

Report to: SINGLE COMMISSIONING BOARD

Date: 6 September 2016

Reporting Member / Officer of Single Commissioning Board Angela Hardman Executive Director, Public Health and Performance

Subject: **DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – GOVERNING BODY PERFORMANCE UPDATE**

Report Summary: This paper provides an update on CCG assurance and performance, based on the latest published data (at the time of preparing the report). The June position is shown for elective care and an August “snap shot” in time for urgent care.

Also attached to this report is a CCG NHS Constitution scorecard, showing CCG performance across indicators.

This month’s update includes referral data and a section on care homes.

The assurance framework for 2016/17 has been published nationally however; we are awaiting the framework from GM Devolution.

Performance issues remain around waiting times in diagnostics and the A&E performance.

	RTT Incomplete	52WW	Diagnostic	A&E
Standard	92%	0	1%	95%
Actual	92.4%	0	2.36%	89.09%

The number of our patients still waiting for planned treatment 18 weeks and over continues to decrease and the risk to delivery of the incomplete standard and zero 52 week waits is being reduced.

Cancer standards were achieved in June apart from 62 day screening. Quarter 1 performance achieved.

Endoscopy is still the key challenge in diagnostics particularly at Central Manchester.

A&E Standards were failed at THFT.

Financial Year to 07th August16	April 2016/17	May 2016/17	June 2016/17	July 2016/17	August to 07th 2016/17
89.09%	92.46%	92.16%	86.61%	84.98%	84.99%

Attendances and NEL admissions at THFT (including admissions via A&E) have increased.

The number of Delayed Transfers of Care (DTOC) recorded remains higher than plan.

Ambulance response times were not met at a local or at North West level.

Recommendations:	Note the 2016/17 CCG Assurance position. Note performance and identify any areas they would like to scrutinise further.
<i>Financial Implications:</i> <i>(Authorised by the statutory Section 151 Officer & Chief Finance Officer)</i>	The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.
<i>Legal Implications:</i> <i>(Authorised by the Borough Solicitor)</i>	It is critical to raising standards whilst meeting budgetary requirements that we develop a clear outcome framework that is properly monitored and meets the statutory obligations and regulatory framework of all constituent parts.
How do proposals align with Health & Wellbeing Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
How do proposals align with Locality Plan?	Should provide check & balance and assurances as to whether meeting plan.
How do proposals align with the Commissioning Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
<i>Recommendations / views of the Professional Reference Group:</i>	This section is not applicable as this report is not received by the professional reference group.
Public and Patient Implications:	The performance is monitored to ensure there is no impact relating to patient care.
Quality Implications:	As above.
How do the proposals help to reduce health inequalities?	This will help us to understand the impact we are making to reduce health inequalities.
What are the Equality and Diversity implications?	None.
What are the safeguarding implications?	None reported related to the performance as described in report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no Information Governance implications. No privacy impact assessment has been conducted.

Risk Management:

Delivery of NHS Tameside and Glossop's Operating Framework commitments 2016/17

Access to Information :

The background papers relating to this report can be inspected by contacting

Ali Rehman



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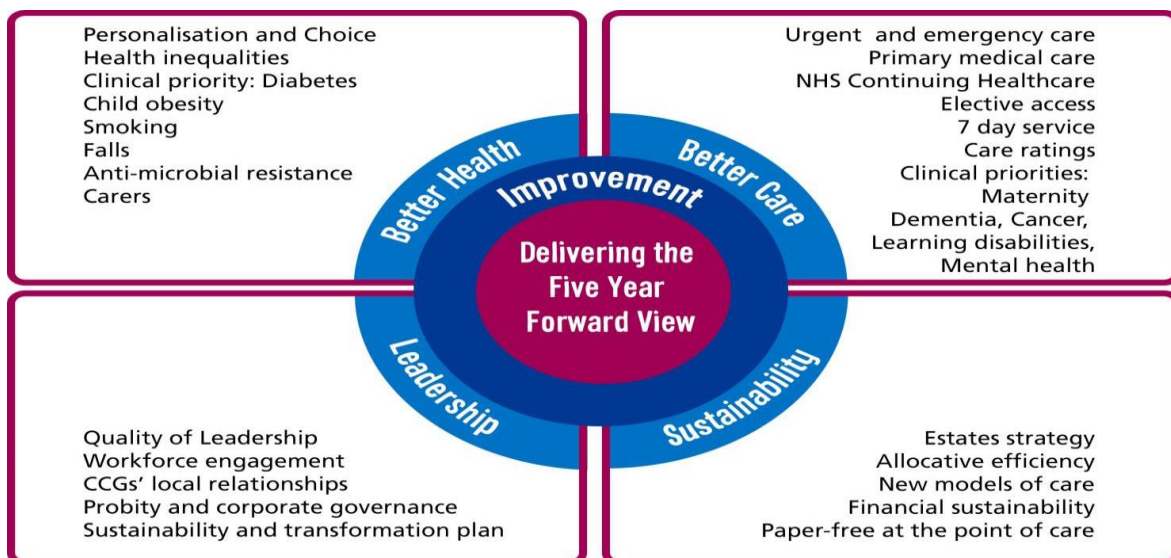
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1. INTRODUCTION

- 1.1 This paper provides an update on CCG assurance and performance, based on the latest published data (at the time of preparing the report). The June position is shown for elective care and an August “snap shot” in time for urgent care. It includes a focus on current waiting time issues for the CCG.
- 1.2 It should be noted that providers can refresh their data in accordance with national guidelines and this may result in changes to the historic data in this report.

2 CCG ASSURANCE

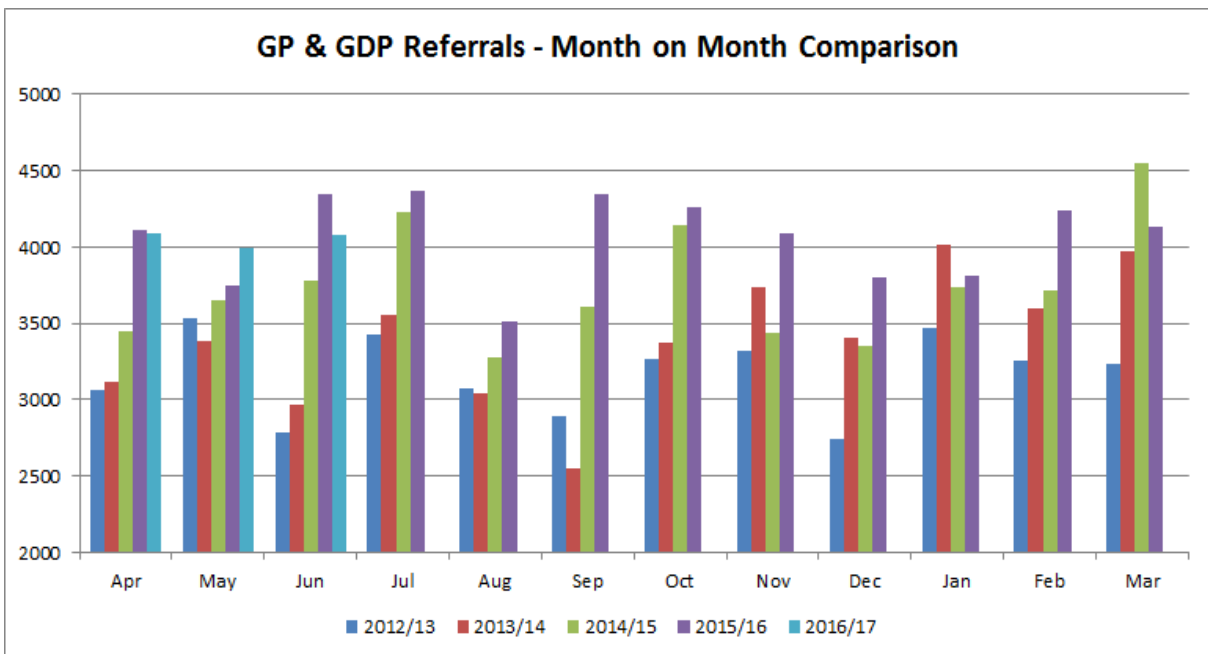
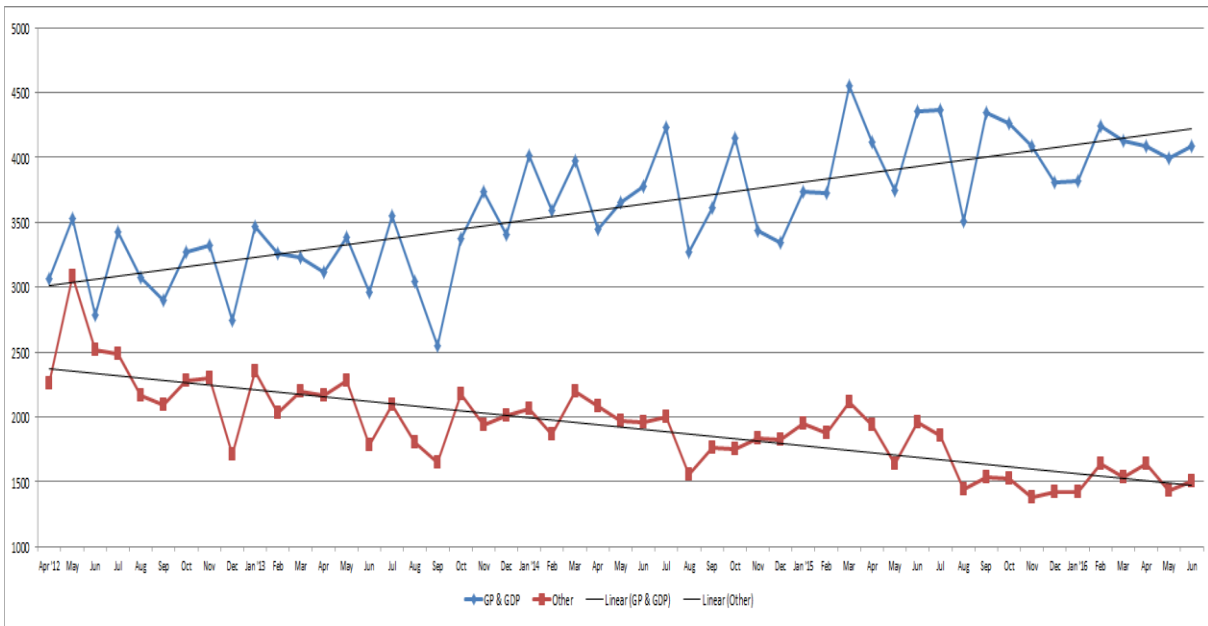
- 2.1 The assurance framework for 2016/17 has been published nationally however, we are awaiting the framework from GM Devolution. A recent WebEx led by NHS England provided further info on the new assessment framework for 16/17. CCGs will be assessed in relation to four key areas of their functions and responsibilities, health, care, sustainability and leadership. The overall rating for 2016/17 and metrics will be transparent and published on My NHS. Six clinical priorities will have independent moderation to agree an annual summative assessment. Below is the framework NHS England intend to use.



