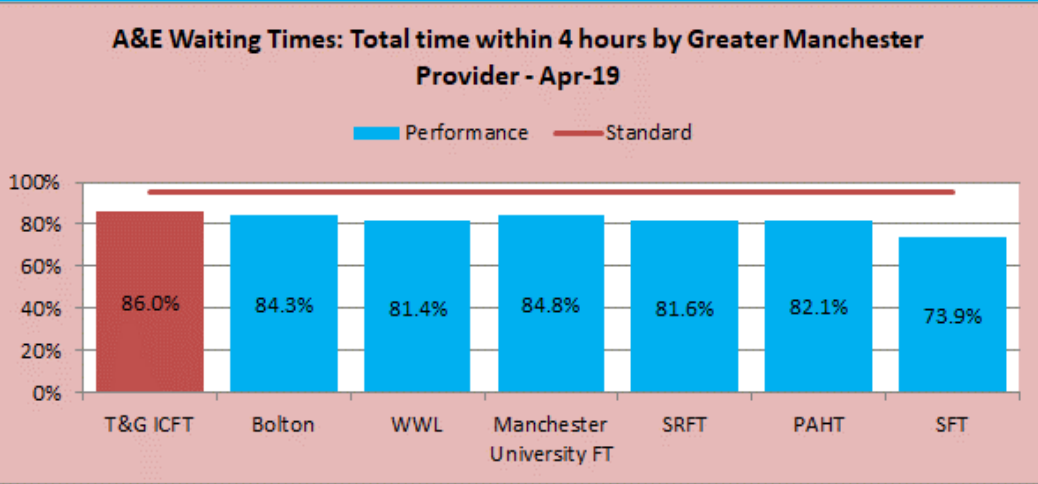
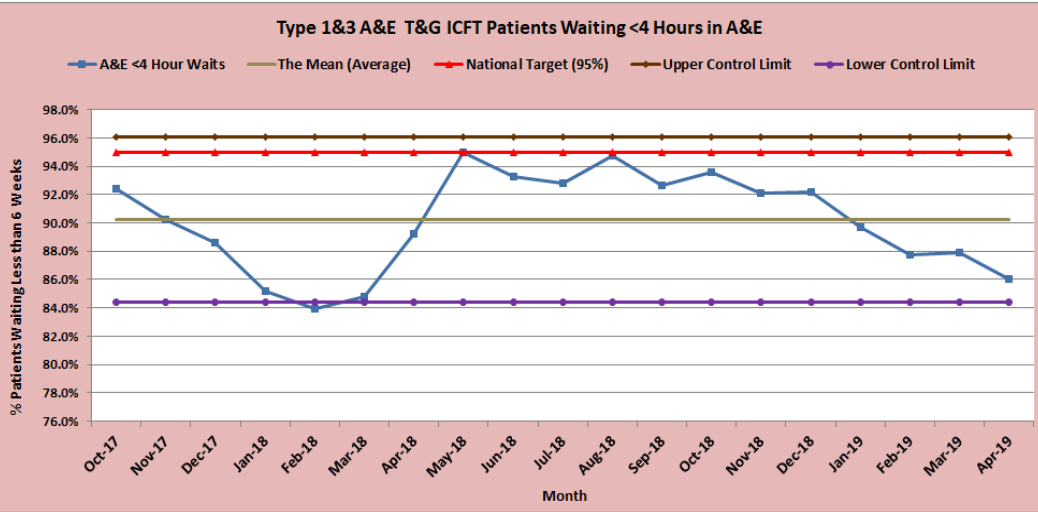


A&E Patients waiting <4 Hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery Board



* 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. Benchmarking info relates to April 2019

Key Risks and Issues:

The A&E Type1 and type 3 performance for April was 86.0% which is below the National Standard of 95%.

- Late assessment due to lack of capacity in the department is the main reason for breaches.
- Ambulance handover delays increased in April with 47 crews waiting in excess of 30 minutes and a further six waiting in excess of one hour
- Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy.
- It should be noted that this performance meant that the Trust was ranked first in Greater Manchester and in the upper quartile for the national peer.

Actions:

- Three times each week a review meeting will be undertaken that will include consultants and nursing staff. The meeting will consider lessons learned from performance for the week- to- date and plans for the week ahead.
- Review of the departmental rota, including visiting consultants and practitioners.
- Deployment of the ambulatory-care tracker to improve transfer times to the Ambulatory Care Unit.
- Continue work to ensure that the relocation of the walk-in-centre activity to the hospital is as effective as possible.
- Board rounds every two hours with nurse and consultant team leaders, assessing the capacity in the department to manage current demand.
- Departmental recovery plan in place.
- Pilot of HALO undertaking triage as part of the ambulance-handover process.
- Re-invigorate the 'fit- to- sit' initiative with triage practitioners and ambulance crews.
- At times of significant demand, those patients assessed as 'ambulant' may be forwarded to main triage

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).

