

# Health and Care Improvement Dashboard

## April 2018

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
1	Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Jan-18	90.2%	88.6%	85.2%	▼	
2	* Delayed Transfers of Care - Bed Days	3.5%	Dec-17	4.6%	3.8%	3.9%	▲	
3	* Referral To Treatment - 18 Weeks	92%	Jan-18	91.9%	91.6%	92.0%	▲	
4	* Diagnostics Tests Waiting Times	1%	Jan-18	1.4%	1.1%	1.2%	▲	
5	Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Jan-18	96.8%	96.7%	95.9%	▼	
6	Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Jan-18	98.3%	94.9%	90.1%	▼	
7	Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Jan-18	98.8%	100.0%	98.8%	▼	
8	Cancer - 31-Day Wait For Subsequent Surgery	94%	Jan-18	100.0%	100.0%	100.0%	◀▶	
9	Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Jan-18	100.0%	100.0%	100.0%	◀▶	
10	Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Jan-18	100.0%	100.0%	100.0%	◀▶	
11	Cancer - 62-Day Wait From Referral To Treatment	85%	Jan-18	86.1%	88.6%	86.1%	▼	
12	Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Jan-18	83.3%	100.0%	100.0%	◀▶	
13	Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Jan-18	93.3%	83.3%	73.1%	▼	
14	MRSA	0	Dec-17	0	0	0	◀▶	
15	C.Difficile (Ytd Var To Plan)	0%	Dec-17	-1.0%	-1.0%	-1.0%	◀▶	
16	Estimated Diagnosis Rate For People With Dementia	66.7%	Jan-18	82.5%	81.8%	81.5%	▼	
17	Improving Access to Psychological Therapies Access Rate	1.25%	Aug-17	3.8%	4.0%	3.8%	▼	
18	Improving Access to Psychological Therapies Recovery Rate	50%	Nov-17	48.6%	46.6%	37.0%	▼	
19	Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Nov-17	89.2%	89.5%	83.3%	▼	
20	Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Nov-17	100.0%	100.0%	100.0%	◀▶	
21	Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	Dec-17	50.0%	0.0%	50.0%	▲	
22	Mixed Sex Accommodation	0	Jan-18	0.37	0.93	0.38	▼	
23	Cancelled Operations		17/18 Q3		1.0%	1.1%	▲	
24	Ambulance: Red 1 Calls Responded to in 8 Minutes	75%	Jul-17	62.0%	57.1%	63.3%	▲	
25	Ambulance: Red 2 Calls Responded to in 8 Minutes	75%	Jul-17	64.9%	60.6%	62.9%	▲	
26	Ambulance: Category A Calls Responded to in 19 Minutes	95%	Jul-17	91.6%	88.2%	89.7%	▲	
27	Cancer Patient Experience		2016	9.10	8.70	8.77	▲	
28	Cancer Diagnosed At An Early Stage		16/17 Q3	43.7%	54.2%	54.6%	▲	
29	General Practice Extended Access		Sep-17		74.4%	84.2%	▲	
30	Patient Satisfaction With GP Practice Opening Times		Mar-17		74.4%	76.0%	▲	