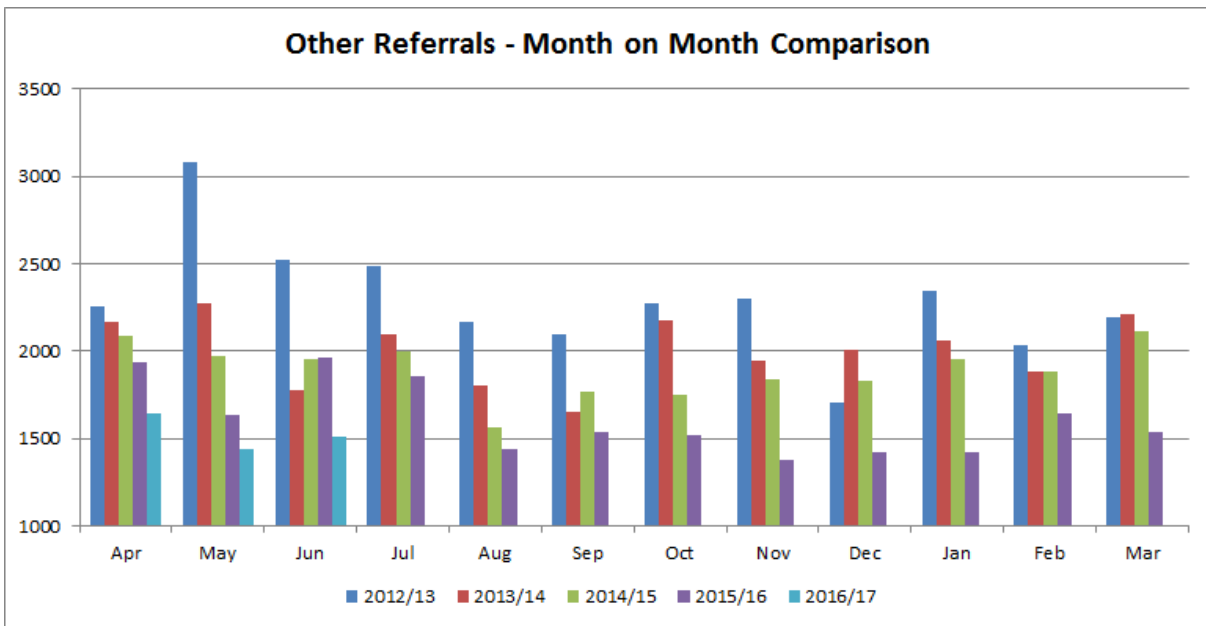
3 CURRENT CCG PERFORMANCE

Referrals

- 3.1 GP/GDP referrals to TFT only have decreased during the month of June compared to the same period last year, however referrals have been on upward trend. Referral data is analysed at practice and specialty level and shared with practices.

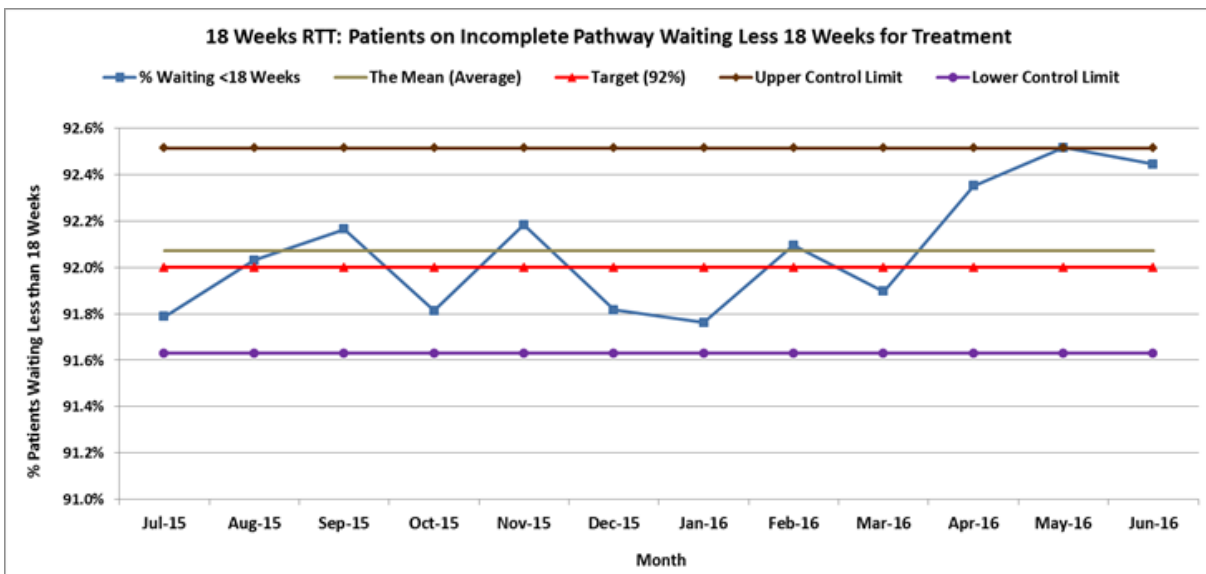


3.2 Other referrals (TFT only) have decreased during the month of June compared to the same period last year. This is a continuing trend.



Elective Care – please note the June position is the latest available data.

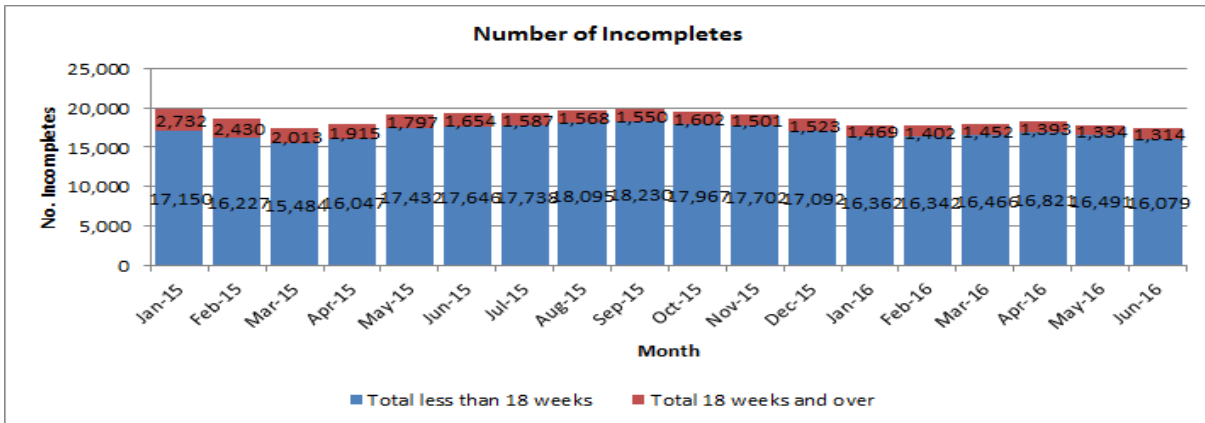
3.3 In June the CCG achieved the incompletes standard at 92.45% and THFT continued to achieve at 93.03%. The National RTT stress test demonstrates the trust are continuing to reduce the risk of failing RTT, this will have a positive impact on CCG performance.



	Incomplete (Standard 92%)	
	CCG Actual	THFT Actual
Apr	89.34%	87.50%
May	90.65%	89.30%
Jun	91.44%	90.70%
Jul	91.79%	91.30%
Aug	92.03%	92.10%
Sep	92.16%	92.22%
Oct	91.81%	92.2%
Nov	92.18%	92.8%
Dec	91.8%	92.2%

Jan	91.8%	92.7%
Feb	92.1%	92.4%
Mar	91.9%	92.5%
Apr	92.4%	92.9%
May	92.5%	92.9%
June	92.4%	93.0%

3.4 The total number of incompletes for the CCG has stabilised and slightly decreased this is primarily due to the decrease in under 18 weeks. The over 18 weeks has decreased slightly. There has been a decrease in over 40 week waiters and the 28 to 40 waits have increased.



Weeks Wait	T&G Patients at all Providers																	
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
52+ Weeks	29	18	6	6	5	1	1	0	1	2	0	1	0	2	0	1	0	0
40+ Weeks (inc. 52+)	149	118	90	126	101	92	61	45	39	30	28	42	47	51	49	34	31	24
28-40 Weeks	680	642	512	525	486	422	307	300	307	272	295	341	339	255	245	265	274	251
18-27 Weeks	1903	1670	1411	1264	1210	1140	1219	1223	1204	1300	1178	1140	1083	1096	1158	1094	1029	1039
14-17 Weeks	2395	1959	1884	1254	1828	1987	1890	2039	2242	2288	2038	2051	2191	1930	1836	1424	1670	1591
0-13 Weeks	14755	14268	13600	14793	15604	15659	15848	16056	15988	15679	15664	15041	14171	14412	14630	15397	14821	14488
Total	19882	18657	17497	17962	19229	19300	19325	19663	19780	19569	19203	18615	17831	17744	17918	18214	17825	17393

3.5 There were no patients waiting more than 52 weeks for treatment.

3.6 Tameside expects to report zero 52-week waits for June. However the risk of 52 week waiters remains with ten patients at 43 to 47 weeks. Also there are 47 patients waiting over 36 weeks without a decision to admit. Earlier this year the University Hospitals of South Manchester FT identified a data quality issue of patients who had been waiting >52 weeks not being identified. UHSM, NHSE, Monitor, and SMCCG have been addressing this matter. Following identification of this issue earlier this year, intensive validation work was carried out at the Trust and are still finding new >52 week pathways. As of 1 August 2016, five patients had been waiting longer than 52 weeks when treated. These were patients that we were not aware of when the last report was provided. We are being updated regularly on the position and are keeping a close eye on the issue.

	# of Patients Waiting by Specialty										% of Incomplete at 28
	0-18 Weeks	18-22 Weeks	23-27 Weeks	28-32 Weeks	33-37 Weeks	38-42 Weeks	43-47 Weeks	48-51 Weeks	52+ Weeks		
Cardiology	963	53	15	8	5	3	1	1	0	0	1.7%
Cardiothoracic Surgery	34	3	1	2	0	0	0	0	0	0	5.0%
Dermatology	838	18	7	2	5	0	0	0	0	0	0.8%
Ear, Nose & Throat (ENT)	1390	47	21	6	4	3	1	0	0	0	1.0%
Gastroenterology	706	26	7	3	1	1	0	0	0	0	0.7%
General Medicine	844	38	5	6	3	0	0	0	0	0	1.0%
General Surgery	2045	94	27	20	11	4	1	0	0	0	1.6%
Geriatric Medicine	7	1	0	0	0	0	0	0	0	0	0.0%
Gynaecology	1190	89	27	19	4	2	0	0	0	0	1.9%
Neurology	5	0	0	0	0	0	0	0	0	0	0.0%
Neurosurgery	32	0	0	1	0	0	0	0	0	0	3.0%
Ophthalmology	1182	17	6	2	4	0	2	0	0	0	0.7%
Oral Surgery	0	0	0	0	0	0	0	0	0	0	
Other	2662	84	53	27	9	3	4	0	0	0	1.5%
Plastic Surgery	148	7	5	0	2	0	0	0	0	0	1.2%
Rheumatology	260	11	3	4	2	0	0	0	0	0	2.1%
Thoracic Medicine	161	7	6	0	2	0	0	0	0	0	1.1%
Trauma & Orthopaedics	2482	170	67	41	17	6	1	1	0	0	2.4%
Urology	1130	86	38	23	5	3	0	0	0	0	2.4%
Total	16,079	751	288	164	74	25	10	2	-		1.6%

3.7 The specialities of concern with regard to current performance or Clearance Rate (how long to treat the total waiting list assuming no more were added and the number completed each week stays the same) are shown on the right. Clearance Rate is used as an indicator of future performance with 10 to 12 weeks usually being seen as the maximum to deliver performance however with specialities with low numbers this is less accurate. The clearance rates have recently improved.

