

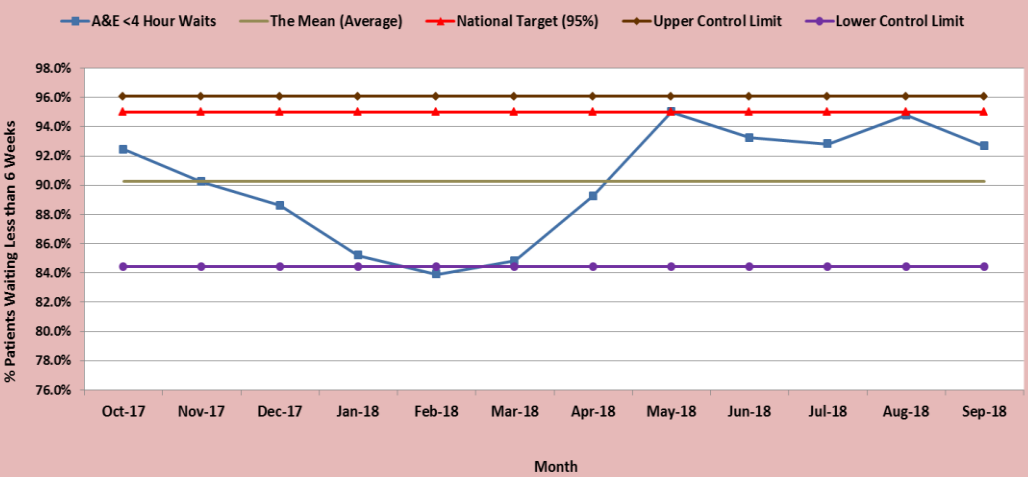
A&E Patients waiting <4 Hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery Board

Type 1&3 A&E T&G ICFT Patients Waiting <4 Hours in A&E



Key Risks and Issues:

- The A&E Type1 and type 3 performance for September was 92.7% which is below the National Standard of 95% but above 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 safely during periods of surge.
 - Increase attendance of high acuity patients requiring admission, longer lengths of hospital stay which reduces flow
 - Patient flow from the Acute medical units to other wards across the site.

Actions:

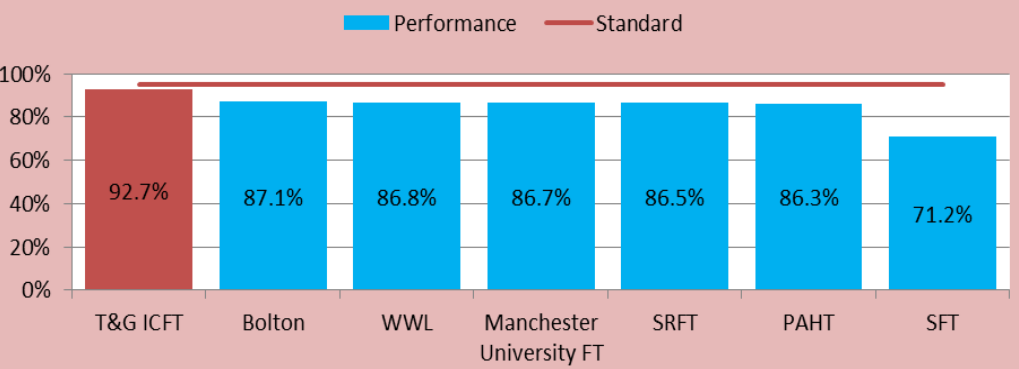
- ED streaming to PCC in practice 10am to 8pm in ED. Refining data gathering processes. This is being further enhanced by the introduction of the E-card.
- ED lead consultant on a shift to focus on performance and supervision of medical staff. Second consultant to focus on complex cases;
- Continuation of ED Live Dashboard
- Recruitment of 11 specialty doctors for ED
- Push Pull model operational between ED and AEC which has seen an increased in AEC attendances
- Roll out of E-card across all departments within ED
- GP call handling by Digital Health to support GP direct referrals
- Trajectory of improvement on NWAS handovers to be reviewed and assessed by the monthly directorate meeting.

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).

A&E Waiting Times: Total time within 4 hours by Greater Manchester Provider Sep-18



* Please note that Tameside Trust local trajectory for 18/19 is Q1, Q2 and Q3 90%, and Q4 95%.

* Type 1 & 3 attendances included from July 2017.

