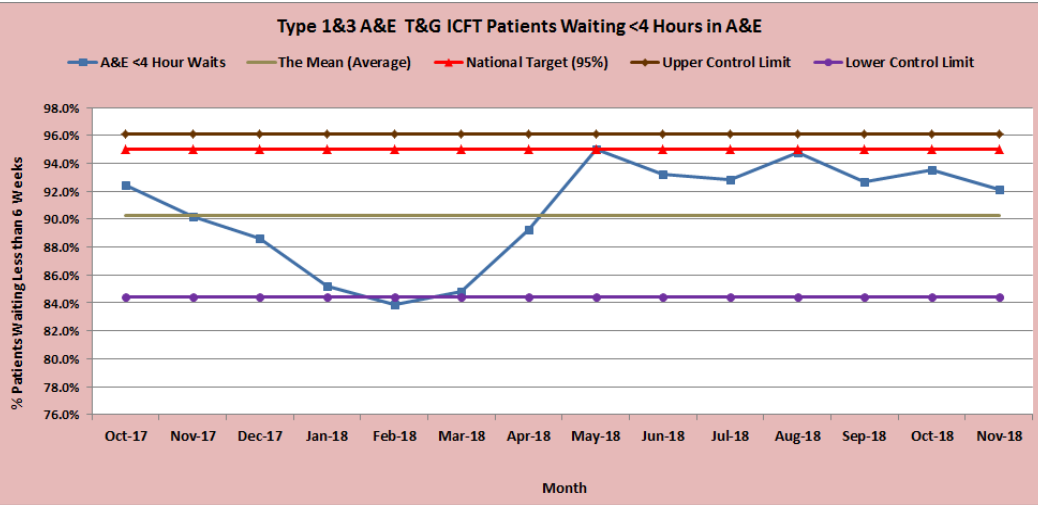


A&E Patients waiting <4 Hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery Board



Key Risks and Issues:

The A&E Type1 and type 3 performance for November was 92.1% 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 during periods of high demand;
- Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy;
- Increased paediatric demand (seasonal increase from September).

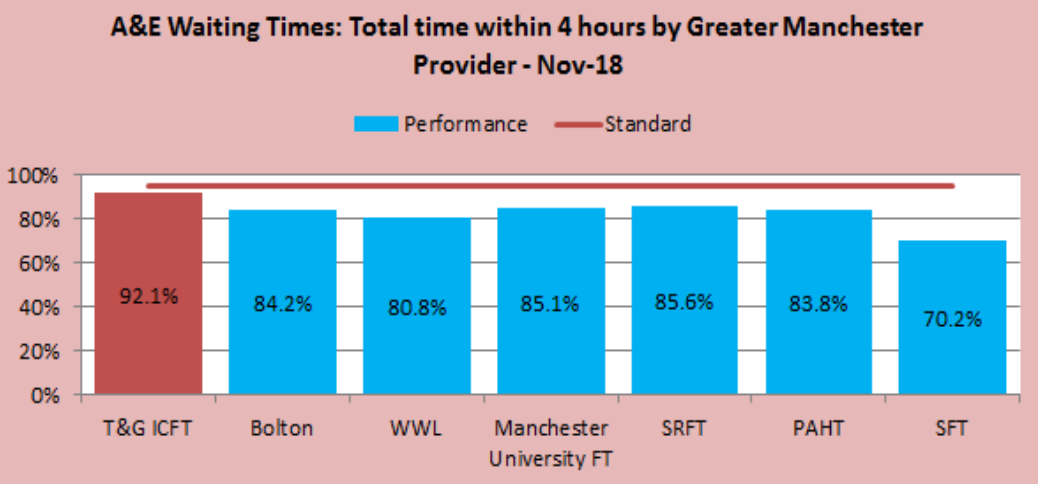
Actions:

- Introduction of GP bay on IAU, allowing patients to be seen in a more timely manner;
- Remodelling of consultant roles to support better the focus on performance and supervision;
- New ED Live Dashboard now in use, providing real-time/ predictive data about performance and flow in the Department;
- Electronic Casualty Card to improve quality of data/ record keeping and support improved flow;
- Recruitment of eleven specialty doctors for ED;
- Push-pull model between ED and Ambulatory Care, utilising the Ambulatory Care Score, driving increased ambulatory care attendances;
- GP call- handling by Digital Health rolled out;
- Completion of 'ED capital scheme' has introduced a new treatment area to increase capacity.

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).