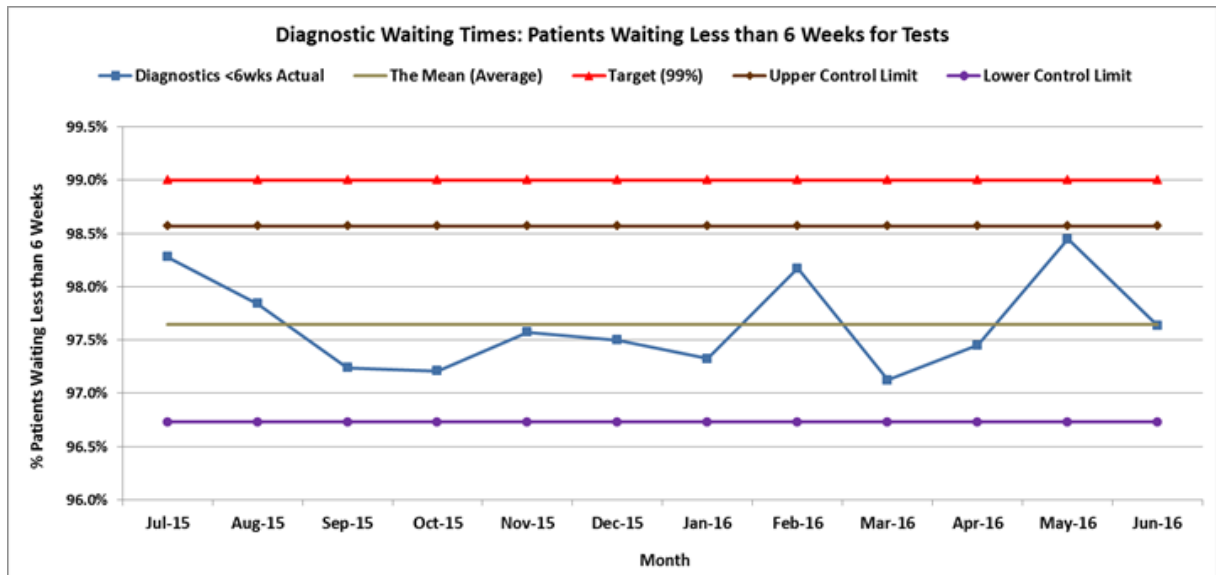
% of Patients waiting less than 18 weeks, by speciality, from All	Incomplete	Clearance Rates	
	Threshold 92%	Threshold 10-12 weeks	Change from last month
Cardiology	91.80%	15.37	↑
Cardiothoracic Surgery	85.00%	5.52	↓
Dermatology	96.32%	11.05	↑
Ear, Nose & Throat (ENT)	94.43%	10.20	↑
Gastroenterology	94.89%	7.69	↑
General Medicine	94.20%	12.32	↓
General Surgery	92.87%	7.34	↓
Geriatric Medicine	87.50%	4.00	↓
Gynaecology	89.41%	7.72	↓
Neurology	100.00%	20.00	↑
Neurosurgery	96.97%	8.80	↓
Ophthalmology	97.44%	9.51	↓
Oral Surgery			
Plastic Surgery	91.36%	8.42	↓
Rheumatology	92.86%	9.91	↓
Thoracic Medicine	91.48%	11.17	↓
Trauma & Orthopaedics	89.12%	9.88	↓
Urology	87.94%	13.35	↓
Other	93.67%	10.42	↓
Total	92.45%	9.73	↓

3.8 Five of these are the specialities where THFT also failed the standard and still have a backlog. Whilst reducing the backlog for Gynaecology and Dermatology there appears to be a small backlog in Urology and Neurosurgery and Orthopaedics has increased. Overall the backlog at THFT has decreased by 5.

Specialty	Incomplete Performance	> 18 Weeks	< 18 Weeks	Total	June Backlog	May Backlog	Apr Backlog	Mar Backlog	Feb Backlog	Jan Backlog	Dec Backlog	Nov Backlog	Oct Backlog	Sept Backlog	August Backlog	July Backlog	June Backlog
General Surgery	94.38%	119	1967	2116									10	40	70	90	130
Urology	90.83%	70	693	763	9	7	7	30	30	40	20	5	25	10			
Orthopaedics	86.78%	251	1647	1898	100	100	89	120	130	140	160	150	180	210	210	190	240
ENT	94.47%	56	956	1012													
Ophthalmology	99.49%	3	580	583													
Oral Surgery	93.26%	41	567	608													
Neurosurgery	89.66%	3	26	29		2	1										
Plastic Surgery	89.09%	6	49	55	2	1						7	30	15			
CT Surgery	100.00%	0	18	18					5			1					
Adult Medicine	93.54%	51	738	789													
Gastroenterology	95.59%	32	694	726							6					10	35
Cardiology	94.36%	50	837	887							6		10	40	40	100	110
Dermatology	96.31%	34	887	921			9										
Rheumatology	94.44%	11	187	198													
Gynaecology	88.04%	132	972	1104	44	50	70	60	25								
Other	95.98%	59	1408	1467													
Trust	93.03%	918	12256	13174	155	160	176	210	190	180	192	193	255	315	320	390	515

Diagnostics- please note the June position is reported in this update.

3.9 In June we failed the diagnostic standard at 2.36% against 1.0% Standard for waiting 6 or more weeks. This was primarily due to Central Manchester Trust. This month we have seen increases in over 6 week waiters at Care UK and Pioneer Healthcare. Both of these providers have been contacted to understand the issues and what actions are being taken to rectify the problem.



Financial Year		2016 - 2017		Reporting Month		June		Choose Trust		All			
Diagnostic Waiting - All Providers													
All Providers		April 2016				May 2016				June 2016			
		#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks	#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks	#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks
Endoscopy	THFT	505	0	0	0.0%	452	0	0	0.0%	579	0	0	0.0%
	CMMC	40	12	38	55.6%	44	4	16	31.3%	28	3	3	17.6%
	Pennine Acute	8	3	0	27.3%	7	3	0	30.0%	9	3	0	25.0%
	Salford	6	0	0	0.0%	6	0	0	0.0%	3	0	0	0.0%
	South Mc.	6	0	0	0.0%	7	0	0	0.0%	5	0	0	0.0%
	Stockport	16	0	0	0.0%	15	0	0	0.0%	18	0	0	0.0%
	Ashton Primary Care Centre	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Care UK	4	0	0	0.0%	7	0	0	0.0%	7	0	0	0.0%
	Other	11	0	0	0.0%	4	1	0	20.0%	2	0	0	0.0%
Total		596	15	38	8.2%	542	8	16	4.2%	651	6	3	1.4%
Non-Endoscopy	THFT	2448	28	0	1.1%	2622	29	0	1.1%	2654	28	0	1.0%
	CMMC	331	14	5	5.4%	332	7	6	3.8%	340	16	5	5.8%
	Pennine Acute	88	1	0	1.4%	86	0	0	0.0%	69	0	0	0.0%
	Salford	141	0	0	0.0%	146	0	0	0.0%	131	0	0	0.0%
	South Mc.	78	0	0	0.0%	84	2	0	2.3%	100	0	0	0.0%
	Stockport	149	0	0	0.0%	174	0	0	0.0%	204	1	0	0.5%
	Ashton Primary Care Centre	25	0	0	0.0%	54	0	0	0.0%	54	0	0	0.0%
	Care UK	456	0	0	0.0%	636	6	0	0.9%	709	50	0	6.6%
	Other	108	14	0	11.5%	81	1	0	1.2%	91	12	0	11.7%
Total		3804	57	5	1.6%	4215	45	6	1.2%	4352	107	5	2.5%
Overall Position		4400	72	43	2.55%	4757	53	22	1.55%	5003	113	8	2.36%

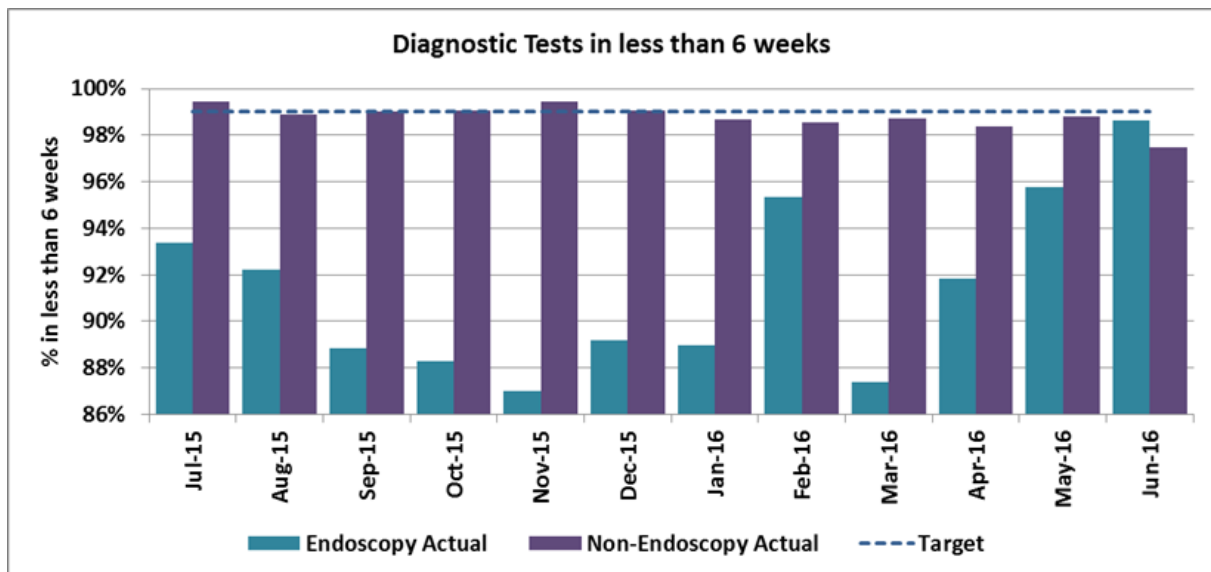
3.10 This means we failed every month last year and continue to fail this year, but there has been an increase in performance in April and May. June's performance deteriorated due to Care UK.

3.11 At the end of June 121 patients were waiting 6 weeks and over for a diagnostic test, eight of which were over 13 weeks. 27 were at Central Manchester Trust. Requests are continued to be made to obtain a copy of the action plan and trajectory from Central Manchester Trust including discussions with NHS England as their role as assurers of Lead CCGs.

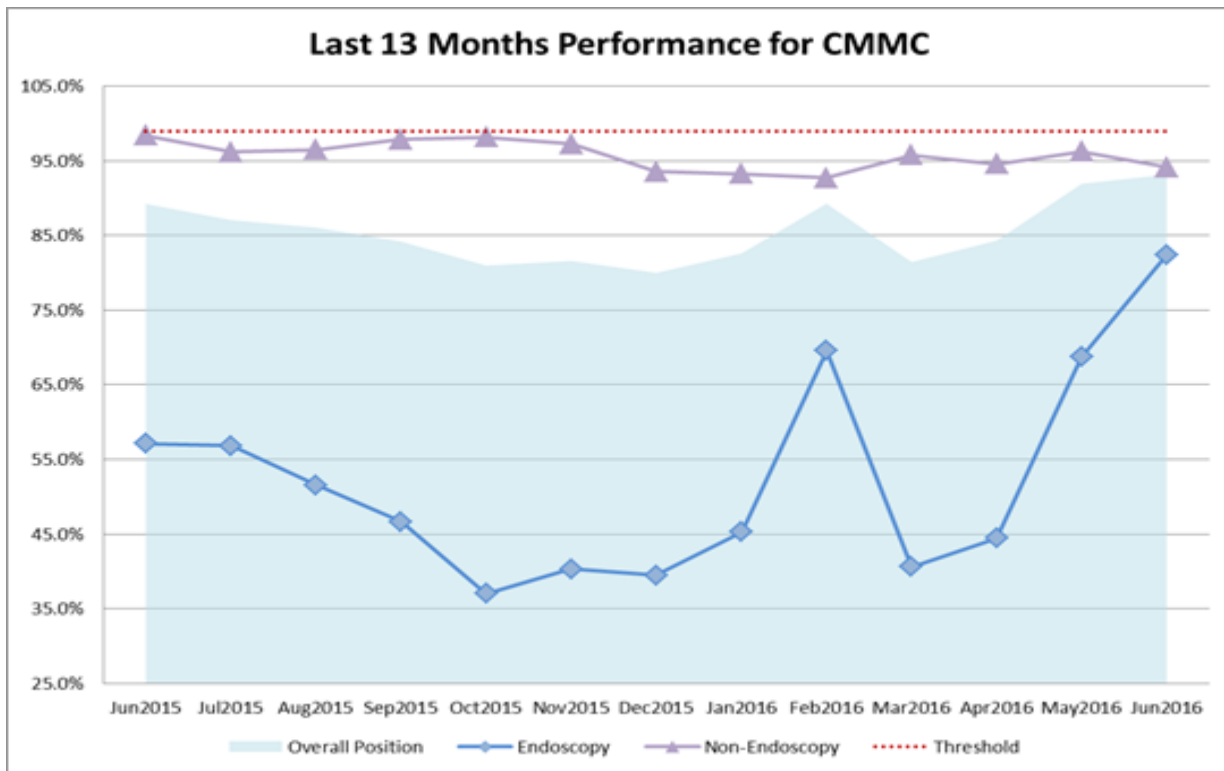
Provider	Test	Total 6-13 weeks	Total 13+ Weeks
CMMC	Cardiology - echocardiography	7	4
	Colonoscopy	2	3
	Gastroscopy	1	0
	Magnetic Resonance Imaging	8	0
	Urodynamics - pressures & flows	1	1
	Total	19	8
Pennine Acute	Colonoscopy	2	0
	Gastroscopy	1	0
	Total	3	0
Stockport	Cardiology - echocardiography	1	0
	Total	1	0
THFT	Audiology - Audiology Assessments	20	0
	Computed Tomography	2	0
	Neurophysiology - peripheral neurophysiology	5	0
	Non-obstetric ultrasound	1	0
	Total	28	0
Care UK	Audiology - Audiology Assessments	1	0
	Magnetic Resonance Imaging	49	0
	Total	50	0
Other	Magnetic Resonance Imaging (RGT Cambridge University Hospitals FT)	2	0
	Neurophysiology - peripheral neurophysiology (NEY Pioneer Healthcare Limited)	10	0
	Total	12	0
Grand Total		113	8

3.12 The backlog in endoscopy appears to have decreased and now accounts for 7% of breaches. Central Manchester Trust has agreed with a private provider to undertake additional activity to help with the backlog clearance. They expect to clear the backlog by the end of July 2016.