\* data for this indicator is provisional and subject to change

Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
31 Maternal Smoking at delivery		17/18 Q2	15.7%	15.1%	14.6%	▼	
32 %10-11 classified overweight or obese		2013/14 to 2015/16	33.3%	33.6%	33.6%	◀▶	
33 Personal health budgets		17/18 Q1	3.60	4.50	5.30	▲	
34 % of deaths in hospital		16/17 Q2	47.60	49.80	50.40	▲	
35 LTC feeling supported		2016 03	62.90	62.40	61.40	▼	
36 Quality of life of carers		2016 03	0.80	0.77	0.78	▲	
37 Emergency admissions for urgent care sensitive conditions (UCS)		16/17 Q4	2906	3212	3066	▲	
38 Patient experience of GP services		Jul-05	81.2%	83.2%	83.5%	▲	
<b>Adult Social Care Indicators</b>							
39 Part 2a - % of service users who are in receipt of direct payments	28.1%	17/18 Q3	12.76%	13.65%	13.48%	▼	
40 Total number of Learning Disability service users in paid employment	5.7%	17/18 Q3	4.71%	4.50%	4.39%	▼	
41 Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	17/18 Q3	3.71 (5 Admissions)	10.38 (14 Admissions)	11.86 (16 Admissions)	▲	
42 Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	17/18 Q3	43.77 (56 Admissions)	277.27 (108 Admissions)	454.42 (177 Admissions)	▲	
43 Total number of permanent admissions to residential and nursing care homes aged 18+		17/18 Q3	61	122	193	▲	
44 Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	17/18 Q3	81.8%	81.8%	81.8%	◀▶	
45 % Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Jan-18	50%	49%	49%	◀▶	
46 % supported accommodation CQC rated as Good or Outstanding (Tameside and Glossop)		Jan-18	80%	80%	80%	◀▶	
47 % Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Jan-18	67%	53%	53%	◀▶	

▼	Performance deteriorating and failing standard
▲	Performance improving and failing standard
▲	Performance improving and achieving standard
▼	Performance deteriorating and achieving standard
▼	Performance deteriorating no standard
▲	Performance improving no standard
◀▶	No change in Performance and achieving standard
◀▶	No change in Performance and failing standard
◀▶	No change in Performance and no standard

## Exception Report

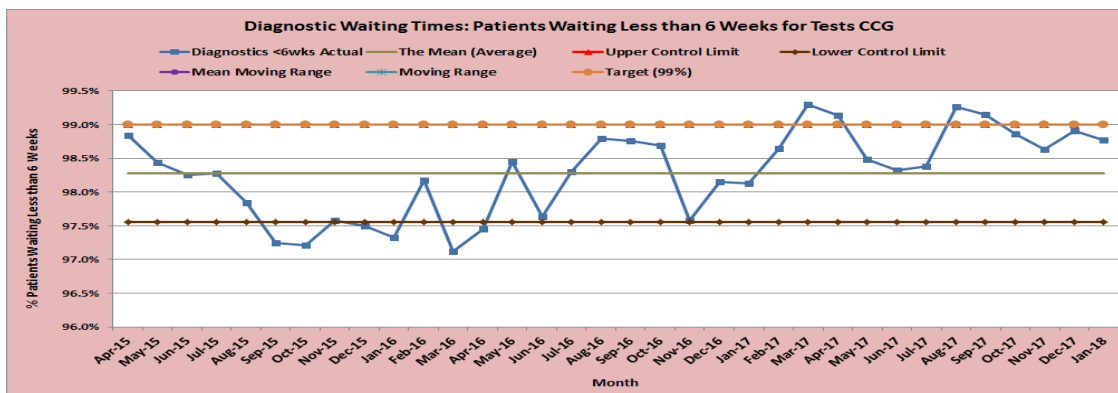
## Health and Care Improvement- April

Diagnostics- Patients Waiting for Diagnostic test.

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts



## Key Risks and Issues:

## As a CCG

This month the CCG failed to achieve the 1% standard with a 1.09% performance.

Of the 51 breaches 33 occurred at Central Manchester (Colonoscopy, Gastroscopy, Cardiology, Audiology, Cystoscopy, Urodynamics and MRI), 13 at Salford Trust (MRI and Gastroscopy), 1 at Pennine Acute (MRI), 1 at Stockport (Cardiology) and 3 at Other (Neurophysiology and CT).

Manchester University Foundation Trust (MFT) performance is due to increased demand and issues around decontamination have impacted endoscopy performance.

Salford Trust demand for MRI has increased causing a pressure.

## As lead Commissioner.

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

## Actions:

Commissioner and GM are aware of issues at Central Manchester in MFT and working with them to improve. However performance is expected to be further impacted when work is undertaken to ensure they achieve the JAG rating as 6 week waits may build up again.