Invalidated-Next month FORECAST

Health and Care Improvement– Exception

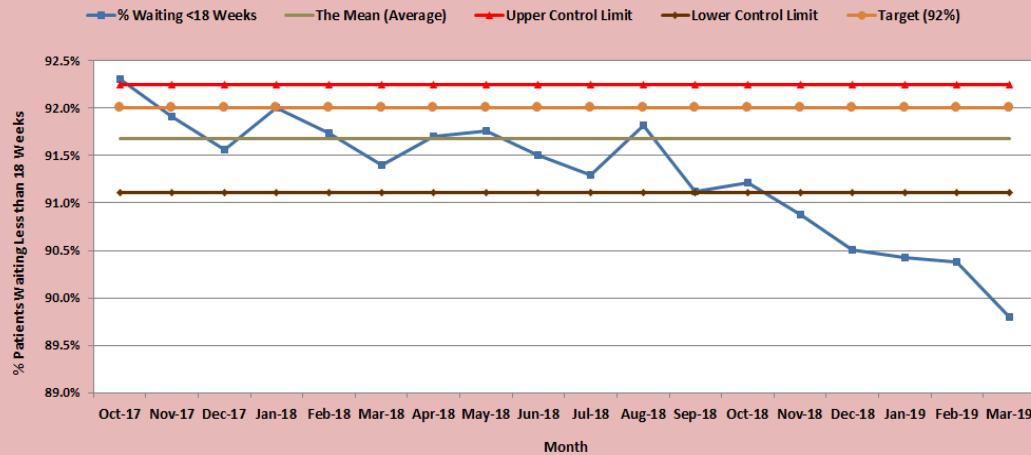
18 Weeks RTT: Patients on incomplete pathway waiting less than 18 weeks for treatment

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts

18 Weeks RTT: Patients on Incomplete Pathway Waiting Less 18 Weeks for Treatment



Key Risks and Issues:

The RTT 18 weeks performance for March was 89.8% which is below the National Standard of 92% .

Failing specialties are, General Surgery (91.99%), Urology (89.84%), Trauma & Orthopaedics (84.20%), Ophthalmology (87.96%), Neurology (81.82%), Plastic Surgery (66.18%), Cardio thoracic (76.09%), general Medicine (91.57%), Cardiology (91.28%), Gynaecology (91.85%), Other (89.49%) and Rheumatology (90.74%).

The performance at MFT at 83.84% is the key reason for the failure in March with 671 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 349 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 ICFIT as a provider are achieving the standard.

Actions:

MFT have advised the following.

- RTT task force is meeting weekly
- Clinical review and root cause analysis is being undertaken for all breaches of the 52 week standard
- Review of referral variation by practice and consider any implications by referrer type and specialty
- Review the effectiveness of the Manchester gateway triage system
- The RTT waiting list at MFT is to be validated
- Manchester CCG has agreed to fund additional independent sector outpatient attendances and elective procedures in February and March 19 up to the financial value of £1.2m
- MFT to outsource where possible with existing contracts in place with a number of providers including BMI, Spire, HCA and MSS
- Support is to be provided from NHSI IST

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	Mar-19			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	21,505	19,637	91.31%	92%
NHS Tameside and Glossop CCG	19,582	17,585	89.80%	92%
NHS Salford CCG	24,993	22,276	89.13%	92%
NHS Oldham CCG	15,128	13,441	88.85%	92%
NHS Trafford CCG	18,803	16,626	88.42%	92%
NHSE North of England	1,112,299	979,648	88.07%	92%
NHS Bury CCG	13,609	11,970	87.96%	92%
NHS Bolton CCG	23,298	20,370	87.43%	92%
NHS Heywood, Middleton and Rochdale CCG	14,556	12,699	87.24%	92%
NHS Manchester CCG	46,787	40,813	87.23%	92%
NHS Stockport CCG	27,810	23,813	85.63%	92%

* Benchmarking data relates to March 2019

Unvalidated-Next month FORECAST

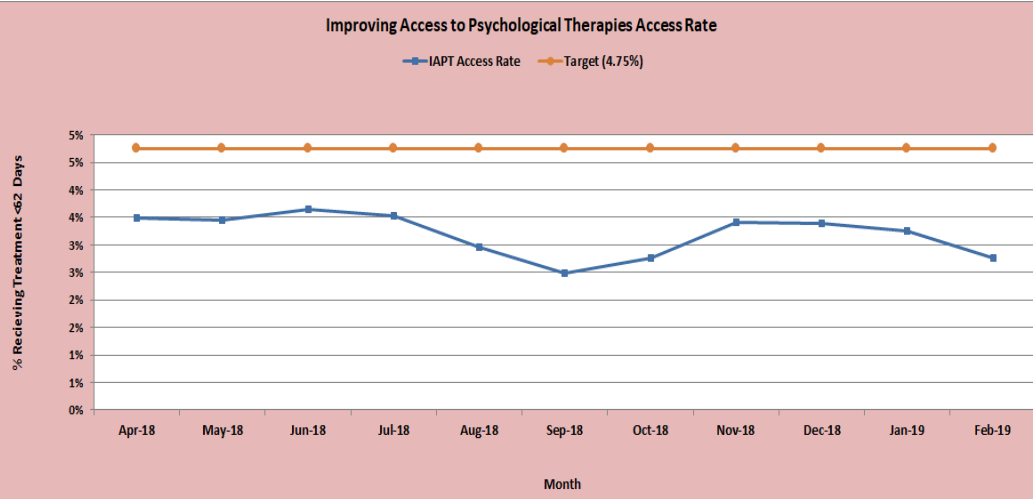
Health and Care Improvement– Exception

Improving Access to Psychological Therapies Access Rate

Lead Officer: Pat McKelvey

Lead Director: Jess Williams

Governance: Contracts



Key Risks and Issues:

The Improving Access to Psychological Therapies-Access Rate for February was 2.77% which is below the National Standard of 4.75% . This is a deterioration on the previous month where it was 3.3%.