		Diagnostic Waiting - All Tests for All											
All Providers		April 2016				May 2016				June 2016			
		#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks	#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks	#Waiting < 6 weeks	#Waiting 6-13 weeks	#Waiting >13 weeks	% Waiting > 6 weeks
Endoscopy	Colonoscopy	263	7	21	9.6%	228	3	10	5.4%	281	4	3	2.4%
	Cystoscopy	57	0	0	0.0%	46	0	0	0.0%	52	0	0	0.0%
	Flexi sigmoidoscopy	46	3	3	11.5%	8	3	3	42.3%	61	0	0	0.0%
	Gastroscopy	230	5	14	7.6%	260	2	3	1.9%	257	2	0	0.8%
	Total	596	15	38	8.2%	542	8	16	4.2%	651	6	3	1.4%
Non-Endoscopy	Audiology - Audiology Assessments	372	13	0	3.4%	306	20	0	6.1%	329	21	0	6.0%
	Barium Enema	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Cardiology - echocardiography	458	1	3	0.9%	579	2	3	0.9%	515	8	4	2.3%
	Cardiology - electrophysiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
	Computed Tomography	737	2	0	0.3%	797	1	0	0.1%	831	2	0	0.2%
	DEXA Scan	84	0	0	0.0%	105	0	0	0.0%	108	0	0	0.0%
	Magnetic Resonance Imaging	1035	14	0	1.3%	1289	8	1	0.7%	1320	59	0	4.3%
	Neurophysiology - peripheral neurophysiology	165	27	0	14.1%	128	12	0	8.6%	158	15	0	8.7%
	Non-obstetric ultrasound	919	0	0	0.0%	972	0	0	0.0%	1059	1	0	0.1%
	Respiratory physiology - sleep studies	27	0	0	0.0%	34	1	0	2.9%	30	0	0	0.0%
	Urodynamics - pressures & flows	7	0	2	22.2%	5	1	2	37.5%	2	1	1	50.0%
	Total	3804	57	5	1.6%	4215	45	6	1.2%	4352	107	5	2.5%
Overall Position		4400	72	43	2.55%	4757	53	22	1.55%	5003	113	8	2.36%



3.13 THFT performance in endoscopy has stayed the same as last month and Central Manchester showing a slight increase in performance.



3.14 The latest update received from CMFT as at 21 April 2016 is as follows. The trust has undertaken a clinical validation of the entire endoscopy waiting list, the outcome of this validation is that 714 patients (Trust total) were identified that required transferring to the active list, and 170 of which are priority. To address the back log the trust has taken the following steps:

- The trust is transferring patients from the planned list to the active list and will report them in the next submission.
- An extension to the arrangement with the independent sector for extra capacity.
- The balancing of waiting lists across the MRI and Trafford Endoscopy units continues.
- The director of performance now heads up a weekly meeting to review all aspects.
- Administrative and reporting routines have been improved/adapted.

The trust expect that they will be able to ensure resolution by end of June 2016. They are developing a weekly trajectory in the next few weeks.

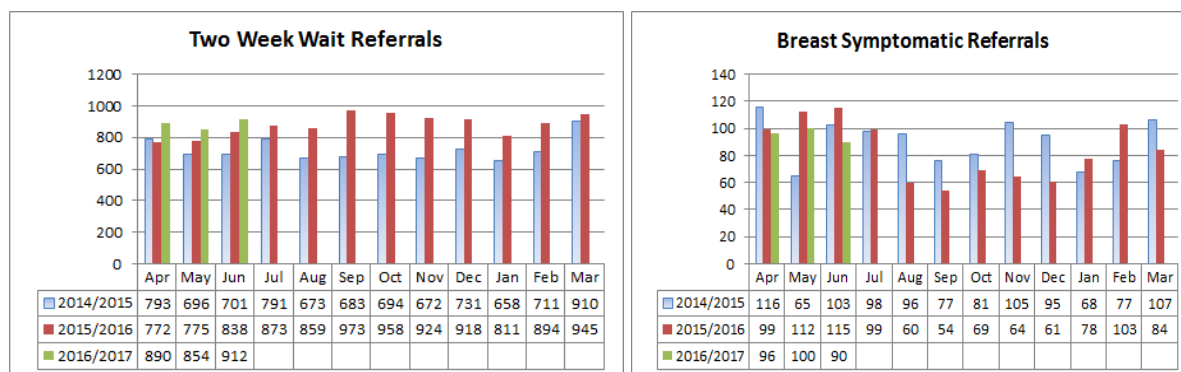
Cancer- please note the June position is reported in this update

3.15 We achieved all the standards In June apart from 62 day screening but achieved all standards in Quarter 1.

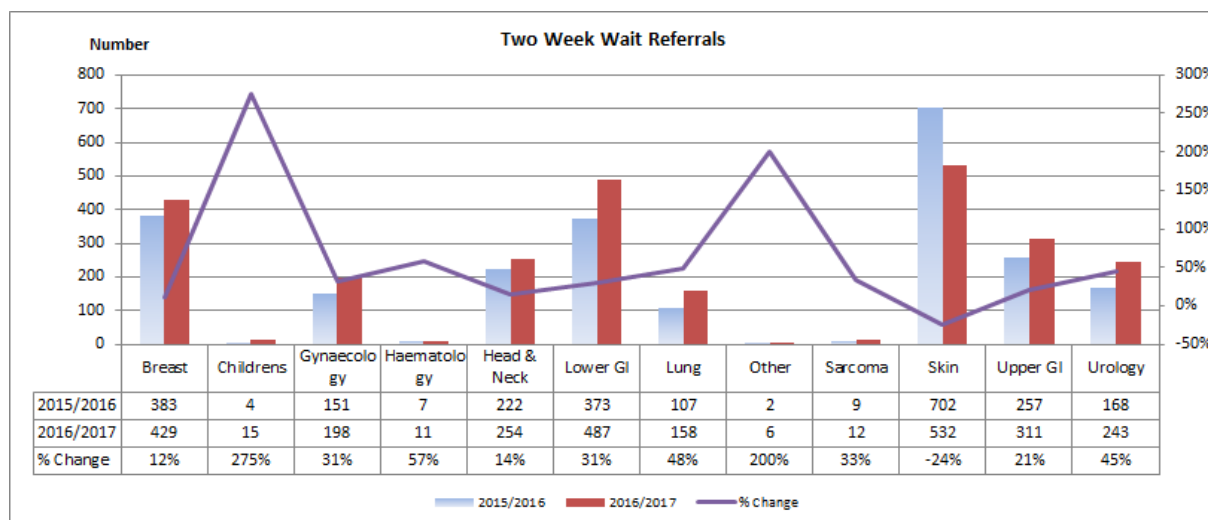
3.17 Tameside achieved all the standards.

Indicator Name	Standard	Performance					No. of patients not receiving care within standard in Apr
		March 15/16	April 16/17	May 16/17	June 16/17	Q1 16/17	
Cancer 2 week waits	93.00%	95.8%	95.8%	97.1%	96.6%	96.5%	31
Cancer 2 week waits - Breast symptoms	93.00%	98.8%	93.8%	98.0%	94.4%	95.5%	5
Cancer 62 day waits – GP Referral	85.00%	95.9%	91.3%	87.7%	91.0%	90.2%	4
Cancer 62 day waits - Consultant upgrade	85.00%	87.1%	89.5%	84.6%	93.5%	89.5%	1
Cancer 62 day waits - Screening	90.00%	100%	N/A	N/A	100%	100%	0
Cancer day 31 waits	96.00%	100%	98.6%	100%	100%	99.5%	0
Cancer day 31 waits - Surgery	94.00%	100%	100%	100%	100%	100%	0
Cancer day 31 waits - Anti cancer drugs	98.00%	100%	100%	N/A	100%	100%	0
Cancer day 31 waits - Radiotherapy	94.00%	100%	100%	100%	100%	100%	0

3.18 The increase in two week wait referrals continues. Breast however, have recently been close to 2015/16 levels.



3.19 The year to date increases in referrals continues compared to the same period last year with Haematology, Urology, Lower GI, Head and Neck, breast and lung showing the larger increases.



Urgent Care – please note position reported is at 10th July.

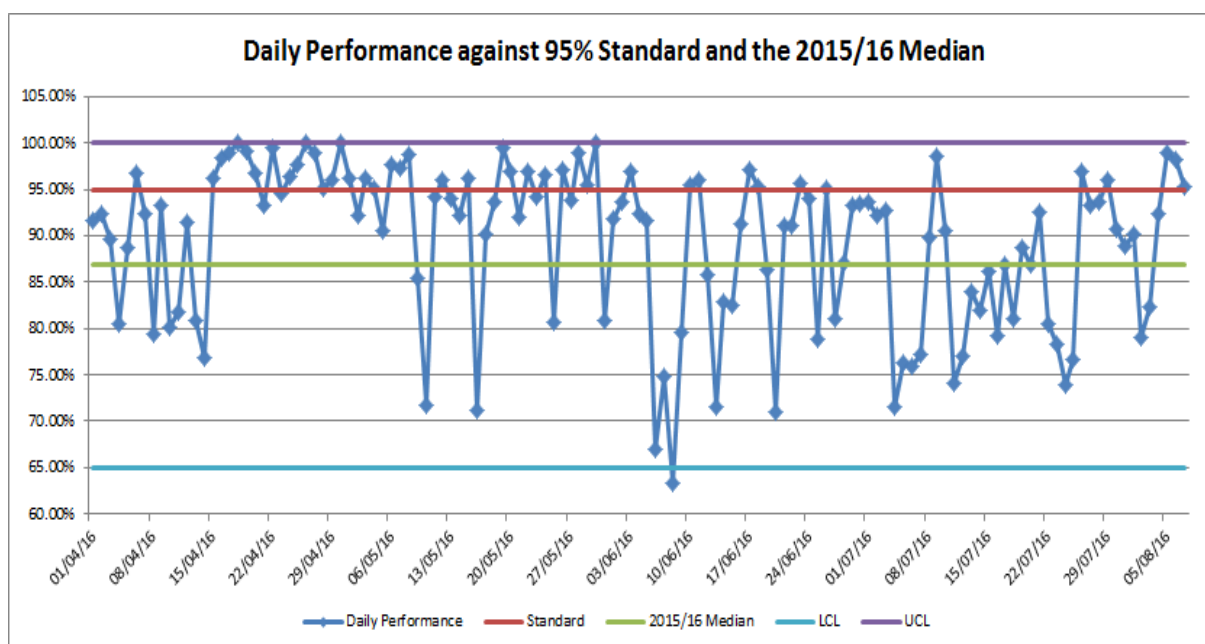
3.20 THFT A&E performance is as below.

Apr-16	May-16	Jun-16	July-16
92.46%	92.16%	86.61%	84.98%

3.21 We are currently the third best performer across the GM trusts YTD, reported through Utilisation Management. Our May and June, July performance and August performance to the 7th has not achieved the standard.

	Financial Year to 07 August 16	April 2016/17	May 2016/17	June 2016/17	July 2016/17	Aug to 07 th 2016/17
Wigan	91.75%	92.93%	90.30%	93.87%	89.67%	94.20%
Salford	89.55%	92.52%	90.21%	94.05%	81.69%	90.84%
Tameside	89.09%	92.46%	92.16%	86.61%	84.98%	84.99%
Oldham	86.89%	86.89%	90.39%	86.58%	83.72%	86.63%
Bury	83.40%	82.72%	84.74%	86.35%	82.90%	69.40%
Bolton	82.44%	80.25%	81.29%	85.33%	81.94%	86.83%
Stockport	81.56%	79.31%	81.59%	85.26%	81.51%	74.94%
North Manchester	76.31%	80.20%	77.90%	75.11%	71.24%	81.05%

3.22 Recent performance is on a downward trend. Previous Improvement was being maintained by close monitoring in A&E underpinned by an electronic board. As use of the board becomes embedded it is hoped that senior manager scrutiny can reduce.

