

Key Messages

Positive trends

18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 93.0% during January.

18 Weeks RTT 52+ Week Waits: There were no patients waiting longer than 52 weeks during January.

Cancer: All of the cancer indicators achieved standard during January except 62 day Cancer upgrades.

IAPT Access Rate: Performance continues to be above the Quarterly standard (3.75%) achieving 3.92% during Quarter 2.

IAPT Waiting Times: Quarter 2 performance is above standard for 18 week waiting times and 18 week waits is reported as 98.6% (Standard 95%)

Healthcare Associated Infections Clostridium Difficile: The number of reported cases during January (5) was below plan.

Dementia: Estimated diagnosis rate for people aged 65+ for January was 74.8% against the 66.7% standard.

Referrals: GP referrals have increased this month compared to last month however they have continued to decrease overall and have decreased compared to the same period last year. Other referrals have increased compared to last month and have increased compared to the same period last year.

Challenges

Please note a more detailed exception report is available for each of these indicators later in this report.

A&E Waits Total Time Within 4 Hours At T&G ICFT: January performance at Tameside And Glossop Integrated Care NHS FT (T&GICFT) is below the 95% target, at 76.7%. A total of 7,037 patients attended A&E in the month, of which 1638 did not leave the department within 4 hours.

Diagnostics 6+ Week Waiters: Performance was higher (worse than) the national standard of 1.00%, currently achieving 1.88% during January.

Cancer: Performance was below the threshold (85%) for 62 day cancer upgrades for January.

Ambulance Response Times Across NWAS Area: Performance against all three response times across the North West Ambulance Service (NWAS) area are worse than the national standards in January. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 61.8% and 58.8%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 85.7%.

Healthcare Associated Infections MRSA: There have been 8 reported cases of MRSA during the year. 2 further cases reported in the month of January.

111: The North West NHS 111 service is performance managed against a range of KPIs reported as follows for Jan: - Calls Answered (95% in 60 seconds) = 77.52%- Calls abandoned (<5%) = 7.08%- Warm transfer (75%) = 32.89%Call back in 10 minutes (75%) = 38.4%

IAPT Recovery Rate: Quarter 2 performance was below the standard (50%) achieving 46.00%.

IAPT Waiting Times: Quarter 2 performance is below the standard for 6 week waiting times. IAPT 6 week waits is reported as 73.4% (standard 75%).

NHS Tameside & Glossop CCG: NHS Constitution Indicators (April 2017)

Key: H=Higher L=Lower <=>=N/A

Better Health																					GM	England	Trend	
Description	Indicator	F	Level	Better is...	Threshold	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Exceptions	GM	England	Trend
	Utilisation of the NHS e-referral service to enable choice at first routine elective referral	M	T&G CCG	H							11.8%	11.6%	11.2%	11.1%	11.6%	10.4%	10.7%	10.0%	10.1%			51.1% (Sept)		
	Number of women Smoking at Delivery.	Q	T&G CCG	L	England	14.4%		16.1%		15.8%		13.6%		16.9%		15.3%						11.9% (Q1)	10.40%	
	Personal health budgets	Q	T&G CCG	H			4.0				4.0		4.1									11 (Q1)	18.7 (Q2)	
	Percentage of deaths which take place in hospital	Q	T&G CCG	<>			50.7%				47.6%		49.0%									50% (Q4 15/16)	47.1% (Q1 16/17)	
	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q	T&G CCG	L			1475																929	
	Inequality in emergency admissions for urgent care sensitive conditions	Q	T&G CCG	L			3269																2168	
	Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Q	T&G CCG	<>									1.1										1.1	
	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Q	T&G CCG	<>									7.8%										9.10%	
	Injuries from falls in people aged 65 and over	A	T&G CCG	L					2116				2159										1985	
Description	Indicator		Level	Better is...	Threshold	09/10	10/11	11/12	12/13	13/14	14/15	15/16									Exceptions	GM	England	Trend
	Percentage of children aged 10-11 classified as overweight or obese	A	T&G CCG	L						33.3%	34.1%											34.6% FY 14/15	33.2% FY 14/15	
	Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	A	T&G CCG	H							46.8%											41.8% FY 14/15	39.8% FY 14/15	
	People with diabetes diagnosed less than a year who attend a structured education course	A	T&G CCG	H							0.0%											1.9% FY 14/15	5.7% FY 14/15	
	People with a long-term condition feeling supported to manage their condition(s)	A	T&G CCG	H				66.6%	63.9%	62.9%	62.4%	61.4%											64.30%	
	Quality of life of carers	A	T&G CCG	H				80.4%	80.7%	77.70%	80.00%	77.5%										90.5% (2015)	80.0% (2016)	

Key: H=Higher L=Lower <=>=N/A

Better Care

Description	Indicator	F	Level	Better is...	Threshold	Better Care																	GM	England	Trend
						Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Exceptions				
Cancer 2 Week Wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	M	T&G CCG	H	93%	97.5%	97.4%	97.7%	96.3%	96.4%	95.8%	97.1%	96.1%	94.3%	94.6%	95.4%	96.5%	97.5%	98.1%	94.4%	96.90%	94.00%			
	Maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	M	T&G CCG	H	93%	98.4%	96.1%	98.2%	98.9%	93.0%	93.9%	98.0%	95.8%	94.0%	96.7%	97.3%	100.0%	100.0%	98.8%	100.0%	96.30%	93.80%			
Cancer 31 Day Wait	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	M	T&G CCG	H	96%	100.0%	100.0%	100.0%	100%	99.1%	100.0%	98.9%	100.0%	100.0%	98.8%	98.9%	98.0%	98.2%	100.0%	98.9%	97.80%	96.50%			
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	96.60%	94.20%			
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	M	T&G CCG	H	98%	100.0%	96.2%	100.0%	100%	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.60%	98.90%			
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	100.0%	100%	96.00%			
Cancer 62 Day Wait	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	M	T&G CCG	H	85%	88.2%	96.1%	93.3%	93.8%	89.9%	89.7%	88.6%	91.5%	89.6%	91.3%	74.4%	91.1%	90.4%	88.0%	89.1%	88.30%	79.50%			
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	M	T&G CCG	H	90%	100.0%	100.0%	100.0%	100%	95.3%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	90.00%	90.60%			
	Maximum 62 day wait for first treatment following a consultants decision to upgrade the priority of the patients (all cancer)	M	T&G CCG	H	85%	85.7%	100.0%	92.3%	88.2%	88.9%	83.3%	86.7%	94.4%	82.4%	100.0%	53.8%	78.3%	94.4%	78.6%	75.0%	86.50%	87.00%			
18 Weeks RTT	Patients on incomplete non emergency pathways (yet to start treatment)	M	T&G CCG	H	92%	91.8%	91.8%	92.1%	91.9%	91.6%	92.4%	92.5%	92.4%	92.4%	92.1%	92.1%	92.1%	92.7%	92.6%	93.0%	92.30%	89.90%			
	Patients waiting 52+ weeks on an incomplete pathway	M	T&G CCG	L	Zero Tolerance	1	0	2	0	12	1	0	1	1	1	0	1	0	0	0	In Oct-16 there was 1 patient waiting over 52 weeks for treatment on an incomplete pathway. This patients is waiting under the speciality plastic surgery and has now been seen.				
Diagnostics < 6 Weeks	Patients waiting for diagnostic tests should have been waiting less that 6 weeks from referral	M	T&G CCG	L	1%	2.5%	2.68%	1.83%	2.88%	2.17%	2.55%	1.55%	2.36%	1.70%	1.20%	1.24%	1.34%	1.29%	1.85%	1.88%	1.50%	1.70%			
Dementia	Estimated diagnosis rate for people aged 65+	M	CCG	H	66.70%	68.90%	70.30%	71.60%	71.10%		69.60%	69.80%	70.50%	70.3%	71.3%	72.8%	75.3%	74.4%	74.9%	74.8%	77.50%	68.00%			
A&E < 4 Hours	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - THFT	M	THFT	H	95%	73.0%	73.4%	76.0%	93.1%	84.9%	92.5%	92.2%	86.5%	85.0%	90.5%	82.7%	84.1%	86.6%	76.2%	76.7%	86.00%	77.60%			
	Delayed transfers of care per 100,000 population	M	T&G CCG	L											21.2			24		16.3	15				

