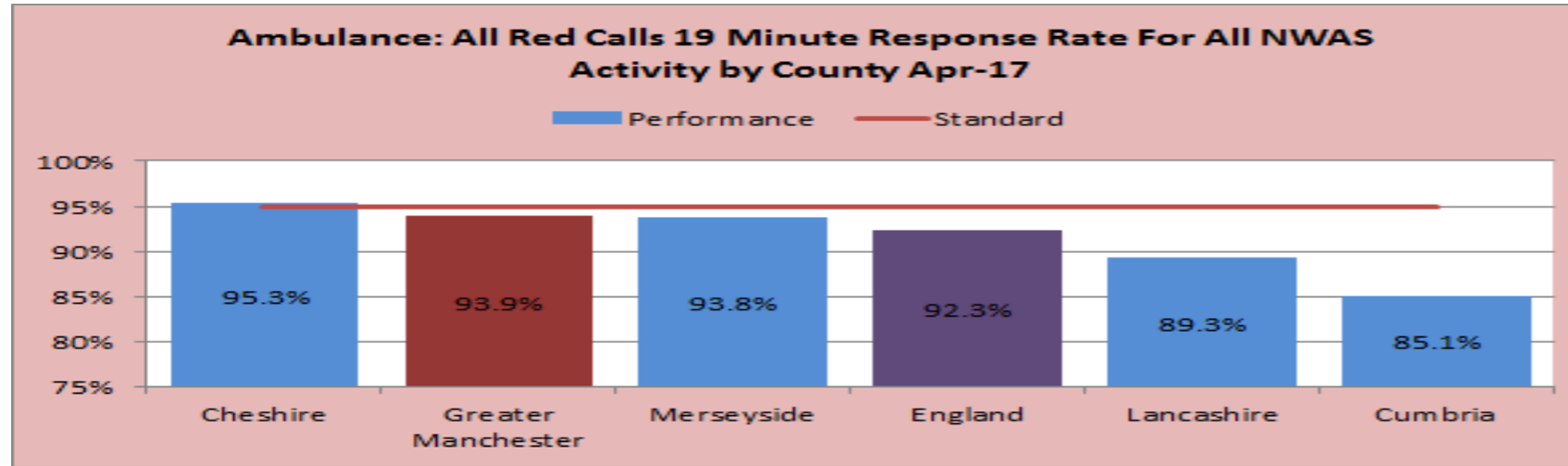
**Operational and Financial implications:**

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

CCG	Apr-17			
	<8 Mins	Total	Performance	Standard
NHS South Manchester CCG	808	1013	79.7%	75%
NHS North Manchester CCG	1228	1586	77.4%	75%
NHS Central Manchester CCG	711	977	72.7%	75%
NHS Bolton CCG	1076	1503	71.6%	75%
NHS Oldham CCG	922	1312	70.3%	75%
NHS Bury CCG	704	1003	70.2%	75%
NHS Stockport CCG	1046	1497	69.9%	75%
NHS Wigan Borough CCG	1051	1524	69.0%	75%
NHS Tameside and Glossop CCG	968	1436	67.4%	75%
NHS Salford CCG	878	1323	66.4%	75%
NHS Heywood Middleton & Rochdale CCG	798	1226	65.1%	75%
NHS Trafford CCG	696	1077	64.7%	75%
Data source; NWAS PES report				

Unvalidated next month FORECAST





April Performance: 92.54%      16/17 ytd: 92.00%      17/18 ytd: 92.54%

**Key Risks and Issues:**

In April the north west position (which we are measured against) was 92.54% however locally we only achieved 92.08% 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.

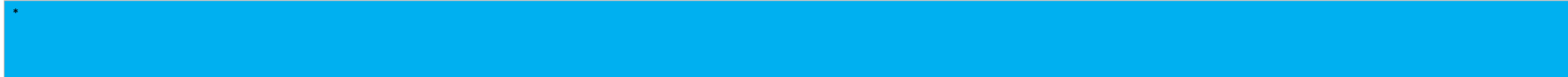
Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

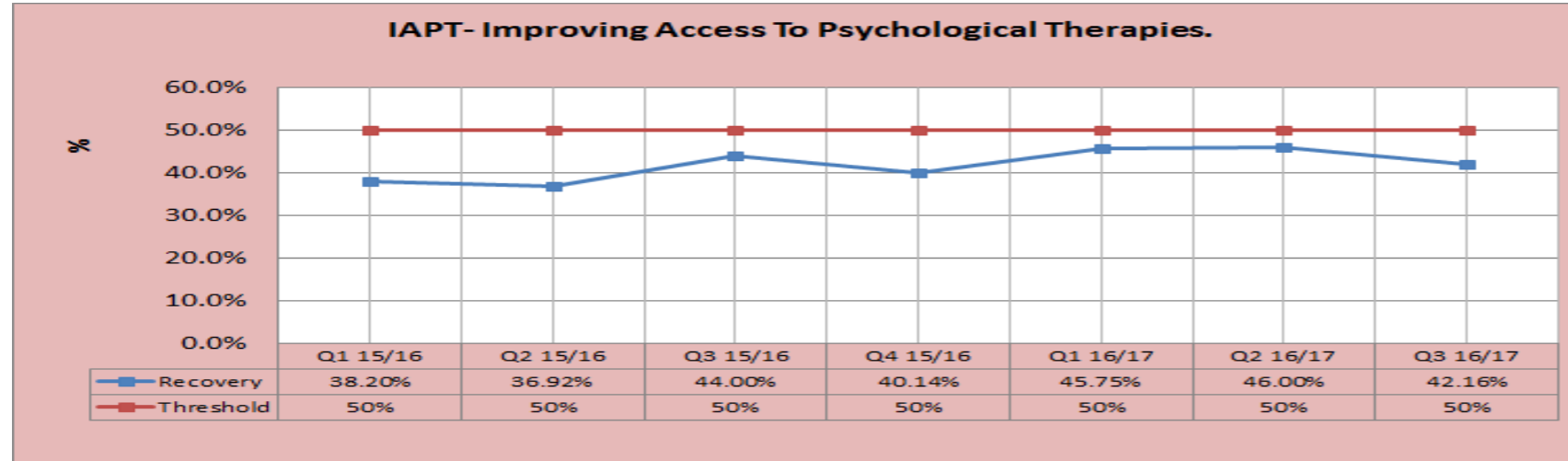
**Operational and Financial implications:**

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

CCG	Apr-17			
	<19 Mins	Total	Performance	Standard
NHS Central Manchester CCG	1029	1069	96.2%	95%
NHS South Manchester CCG	1024	1073	95.5%	95%
NHS North Manchester CCG	1755	1840	95.4%	95%
NHS Oldham CCG	1341	1407	95.3%	95%
NHS Stockport CCG	1523	1609	94.7%	95%
NHS Salford CCG	1344	1431	93.9%	95%
NHS Wigan Borough CCG	1547	1656	93.4%	95%
NHS Trafford CCG	1070	1155	92.7%	95%
NHS Heywood Middleton & Rochdale CCG	1211	1307	92.6%	95%
NHS Bolton CCG	1495	1617	92.5%	95%
NHS Bury CCG	985	1068	92.2%	95%
NHS Tameside and Glossop CCG	1431	1554	92.1%	95%
Data source; NWAS PES report				

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.

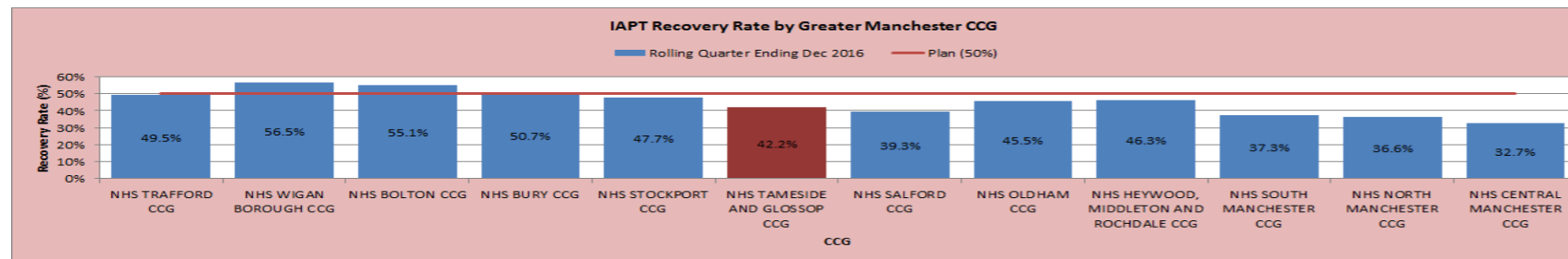
**Actions:**

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



Indicators - access & quality	NW inc. Blackpool	Scoring out of 40 Areas				
		NW inc. Blackpool	Highest	Lowest		
Calls per month per 1,000 people	25.0	24	Isle of Wight	49.2	East London and City	13.4
Calls per month via 111 per 1,000 people	25.0	22	Isle of Wight	48.9	East London and City	13.4
Of all calls offered, % abandoned after at least 30 seconds <sup>1</sup>	6%	2	Luton & Bedfordshire	12%	North West London	0%
Of calls answered, % in 60 seconds	81%	39	Norfolk inc Great Yarmouth & Waveney NHS 111	99%	Luton & Bedfordshire	65%
Of calls answered, % triaged	90%	11	North Central London	107%	East London and City	66%
Of answered calls, % transferred to clinical advisor	21%	29	East Kent	40%	Lincolnshire	9%
Of transferred calls, % live transferred	46%	12	Isle of Wight	95%	York & Humber	17%
Average NHS 111 live transfer time <sup>1</sup>	00:00:05					
Average warm transfer time	NCA					
Of calls answered, % passed for call back	11%	27	Devon	19%	Lincolnshire	1%
Of call backs, % within 10 minutes	38%	22	Cambridge and Peterborough	79%	North Central London	11%
Average episode length	00:14:23					
Of answered calls, % calls to a CAS clinician	31%	26	North Central London	66%	SEC exc. East Kent	20%

Dispositions as a proportion of all calls triaged	T&G CCG	NW inc. Blackpool	Scoring out of 40 Areas				
			NW inc. Blackpool	Highest	Lowest		
111 dispositions: % Ambulance dispatches	14%	14%	5	Cornwall	16%	South Essex	8%
111 dispositions: % Recommended to attend A&E	8%	8%	27	East London and City	14%	Lincolnshire	5%
Recommended to attend primary and community care	59%	59%	33	Cambridge and Peterborough	68%	Lincolnshire	52%
Of which - % Recommended to contact primary and community care		45%	19	SEC exc. East Kent	51%	Nottinghamshire	37%
- % Recommended to speak to primary and community care		12%	24	Cambridge and Peterborough	19%	East London and City	8%
- % Recommended to dental / pharmacy		3%	39	York & Humber	12%	Devon	1%
111 dispositions: % Recommended to attend other service	3%	3%	28	Lincolnshire	20%	SEC exc. East Kent	0%
111 dispositions: % Not recommended to attend other service	17%	17%	6	Inner North West London	18%	Mainland SHIP	8%
Of which - % Given health information		4%	1	NW inc. Blackpool	4%	Somerset	0%
- % Recommended home care		3%	39	South East London	8%	Lincolnshire	1%
- % Recommended non clinical		9%	10	York & Humber	11%	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 April:

- Calls Answered (95% in 60 seconds) = 80.88%
- Calls abandoned (<5%) = 5.69%
- Warm transfer (75%) = 46.27%
- Call back in 10 minutes (75%) = 38.27%

In April 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.