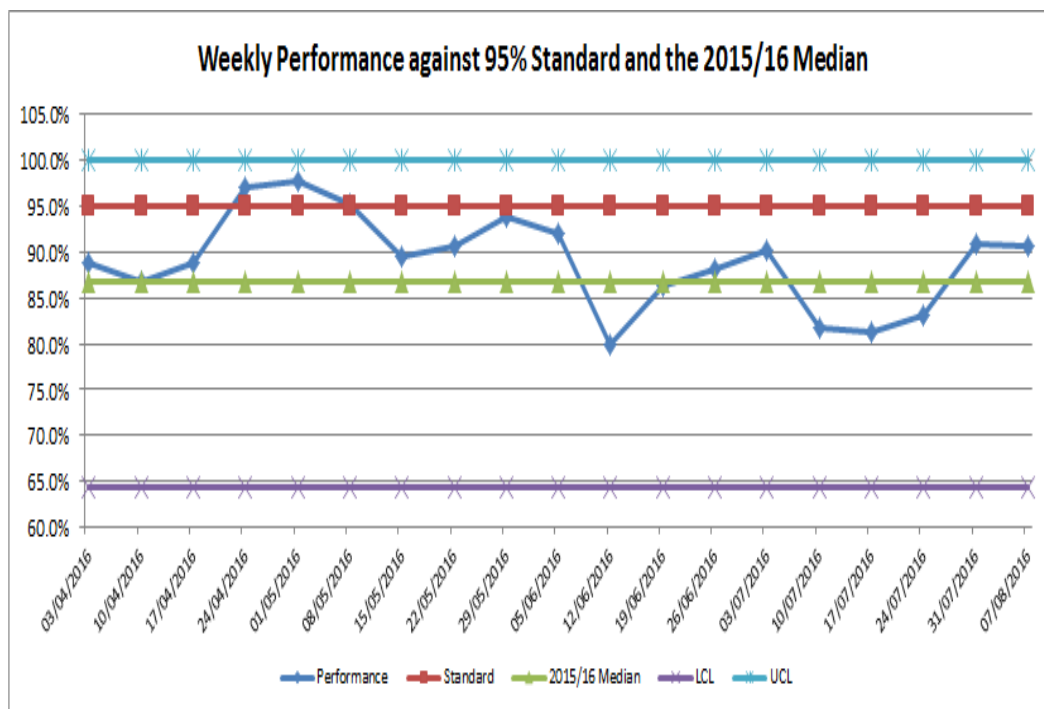


3.23 Activity was well managed during the two day period of junior doctors industrial action. Activity levels were not below normal levels and performance was above the standard.

3.24 There has previously been considerable variation on a daily basis with no clear reason, but more recently that has stabilised. During April the standard was achieved but May, June and July has seen a drop in performance.

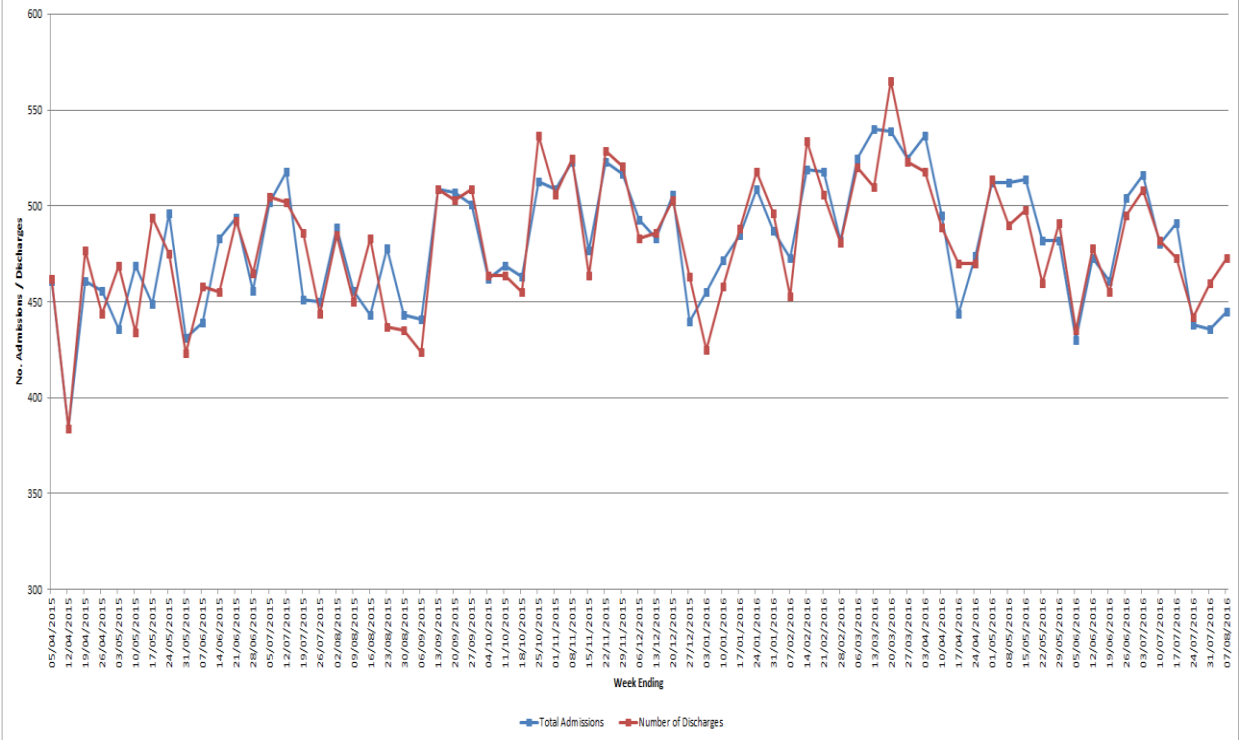
3.25 During April, May, June and July late first assessment is the main cause of A&E breaches with patients having late assessments as the highest reason for breaches. The patients waiting also impact on cubicle availability which results in breaches due to late first assessments. Previously the main breach reason was awaiting a bed.

Breach Reason (Actual)	w/e 1 May	w/e 8 May	w/e 15 May	w/e 22 May	w/e 29 May	w/e 5 Jun	w/e 12 Jun	w/e 19 Jun	w/e 26 Jun	w/e 7 Jul	w/e 10 Jul	w/e 17 Jul	w/e 24 Jul	w/e 31 Jul	w/e 7 Aug	Cumulative
Awaiting bed	0	6	26	16	26	5	46	37	40	27	51	66	100	24	34	3337
Specialty Delay	1	9	10	2	11	17	21	11	7	18	20	26	21	24	20	1030
Delayed Medical Assessment	0	0	0	105	0	0	0	0	0	0	0	0	0	0	0	510
Other	0	3	5	11	1	3	8	3	2	2	5	5	7	0	8	628
Late First Assessment	28	41	125	4	46	95	151	141	137	94	211	215	146	85	61	4664
Clinical	5	14	17	13	15	14	17	21	11	18	19	15	11	11	9	857
CT Delay	0	2	0	0	2	0	1	1	1	1	0	0	1	1	1	178
Late Referral to Specialty	4	5	6	3	4	0	5	9	8	3	3	3	4	3	0	294
Seen after 4 hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23
Awaiting transport	0	2	1	3	1	0	3	5	0	3	0	5	6	5	4	211
Pathology Delay	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	60
XR Delay	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	21
Unknown	0	0	0	0	0	0	84	0	0	0	0	0	0	0	0	84
Total	38	84	190	157	106	134	336	228	206	166	310	335	296	154	137	11897



3.26 We frequently have fewer emergency discharges than emergency admissions and so routinely have to escalate discharge to manage the daily demand. The loss of the beds at Darnton House has further impacted on our ability to discharge from acute beds recently.

Total Emergency Admissions Vs Number of Discharges at Tameside General Hospital



3.28 Since September 2015 there has been considerable variation in the numbers of attendances and admissions and breaches have risen significantly. During April this had stabilised and breaches had reduced, which now look to have increased during May, June and July.

Week Ending	Actual Number of A&E Type 1 Attendances	Actual Number of 4 hour Type 1 breaches	Actual Performance
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Number of Emergency Admissions via A&E	Number of Direct Emergency Admissions	Total Emergency Admissions
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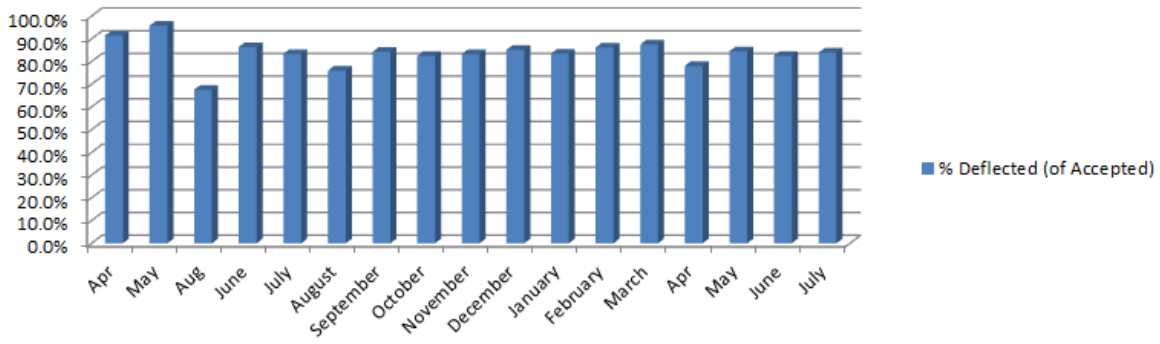
03 Apr	1787	202	88.7%
10 Apr	1641	217	86.8%
17 Apr	1495	166	88.9%
24 Apr	1639	47	97.1%
01 May	1609	38	97.6%
08 May	1770	84	95.3%
15 May	1797	190	89.4%
22 May	1682	157	90.7%
29 May	1688	106	93.7%
05 Jun	1676	134	92.0%
12 Jun	1673	336	79.9%
19 Jun	1653	228	86.2%
26 Jun	1728	206	88.1%
03 Jul	1686	166	90.2%
10 Jul	1701	310	81.8%
17 Jul	1785	335	81.2%
24 Jul	1752	296	83.1%
31 Jul	1673	154	90.8%
07 Aug	1496	139	90.7%

453	80	533
421	85	506
382	58	440
406	71	477
445	68	513
435	74	509
450	66	516
414	69	483
411	75	486
373	58	431
413	62	475
382	78	460
439	73	512
443	73	516
422	59	481
424	67	491
378	60	438
376	60	436
386	59	445

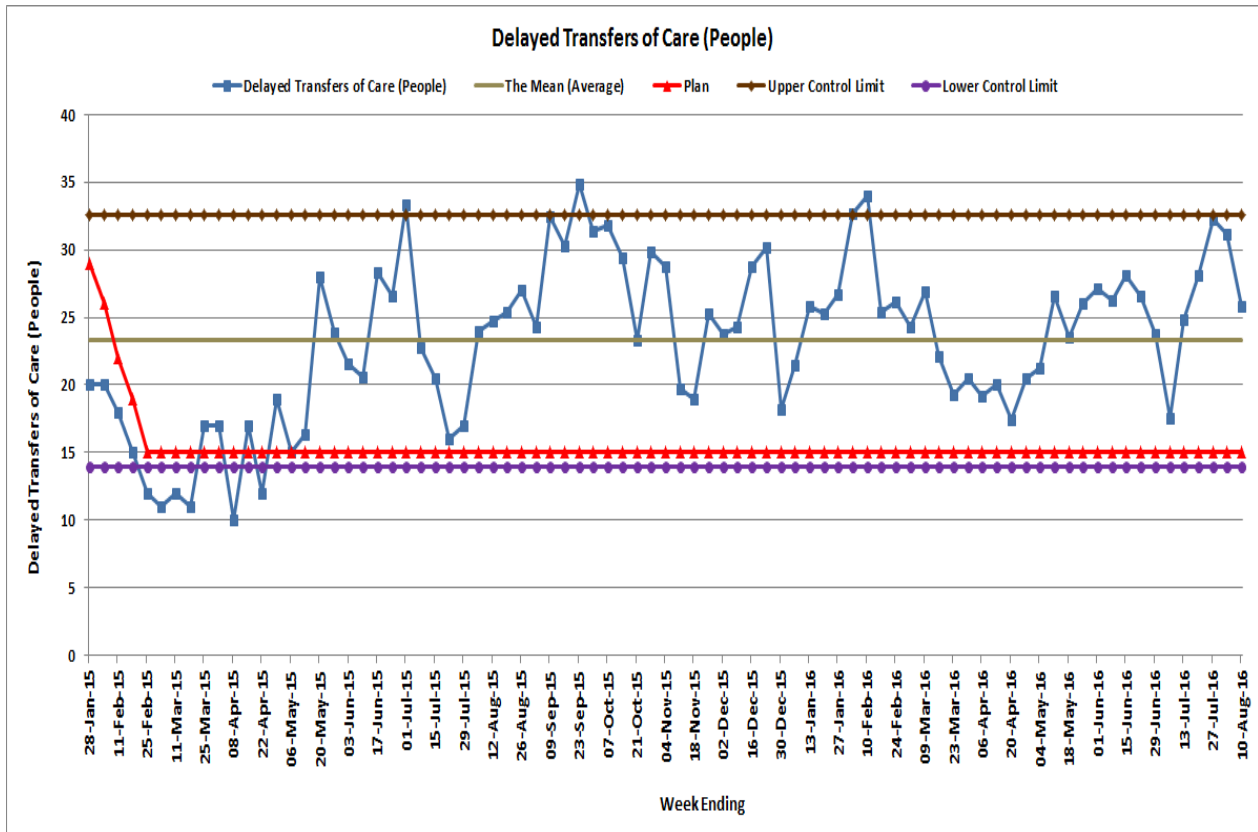
3.29 Usage of the Alternative to Transfer service continues to be good and the level of deflections remains above 80%.