	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	M		H			0.0%	11.1%				33.3%	45.5%	62.1%	65.4%																				78.0%	77.20%									
	Achievement of milestones in the delivery of an integrated urgent care service	M		H												4																													
IAPT-Improving Access to psychological services	Access	Q	T&G CCG	H	3.75%	4.30%	4.41%	4.3%	3.95%	3.92%																										4.00%									
	Recovery	Q	T&G CCG	H	50%	44.00%	40.14%	40.0%	45.75%	46.00%																											47.50%	48.40%							
	Waiting times less than 6 weeks	Q	T&G CCG	H	75%	52.60%	60.14%	56.3%	62.75%	73.40%																											79.30%	84.82%							
	Waiting times less than 18 weeks	Q	T&G CCG	H	95%	89.61%	90.54%	90.4%	91.50%	98.60%																											95.40%	97.47%							
	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q		L		65			62																											62 (Q1)	58 (Q1)								
	Emergency admissions for urgent care sensitive conditions	Q		L		3269																																2359							
	Population use of hospital beds following emergency admission	Q		L		1.3			1.2																													1.0							
	Management of long term conditions	Q		L		1276																																795 Q4 15/16							
	People eligible for standard NHS Continuing Healthcare	Q		H					63.9	62.7																												53.5	46.2						
Description	Indicator		Level	Better is...	Threshold	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	Exceptions	GM	England	Trend				
	Cancers diagnosed at early stage	A	T&G CCG	H					44.1	43.7	44.2																													48.90%	50.70%				
	One-year survival from all cancers	A	T&G CCG	H		64.9	65.7	66.6	67.6	67.6																															69.50%	70.20%			
	Cancer patient experience	A	T&G CCG	H							9.1	8.7																												9 (2014)	8.9 (2014)				
	Women's experience of maternity services	A	T&G CCG	H								77.6																													79.7				
	Choices in maternity services	A	T&G CCG	H								61.4%																																	
Description	Indicator		Level	Better is...	Threshold	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	31/32	33/34	35/36	37/38	39/40	41/42	43/44	45/46	47/48	49/50	Exceptions	GM	England	Trend					
	Neonatal mortality and stillbirths	A	T&G CCG	L		5.9	5.1	6.4	7.8	7.8																																8.0 fy 14/15	7.1 FY 14/15		
	Dementia Care Planning and Post-Diagnostic Support	A	T&G CCG	H							79.4%																																79.6% FY 14/15	77.0% FY 14/15	
	Patient experience of GP services	A	T&G CCG	H			85.6%	85.7%	83.4%	81.2%	83.2%																																85.40%	83.20%	
	Proportion of people with a learning disability on the GP register receiving an annual health check	A	T&G CCG	H						44.6%	34.0%																																47.5% FY 13/14	37.1% FY 15/16	
Description	Indicator		Level	Better is...	Threshold	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	Exceptions	GM	England	Trend					
	Primary care workforce	A	T&G CCG	H							0.9	1.0																																1.0	

Key: H=Higher L=Lower <=>=N/A

Better Care - Adult Social Care

Description	Indicator	F	Level	Better is...	Threshold	3rd Quarter 2015-16		4th Quarter 2015-16 Out-turn			1st Quarter 2016-17			2nd Quarter 2016-17			3rd Quarter 2016-17			Exceptions	GM	England *	Trend
						Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16				
ASCOF 1C - Proportion of people using social care who receive self-directed support, and those receiving direct payments.	Part 1a - % of service users who receive self directed support	Q	LA	H	86.9	97.80%		97.77%			97.59%			97.51%			96.63%		Cumulative year to date performance reported	-	86.9		
	Part 1b - % of carers who receive self directed support	Q	LA	H	77.7	92.89%		91.10%			99.57%			99.79%			100.00%		Cumulative year to date performance reported	-	77.7		
	Part 2a - % of service users who are in receipt of direct payments	Q	LA	H	28.1	16.38%		15.43%			14.91%			14.74%			13.62%		Cumulative year to date performance reported	-	28.1		
	Part 2b - % of carers who are in receipt of direct payments	Q	LA	H	67.4	91.38%		74.63%			77.87%			73.43%			75.93%		Cumulative year to date performance reported	-	67.4		
ASCOF 1E - Proportion of adults with learning disabilities in paid employment.	Total number of Learning Disability service users in paid employment	Q	LA	H	5.8	2.20%		2.00%			1.99%			1.92%			1.89%		Cumulative year to date performance reported	-	5.8		
ASCOF 1G - Proportion of adults with learning disabilities who live in their own home or with their family.	Total number of Learning Disability service users in settled accommodation.	Q	LA	H	75.4	94.29%		93.79%			94.69%			93.80%			93.90%		Cumulative year to date performance reported	-	75.4		
ASCOF 2A - Permanent admissions to residential and nursing care homes, per 100,000 population.	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	Q	LA	L	13.3	9.69 (13 Admissions)		11.92 (16 Admissions)			1.49 (2 Admissions)			2.98 (4 Admissions)			7.44 (10 Admissions)		Cumulative year to date performance reported	-	13.3		
	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	Q	LA	L	628.2	481.61 (182 Admissions)		643.03 (243 Admissions)			153.87 (59 Admissions)			307.75 (118 Admissions)			453.8 (174 Admissions)		Cumulative year to date performance reported	-	628.2		
	Total number of permanent admissions to residential and nursing care homes aged 18+	Q	LA	H	-	195		259			61			122			184		Cumulative year to date performance reported	-	-		
ASCOF 2B - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/ rehabilitation services.	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	Q	LA	H	82.7	-		86.44			-			-			-		Based on a sample period of discharges from hospital between October - December each year.	-	82.7		
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital compared against the HES data (hospital episode stats)	Q	LA	H	2.9	-		4.02			-			-			-		Based on a sample period of discharges from hospital between October - December each year.	-	2.9		
Early Help	Number of people supported outside the Social Care System with prevention based services.	Q	LA	H	-	8609		8503			8406			8308			8180		Cumulative year to date performance reported	-	-		
Helped To Live At Home	Number of people helped to live at home and remain independent with support from Adult Services in community based services	Q	LA	H	-	2945		2971			3027			3000			3008		Cumulative year to date performance reported	-	-		
Early Help - Re-ablement Services	% of people completing re-ablement who leave with either no package or a reduced package of care.	Q	LA	H	-	90.29%		90.40%			85.98%			87.76%			87.94%		Cumulative year to date performance reported	-	-		
REVIEWS D40 - Proportion of service users with a completed review in the financial year	Service users needs change and frequent reviews ensure that they receive services which are suitable for their needs, and that LA's can utilise resources in the most efficient and appropriate way.	Q	LA	H	-	60.07%		72.78%			22.39%			41.09%			62.78%		Cumulative year to date performance reported	-	-		

* Rag ratings are based on thresholds where appropriate otherwise based quarter on quarter and year on year comparisons. England data is 15/16.

Key: H=Higher L=Lower ↔ =N/A

Sustainability

Description	Indicator	F	Level	Better is...	Threshold	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Exceptions	GM	England	Trend
Referrals	GP Referrals-Total	M	T&G CCG	L		5116	5180	5723	5636	67180	6018	5494	5724	5359	5142	5310	5086	5192	4421	5132	Variance from Monthly plan			
	Other referrals- Total	M	T&G CCG	L		2694	2670	2871	2837	34656	2904	2748	2730	2751	2853	2786	3060	3085	2434	2822	Variance from Monthly plan			
	GP referrals- T&G ICFT	M	T&G CCG	L		3804	3817	4242	4129	48782	4088	3971	4053	3766	3452	3611	3566	3673	3142	3615	Variance from previous year			
	Other referrals - T&G ICFT	M	T&G CCG	L		1418	1419	1639	1540	19274	1640	1428	1521	1637	1670	1612	1836	1854	1431	1626	Variance from previous year			
Activity	Outpatient Fist Attend	M	T&G CCG	L	Plan	6561	6591	6698	6554	80783	6852	7137	7441	6755	6903	7205	7265	7606	6394	6620	Variance from Monthly plan			
	Elective Inpatients	M	T&G CCG	L	Plan	2642	2799	2898	2717	34015	2799	2890	3022	2871	2876	2915	2956	3201	2624	2278	Variance from Monthly Plan			
	Non-Elective Admissions	M	T&G CCG	L	Plan	2562	2407	2372	2636	28906	2361	2409	2314	2267	2336	2244	2337	2431	2444	2470	Variance from Monthly Plan			
In-year financial performance	Q		H																					
Outcomes in areas with identified scope for improvement	Q		H																				58.30%	
Digital interactions between primary and secondary care	Q		H											52.6										
Local strategic estates plan (SEP) in place	A		H											Yes										
Financial plan	A		H											AMBER										

Key: H=Higher L=Lower ↔ =N/A

Well Led

Description	Indicator	F	Level	Better is...	Threshold	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Exceptions	GM	England	Trend	
	Quality of CCG leadership	Q		H																					
Description	Indicator	F	Level	Better is...	Threshold	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Exceptions	GM	England	Trend
	Staff engagement index	A		H														3.9						3.8	
	Progress against workforce race equality standard	A		L														0.3						0.2	
Description	Indicator	F	Level	Better is...	Threshold	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	Exceptions	GM	England	Trend	
	Effectiveness of working relationships in the local system	A		H														66.9							

Indicates the lowest performance quartile nationally.