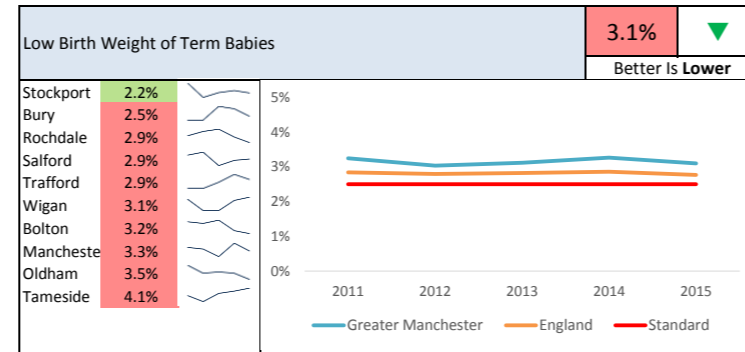
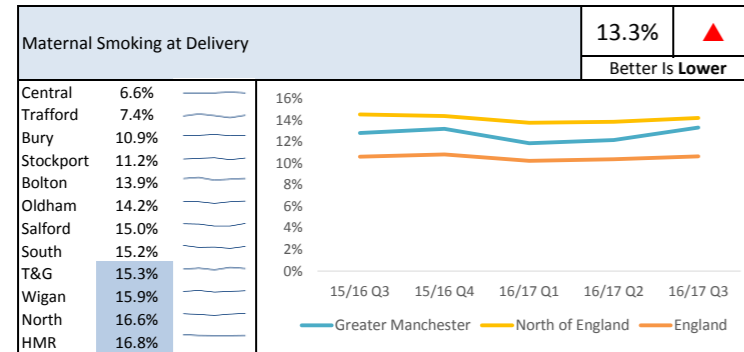
**Operational and Financial implications:**

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).

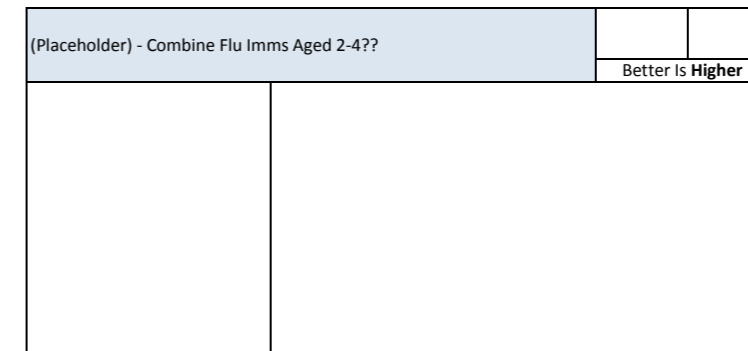
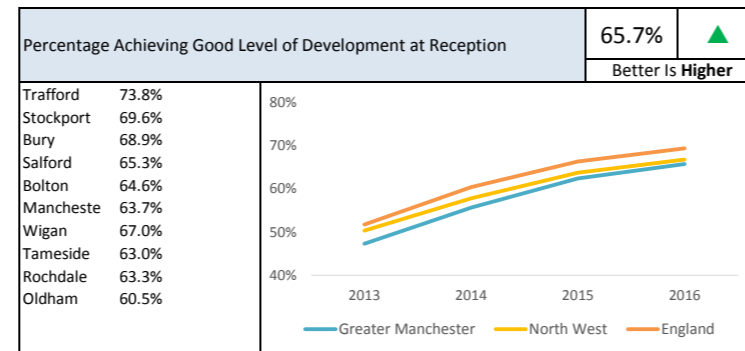
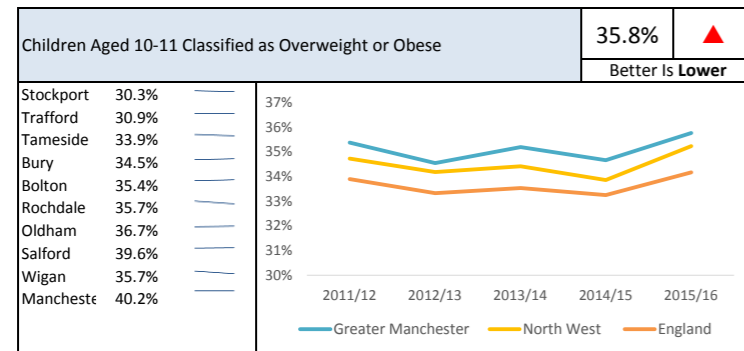
Invalidated next month FORECAST



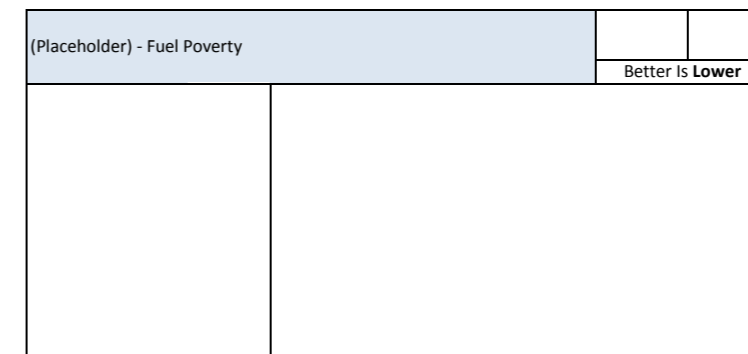
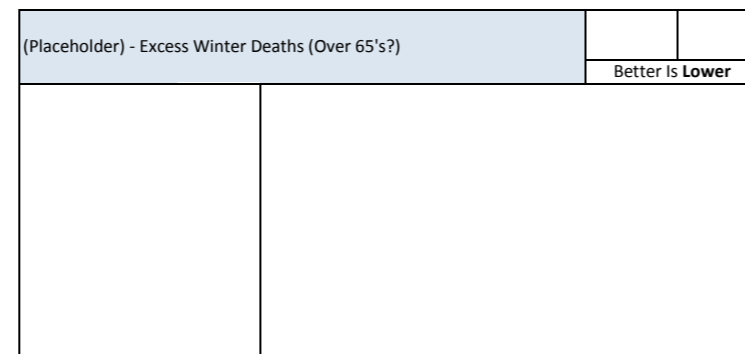
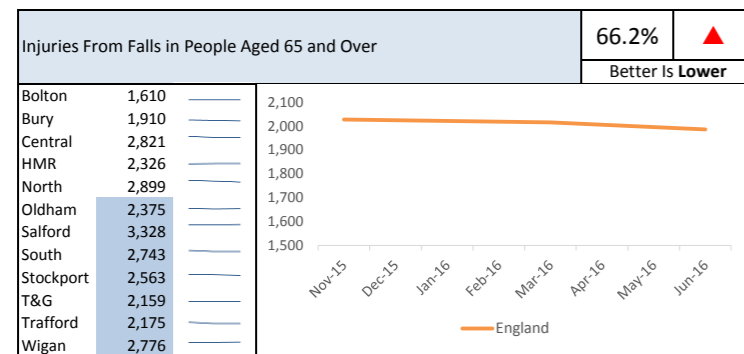
Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Costs To The Health System



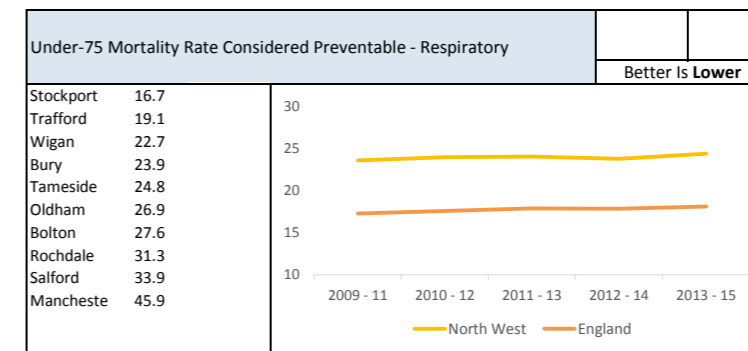
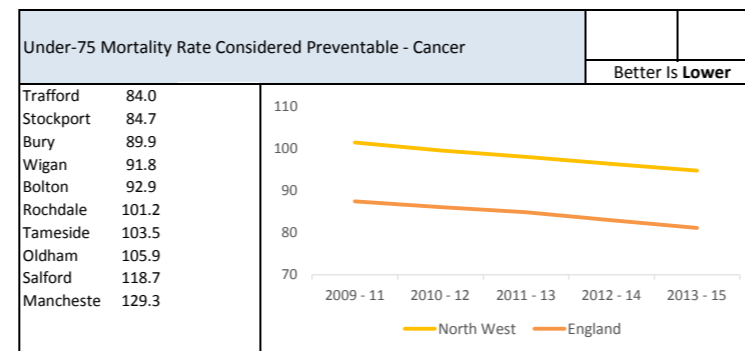
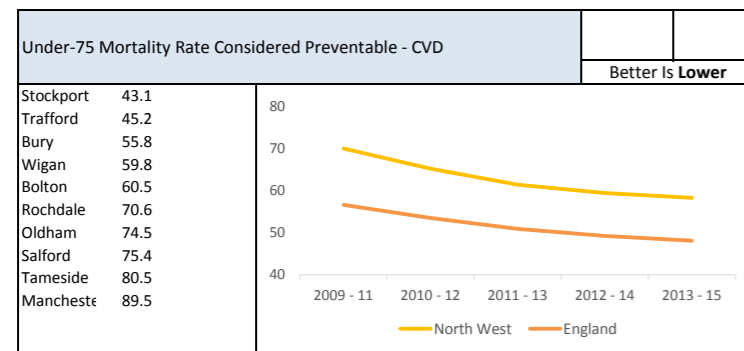
More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally

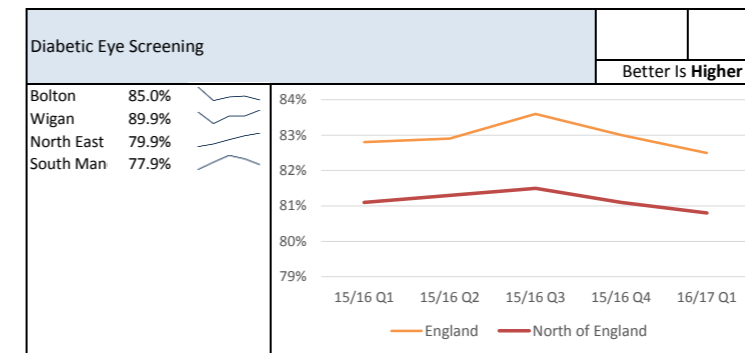
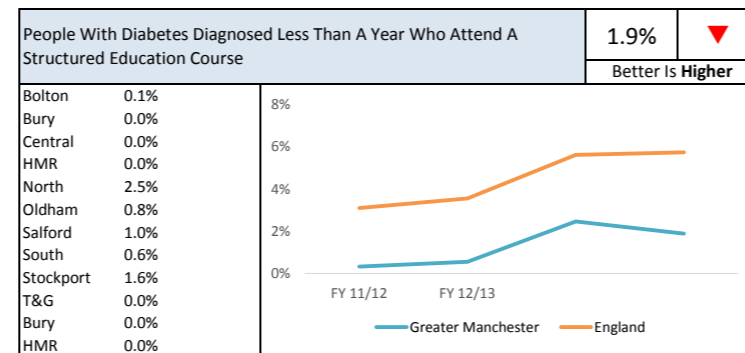
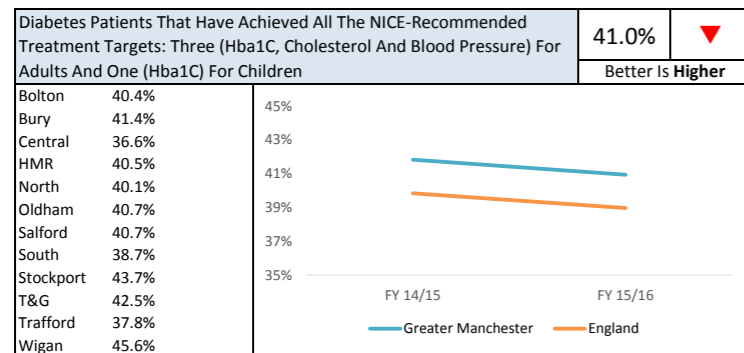


More People Will Be Supported To Stay Well and Live at Home for as Long as Possible