* 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

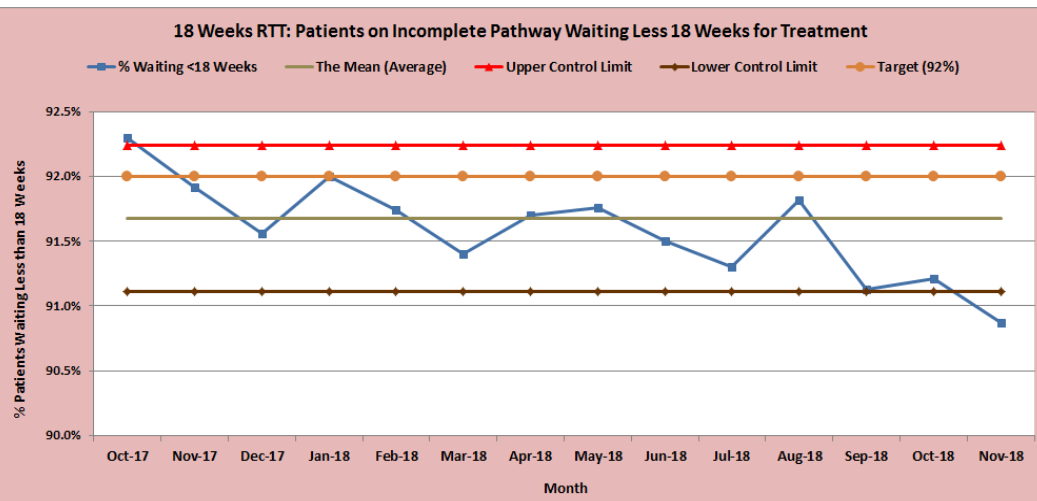
Health and Care Improvement– Exception

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 November was 90.9% which is below the National Standard of 92% .

Failing specialties are, Urology (91.34%), Trauma & Orthopaedics (87.85%), Ophthalmology (87.07%), Neurosurgery (86.55%), Plastic Surgery (71.03%), Cardio thoracic (77.78%), Cardiology (90.48%) and Rheumatology (85.18%).

The performance at MFT at 88.10% is the key reason for the failure in November with 418 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 285 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	Nov-18			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	21,223	19,722	92.93%	92%
NHS Tameside and Glossop CCG	18,778	17,064	90.87%	92%
NHS Salford CCG	24,737	22,326	90.25%	92%
NHS Oldham CCG	15,734	14,099	89.61%	92%
NHS Manchester CCG	43,070	38,753	89.98%	92%
NHS Trafford CCG	17,108	15,382	89.91%	92%
NHS Bolton CCG	23,326	20,955	89.84%	92%
NHSE North of England	1,082,818	963,683	89.00%	92%
NHS Bury CCG	14,384	12,639	87.87%	92%
NHS Heywood, Middleton and Rochdale CCG	17,999	15,737	87.43%	92%
NHS Stockport CCG	28,276	24,177	85.50%	92%

* Benchmarking data relates to November 2018

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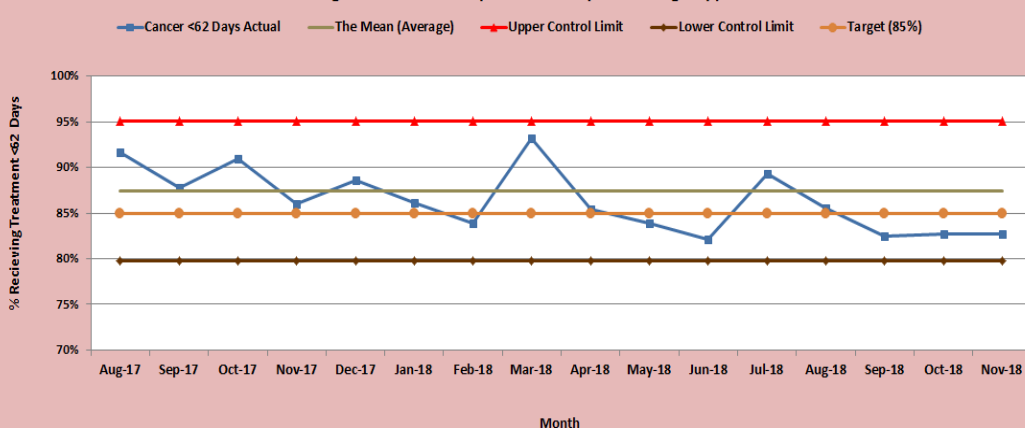
Health and Care Improvement– Exception

Cancer: 62 Day wait from urgent referral to treatment
Governance: Contracts

Lead Officer: Louise Roberts

Lead Director: Jess Williams

Cancer Waiting Times: Patients receiving their 1st definitive treatment for cancer <62 days of GP or dentist urgent referral for suspected cancer (treatment group)