Key: H=Higher L=Lower ↔ =N/A

Other Indicators

Description	Indicator	F	Level	Better is...	Threshold	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Exceptions	GM	England	Trend
Mixed Sex Accommodation	MSA Breach Rate	M	T&G CCG	L	0	0	0	0	0	0	0	0	0.1	0.2	0	0	0	0.1	0	0.3	Total of 1 breach in June 16, 2 breaches in July 16, 1 breach in Nov 16 and 2 breaches in Jan17 for T&G CCG. This is an unjustified mixing in relation to sleeping accommodation. Data shows the breach rate per 1,000 finished consultant episodes.	0.65		
Cancelled Operations (Elective)	The number of last minute cancelled elective operations in the quarter for non-clinical reasons where patients have not been treated within 28 days of last minute elective cancellation	Q	THFT	L	0	4	2	2	12	2	0	0	0	0	0	0	0	0	0	0	Number of last minute cancellations at THFT; 15-16 Q1 = 63, Q2 = 54, Q3 = 86, Q4 = 96 16-17 Q1 = 85, Q2 = 60, Q3 = 78	1229		
Care Programme Approach (CPA)	The proportion of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period	Q	T&G CCG	H	95%	96.3%	100%	96.7%	94.5%	96.7%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	16-17 Q1 52 patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care out of a total of 55 patients = 94.5%	96.70%		

Other Indicators

Other Indicators	Avoidable admissions- People		T&G CCG	L		-14.25%	14.22%	14.95%	29.21%																		
	Avoidable admissions-Cost		T&G CCG	L		41.00%	12.51%	15.90%	-2.92%																		
	Re admissions		T&G CCG	L																							
	Average LOS	M	T&G CCG	L							5.38	5.22	5.00	4.20													
	DTOS (Patients)	M	LA	L		19	43	42	37		38	49	37	47	42	47	71	52	61	55							
	DTOS (Patients)	M	Trust	L		16	43	36	25		26	38	25	32	29	38	61	45	50	42							

Other Indicators-111

111 KPIs	Calls answered (60 Seconds)	M	NW	H	95.00%	55.00%	56.00%	58.00%	49.00%		80.00%	85.00%	90.00%	83.0%	90.0%	89.0%	71.4%	67.5%	64.7%	77.5%							
	Calls abandoned	M	NW	L	<5%	15.00%	16.00%	15.00%	23.00%		6.00%	4.00%	2.00%	4.0%	2.0%	2.0%	6.4%	6.9%	10.8%	7.1%							
	Warm Transfer	M	NW	H	75%	38.0%	39.0%	38.0%	31.0%		35.0%	33.0%	32.0%	33.0%	35.0%	36.0%	33.2%	35.0%	31.3%	32.9%							
	Call back in 20 mins	M	NW	H	75%	36.00%	32.00%	34.00%	32.00%		39.00%	41.00%	40.00%	38.0%	39.0%	34.0%	34.7%	36.0%	33.5%	38.4%							

Ambulance

Ambulance	Red 1 < 8 Minutes (75% Target)	M	T&G CCG	H	75.00%	76.60%	54.50%	67.00%	73.20%		81.50%	71.10%	69.50%	75.6%	66.7%	65.9%	68.3%	60.4%	61.3%	59.4%	High levels of demand and lengthening turn around times.	63.00%	66.70%		
	Red 2 < 8 Minutes (75% Target)	M	T&G CCG	H	75%	65.30%	60.90%	55.80%	68.30%		64.90%	58.00%	63.10%	58.60%	65.80%	60.00%	60.48%	54.76%	53.50%	54.50%	High levels of demand and lengthening turn around times.	57.10%	58.50%		
	All Reds <19 Minutes (95% Target)	M	T&G CCG	H	95%	91.2%	89.1%	87.9%	92.3%		90.7%	89.9%	91.1%	89.9%	91.0%	89.1%	86.4%	83.1%	82.9%	83.3%	High levels of demand and lengthening turn around times.	87.60%			
	Red 1 < 8 Minutes (75% Target)	M	NWAS	H	75%	78.5%	69.3%	70.5%	74.8%		76.5%	74.3%	73.1%	70.5%	72.6%	69.5%	64.6%	62.8%	61.6%	61.8%	High levels of demand and lengthening turn around times.	63.00%	66.70%		
	Red 2 < 8 Minutes (75% Target)	M	NWAS	H	75%	69.5%	63.5%	61.1%	70.4%		67.5%	66.3%	66.2%	62.7%	65.3%	61.8%	63.0%	60.4%	57.3%	58.8%	High levels of demand and lengthening turn around times.	57.10%	58.50%		
	All Reds <19 Minutes (95% Target)	M	NWAS	H	95%	92.70%	89.90%	88.10%	92.60%		92.00%	91.50%	91.50%	89.8%	91.1%	89.0%	88.2%	86.8%	85.4%	85.7%	High levels of demand and lengthening turn around times.	87.60%			

Quality

Quality	Clostridium Difficile-Whole Health Economy	M		L	Plan	1	4	5	3	71	4	7	3	9	10	5	13	6	6	5							
	Clostridium Difficile-Acute	M		L	Plan	0	1	4	0	29	2	2	2	4	5	2	8	5	4	2							
	Clostridium Difficile-Non-Acute	M		L	Plan	1	3	1	3	42	2	5	1	5	5	3	5	1	2	3							
	MRSA-Whole Health Economy	M		L	0	2	0	0	1	8	0	0	2	1	3	0	0	0	0	2							
	MRSA-Acute	M		L	0	1	0	0	0	3	0	0	2	0	2	0	0	0	0	0	1						
	MRSA-Non Acute	M		L	0	1	0	0	1	5	0	0	0	1	1	0	0	0	0	0	1						

Exception Report

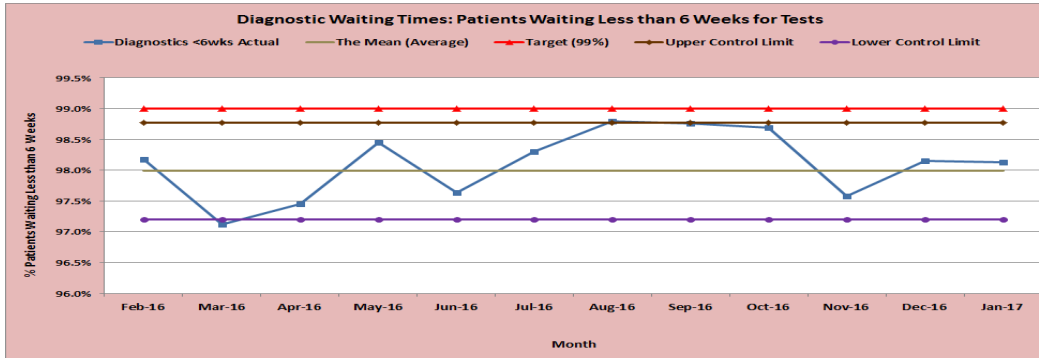
Tameside & Glossop CCG- April

Diagnostics- Patients Waiting for Diagnostic test.

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: Contracts



Key Risks and Issues:

As a CCG

This month the CCG failed to achieve the 1% standard with a 1.88% performance.

Of the 86 breaches, 37 occurred at Central Manchester (echocardiography, colonoscopy, flexi sigmoidoscopy, gastroscopy and MRI). 33 at T&G ICFT (audiology assessments, colonoscopy, CT scans, gastroscopy and NOUS). 9 at Care UK (CT, MRI, NOUS). 3 at Pennine Acute (cystoscopy, gastroscopy and neurophysiology), 2 at Salford Trust (MRI and NOUS), 1 at Pioneer Healthcare (Neurophysiology) and 1 at Souch manchester (respiratory physiology).

Central Manchester performance is due to increased demand and issues around decontamination have impacted endoscopy performance which GM are aware of. Performance in 2017/18 is expected to be impacted when work is undertaken to ensure they achieve the IAG rating as 6 week waits may build up again.

T&G ICFT performance is primarily due to audiology struggling with capacity.

As lead Commissioner.