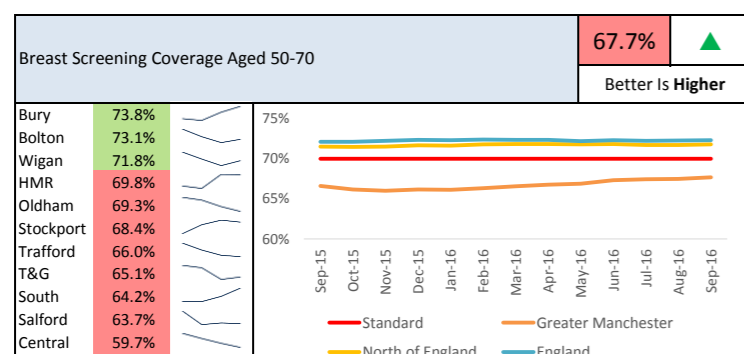
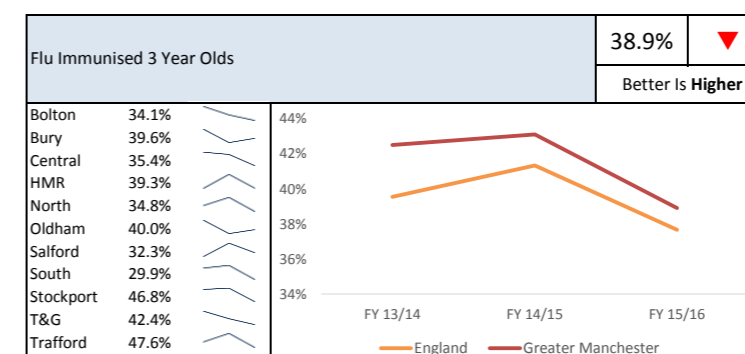
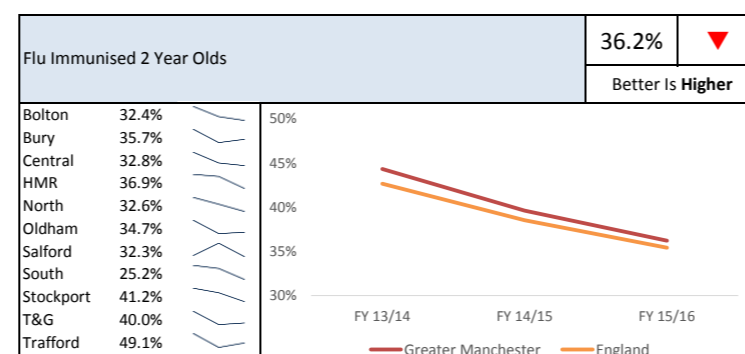
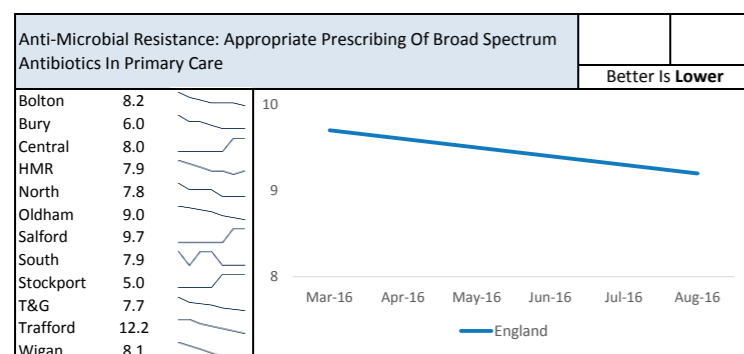
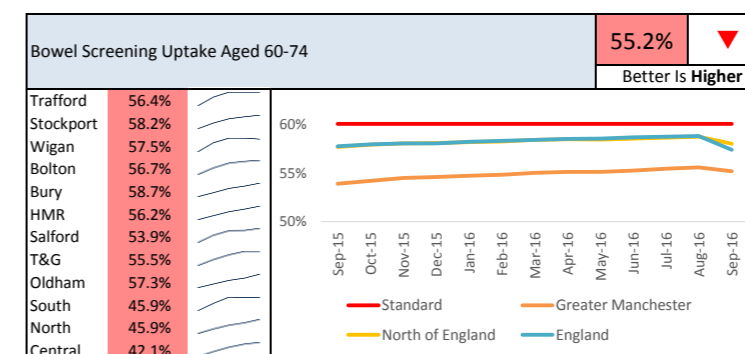
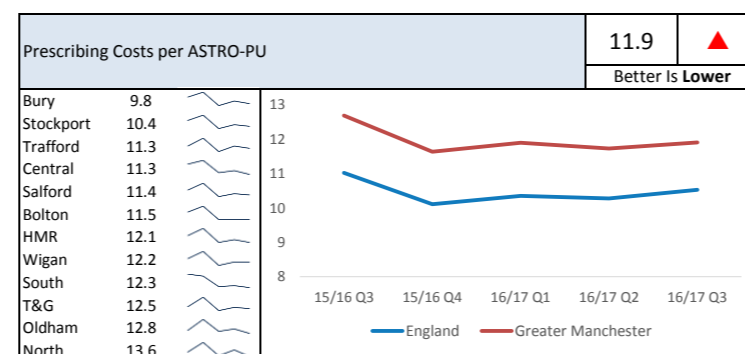
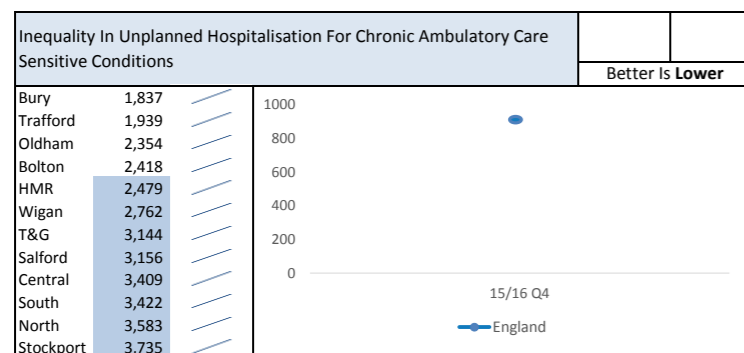
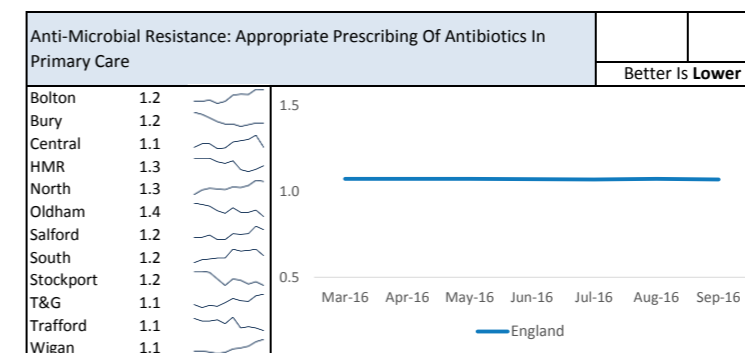
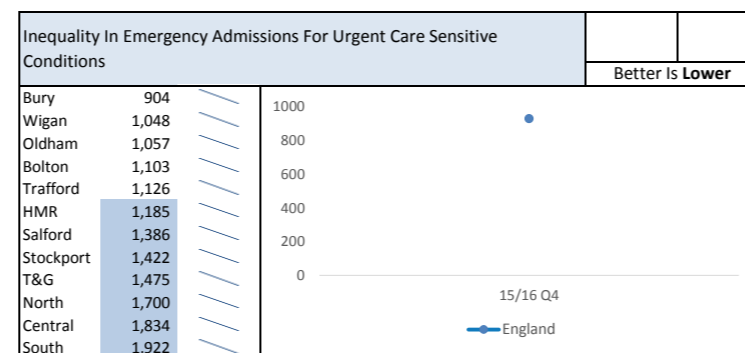
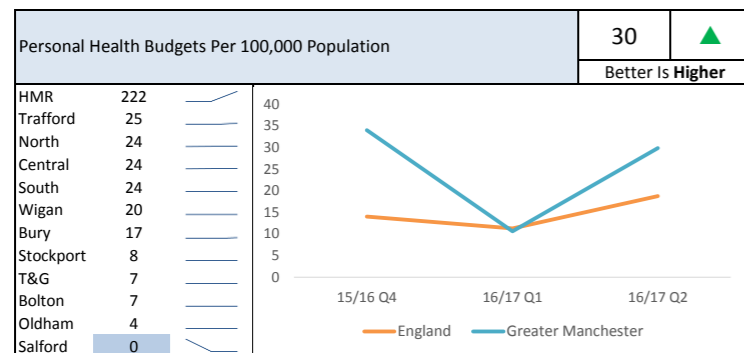


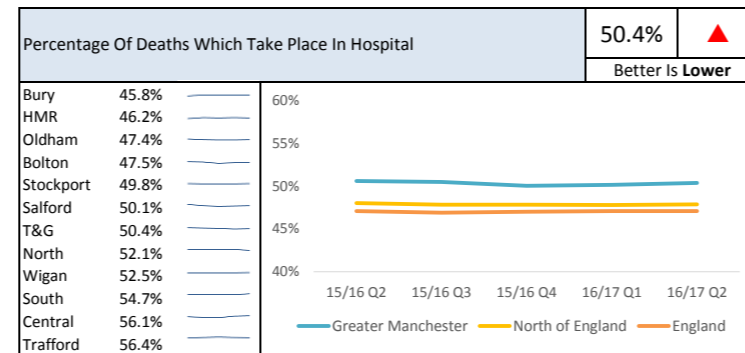
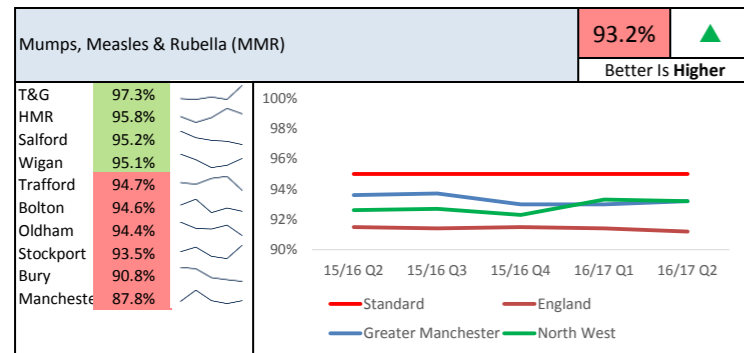
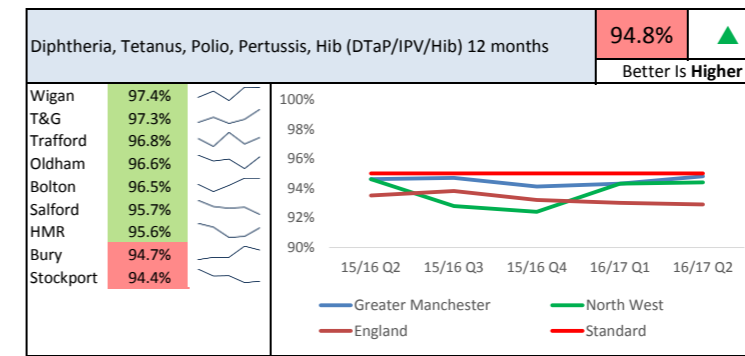
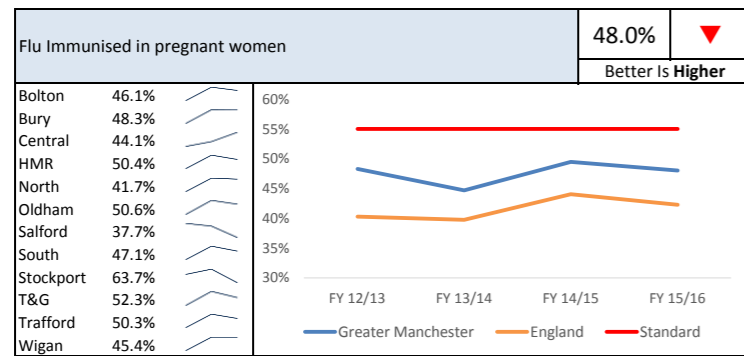
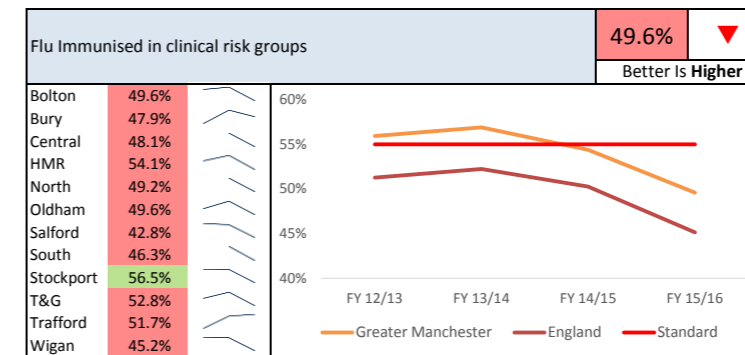
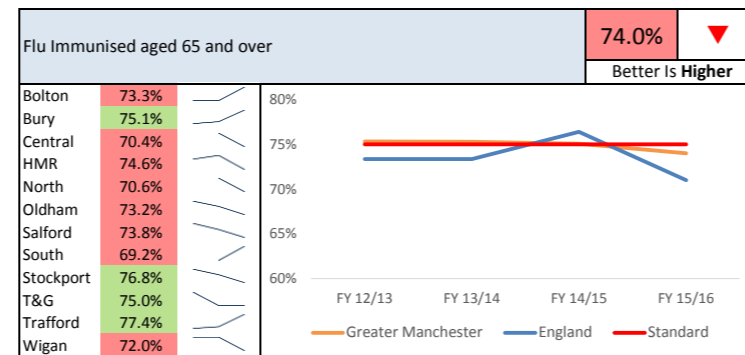
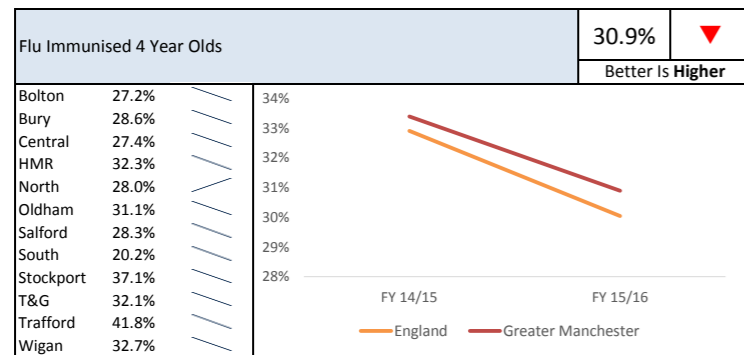
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease





(Placeholder TBC)

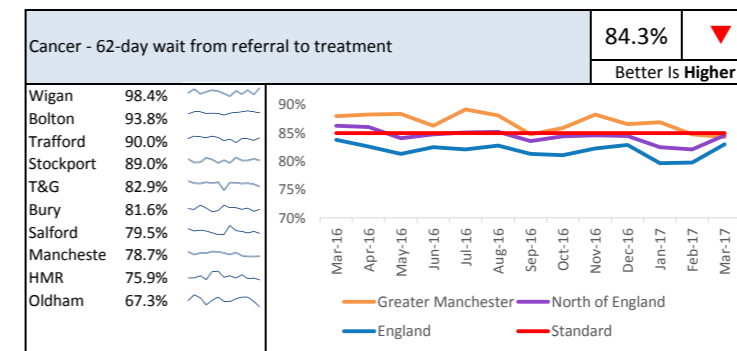
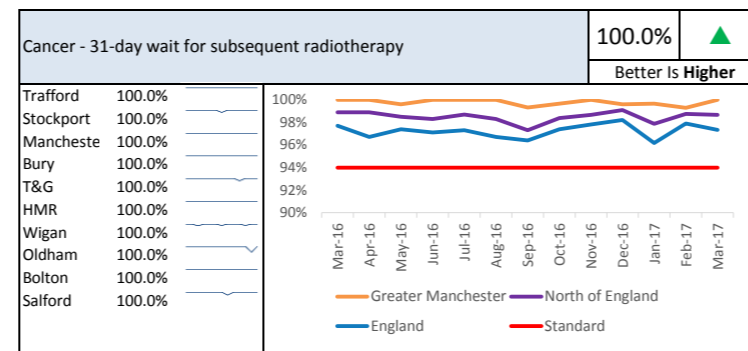
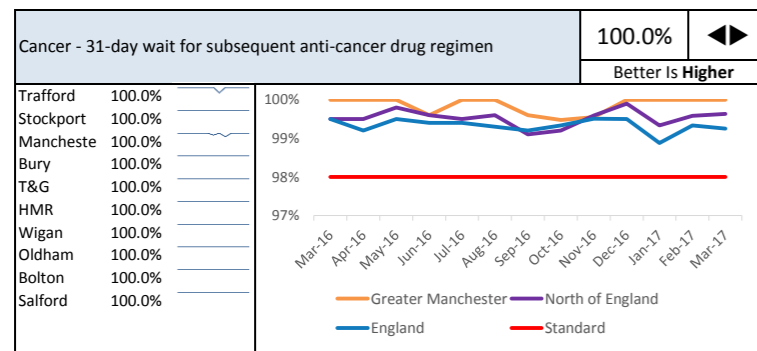
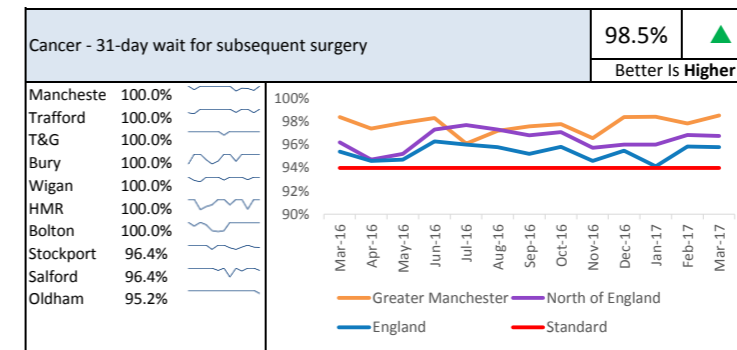
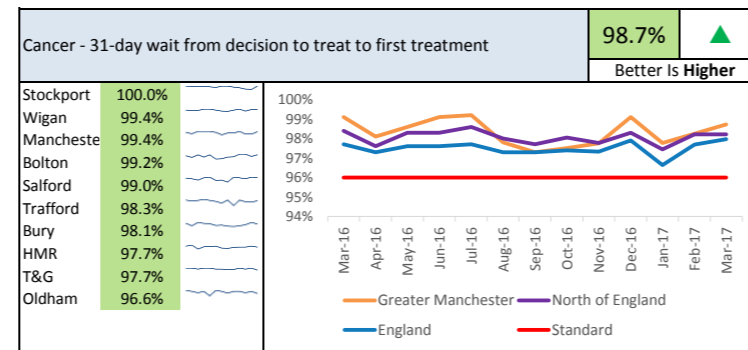
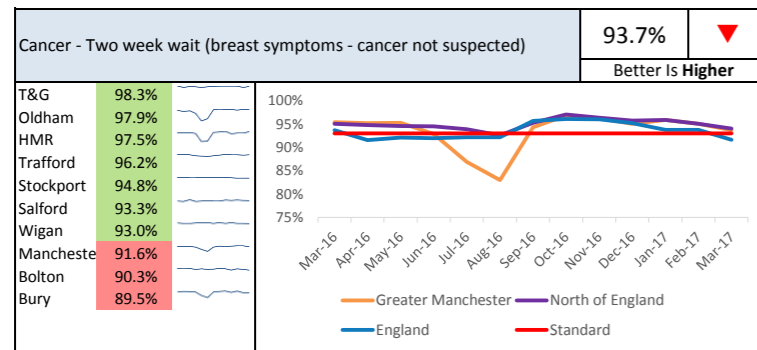
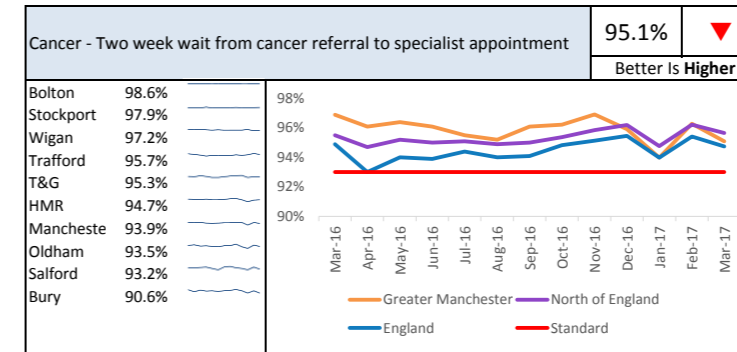
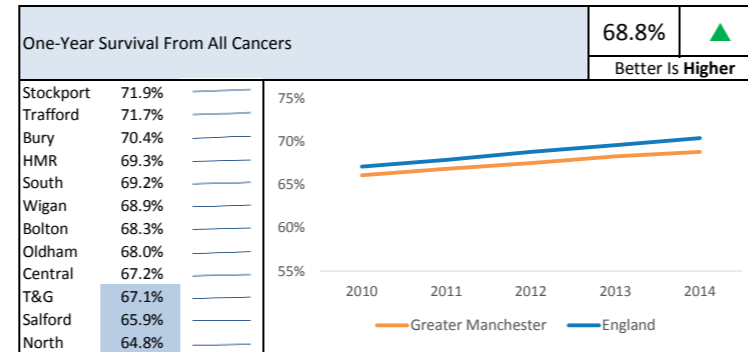
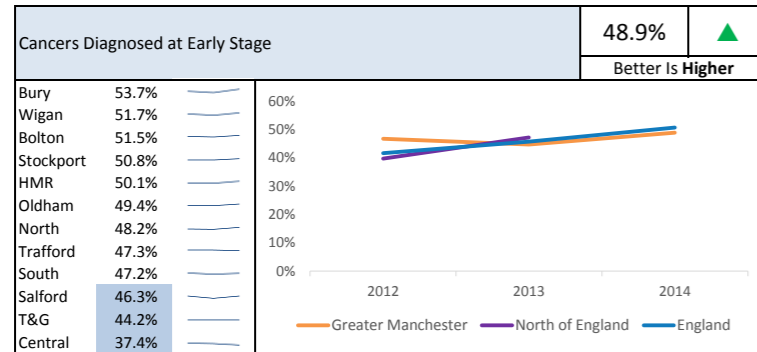




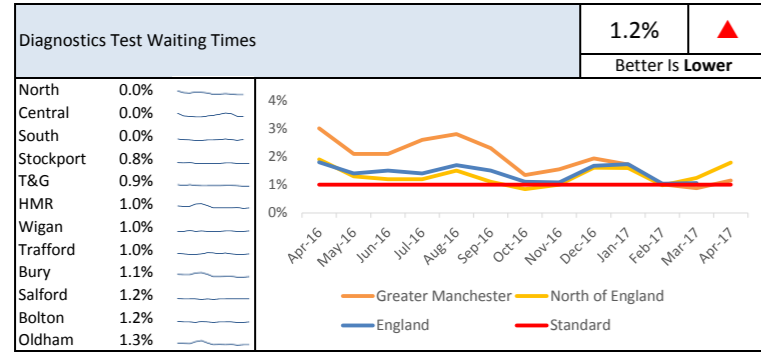
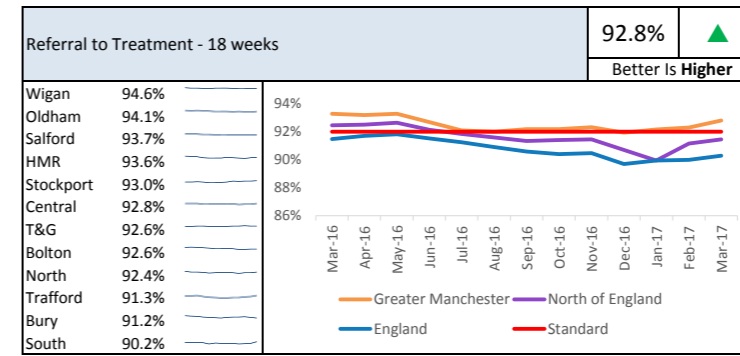
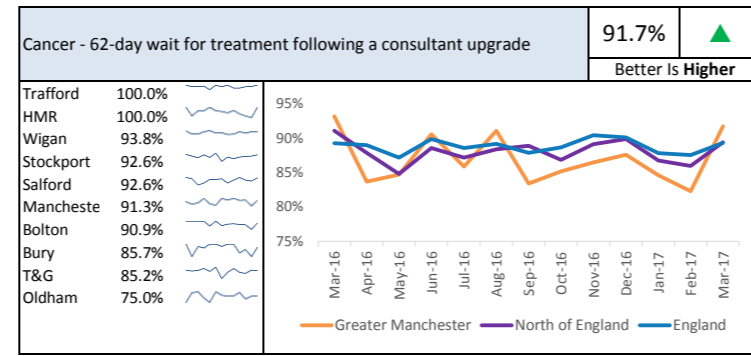
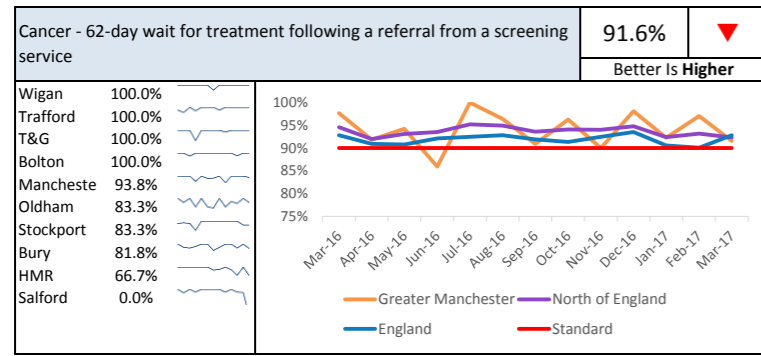