Cancer Waiting Times: Patients Receiving 1st Definitive Treatment <62 Days of Urgent Referral from Consultant for Suspected Cancer by GM CCG

CCG	Nov-18			
	<62 Days	Total	Performance	Standard
NHS Bolton CCG	56	63	88.9%	85%
NHS Tameside and Glossop CCG	43	52	82.7%	85%
NHS Wigan Borough CCG	72	86	83.7%	85%
NHS Salford CCG	37	44	84.1%	85%
NHS Heywood, Middleton and Rochdale CCG	42	56	75.0%	85%
NHS Stockport CCG	59	76	77.6%	85%
England	10924	13793	79.2%	85%
NHS Manchester CCG	67	89	75.3%	85%
NHS Trafford CCG	38	46	82.6%	85%
NHS Bury CCG	23	34	67.6%	85%
NHS Oldham CCG	41	57	71.9%	85%

* Benchmarking data relates to November 2018

Key Risks and Issues:

There continues to be an increase in 2 week wait referrals resulting in an increase in demand for 62 day.
There is variation between the pathways.
Breach analysis shows delays in diagnostics, patient choice or complex diagnostic pathways/patients with comorbidities are the main reasons.
The 62 day screening standard has also failed. This is impacted by low numbers breaching having a bigger impact on performance.

Actions:

- Locality Cancer Board and Cancer Strategy Group in place with representation (clinical and managerial) from the Strategic Commission and ICFT
- Cancer summit held in October 2018 at which the expectations of the national strategy and GM Cancer plan were presented, along with the local strategies for the delivery of these standards and the plans for the implementation of new pathways and waiting time standards
- Summit repeated to GPs in Tameside & Glossop at a protected-time education session (TARGET) on 07th March 2019
- Administration Cancer TARGET session planned on 28th March 2019
- Macmillan GP and lead cancer clinician support the commissioning team in the dissemination of information to our member practices via our monthly neighbourhood based commissioning meetings.
- Work closely with Cancer Research UK on the support for General Practice and sharing of data packs to support these conversations.
- Implementation of new pathways in response to the national strategy and GM Cancer Plan
- Ongoing reviews of activity with providers where T&G is an associate to other CCGs' contracts.

Operational and Financial implications:

- Recovery is anticipated from December 2018
- Achievement of this NHS Constitutional standard is included within the Quality Premium Payment (50% of total achievement deducted if cumulative target not achieved)
- System has coped well with increase in referrals and whilst performance has deteriorated during November 2018, it is understood that this will improve further to implementation of identified interventions.

Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

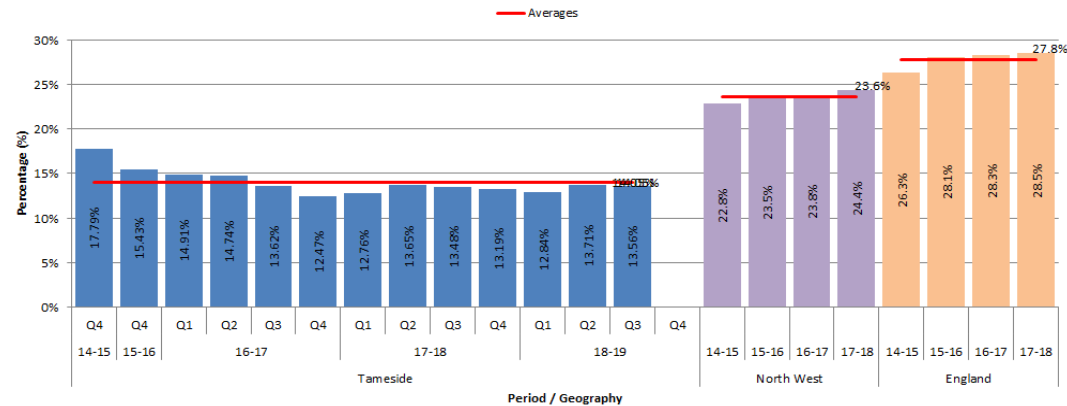
ASCOF 1C- Proportion of people using social care who receive self directed support, and those receiving Direct Payments

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.