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

Actions:

CMFT reported to their Board they hope to get back on track by the end of February 2017 or by the end of March at the latest. T&G ICFT Information Team are working with the Audiology business manager to understand what action is needed to resolve the audiology waits. Practices are being encouraged to book NWCATS Direct Access MRI through E-referral which would reduce booking delays. Potential mobile provider details shared with ICFT and GM HSCP

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 > 6 Weeks by GM CCG

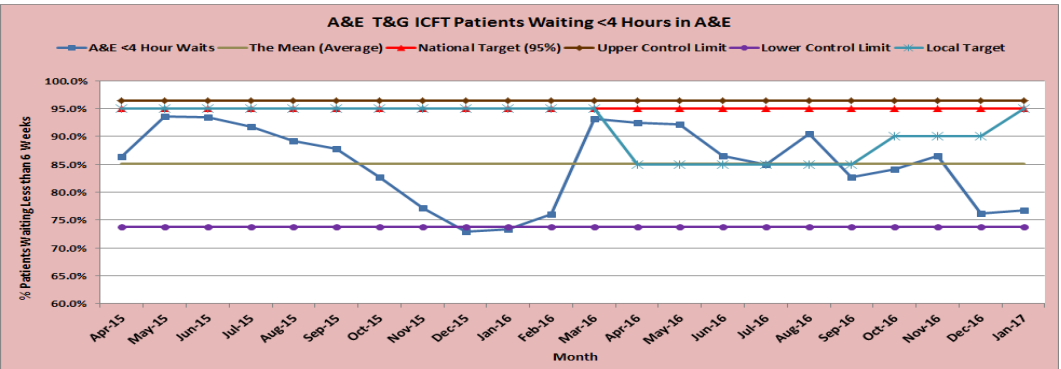
CCG	Jan-17			
	Waiting > 6 Weeks	Total Waiting List	Performance	Standard
NHS Central Manchester CCG	166	2800	5.9%	1%
NHS North Manchester CCG	69	3047	2.3%	1%
NHS Tameside and Glossop CCG	86	4583	1.9%	1%
NHS Bury CCG	59	3279	1.8%	1%
NHS Oldham	58	3701	1.6%	1%
NHS South Manchester CCG	41	2677	1.5%	1%
NHS Trafford CCG	69	5055	1.4%	1%
NHS Heywood Middleton & Rochdale CCG	52	3928	1.3%	1%
NHS Bolton CCG	46	3558	1.3%	1%
NHS Salford CCG	49	4169	1.2%	1%
NHS Stockport CCG	61	5265	1.2%	1%
NHS Wigan Borough CCG	53	4938	1.1%	1%

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery board



January Performance: 76.22%

15/16 ytd: 84.85%

16/17 ytd: 85.31%

Key Risks and Issues:
 The A&E performance for January was 76.22% which is below the target of 95%. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There are still medical cover and speciality delays when teams are in Theatres. Acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need. IAU and AEC are used as escalation capacity at times of pressure and this then increases traffic through A&E as the capacity to accept direct admissions are reduced.

The level of acute beds occupied by people who should have been discharged is higher than it should be which reduces Medical bed capacity.

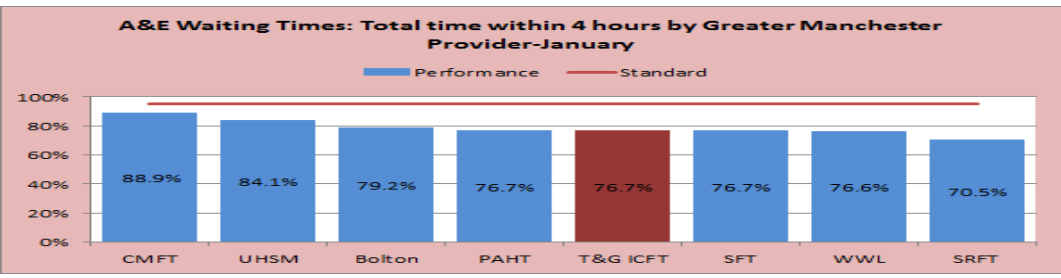
Overall the system has little resilience and so increased demand or reduced capacity in any one of the component Health and Social Care services can quickly reduce the A&E performance.

- Actions:**
 Actions include:
- Weekly urgent Care Exec focus on the Delayed Discharges to address capacity issues and prioritising discharges. Additional staffing in IUCT will support the wider roll out of Discharge to Assess building on the excellence seen in discharging people home for assessment. Additional capacity has been funded in the Community bed base.
 - T&G ICFT internal Silver Command model operational when required
 - Ward Liaison Officers operational to support effective patient flow
 - Escalation beds are closed as quickly as possible to release IAU and AEC capacity and the old Critical care area is being opened to deliver the Ambulatory Care service.
 - Using Fracture Clinic at peak times to assist with managing the minors work stream. the trust are also working with Salford ED to identify improved model for minors
 - Staffing capacity is being flexed to support times of peak activity

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).
 STP

Next month FORECAST



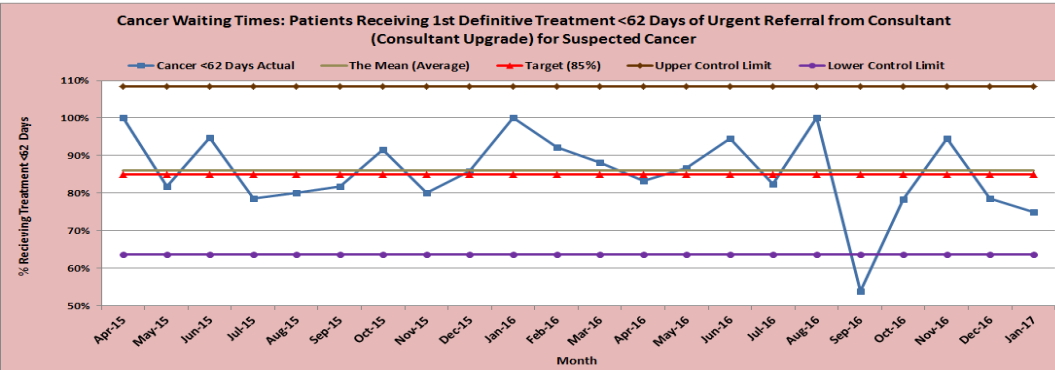
* Please note that Tameside Trust local trajectory for 16/17 is Q1 85%, Q2 85% Q3 90% And Q4 95%.

Cancer 62 Days Upgrade-

Lead Officer: Alison Lewin

Lead Director: Clare Watson

Governance: Contracts meeting



Key Risks and Issues:

The 62 day upgrade standard was not met in Jan with performance at 75.0% against the 85% threshold. 5 breaches mostly due to late referrals and patient cancellation. Small numbers make larger impact on performance.

Actions:

Tameside & Glossop ICNHSFT have introduced an internal policy to manage the 'consultant upgrade' process. To date there have been issues with consultants upgrading patients to 2ww pathways when referring them for further diagnostics, thus putting additional pressure on the radiology and endoscopy departments. Due to the recognised challenges created by the national lack of diagnostic resources, the ICFT recognise that both the Radiology and Endoscopy departments must be able to manage the priority demand for this cohort of patients. Both departments have in place a system that identifies the patients as those with a suspected or confirmed cancer. To allow this identification to take place it is the responsibility of the clinical team referring the patient for the test to appropriately mark the request as a Suspected Cancer Patient (SCP) or Cancer Patient (CP). This allows for the patient identified to be prioritised effectively. The revised Standard Operating Procedure was approved at the Cancer Board meeting on 30th Nov ember 2016.

A deep dive will be conducted into all cancer performance targets for the next board meeting.

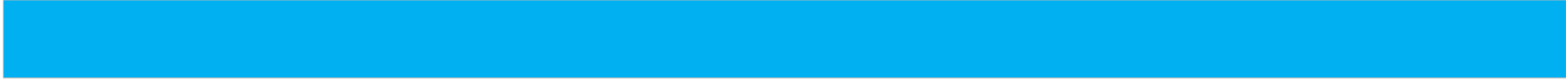
Operational and Financial implications:

Failure of this standard could negatively impact on the patients experience. Patients having to wait longer than the standard for first definitive treatment.

FORECAST

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

CCG	<62 Days	Total	Performance	Standard
NHS South Manchester CCG	15	15	100.0%	85%
NHS Central Manchester CCG	6	6	100.0%	85%
NHS Trafford CCG	13	14	92.9%	85%
NHS Wigan Borough CCG	50	56	89.3%	85%
England	1733	1993	87.0%	85%
NHS Stockport CCG	12	14	85.7%	85%
NHS Bolton CCG	17	20	85.0%	85%
NHS Salford CCG	16	19	84.2%	85%
NHS Bury CCG	7	9	77.8%	85%
NHS Tameside and Glossop CCG	12	16	75.0%	85%
NHS North Manchester CCG	4	6	66.7%	85%
NHS Heywood Middleton & Rochdale CCG	8	12	66.7%	85%
NHS Oldham	5	8	62.5%	85%

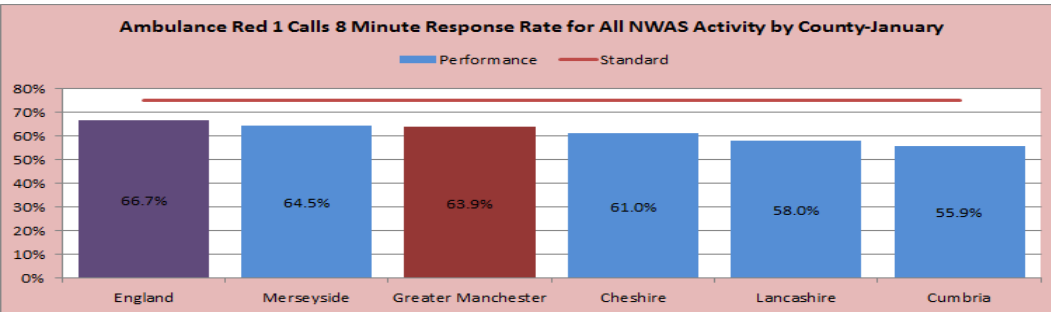


Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



January Performance:
61.79%

15/16 ytd:
76.10%

16/17 ytd:
68.29%

Key Risks and Issues:

In January the north west position (which we are measured against) was 61.79% however locally we only achieved 59.41% Increases in activity have placed a lot of pressure on NWAS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWAS in implementation of its remedial action plan.