Salford have implemented a recovery plan and trajectory but do not expect to achieve the standard until April 2018.

## 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 &gt; 6 Weeks by GM CCG

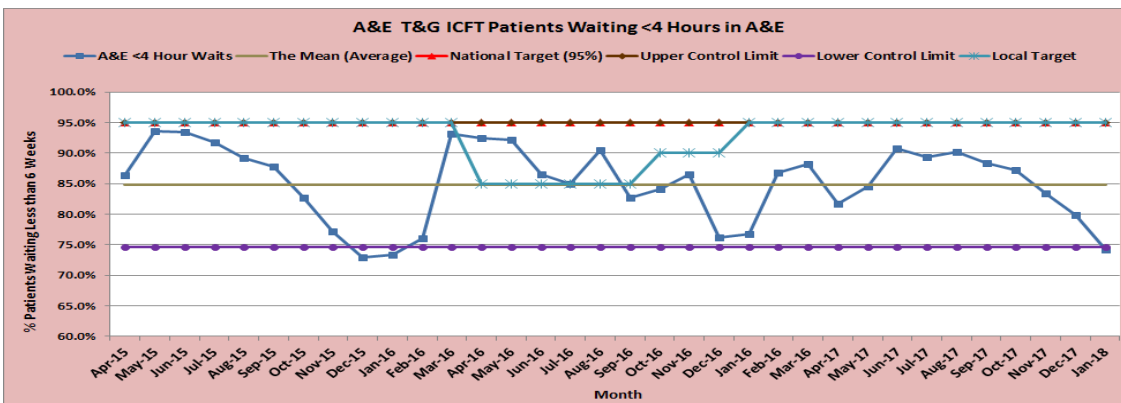
CCG	Jan-18			
	Waiting > 6 Weeks	Total Waiting List	Performance	Standard
NHS Bolton CCG	299	3878	7.71%	1%
NHS Salford CCG	180	5155	3.49%	1%
NHS Trafford CCG	156	5164	3.02%	1%
NHS Manchester CCG	237	12133	1.95%	1%
NHS Oldham CCG	100	5666	1.76%	1%
NHS Wigan Borough CCG	90	5588	1.61%	1%
NHS Heywood, Middleton & Rochdale CCG	70	4648	1.51%	1%
NHS Bury CCG	61	4057	1.50%	1%
NHS Tameside and Glossop CCG	51	4689	1.09%	1%
NHS Stockport CCG	41	5472	0.75%	1%

**A&E: Patients waiting < 4 hours**

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery board



January Performance: 85.2%

16/17 ytd: 85.31%

17/18 ytd: 90.95%

**Key Risks and Issues:**

The A&E Type1 and type 3 performance for January was 83.9% which is below the National Standard of 95% and below the GM agreed target of 90%. Late assessment due to lack of capacity in the department is the main reason for breaches.

- Lack of physical capacity in the ED to see patients during periods of surge and high demand;
- An increase of 300 attendances (4%) in January, compared to January 2017;
- Medical bed-pool occupancy was routinely at 98% leading to reduced capacity on AMU and IAU;
- Demand continues to grow, a consequence of increased acuity.

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.

A&E Streaming is in place but staffing of rotas challenging at times.

**Actions:**

- Regular ED patient reviews by coordinator- of- day and lead consultant;
- Remodelling of consultant roles to support better the focus on performance and supervision;
- Recruitment of specialty doctors for ED and ANPs for Ambulatory Care;
- Expansion of the ambulance triage area;
- ED streaming to GP available from 10 am to 8 pm;
- Complete roll-out of electronic Casualty Card in February/ March to improve quality of data/ record keeping and support improved flow;
- Ambulatory Care project aimed at improving the flow of urgent- care patients and reducing follow- up activity that could be located elsewhere;
- ANP and trainee ANP commenced in Ambulatory Emergency Care (AEC) in January to enable improved weekend and evening working;
- GP call handling by Digital Health piloted in three localities;
- ED Delivery Board reviewing the actions needed to improve, and then sustain performance, in line with GM requirements.