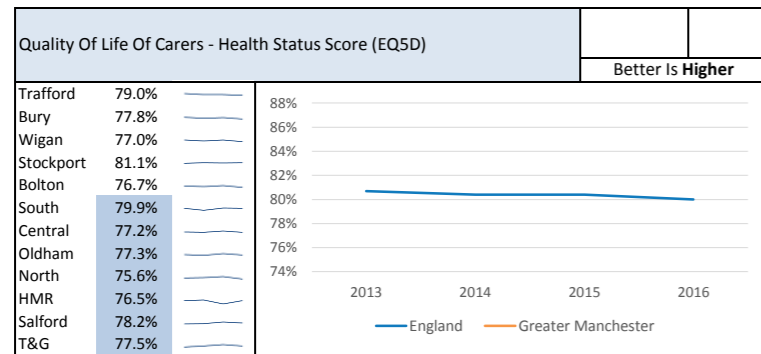
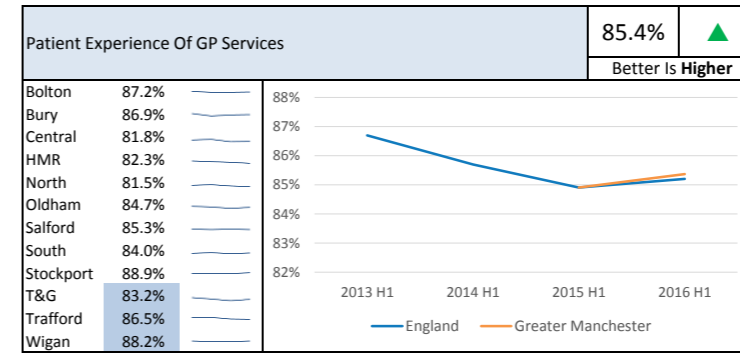
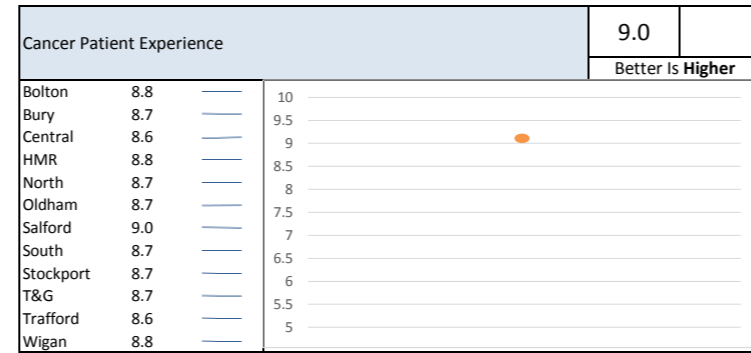
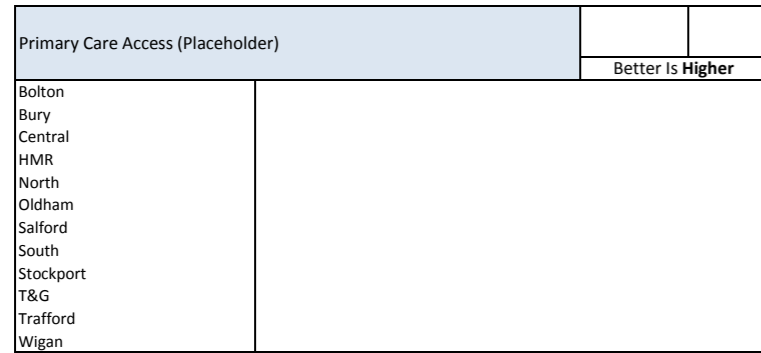
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



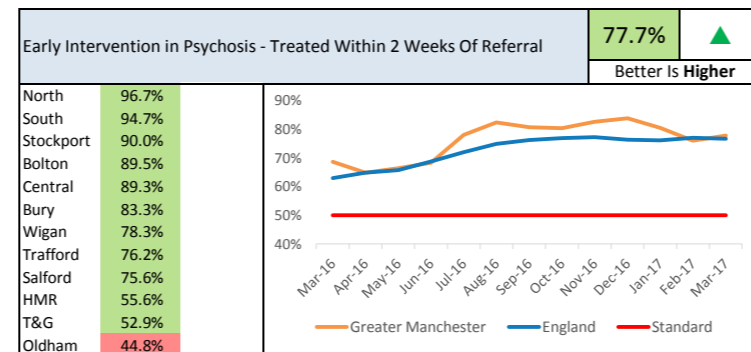
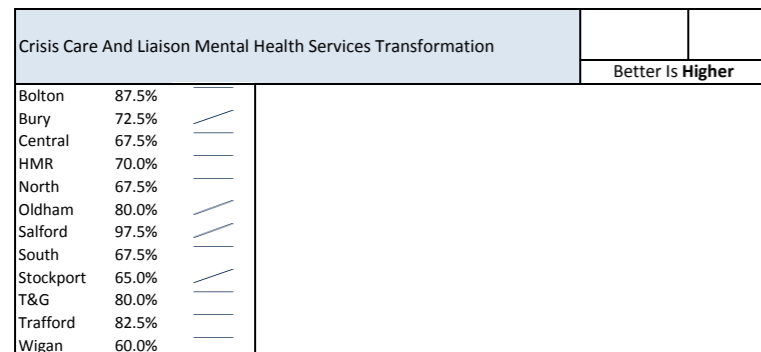
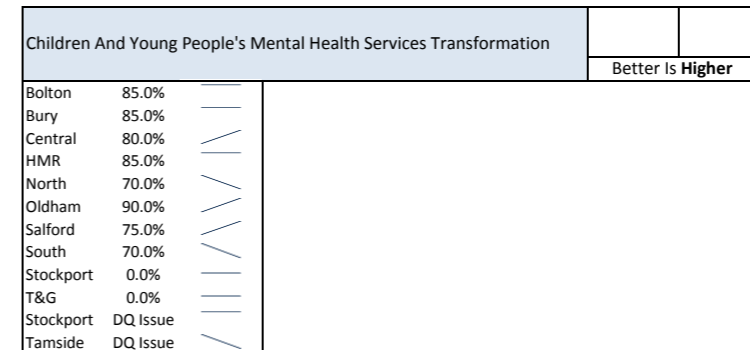
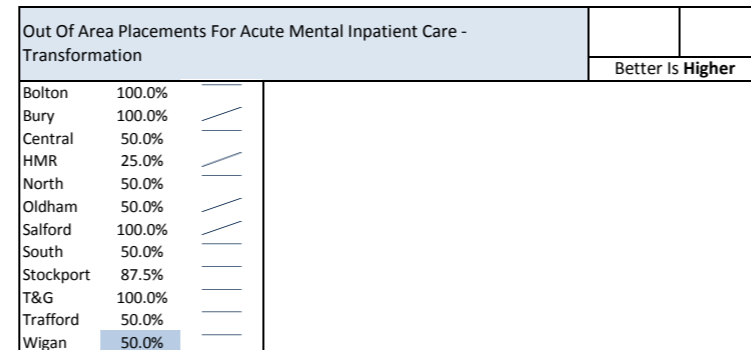
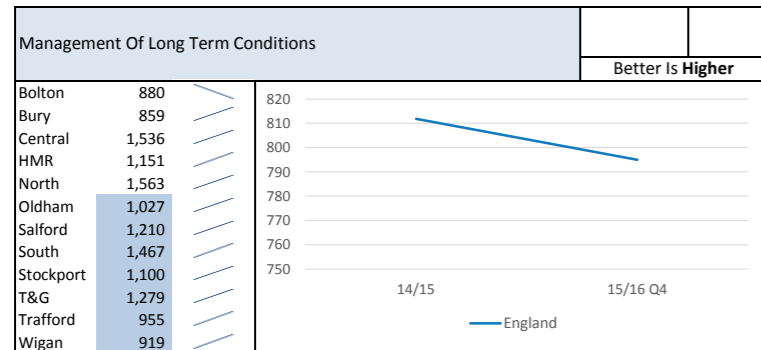
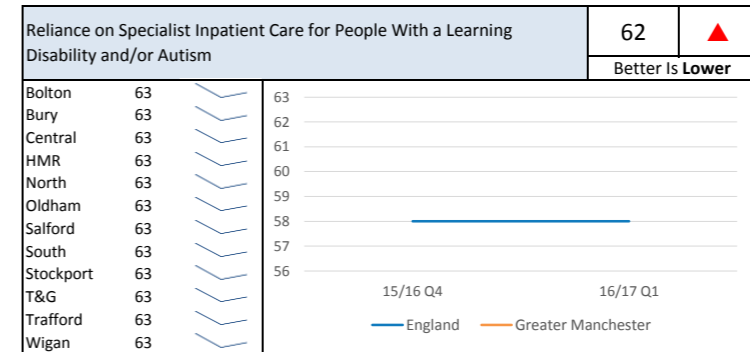
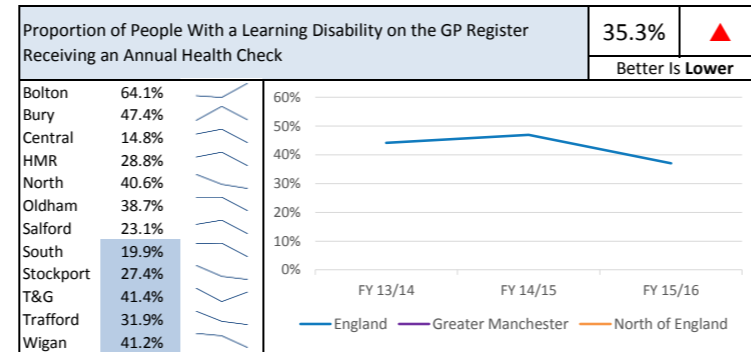
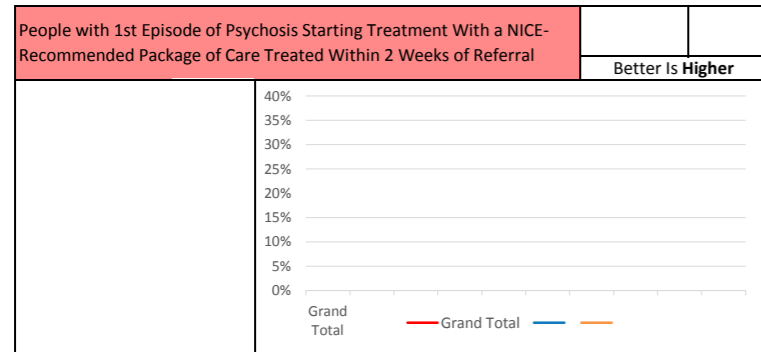
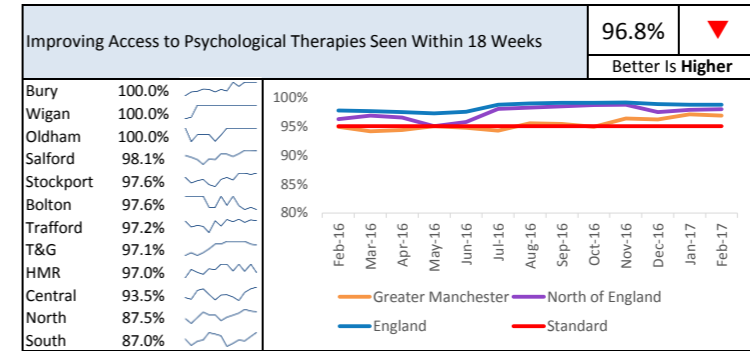
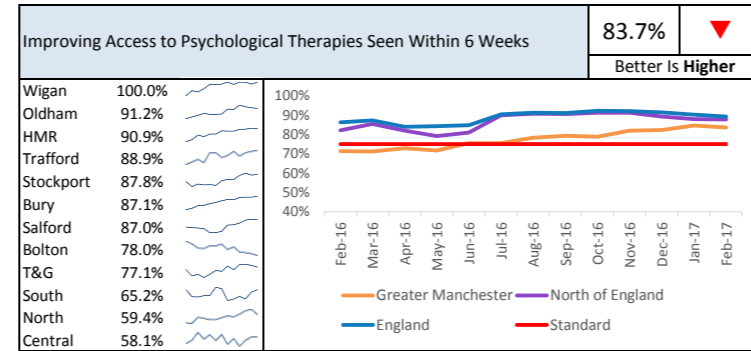
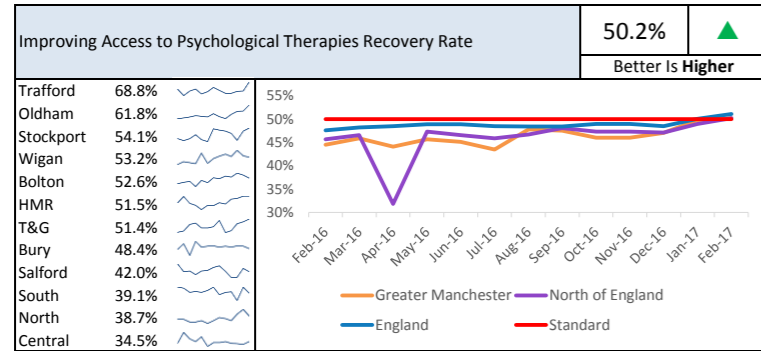
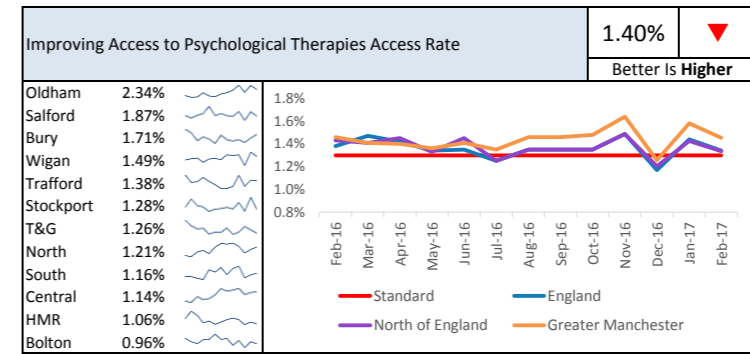
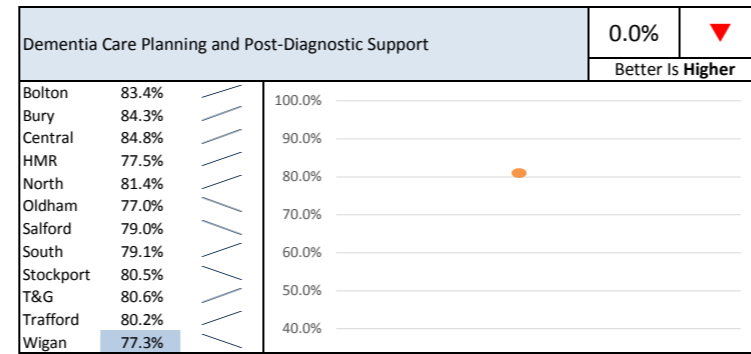
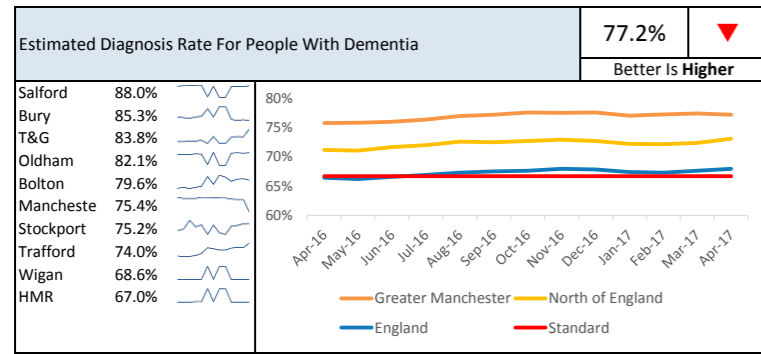
Decreased Variation In Quality Of Care Health Outcomes Across GM Localities