	February	March	April	May	June	July	Aug to 07th
Referrals	207	241	198	183	178	221	37
Accepted	203	223	196	183	177	220	37
Red Refusals to Hospital also seen	29	22	18	15	17	27	11
Deflected	150	189	139	142	132	162	20
Accepted %	98.1	98.8	99.0	100	99.4	99.5	100
% Deflected (of Referrals)	86	88	78.1	85	82.5	83.9	77.0
% Deflected (of Accepted)	86	88	78.1	85	82.5	83.9	77.0

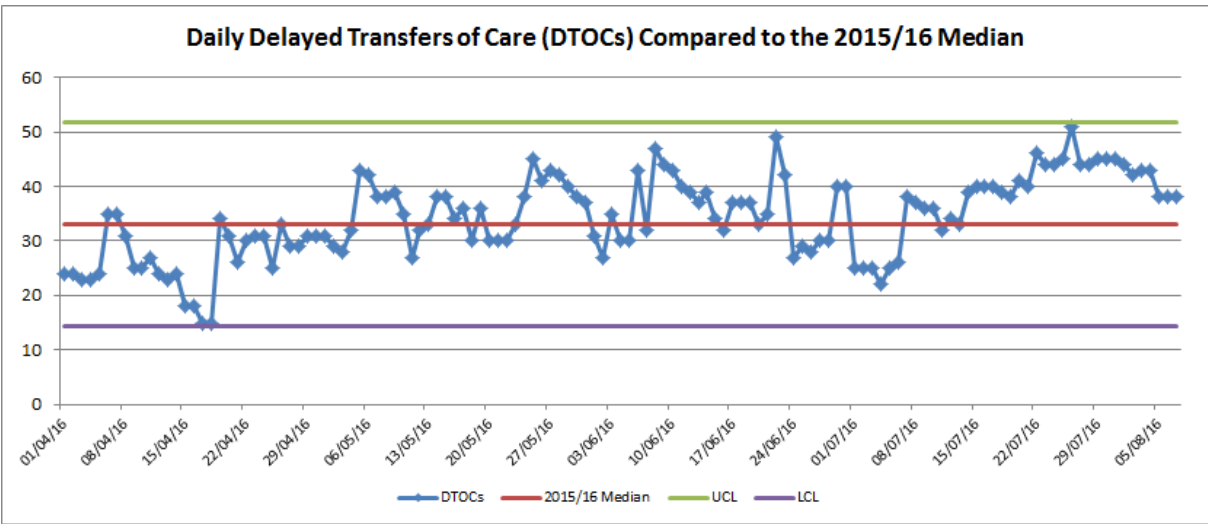
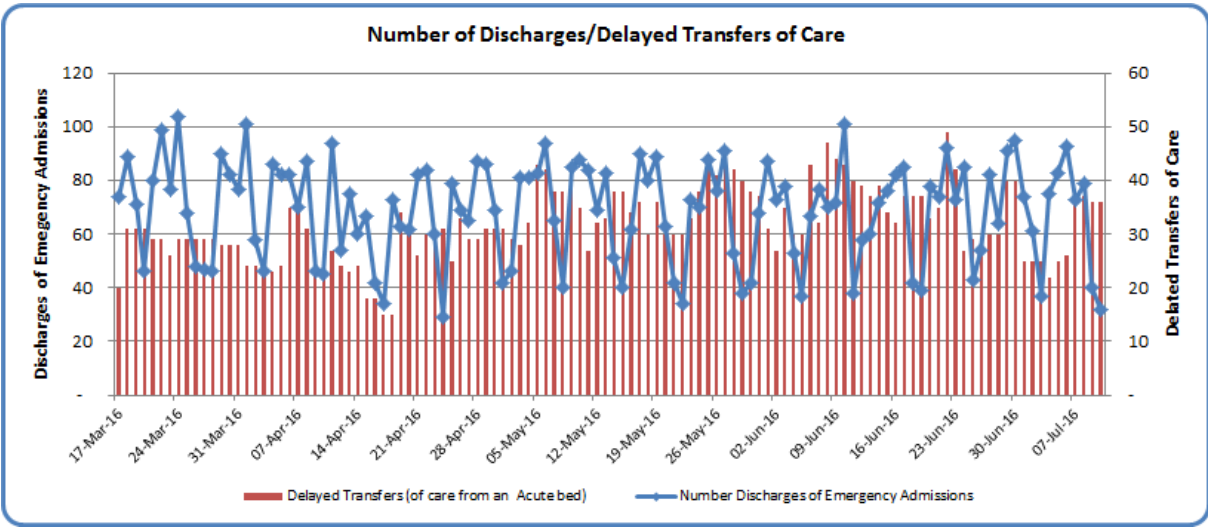
Usage of the Alternative to Transfer service 2015 and 2016



3.30 The number of Delayed Transfers of Care (DTOC) recorded has increased recently.

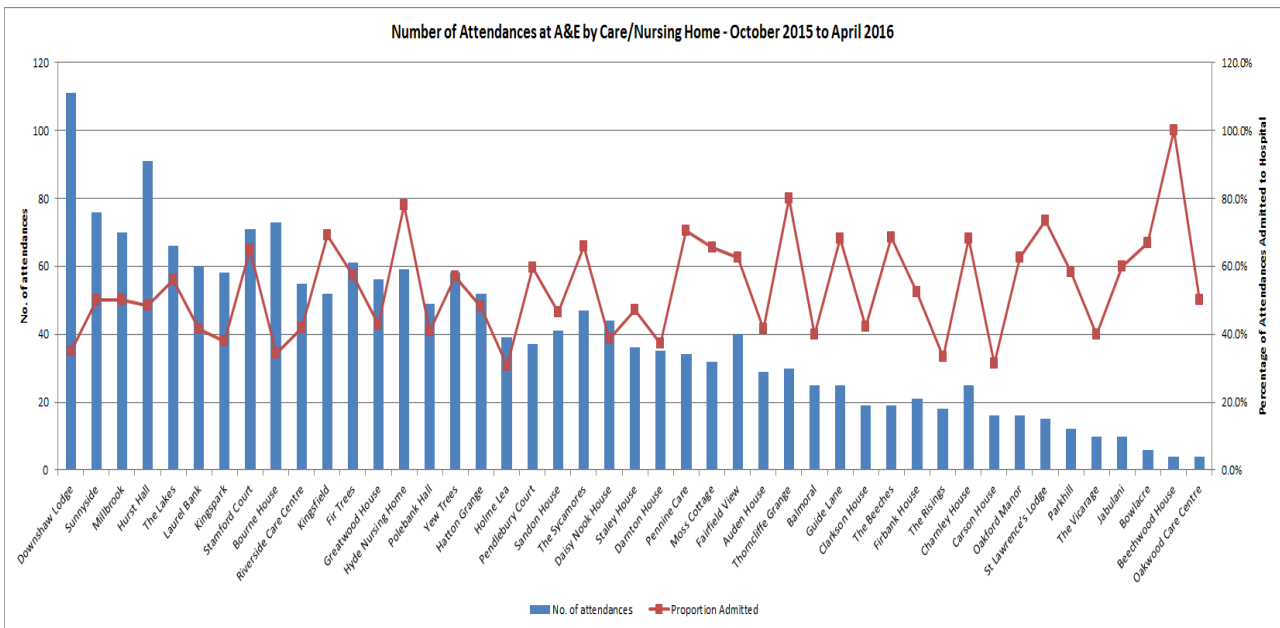


3.31 Reducing DTOC and the level of variation day by day is a key aspect of the improvement plan with Integrated Urgent Care Team designed to significantly impact on bed availability by improving patient flow out of the hospital and avoiding admissions. This should deliver a culture of 'Discharge to Assess' which is key to delivering the national expectation that trusts will have no more than 2.5% of bed base occupied by DTOC.