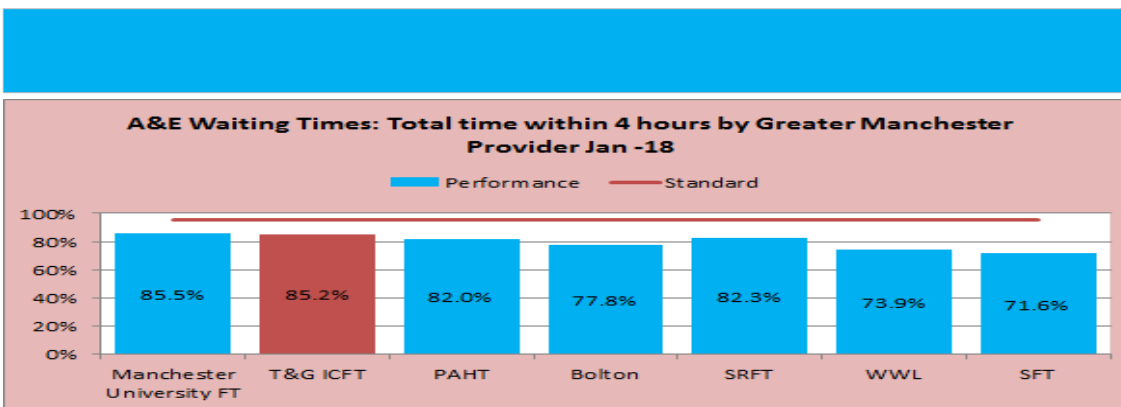
We are working on a GM level recovery plan to achieve 90% by Q1.

**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).

Unvalidated-Next month FORECAST



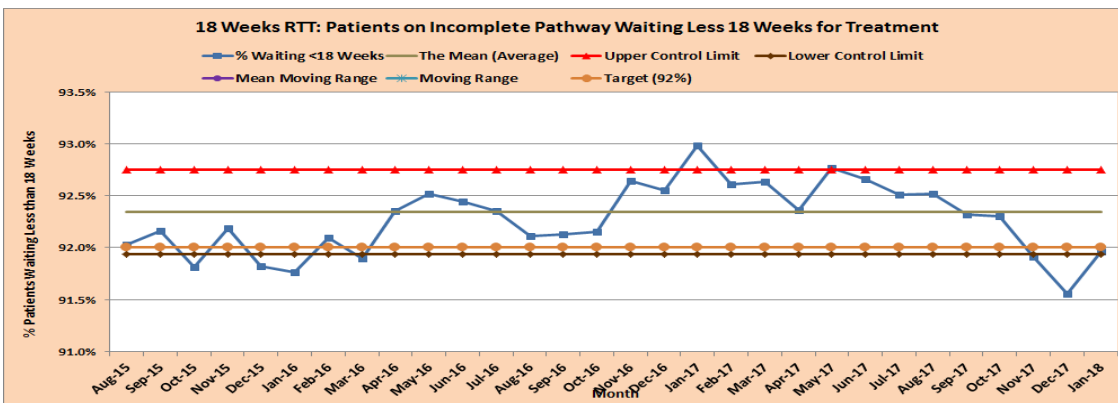
\* Please note that Tameside Trust local trajectory for 17/18 is Q1, Q2 and Q3 90%, and Q4 95%.  
 \* Type 1 & 3 attendances included from July 2017.