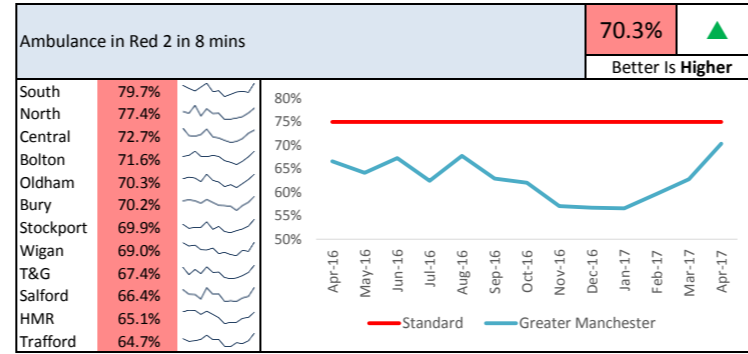
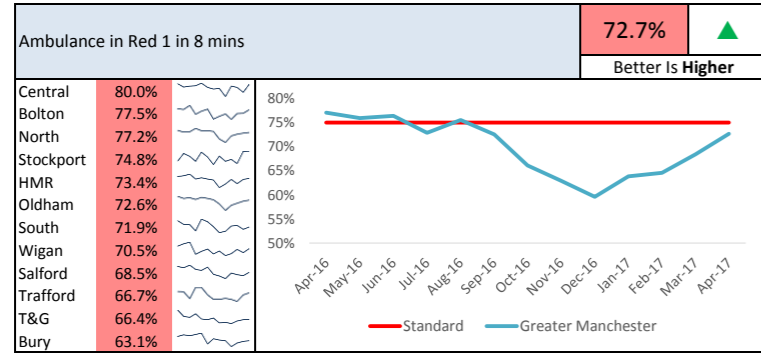
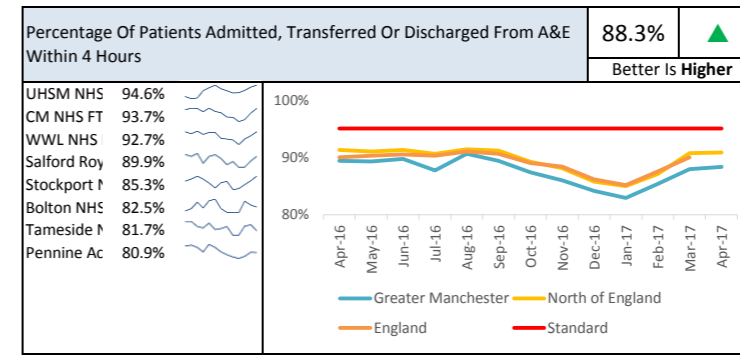
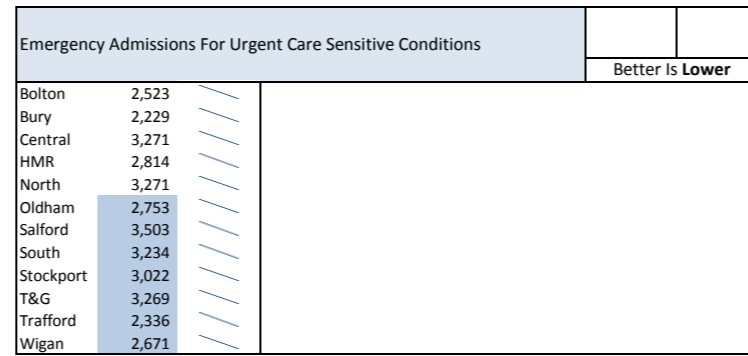
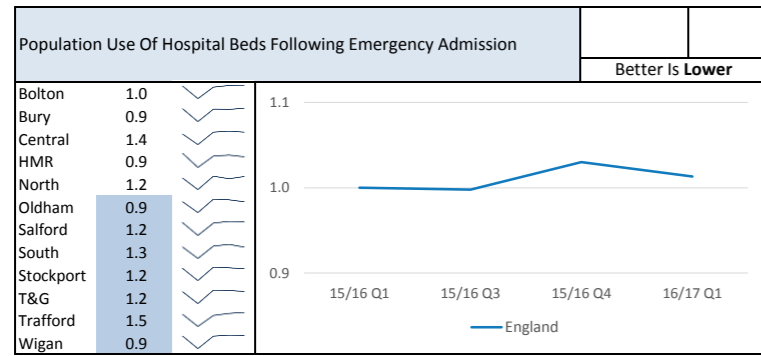
Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



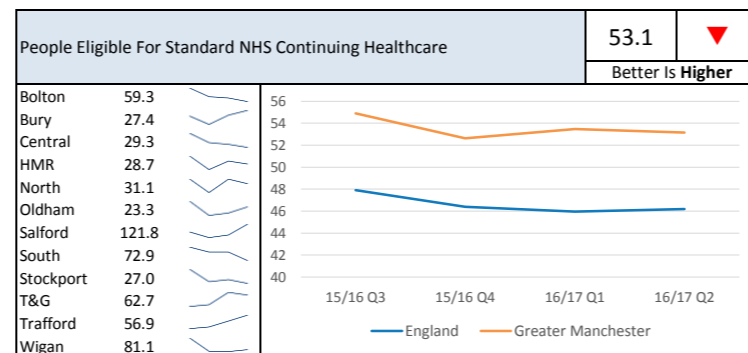
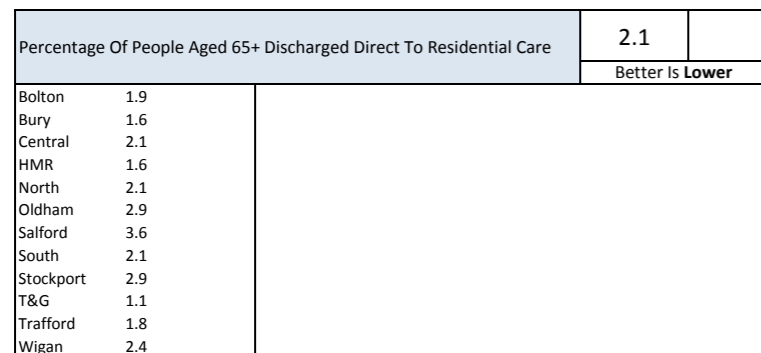
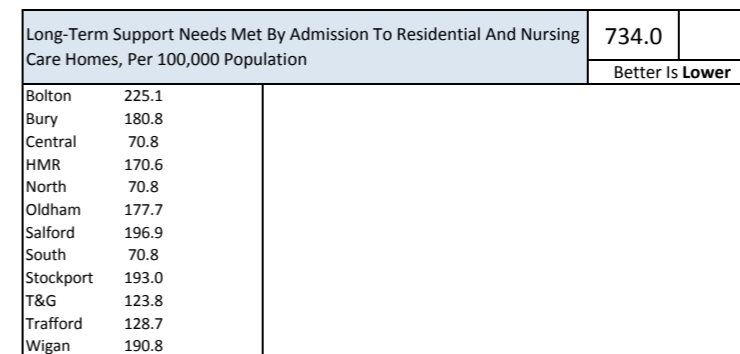
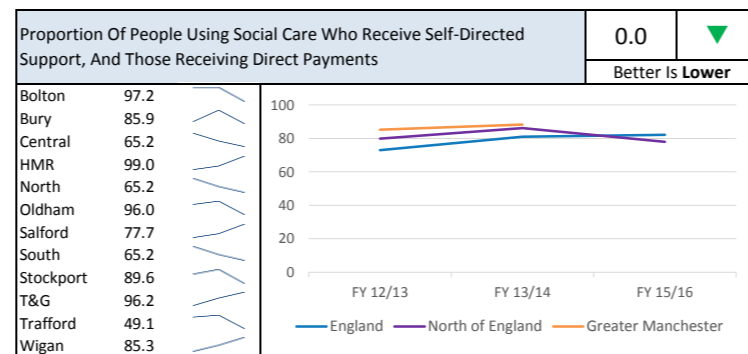
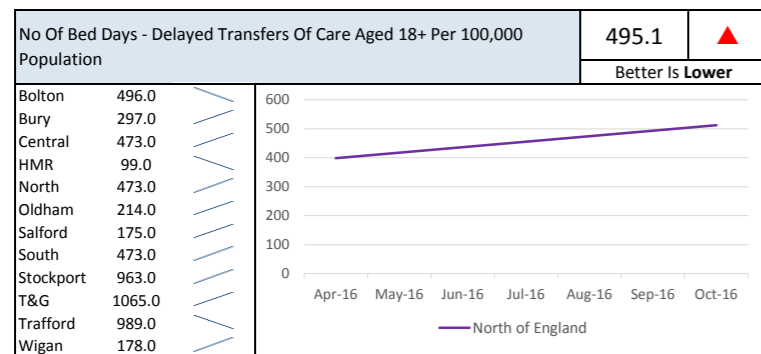
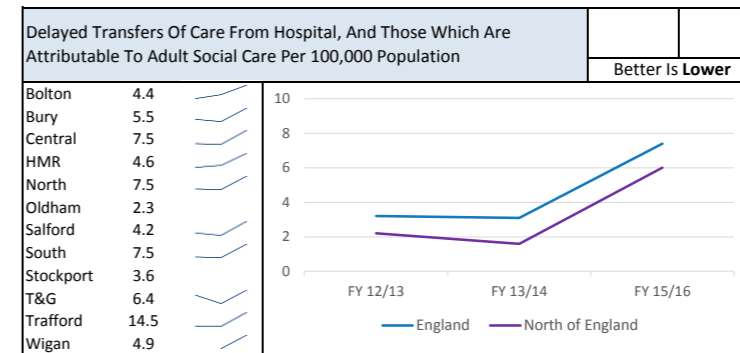
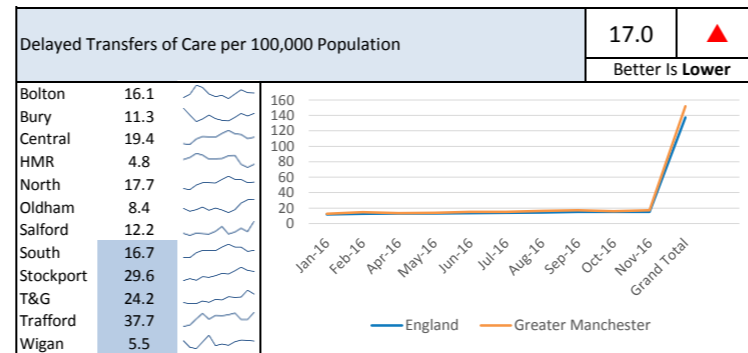
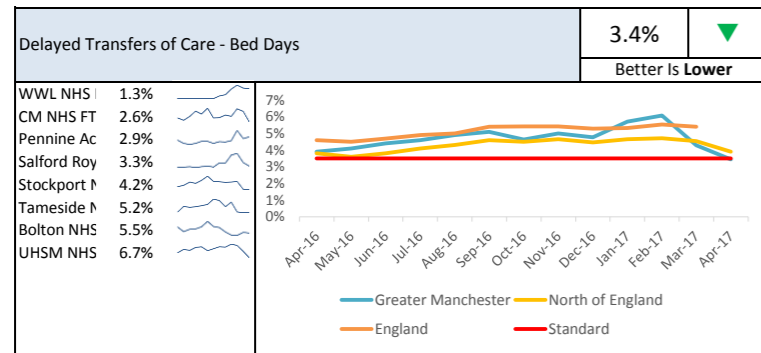
Improved Outcomes For People With Learning Disabilities/Mental Health Needs