Unvalidated-Next month FORECAST

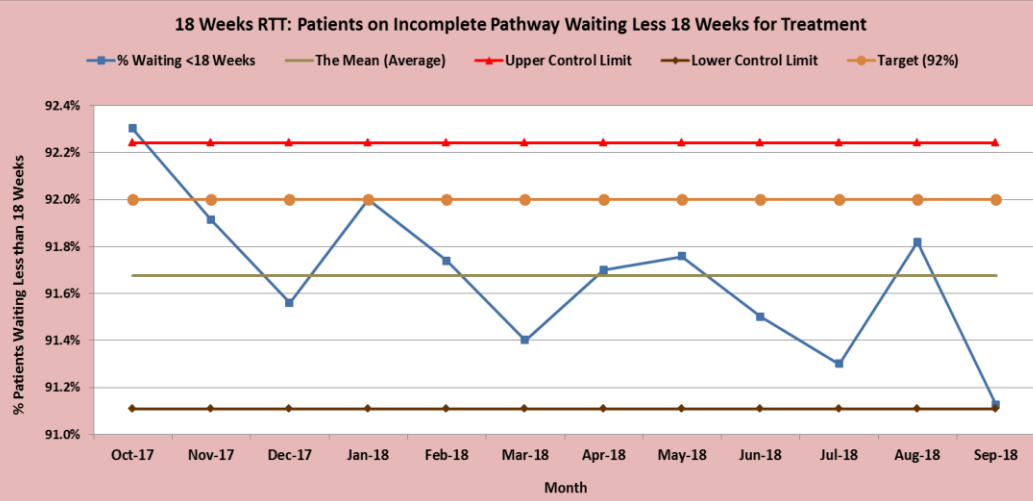
Health and Care Improvement– Exception

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 September was 91.1% which is below the National Standard of 92% . Failing specialties are, Urology (90.37%), Trauma & Orthopaedics (86.44%), ENT (91.74%), Plastic Surgery (82.24%), Cardio thoracic (79.25%), Rheumatology (85.12%), Gynaecology (90.47%), Other (90.75%). The performance at MFT at 88.14% is the key reason for the failure in September with 416 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 263 breaches. T&O continues to be a challenge across most providers. In MFT our concerns are around plastics, cardio thoracic, gynaecology and cardiology in addition a recent review of long waiters and their PAS highlighted 52 week waiters in general surgery, urology, T&O and ENT. These have now been treated. As lead Commissioner. T&G ICFT as a provider are achieving the standard.

Actions:

MFT have advised the following.

- written to each patient identified and apologised immediately
- Undertaken a clinical review of the patients – so far not identified any significant patient harm as a result of the delay
- Made plans to treat all the patients by the end of September.
- A Task Force has been set up to oversee immediate treatment of patients and to review IT and operational processes – a detailed action plan is in place. Will be a single point of contact to CCGs and the GM Partnership in relation to this issue.
- will introduce a more modern version of waiting list system although this will take up to two years to complete
- informed regulators, GM and the Board of plan.
- weekly briefing note will be provided to commissioners

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).

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

CCG	Sep-18			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	20531	19052	92.80%	92%
NHS Tameside and Glossop CCG	18331	16704	91.12%	92%
NHS Salford CCG	24297	22042	90.72%	92%
NHS Oldham CCG	15391	13935	90.54%	92%
NHS Manchester CCG	43099	38921	90.31%	92%
NHS Trafford CCG	16797	15107	89.94%	92%
NHS Bolton CCG	22943	20510	89.40%	92%
NHSE North of England	1083260	957277	88.37%	92%
NHS Bury CCG	13656	12058	88.30%	92%
NHS Heywood, Middleton & Rochdale CCG	17990	15612	86.78%	92%
NHS Stockport CCG	28693	24323	84.77%	92%

* Benchmarking data relates to September 2018

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Health and Care Improvement– Exception

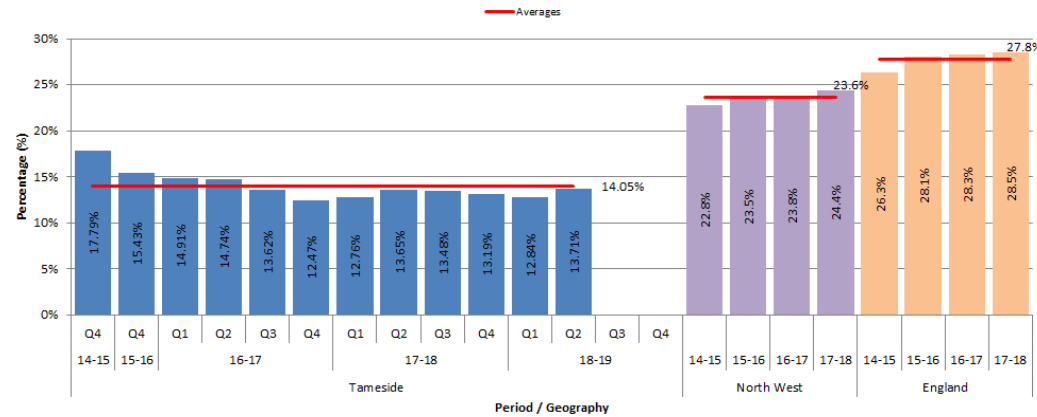
ASCOF 1C- Proportion of people using social care who receive self directed support, and those receiving Direct Payments