NWAS have agreed the following actions including :

- Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.
- Working with identified care homes that are high users of 999.
- Working with acute trusts with handover delays to identify opportunities to reduce them.
- An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED.
- Additional areas of support are also being identified including working more closely with 111.

The Contracting and Strategic Partnership Board will maintain scrutiny on NWAS to ensure agreed actions are implemented.

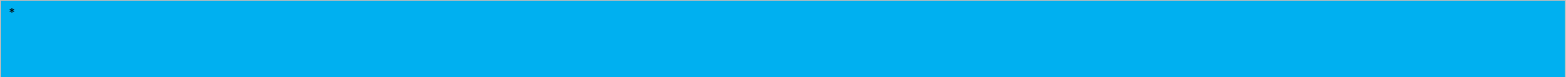
Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. 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).

CCG	Jan-17			
	<8 Mins	Total	Performance	Standard
NHS Central Manchester CCG	53	69	76.5%	75%
NHS South Manchester CCG	46	62	74.2%	75%
NHS North Manchester CCG	79	110	71.8%	75%
NHS Heywood Middleton & Rochdale CCG	67	94	71.3%	75%
NHS Salford CCG	75	112	67.0%	75%
NHS Wigan Borough CCG	88	139	63.2%	75%
NHS Oldham	56	91	61.8%	75%
NHS Stockport CCG	61	99	61.2%	75%
NHS Tameside and Glossop CCG	61	102	59.4%	75%
NHS Bolton CCG	70	119	58.8%	75%
NHS Bury CCG	37	72	50.7%	75%
NHS Trafford CCG	30	61	49.2%	75%

Unvalidated next month FORECAST



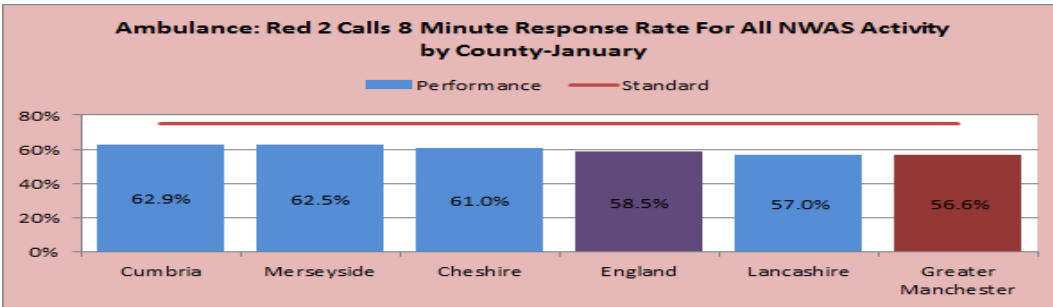


Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



January Performance:
58.78%

15/16 ytd:
72.70%

16/17 ytd:
62.76%

Key Risks and Issues:

In January the north west position (which we are measured against) was 58.78% however locally we only achieved 54.48%. Increases in activity have placed a lot of pressure on NWS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWS in implementation of its remedial action plan.

NWS have agreed the following actions including :

- Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.
- Working with identified care homes that are high users of 999.
- Working with acute trusts with handover delays to identify opportunities to reduce them.

An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED. Additional areas of support are also being identified including working more closely with 111.

The Contracting and Strategic Partnership Board will maintain scrutiny on NWS to ensure agreed actions are implemented.

Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. Contract penalties applied by lead commissioner (Blackpool CCG).

Ambulance: Red 2 Calls 8 Minute Response Rate For All NWS Activity by CCG

CCG	Jan-17			
	<8 Mins	Total	Performance	Standard
NHS South Manchester CCG	845	1213	69.6%	75%
NHS North Manchester CCG	938	1506	62.3%	75%
NHS Central Manchester CCG	635	1032	61.5%	75%
NHS Heywood Middleton & Rochdale CCG	829	1470	56.4%	75%
NHS Wigan Borough CCG	1036	1872	55.3%	75%
NHS Bury CCG	666	1217	54.8%	75%
NHS Tameside and Glossop CCG	957	1757	54.5%	75%
NHS Salford CCG	867	1595	54.4%	75%
NHS Stockport CCG	924	1709	54.1%	75%
NHS Oldham	792	1468	53.9%	75%
NHS Bolton CCG	901	1681	53.6%	75%
NHS Trafford CCG	606	1133	53.5%	75%

Unvalidated next month FORECAST

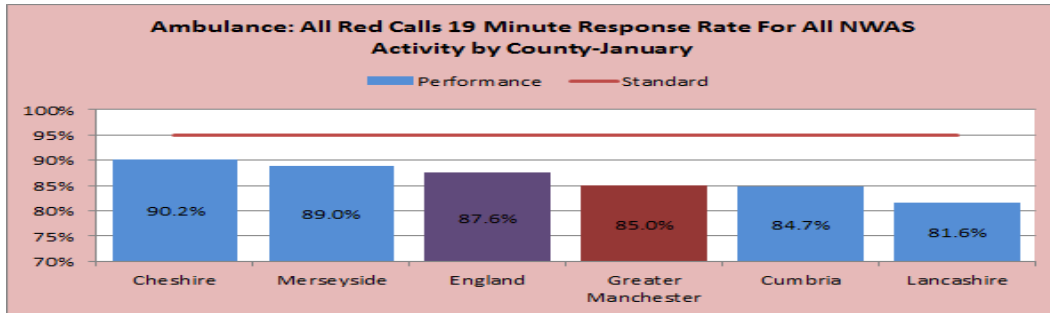


Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



January Performance: 85.74%

15/16 ytd: 93.70%

16/17 ytd: 88.99%

Key Risks and Issues:

In January the north west position (which we are measured against) was 85.74% however locally we only achieved 83.32% Increases in activity have placed a lot of pressure on NWAS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWAS in implementation of its remedial action plan.

NWAS have agreed the following actions including :

Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.

Working with identified care homes that are high users of 999.

Working with acute trusts with handover delays to identify opportunities to reduce them.

An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED.

Additional areas of support are also being identified including working more closely with 111.

The Contracting and Strategic Partnership Board will maintain scrutiny on NWAS to ensure agreed actions are implemented.

Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

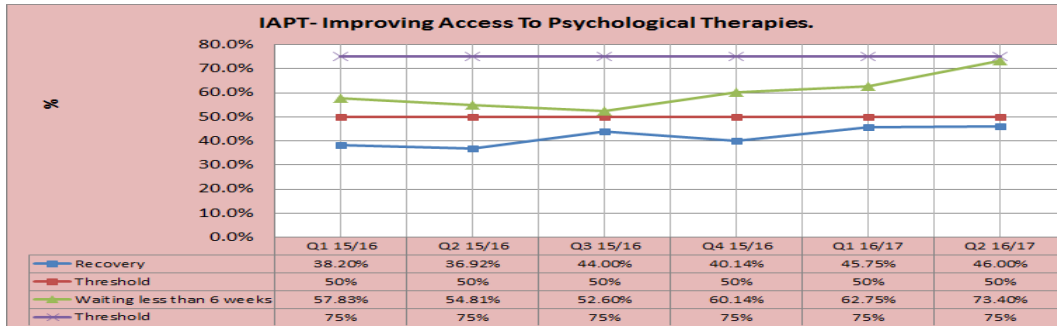
Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. Contract penalties applied by lead commissioner (Blackpool CCG).

Ambulance: All Red Calls 19 Minute Response Rate For All NWAS Activity by CCG

CCG	Jan-17			
	<19 Mins	Total	Performance	Standard
NHS South Manchester CCG	1149	1275	90.1%	95%
NHS Central Manchester CCG	968	1101	87.9%	95%
NHS Stockport CCG	1584	1808	87.6%	95%
NHS North Manchester CCG	1407	1616	87.1%	95%
NHS Salford CCG	1460	1707	85.5%	95%
NHS Trafford CCG	1010	1194	84.6%	95%
NHS Oldham	1317	1559	84.5%	95%
NHS Wigan Borough CCG	1681	2011	83.6%	95%
NHS Tameside and Glossop CCG	1549	1859	83.3%	95%
NHS Bolton CCG	1496	1800	83.1%	95%
NHS Heywood Middleton & Rochdale CCG	1298	1564	83.0%	95%
NHS Bury CCG	1039	1289	80.6%	95%

Unvalidated next month FORECAST



Key Risks and Issues:

Recovery.
Higher than expected waiting times compounded by high complexity levels.
Poor outcomes relating to depression and Post Traumatic Stress Disorder (PTSD).