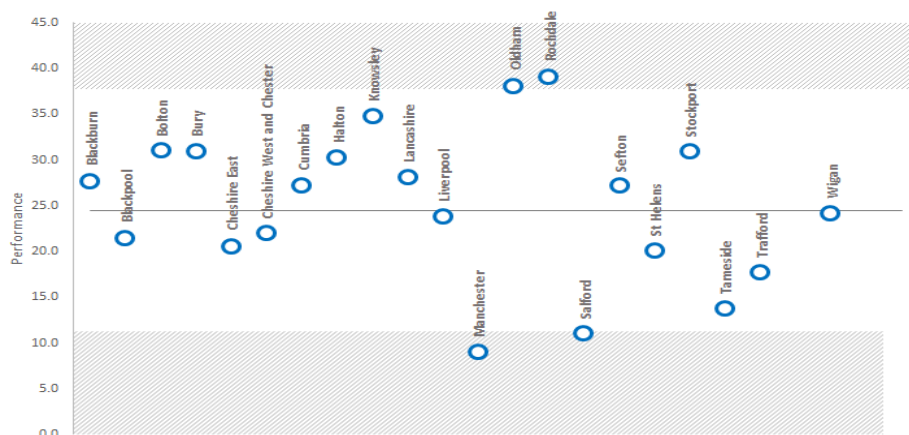
Actions:

Work is ongoing to continue to promote Direct Payments (DP) sign up. In 2018 there was a total of 49 new sign ups. This is an improvement to the previous year when there was a total of 24 new sign ups.

Although we have promoted DP as a service option for individuals, Personal Assistants (PA) recruitment remains slow and therefore impacting on overall figures. This is a key component to people taking up Direct Payments, and the feedback we have received as to potential barriers. As such, a leaflet has been developed to try and increase PA sign up. We are currently looking at potential training opportunities that could be offered to a PA to attract staff into this role and to market it as a positive career pathway. By doing this, it should impact positively on DP uptake furthermore.

Operational and Financial implications:

None



*Benchmarking data is as at Q2 18/19.

Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

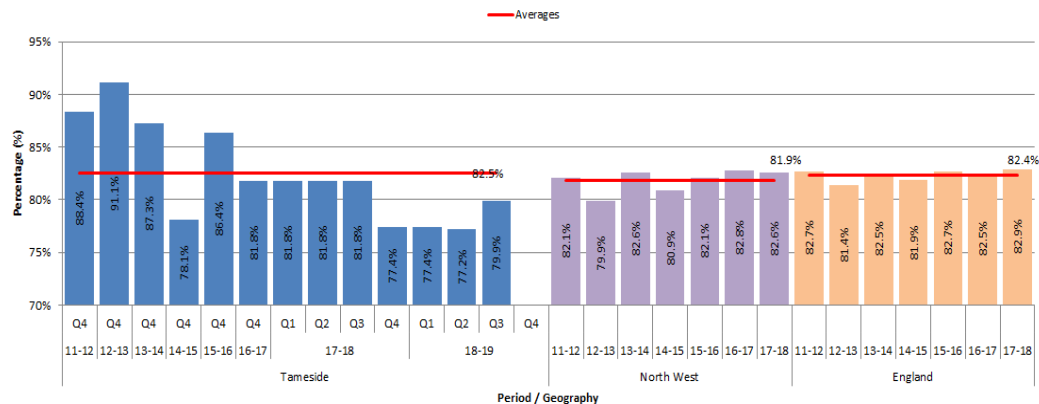
ASCOF 2B(1)- Proportion of older people (65+) who are still at home 91 days after discharge from hospital.

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.

Re-ablement continues to meet positive outcomes for service users and support the system to continue to work towards our targets

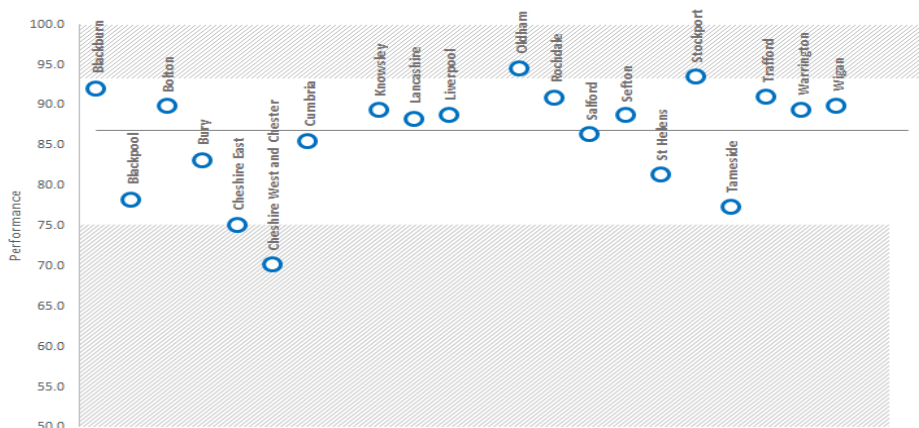
Actions:

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.

Working with SCIE and NAIC to ensure that we continually review current practice against national developments.

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

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