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: Adults Management team

Proportion of people using social care who receive self-directed support, and those receiving direct payments - Part 2a Service users (DPs)



Key Risks and Issues:

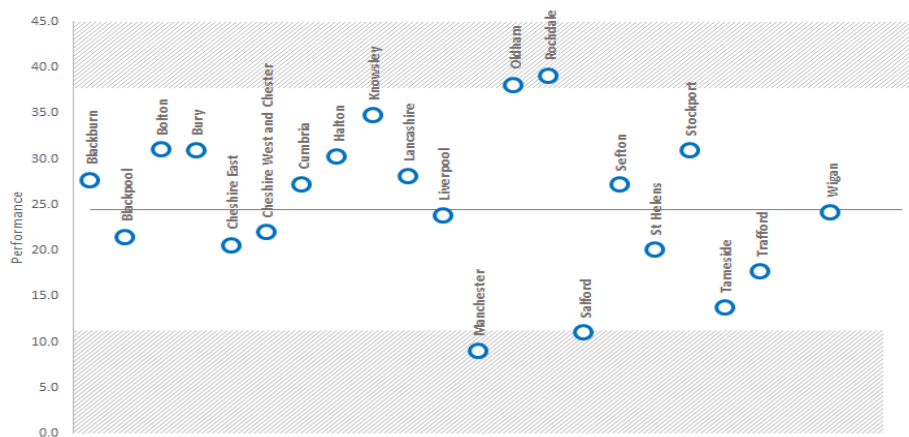
This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

Actions:

Additional Capacity was provided within the Neighbourhoods funded from the ASC transformation funding. 4 Direct Payment workers have been recruited to and have been working on a marketing programme to promote direct payments and encourage take up within the neighbourhoods. Although take up has increased there remains a problem with recruitment to PA roles. In order to address this Direct payment Workers are working on a PA pool and are also working on a marketing programme to raise awareness of the role of PA and promote this as a valuable career pathway

Operational and Financial implications:

None



*Benchmarking data is as at Q2 18/19.

Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

ASCOF 2B(1)- Proportion of older people (65+) who are still at home 91 days after discharge from hospital.

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: : Adult Management meeting

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



Key Risks and Issues:

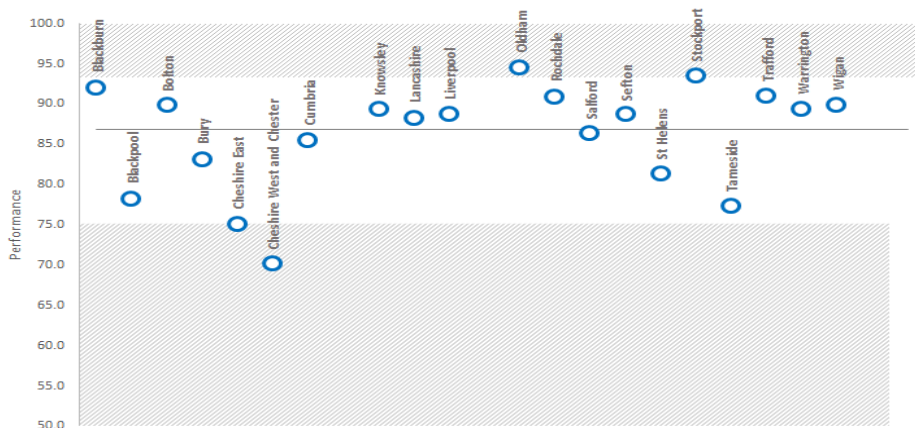
Failing to improve the numbers will put at risk promoting the ways to wellbeing, and ensuring that individuals increase independence and remain at home. This could increase the numbers of people needing support through the health and social care system.

Actions:

We are starting to monitor this more frequently to understand why the numbers are not reaching the expected goal. Asset based working has been re-launched with the Reablement Team as part of the review of the service and we would expect this to make an impact from the next quarter onwards.

Operational and Financial implications:

This could put more pressure in the health and social care system and on the budget if this does not improve in line with standards.



*Benchmarking data is as at Q2 18/19

Unvalidated-Next month FORECAST