Actions:

- Focus on reducing secondary waits and lower referral rates have impacted on prevalence
- New Step 1 IAPT service has taken longer to mobilise than planned
- Joint Action Plan is in place and prevalence is rising. Impact of action plan starting to be seen in increased prevalence for March (January: 404 February :336 March: 540). Anticipated to be meeting prevalence target by Q2 2019/20
- Business case under development to reach 22% prevalence

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.

Improving Access to Psychological Therapies Access Rate by GM CCG

CCG	Feb-19	
	Performance	Standard
NHS Salford CCG	6.47%	4.75%
NHS Bolton CCG	5.83%	4.75%
NHS Wigan Borough CCG	4.85%	4.75%
NHS Manchester CCG	4.85%	4.75%
NHS Stockport CCG	4.80%	4.75%
NHS Oldham CCG	4.51%	4.75%
NHS Heywood, Middleton and Rochdale CCG	4.45%	4.75%
England	4.45%	4.75%
NHS Trafford CCG	4.44%	4.75%
NHS Bury CCG	4.04%	4.75%
NHS Tameside and Glossop CCG	2.77%	4.75%

* Benchmarking relates to February 2019

Unvalidated-Next month FORECAST

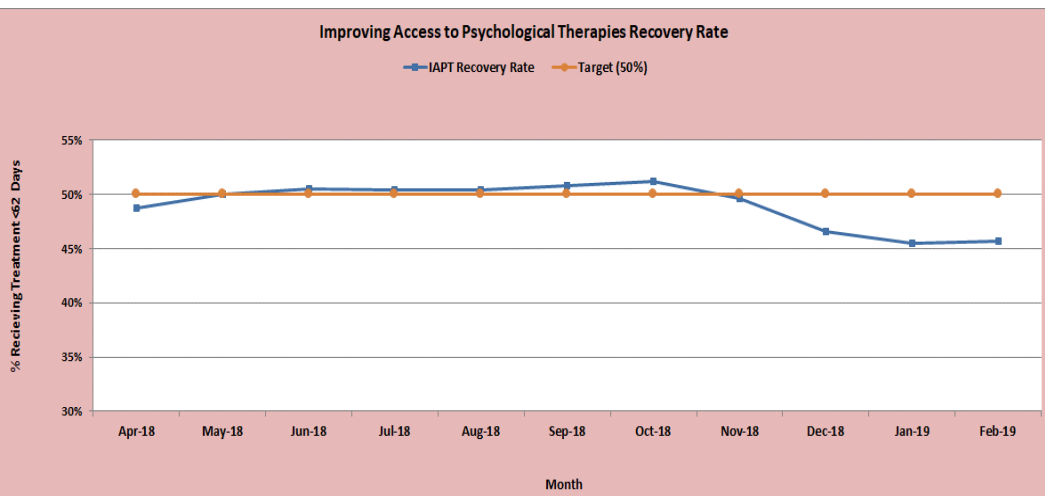
Health and Care Improvement– Exception

Improving Access to Psychological Therapies Recovery Rate

Lead Officer: Pat McKelvey

Lead Director: Jess Williams

Governance: Contracts



Key Risks and Issues:

The Improving Access to Psychological Therapies recovery rate for February was 45.7% which is below the National Standard of 50% . This is an improvement on the previous month where performance was 45.5%.

Actions:

- Recovery has been affected due to waiting list initiatives. Plan in place includes:
- Review of supervision and Therapeutic doses of intervention
- Case note audits and Increased use of ADSM (Anxiety Disorder Specific Measures) to improve recovery rates
- Recovery rates on an increasing rate (January 48.2%, February 48.7%, March 49.5%) Anticipated to achieve 50% rate in Q1 2019/20

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.

Improving Access to Psychological Therapies Recovery Rate by GM CCG

CCG	Feb-19	
	Performance	Standard
NHS Oldham CCG	58.90%	50%
NHS Stockport CCG	57.30%	50%
NHS Bury CCG	54.10%	50%
NHS Wigan Borough CCG	53.90%	50%
NHS Trafford CCG	53.80%	50%
England	52.50%	50%
NHS Bolton CCG	50.50%	50%
NHS Heywood, Middleton and Rochdale CCG	49.50%	50%
NHS Manchester CCG	45.90%	50%
NHS Tameside and Glossop CCG	45.70%	50%
NHS Salford CCG	43.40%	50%

* Benchmarking relates to February 2019

Unvalidated-Next month FORECAST