Access.

Ongoing clearance of backlog from high referral rates. Currently in line with trajectory

Actions:

Recovery.
In line with action plan 1) increasing use of anxiety disorder measures to 100% of relevant cases 2) Review of PTSD pathway and clinical interventions 3) Review of interventions for depression

Access

In line with current action plan 1) Promoting accurate data reporting 2) Reduction of time taken for initial triage 3) Increased roll-out of step 3 groups

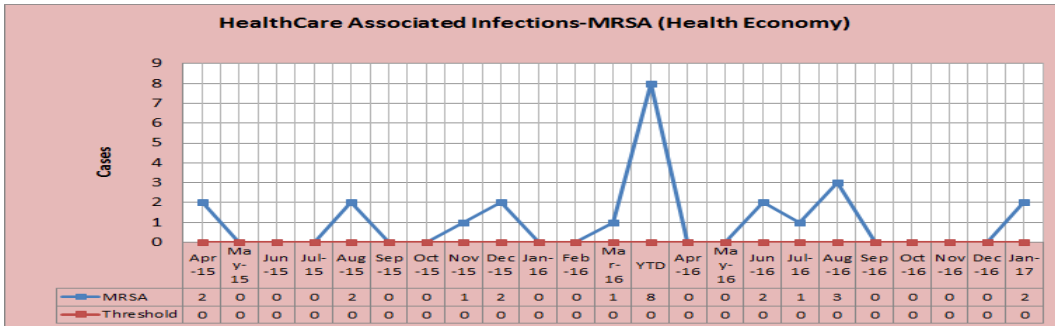
Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating.
The achievement of the standards may need additional investment notably to achieve the expected expansion of the service by 2020.

Unvalidated next QTR FORECAST

Greater Manchester CCG	IAPT Recovery Rate	
	Rolling Quarter Ending Sep 2016	Plan (50%)
NHS TRAFFORD CCG	55.05%	50.00%
NHS WIGAN BOROUGH CCG	51.18%	50.00%
NHS BOLTON CCG	50.98%	50.00%
NHS BURY CCG	50.90%	50.00%
NHS STOCKPORT CCG	48.65%	50.00%
NHS TAMESIDE AND GLOSSOP CCG	46.04%	50.00%
NHS SALFORD CCG	44.67%	50.00%
NHS OLDHAM CCG	44.30%	50.00%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	41.43%	50.00%
NHS SOUTH MANCHESTER CCG	41.10%	50.00%
NHS NORTH MANCHESTER CCG	33.75%	50.00%
NHS CENTRAL MANCHESTER CCG	31.71%	50.00%

Greater Manchester CCG	IAPT Completing Treatment <6 Weeks	
	Rolling Quarter Ending Sep 2016	Plan (75%)
NHS WIGAN BOROUGH CCG	100.00%	75.00%
NHS OLDHAM CCG	89.00%	75.00%
NHS TRAFFORD CCG	83.00%	75.00%
NHS BOLTON CCG	83.00%	75.00%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	82.00%	75.00%
NHS SALFORD CCG	81.00%	75.00%
NHS TAMESIDE AND GLOSSOP CCG	78.00%	75.00%
NHS STOCKPORT CCG	78.00%	75.00%
NHS BURY CCG	77.00%	75.00%
NHS NORTH MANCHESTER CCG	57.00%	75.00%
NHS CENTRAL MANCHESTER CCG	46.00%	75.00%
NHS SOUTH MANCHESTER CCG	44.00%	75.00%



Key Risks and Issues:

There were 2 reported cases in December. T&G CCG have reported 8 cases of MRSA; 4 acute cases (1 at T&G ICFT, 2 at Central Manchester, 1 at South Manchester FT) and 2 community cases, against a plan of zero tolerance. The PIR (Post Incident Review) investigations, for the 3 cases that T&G CCG are responsible for, were reviewed by the HCAI WHE Quality Improvement Group and confirmed that all cases were unavoidable with no lapses in care identified.

- 1 x T&G IC FT - urethral trauma caused by urinary catheter
- 1 x Community - leg ulcer all appropriate care in place
- 1 x Community unavoidable - patient non-compliant with catheter care

Actions:

Investigations have been completed for the 4 cases that the CCG are responsible for; of these 3 have been reviewed by the HCAI WHE Quality Improvement Group and concluded that all cases were unavoidable with no lapses in care identified.

- 1 x T&G IC FT - urethral trauma caused by urinary catheter
- 1 x Community - leg ulcer all appropriate care in place
- 1 x Community unavoidable - patient non-compliant with catheter care

The MRSA case for T&G CCG was on the 25th Jan 2017. Early findings from the PIR investigation show no lapses in care identified; this will be reviewed for assurance at the HCAI quality improvement group. Learning from MRSA and CDIF investigations form the WHE HCAI action plan which aims to achieve the WHE strategic objectives of 1) to improve antibiotic stewardship and 2) to improve infection prevention practice.

The CCG has also commissioned a 2 year quality initiative with T&G ICFT which aims to supporting residential and care homes with nursing to improve their infection prevention practice and reduce avoidable HCAIs. The CCG also reviews monthly HCAI Quality Assurance Framework submitted by providers as part of the contracting process.

Operational and Financial implications:

The CCG can Levy penalties through contract with those providers who fail the target.

Next month FORECAST

Greater Manchester CCGs MRSA													
Organisation Name	Code	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Total	
NHS BOLTON CCG	00T	0	1	0	2	3	1	3	1	1	3	15	
NHS BURY CCG	00V	0	0	1	0	0	0	0	0	0	0	1	
NHS CENTRAL MANCHESTER CCG	00W	0	0	0	0	0	0	0	1	1	1	3	
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	01D	0	0	0	0	0	0	0	0	0	1	1	
NHS NORTH MANCHESTER CCG	01M	1	2	0	0	0	1	0	2	0	0	6	
NHS OLDHAM CCG	00Y	1	0	0	0	1	1	0	1	0	0	4	
NHS SALFORD CCG	01G	1	0	0	2	0	0	1	0	0	0	4	
NHS SOUTH MANCHESTER CCG	01N	1	0	0	0	0	0	0	0	1	0	2	
NHS STOOKPORT CCG	01W	1	1	1	0	0	0	0	0	1	0	4	
NHS TAMESIDE AND GLOSSOP CCG	01Y	0	0	2	1	3	0	0	0	0	2	8	
NHS TRAFFORD CCG	02A	0	0	0	0	0	0	0	1	0	1	2	
NHS WIGAN BOROUGH CCG	02H	0	0	0	0	0	0	0	1	1	1	3	
Total		5	4	4	5	7	3	4	7	5	9	53	

Indicators - access & quality	NW inc. Blackpool	Scoring out of 42 Areas				
		NW inc. Blackpool	Highest	Lowest		
Calls per month per 1,000 people	26.1	22	Isle of Wight	46.9	East London and City	14.1
Calls per month via 111 per 1,000 people	26.1	20	Isle of Wight	46.8	East London and City	14.1
Of all calls offered, % abandoned after at least 30 seconds ¹	7%	1	NW inc. Blackpool	7%	South East Coast	0%
Of calls answered, % in 60 seconds	78%	42	East London and City	97%	NW inc. Blackpool	78%
Of calls answered, % triaged	88%	18	Luton	120%	Bedfordshire	66%
Of answered calls, % transferred to clinical advisor	22%	24	South East Coast	39%	Bedfordshire	14%
Of transferred calls, % live transferred	48%	12	Isle of Wight	95%	York & Humber	10%
Average NHS 111 live transfer time ¹	00:00:07					
Average warm transfer time	NCA					
Of calls answered, % passed for call back	11%	30	Devon	19%	Isle of Wight	1%
Of call backs, % within 10 minutes	38%	21	South East Coast	73%	North Central London	10%
Average episode length	00:14:35					
Of answered calls, % calls to a CAS clinician	22%	28	Lincolnshire	41%	Bedfordshire	14%

Dispositions as a proportion of all calls triaged	T&G CCG	NW inc. Blackpool	Scoring out of 42 Areas				
			NW inc. Blackpool	Highest	Lowest		
111 dispositions: % Ambulance dispatches	17%	15%	5	Cornwall	19%	York & Humber, Buckinghamshire, South East London, South Essex, North Essex	10%
111 dispositions: % Recommended to attend A&E	7%	8%	22	East London and City	13%	Leicestershire and Rutland	4%
Recommended to attend primary and community care	56%	58%	30	Berkshire	67%	North Central London	52%
Of which - % Recommended to contact primary and community care		43%	20	Banes & Wiltshire	47%	Nottinghamshire	36%
- % Recommended to speak to primary and community care		13%	16	Cambridge and Peterborough	19%	York & Humber, East London and City	9%
- % Recommended to dental / pharmacy		2%	41	York & Humber	11%	Devon	1%
111 dispositions: % Recommended to attend other service	2%	3%	25	Somerset	10%	Banes & Wiltshire	1%
Of which - % Given health information		4%	7	North Central London	20%	Oxfordshire, Mainland SHIP	8%
- % Recommended home care		3%	1	NW inc. Blackpool	4%	Oxfordshire, Somerset, Staffordshire	0%
- % Recommended non clinical		9%	42	East London and City	8%	NW inc. Blackpool	3%
			10	York & Humber	13%	Cambridge and Peterborough	2%

Key Risks and Issues:

The North West NHS 111 service is performance managed against a range of KPIs reported as follows for Jan:

- Calls Answered (95% in 60 seconds) = 77.52%
- Calls abandoned (<5%) = 7.08%
- Warm transfer (75%) = 32.89%
- Call back in 10 minutes (75%) = 38.4%

In January the NW NHS 111 service experienced a number of issues which lead to poor performance in the month against the four KPIs. Performance was particularly difficult to achieve over the weekend periods.