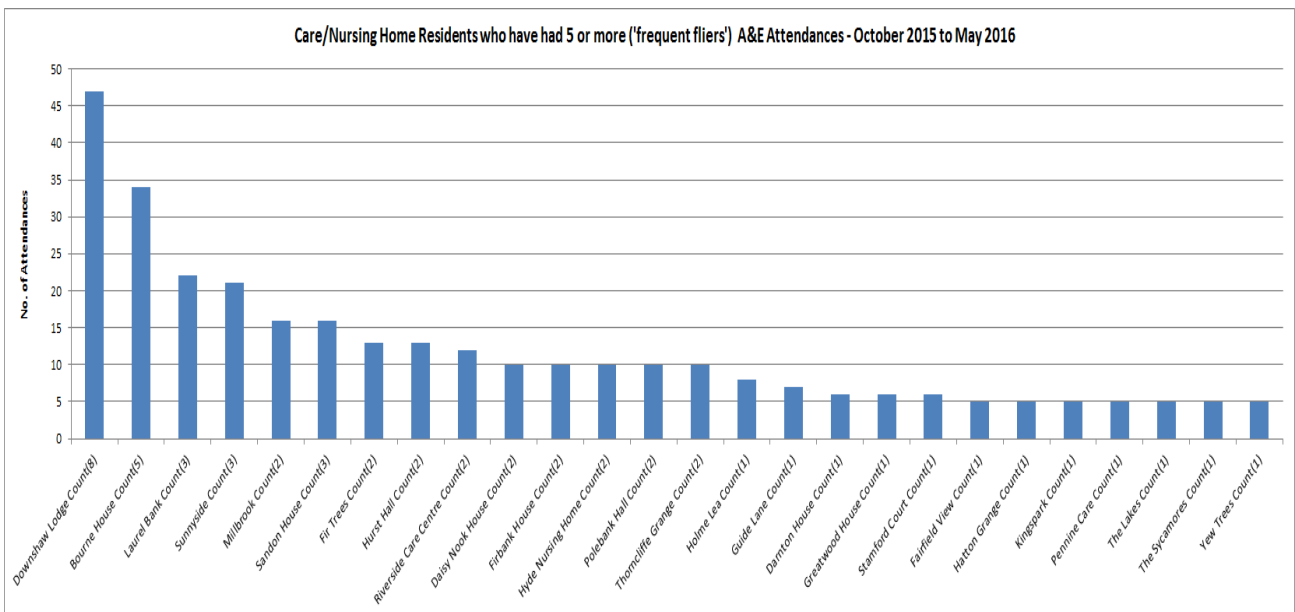


Care Homes

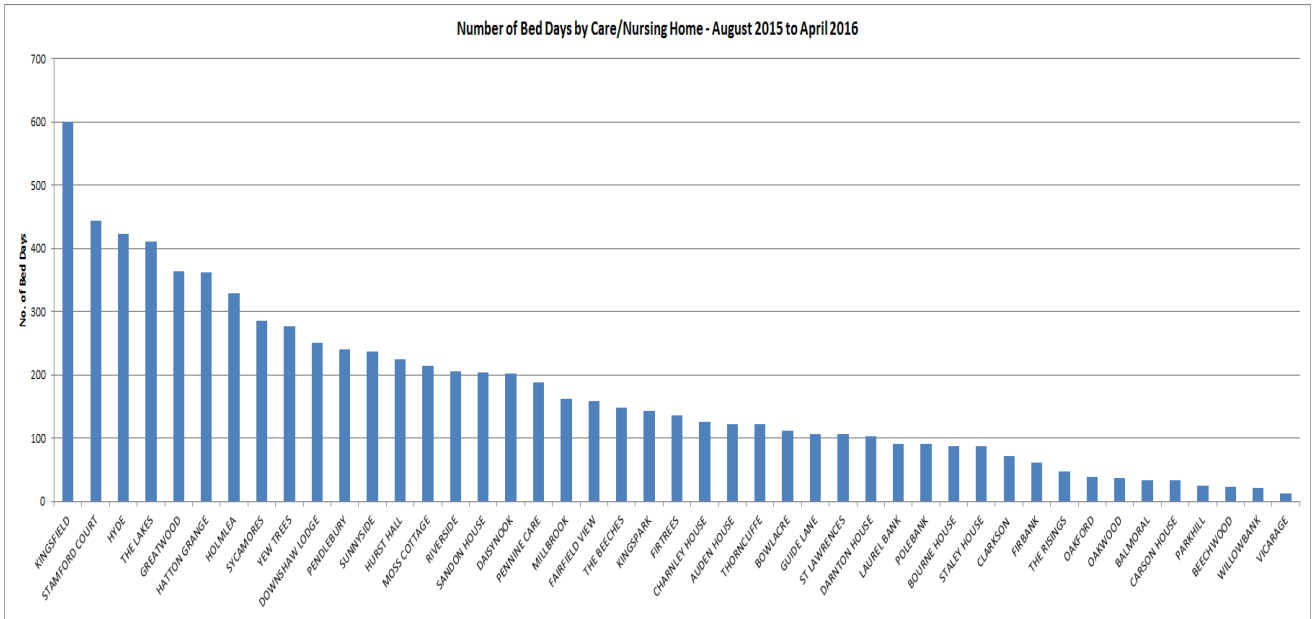
3.38 The decision was made to specifically look at the care homes use of our urgent care systems. This was to allow us to look to see if we can identify themes and trends regarding particular care home providers. In doing this it would allow us to focus support which will be individual to providers. Trying to establish a robust and consistent dataset has been challenging given that we are looking at one specific client group that uses multiple elements of an urgent care system. Data submission remains a challenge, we are working with the relevant urgent care partners to get to a position where we will receive month end live data. The graphs below represent the cumulative activity for the periods detailed above e ach graph. We would aim to deliver a monthly reporting system that would allow health and social care services to interpret the data to develop appropriate support plans. Some examples of the data collected to date used by the care home steering group are shown below.



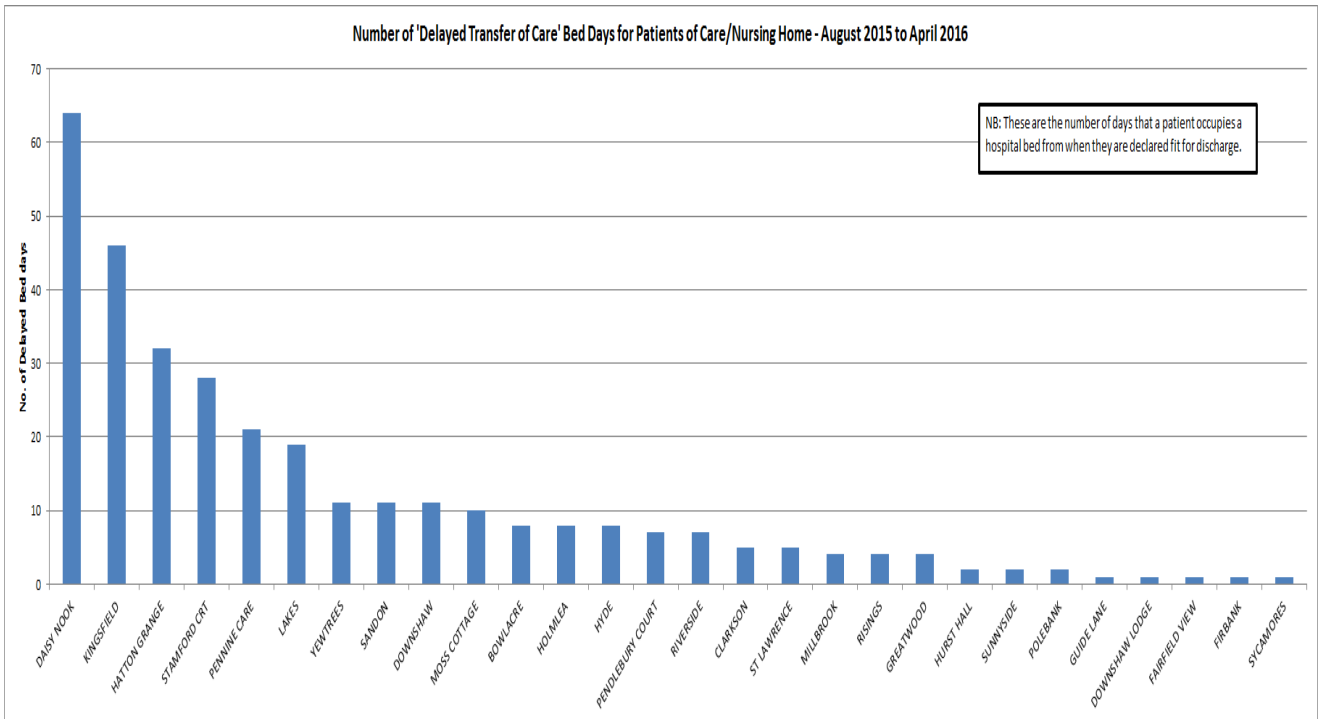
3.39 Work is currently being done to present this graph showing a month on month position. This will allow us to monitor attendances per care home per month giving us the ability to take action in a more timely manner.



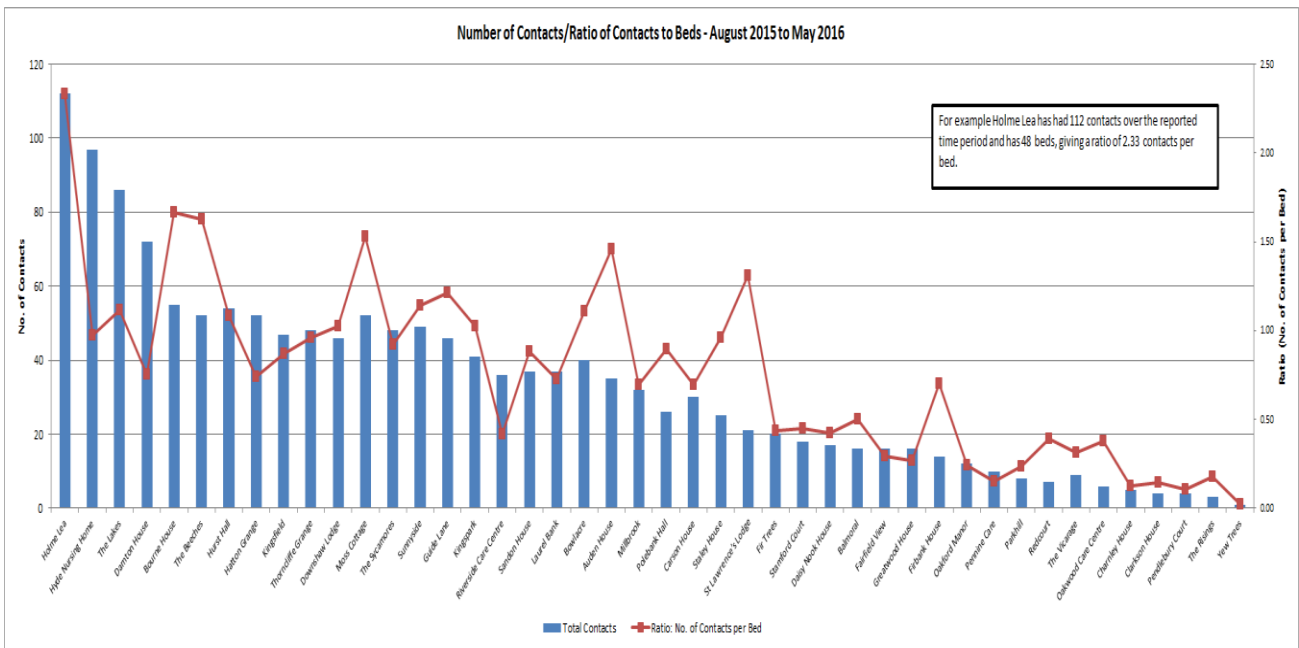
3.40 To enable an MDT to be wrapped around individuals who frequently attend A&E this data also needs to be as live as possible. Early work has already identified that a number of the clients in this category in the above graph had already passed away.



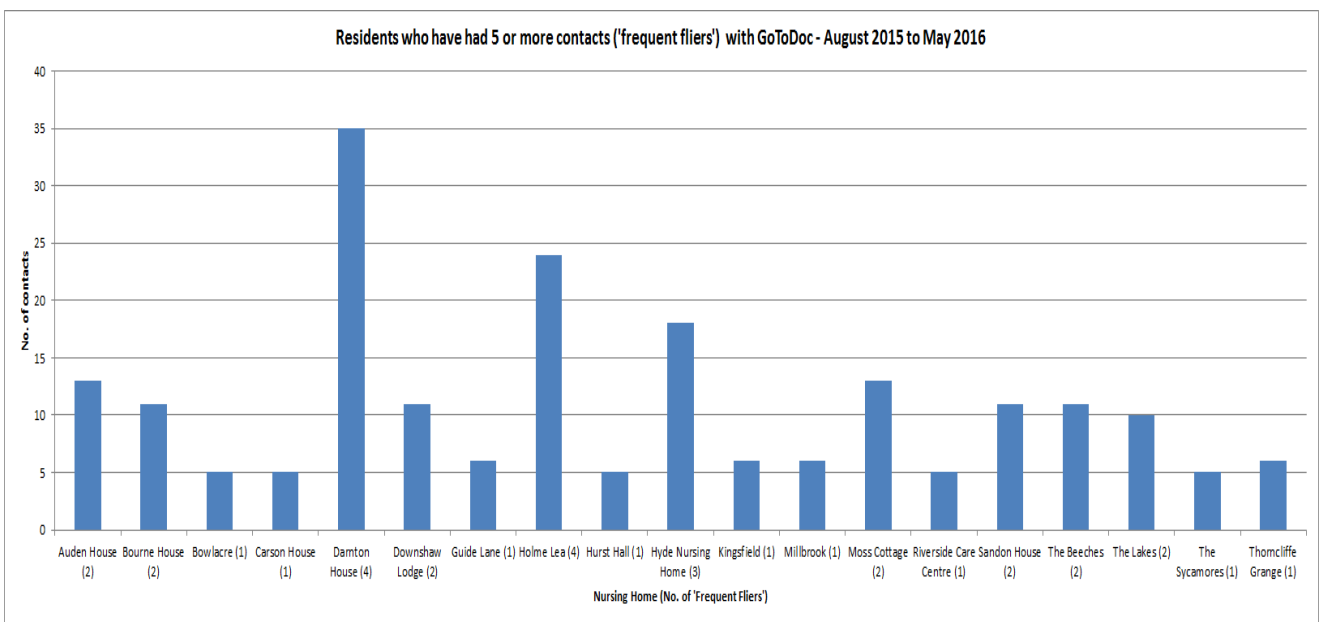
3.41 Once we are able to collate the above data on the number of inpatient bed days per care home on a monthly basis, we need to correlate the above data with that of A&E attendances in the graph in section 4.1.



3.42 The above graph shows the number of inpatients bed days by care home once an individual is medically ready to be discharged from hospital. Given these individuals are already in receipt of 24 hour care further work has been requested by the care home steering group to understand why these individuals remain in hospital once ready to leave.



3.43 The CCG has secured the extension of the GTD professional help line to care home nurses as a pilot which did commence on the first of August. The CCG will review on a monthly basis with the lead from GTD the details of the calls made to the helpline from care homes allowing us to see if there are any themes or trends.