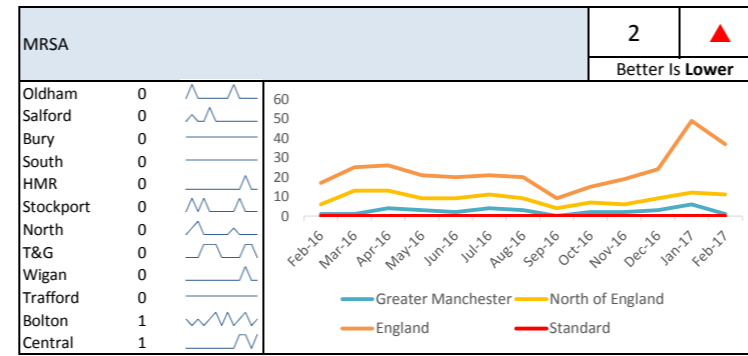
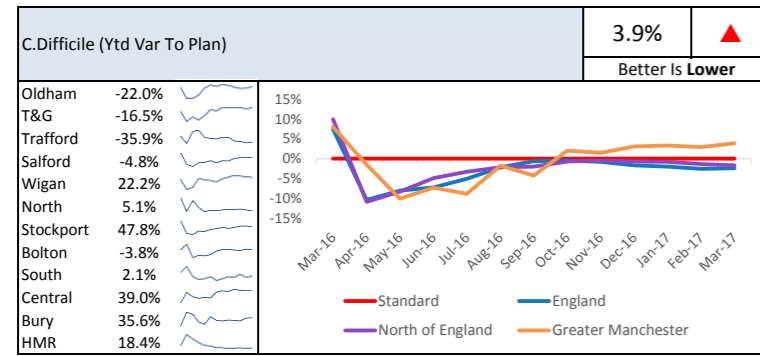
Decreased Need For Hospital Services With More Community Support



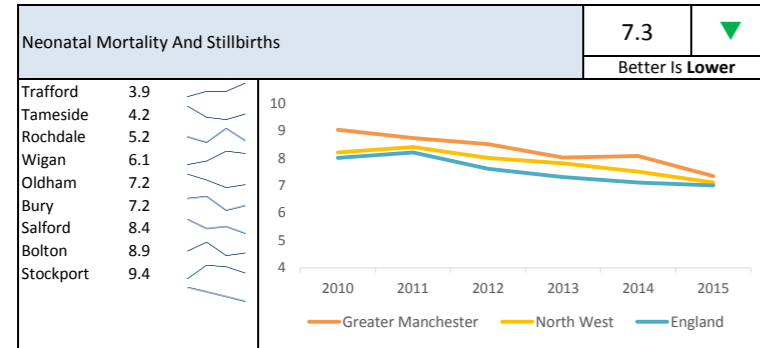
Improved Transition Of Care Across Health And Social Care



Placeholder TBC



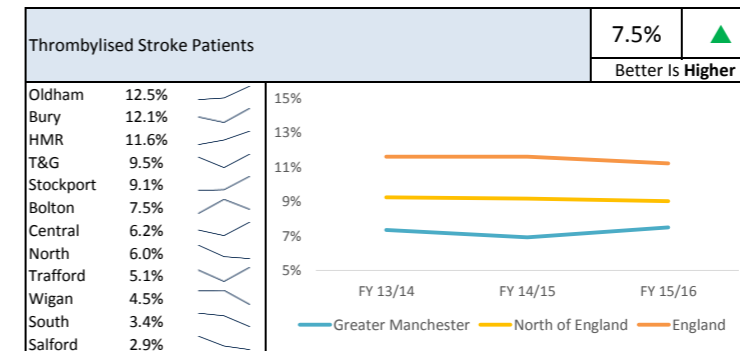
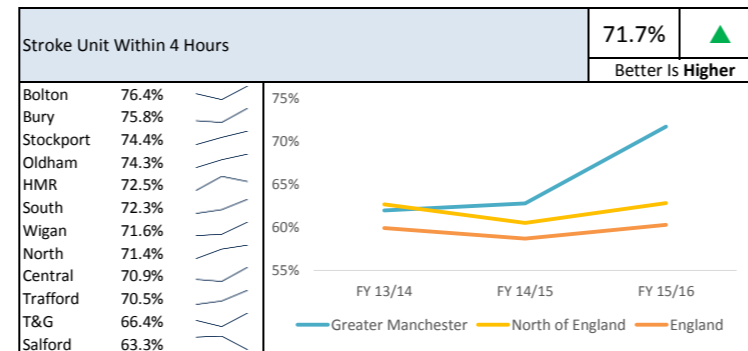
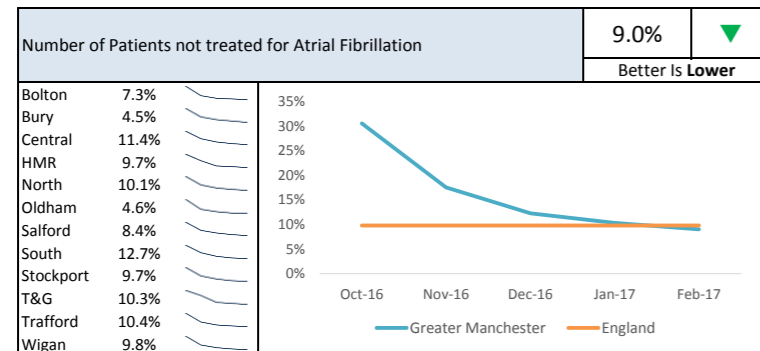
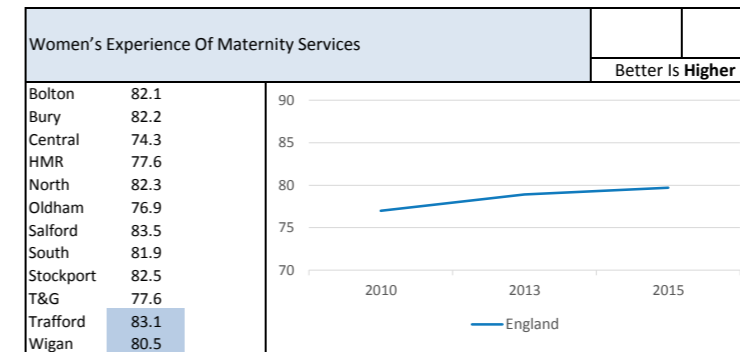
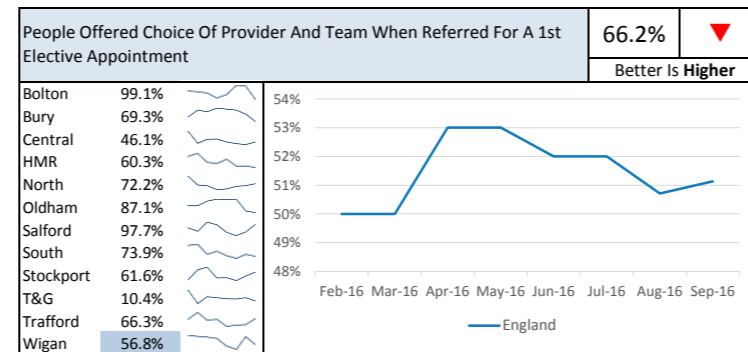
Achievement Of Milestones In The Delivery Of An Integrated Urgent Care Service			
		Better Is Higher	
Bolton	4		
Bury	4		
Central	4		
HMR	4		
North	4		
Oldham	4		
Salford	4		
South	4		
Stockport	4		
T&G	4		
Trafford	4		
Wigan	4		