**18 Weeks RTT: Patients on incomplete pathway waiting less than 18 weeks for treatment**

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts



**Key Risks and Issues:**

The RTT 18 weeks performance for January was 91.96% which is below the National Standard of 92% .  
 Failing specialties are, Trauma & Orthopaedics (85.35%), Oral Surgery (0.00%), Neurosurgery (91.30%), Plastic Surgery (69.06%), Cardiothoracic Surgery (63.64%), General Medicine (91.67%), Rheumatology (89.72%), Gynaecology (88.94%).  
 The national directive to cancel elective activity was expected to reduce performance in January. The impact for T&G was expected to be greatest at MFT and the recovery plan submitted to GM reflected that fact that failure at MFT could mean T&G performance would be below the required standard. The performance at MFT at 89.08% is the key reason for the failure in January with 327 people breaching. Stockport and Pennine trusts also contributed to the failure accounting for a further 142 breaches.  
 T&O continues to be a challenge across most providers. In MFT our biggest concerns are around plastics, cardio theraic, gynecology and cardiology. As lead Commissioner. T&G ICFT as a provider are achieving the standard.

**Actions:**

MFT is failing to achieve the RTT national standard. MFT (formerly UHSM) revised its improvement trajectory and is currently on track. MFT (formerly CMFT) is slightly below target although there have been improvements in children's services.

We will discuss with lead commissioners the need for comprehensive recovery plans.

**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).

Unvalidated-Next month FORECAST

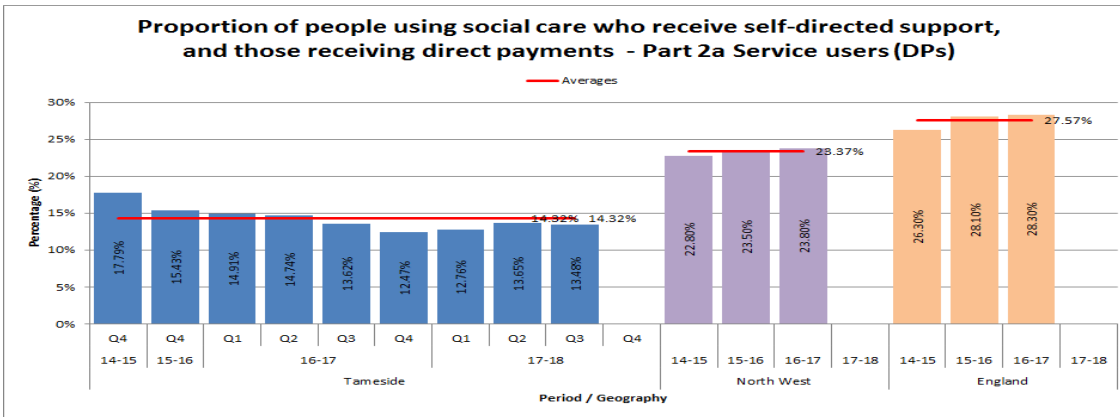
**Monthly Referral to Treatment (RTT) waiting times for incomplete pathways.**

CCG	Jan-18			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	18359	17195	93.66%	92%
NHS Salford CCG	22074	20443	92.61%	92%
NHS Tameside and Glossop CCG	16451	15128	91.96%	92%
NHS Stockport CCG	23706	21646	91.31%	92%
NHS Trafford CCG	15488	14095	91.01%	92%
NHS Oldham CCG	14771	13415	90.82%	92%
NHS Manchester CCG	36178	32563	90.01%	92%
NHSE North of England	1000980	894267	89.34%	92%
NHS Bury CCG	12546	11177	89.09%	92%
NHS Bolton CCG	21654	19212	88.72%	92%
NHS Heywood, Middleton & Rochdale CCG	16676	14791	88.70%	92%

## Exception Report

### Health and Care Improvement- April

**ASCOF 1C- Proportion of people using social care who receive self directed support, and those receiving Direct Payments**    Lead Officer: Sandra Whitehead    Lead Director: Steph Butterworth    Governance: Adults Management team