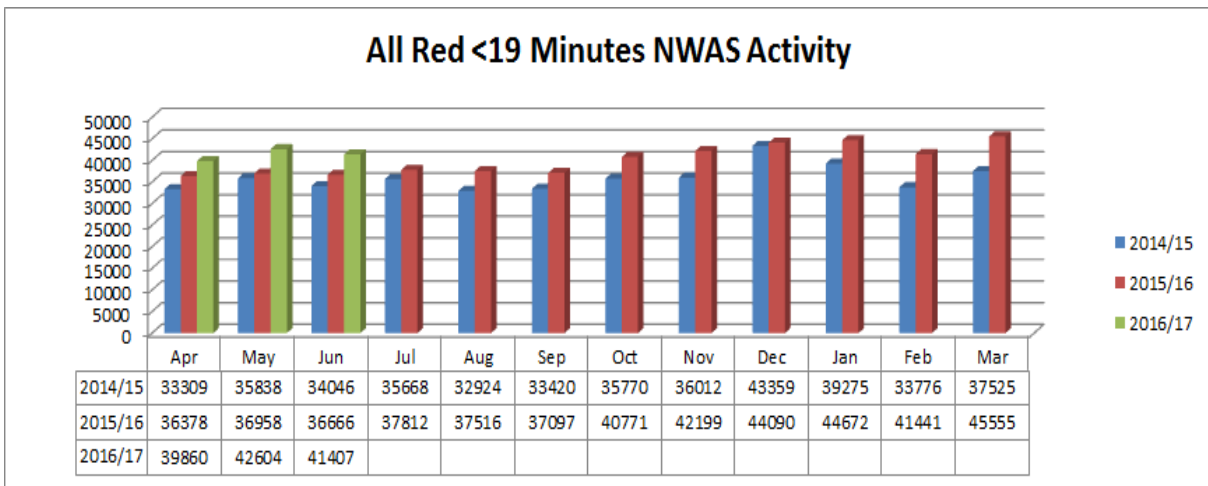


3.44 We need to move to a position where this data is reported monthly to allow us to mobilise an MDT in a more timely manner.

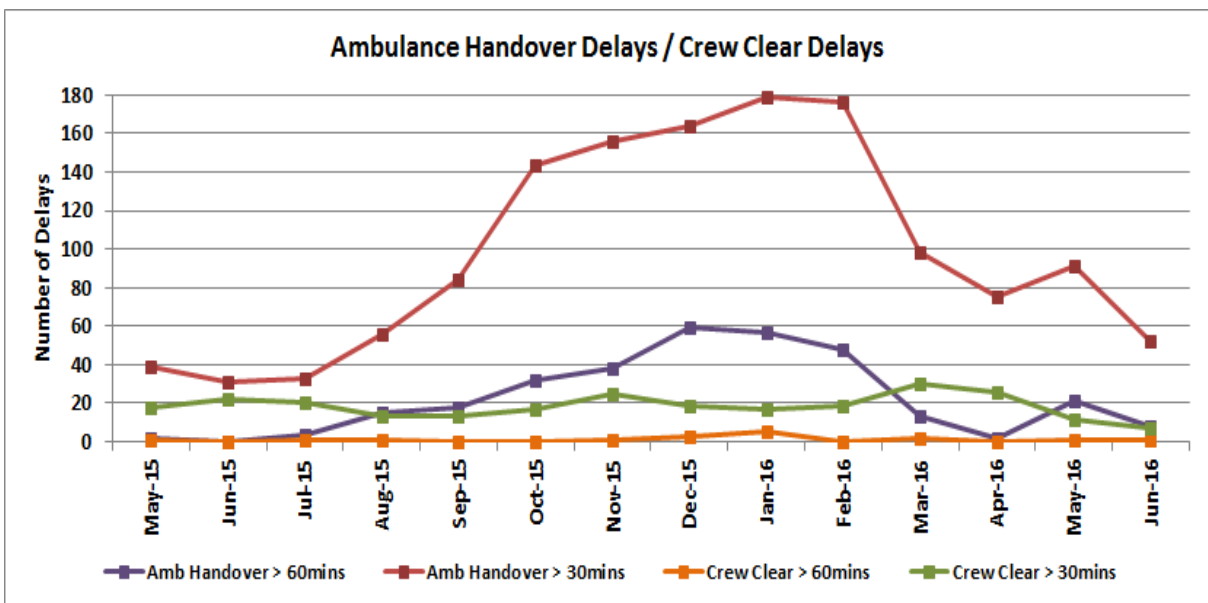
3.45 The care home steering group meets monthly and has access to the full dataset from the urgent care partners. This section will be subject to review as the care home steering group identifies where the priorities within the urgent care system that supports care homes.

Ambulance – please note position reported is June

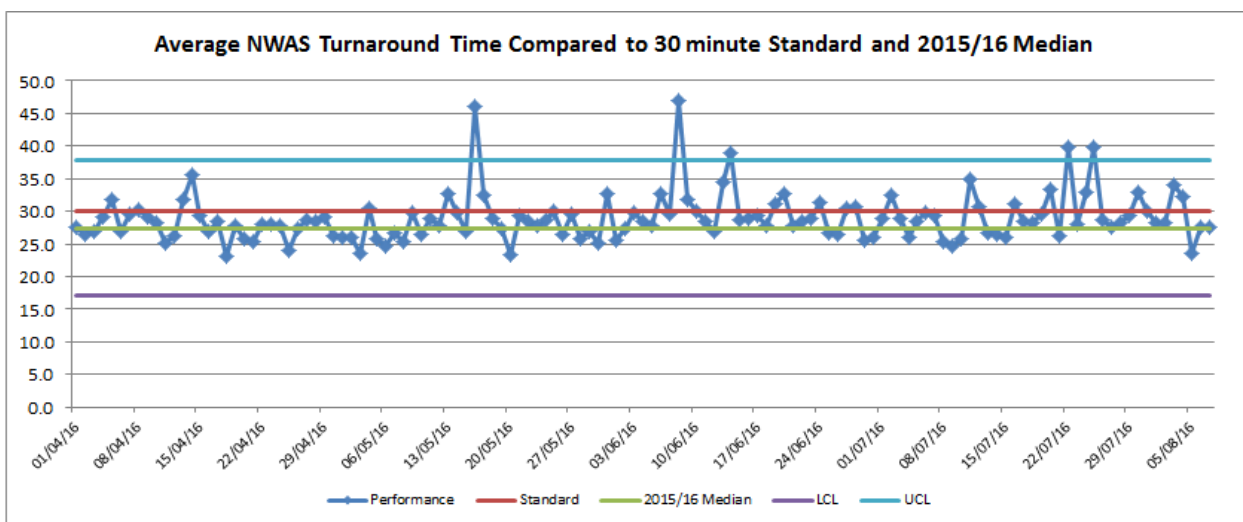
3.46 In June 2016 the CCG failed to achieve the response rates locally with 69.50% for CAT A 8mins Red 1, 63.10% for CAT A 8mins Red 2 and 91.10% for CAT A 19 mins Red 2.



3.49 The number of ambulances with handover delays decreased in June.



3.50 The trend is however still improving for ambulance turnarounds below 30 minutes.



111– please note position reported is June

3.51 111 went live in GM 10 November so this is the seventh full month reported under the new arrangements.

3.52 Primary KPI performance

- The North West NHS 111 service was offered 150,613 calls in the month, answering 129,266.
- 115,726 (89.53%) of these calls were classified as being triaged.

NWAS has worked closely with Commissioners over recent months to address a known staffing shortfall which has had a significant adverse effect upon call answer performance and calls abandoned in particular. Staffing has continued to increase during June, and attrition has continued to be well managed, leading to an improvement in KPI's in line with our performance trajectory. NWAS continues to apply focus to staffing numbers, especially in the clinician workforce, in order to generate an improvement in the clinical access KPI's.

3.53 The North West NHS 111 service is performance managed against a range of KPI's, however there are 4 primary KPI's which are accepted as common 'currency', reported by each NHS 111 service across England. These are:

<u>Target</u>	<u>Reported</u>
• Calls answered (95% in 60 seconds)	90.09%
• Calls abandoned (<5%)	2.05%
• Warm transfer (75%)	32.23%
• Call back in 10 minutes (75%)	40.42%

3.54 The level 4 incidents where ambulances were urgently dispatched to patients who did not want to be resuscitated are being followed up (There was 1 case reported in June). It is essential that GPs share DNACPR with Go to Doc through Special Patient Notes to enable 111 staff to see them and avoid distress to patients and families.

3.55 Our use is in line with NW levels.

	15 and Under	16 to 65	65 and Over	Total
Callers Triaged by Age	854	1,945	740	3,539
% Breakdown	24%	55%	21%	100%
Total for NW Region	27,021	64,983	23,722	115,726
% Breakdown NW Region	23%	56%	20%	100%

3.56 Our treatment is generally in line with NW levels.

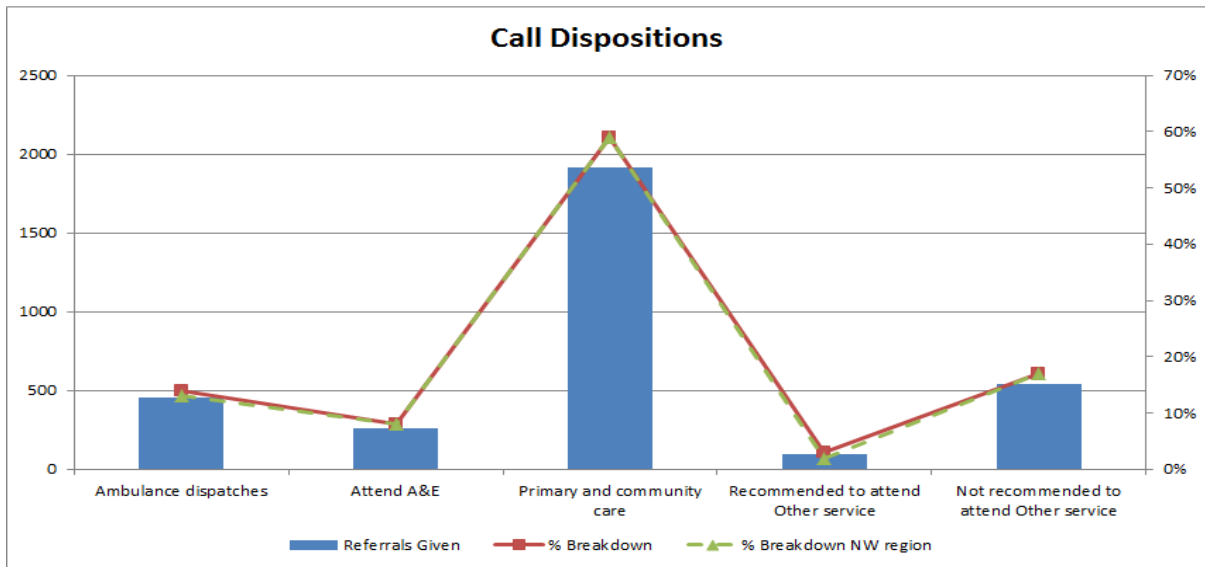
	Calls Triaged	Caller terminated call during triage	Callers who were identified as repeat callers	Triaged Patients Speaking to a clinician	Patients Warm Transferred to Clinician Where Required ^a	Patients Offered a Call Back Where Required	Call Backs in 10 Minutes
Caller Treatment	3,539	313	226	690	224	466	173
% Breakdown	100%	9%	6%	19%	32%	68%	37%
Total for NW Region	115,726	10,341	4,419	23,505	7,575	15,930	6,439
% Breakdown NW Region	100%	9%	4%	20%	32%	68%	40%

3.57 Our onward referral is generally in line with NW levels.

Calls Triaged	Ambulance Despatches	Attend A&E	Primary and community care	Recommended to Attend Other Service	Not Recommended to Attend Other
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						Service
Referrals Given	3,539	501	299	1,874	79	786
% Breakdown	100%	14%	8%	53%	2%	22%
Total for NW Region	115,726	15,661	10,284	64,100	2,637	23,044
% Breakdown NW Region	100%	14%	9%	55%	2%	20%

3.58 Our dispositions are in line with this.



4 RECOMMENDATION

4.1 As set out on the front of the report.