Actions:

NWAS has agreed a further remedial action plan with commissioners. NWAS has continued to deploy all available staff, and is actively managing staff absence and attrition in order to best meet the service needs. Recruitment and training has been carried out to deliver new staff into operations during December and January. A range of process changes are being implemented this includes patients using telephone key pads to identify the most appropriate call handler e.g. call regarding children automatically go to a nurse and issues such as coughs and colds receive self care and advise. Greater Manchester is working with NWAS and Out Of Hours providers to implement the clinical assessment service that will help ensure A&E and primary care dispositions are correct.

Operational and Financial implications:

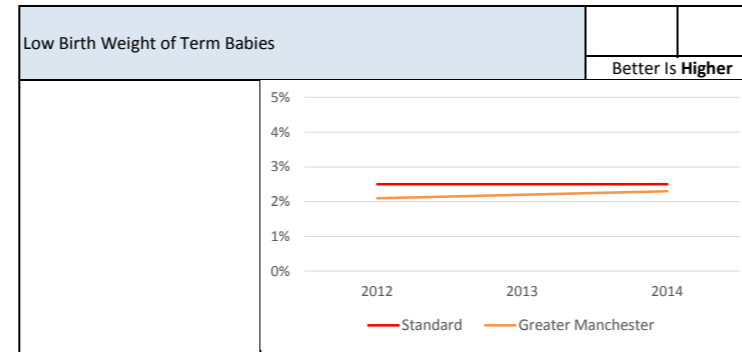
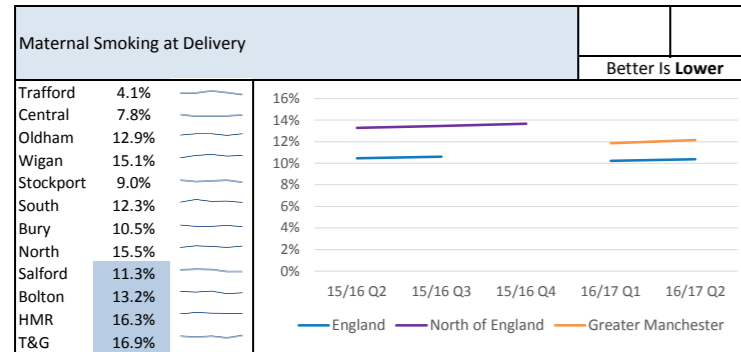
Poor patient experience could impact on willingness to use the service and increase A&E and primary care presentations. Contract penalties applied by lead commissioner (Blackpool CCG).

Unvalidated next month FORECAST

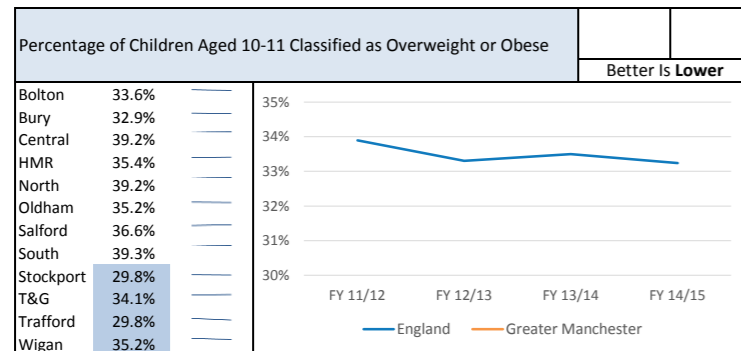
Better Health



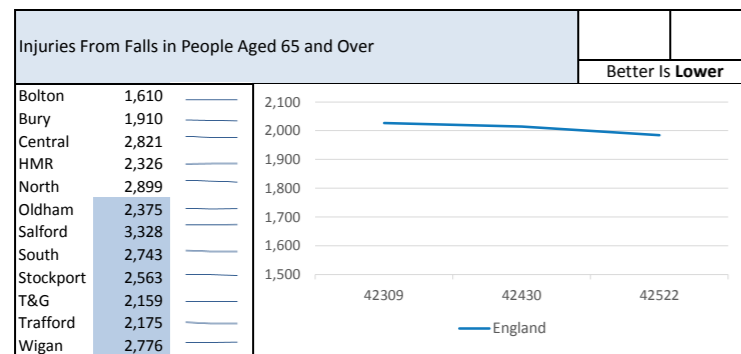
Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Costs To The Health System



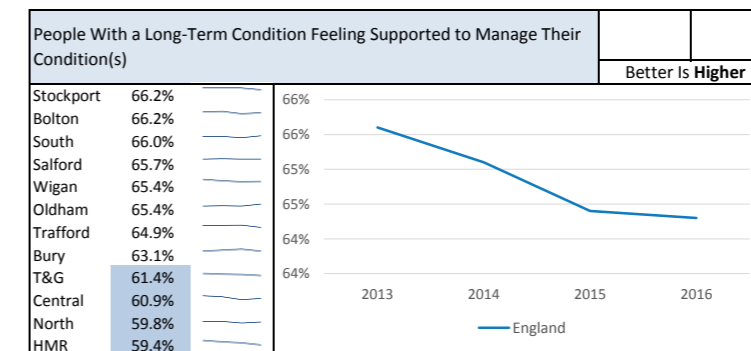
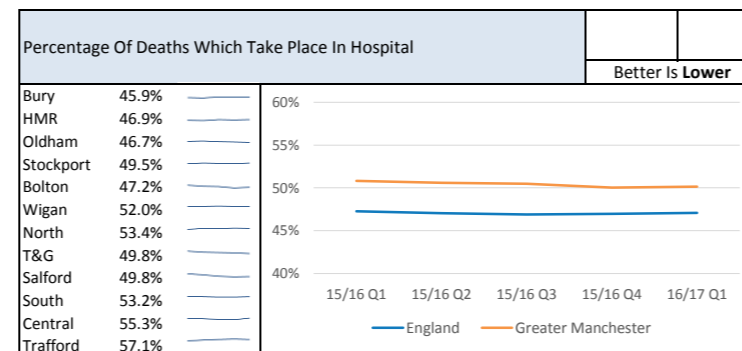
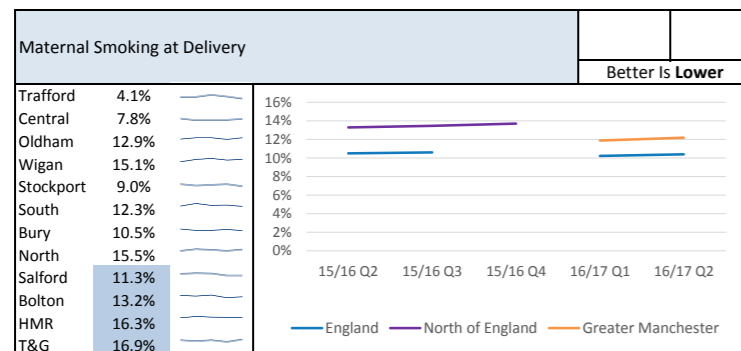
More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally



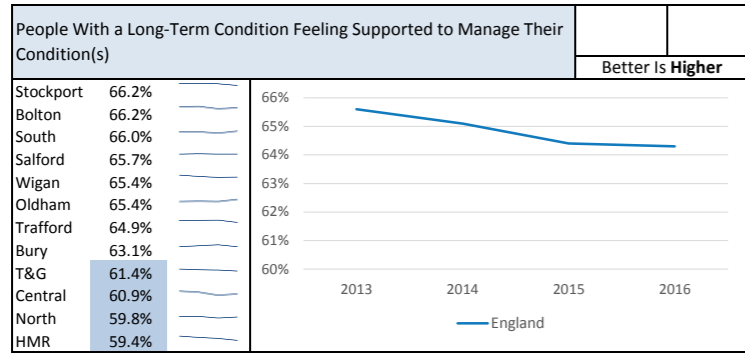
More People Will Be Supported To Stay Well and Live at Home for as Long as Possible