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

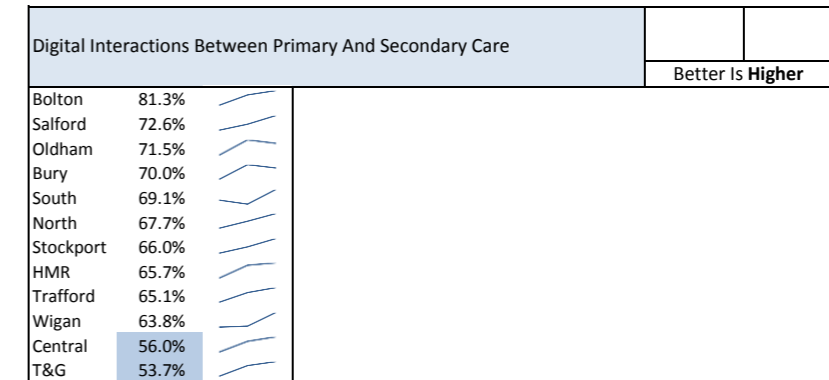
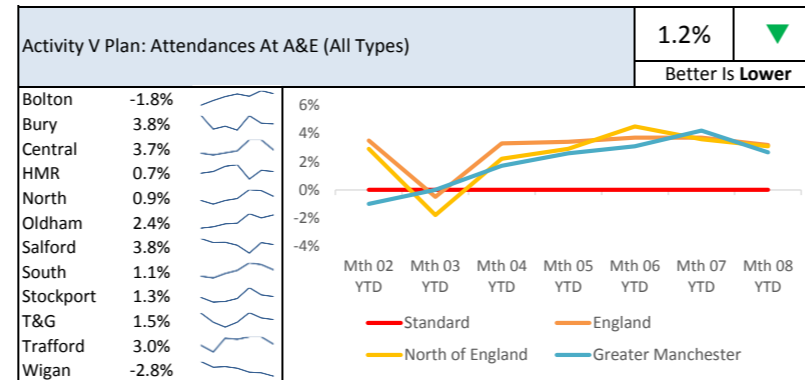
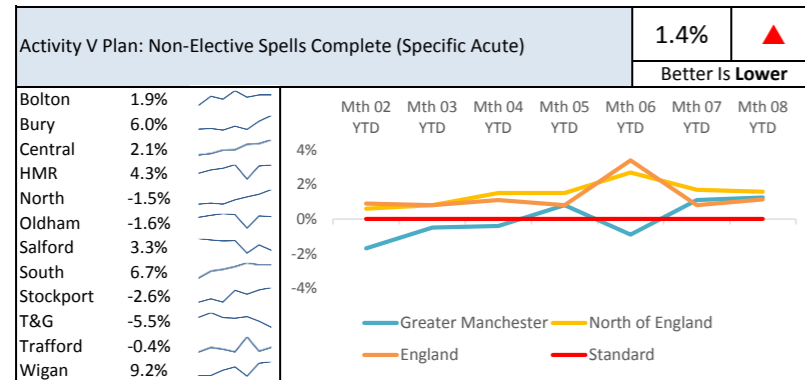
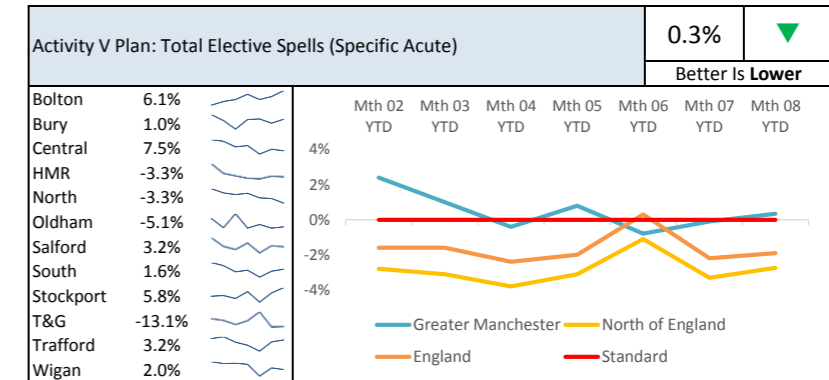
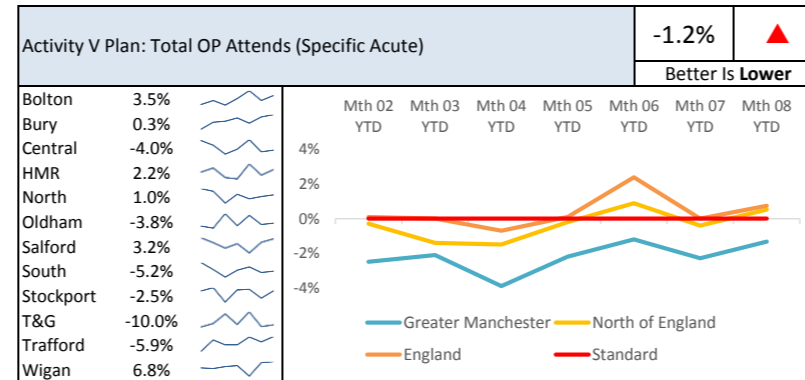
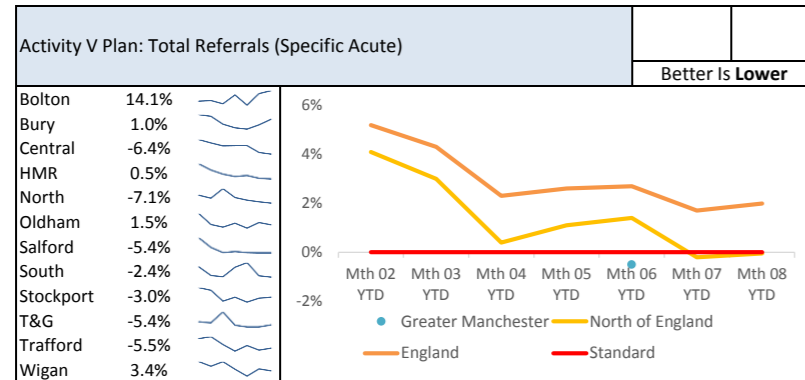
Achievement Of Clinical Standards In The Delivery Of 7 Day Services (Placeholder)			
		Better Is Higher	
Bolton			
Bury			
Central			
HMR			
North			
Oldham			
Salford			
South			
Stockport			
T&G			
Trafford			
Wigan			

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





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



Financial Plan 16/17	In-Year Financial Performance 16/17 Q1	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)**

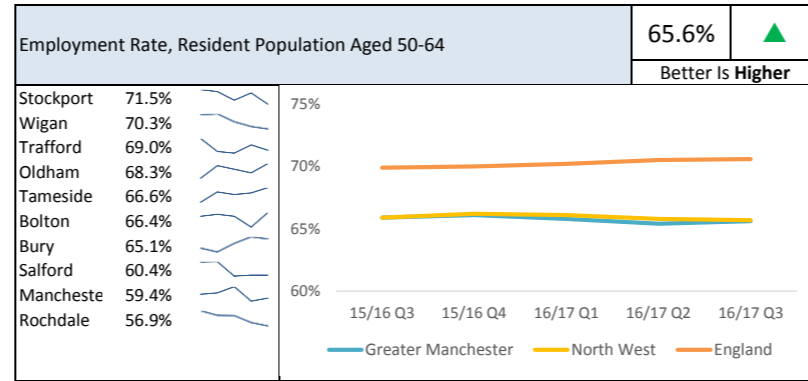
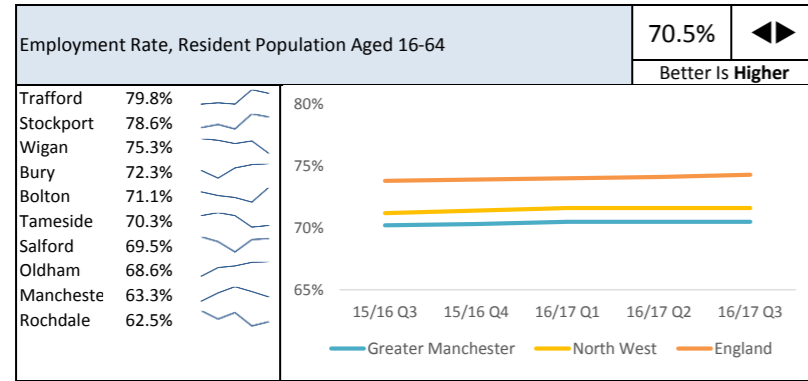
Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

**Outcomes In Areas With Identified Scope For Improvement (Placeholder)**

Better Is Higher

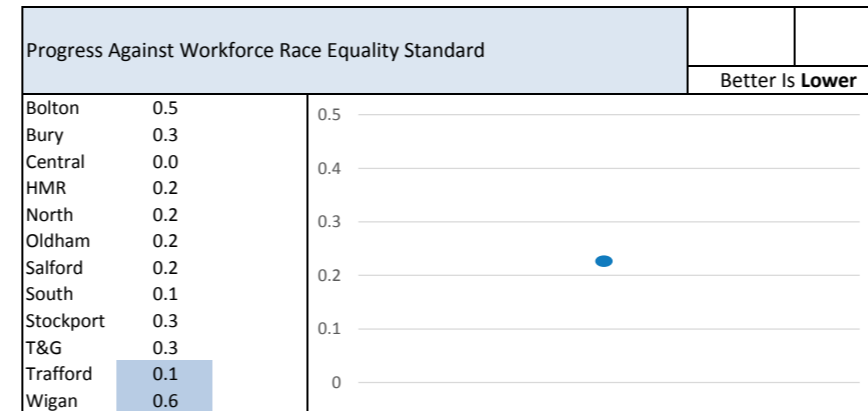
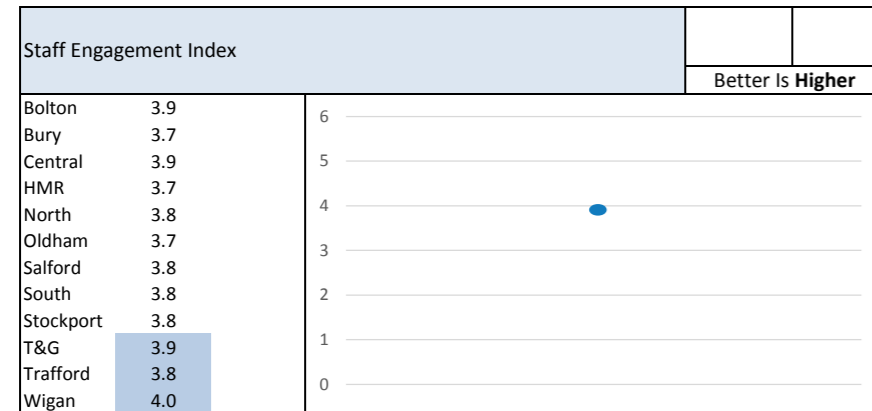
Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

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





Placeholder TBC



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		
T&G	Green		
Wigan	Green		
Stockport	Amber		
Trafford	Amber		

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 ← Select a region
- 2. STP ← Select STP or DCO
- 3. ← Select an STP or DCO
- 4. ← Select a CCG
- 5. ← Select an indicator

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

## NHS Tameside and Glossop CCG

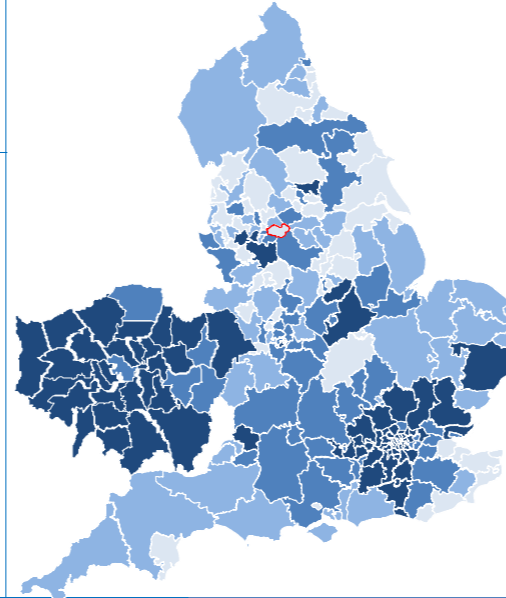
### The 10 closest CCGs to NHS Tameside and Glossop CCG

- 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%)

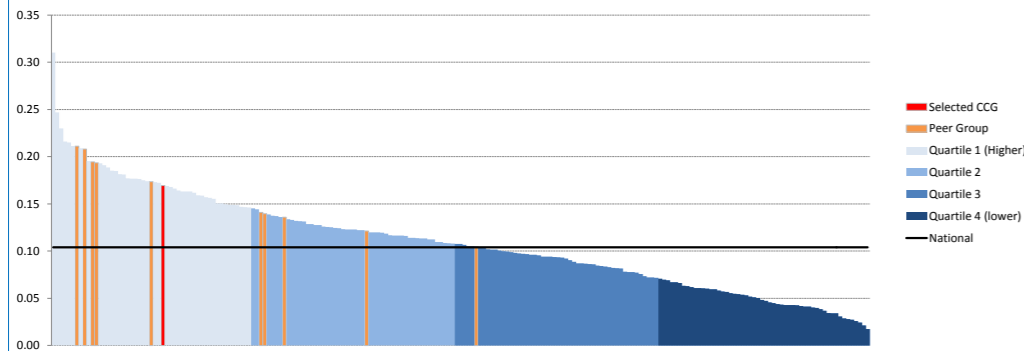
### What you need to know...

- 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



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

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

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

KEY  
Nat Average | Org Value  
Worst | Best  
25th | Percentile | 75th

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
<b>Better Health</b>						
▲ 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%		H	
▲ 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	7.3	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	
<b>Better Care</b>						
▼ Provision of high quality care	Q3 16/17	55.0			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	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			L	
▲ 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		<	
<b>Sustainability</b>						
▲ 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			<	
<b>Well Led</b>						
▲ 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			<	