**Key Risks and Issues:**

This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

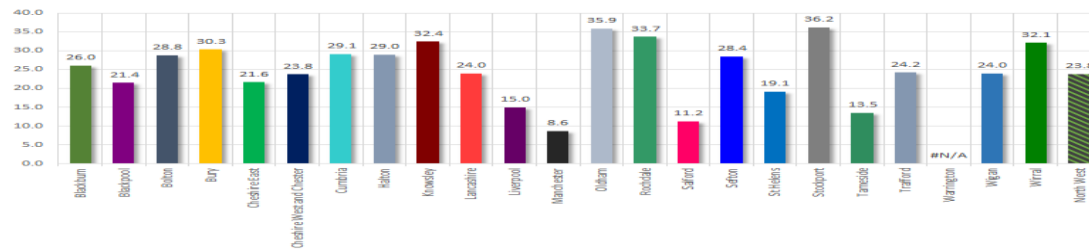
**Actions:**

Additional Capacity to be provided within the Neighbourhood teams over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments. This post will be funded from the ASC transformation funding. The project post was not successfully recruited too therefore in order to increase capacity a different approach has been implemented. We use to have 2 Direct Payment workers this has now been increased to 4 Direct Payment Workers, one in each neighbourhood. A publicity campaign will now be developed to increase numbers over the coming months.

**Operational and Financial implications:**

None

Sum of ASCOF 1C(2a) - Proportion of people using social care who receive direct payments (%) - SNAPSHOT (LTS001b)



Unvalidated Next Quarter FORECAST

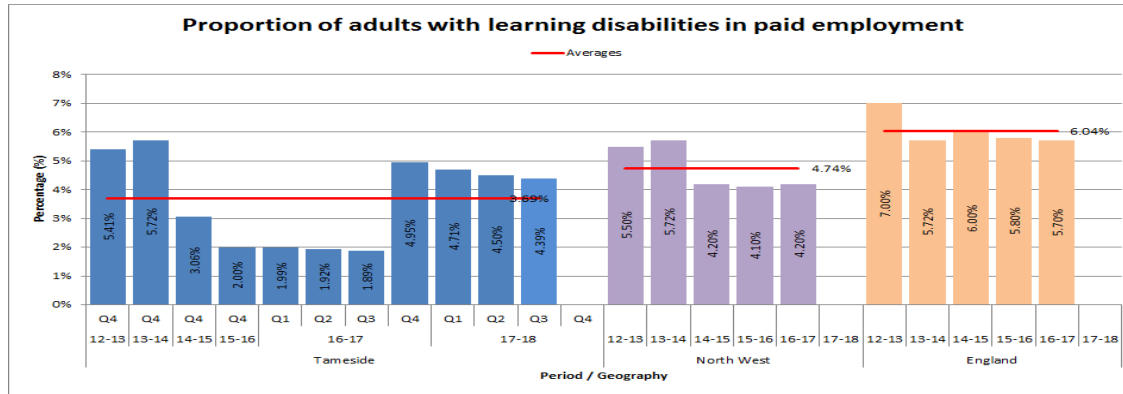
\* Benchmarking data is as at Q3 17/18.

ASCOF 1E- Total number of Learning Disability service users in paid employment

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: : Adult Management meeting



Key Risks and Issues:

The measure is intended to improve the employment outcomes for adults with learning disabilities reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits. Tameside performance in 2016/2017 was 4.95%, this is an increase on 2015/2016 and brings us above the regional average of 4.2% for 2016/2017. Nationally the performance is 5.7% which is still above the Tameside 2016/17 outturn. 3rd Quarter 2017/18 figure is 4.39%

Actions:

- We have moved the remaining Employment Support staff into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base
- In order to improve performance, additional resource is required to increase capacity. An additional post has been funded through the ASC transformation funding and a vacant post that was held in the team has also been released to increase capacity in the team with an expectation that more people will be supported into paid employment.
- Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.
- The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds.

Operational and Financial implications:

None

Unvalidated next Quarter FORECAST

Sum of ASCOF 1E - Proportion of adults with a learning disability in paid employment - YTD (LTS001a)