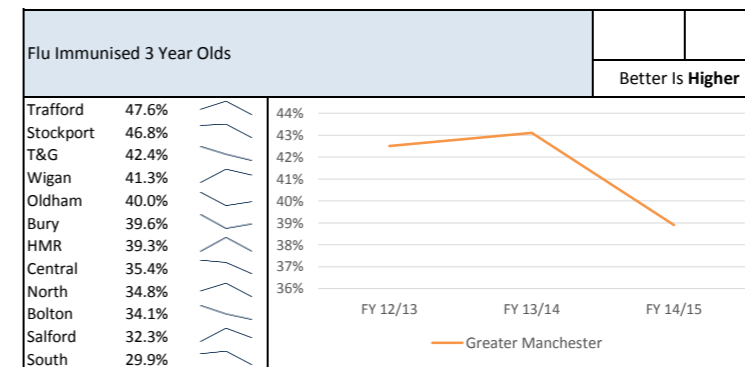
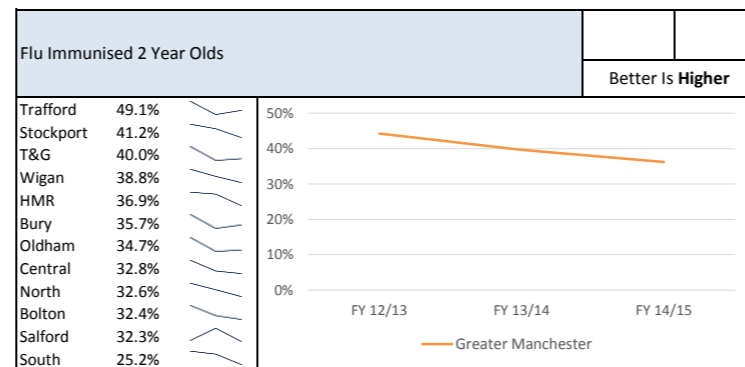
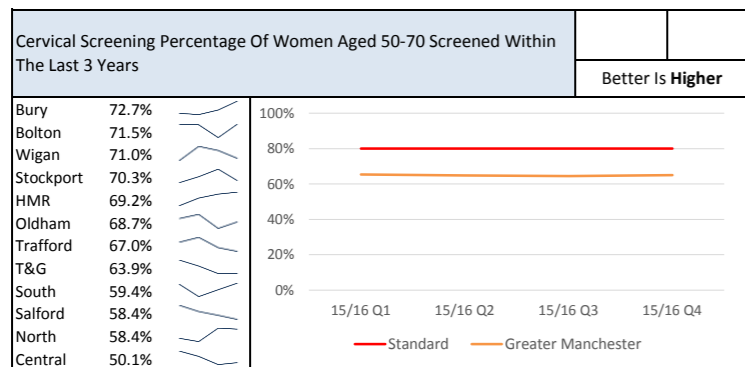
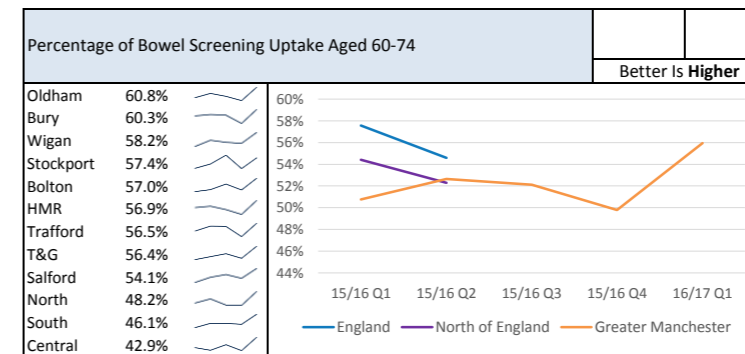
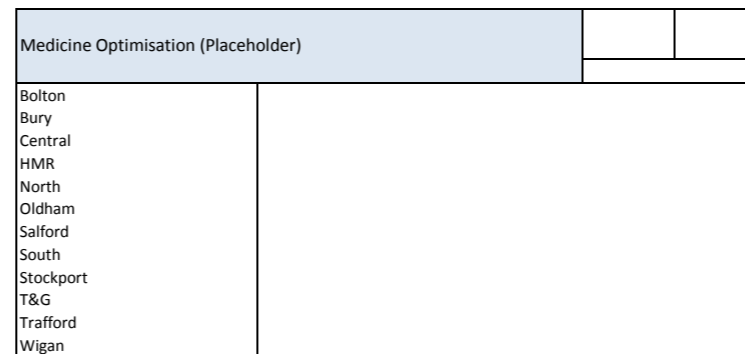
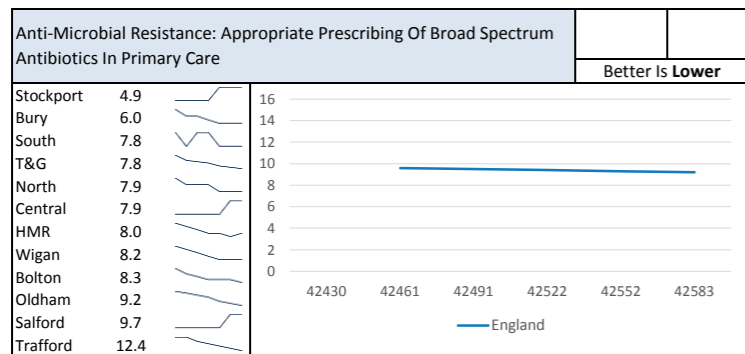
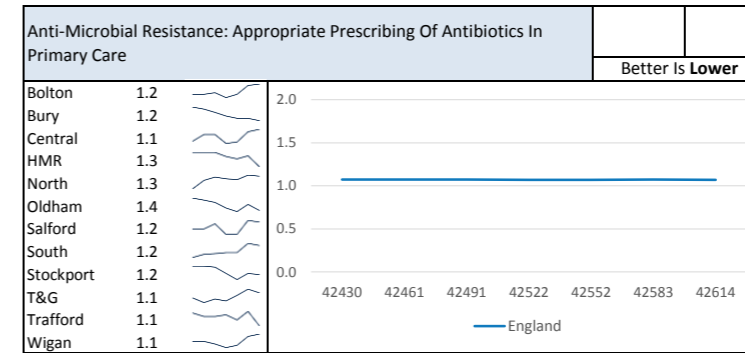
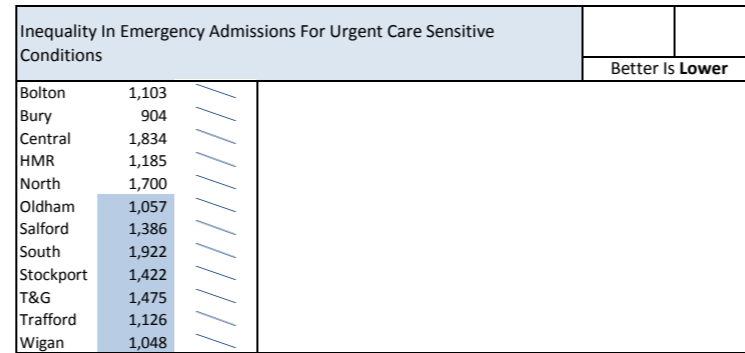
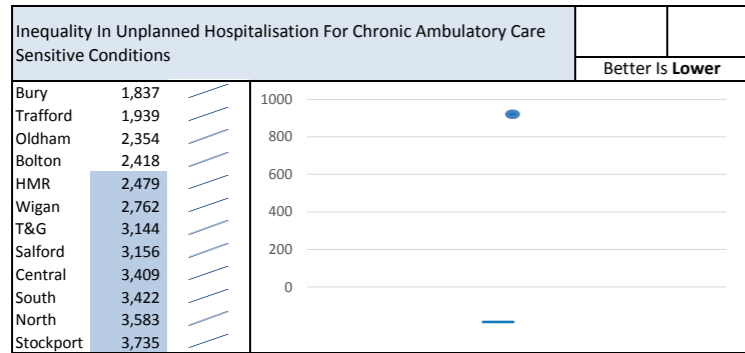
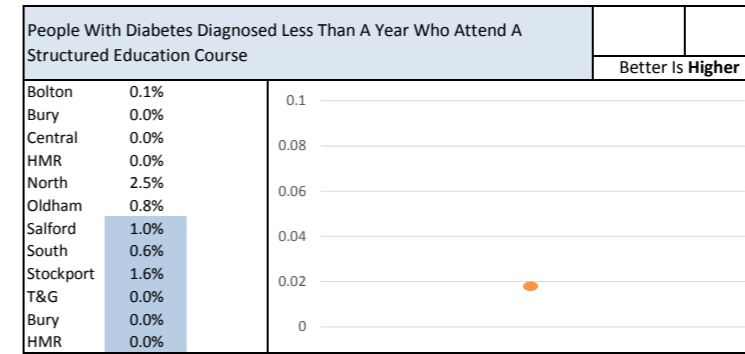
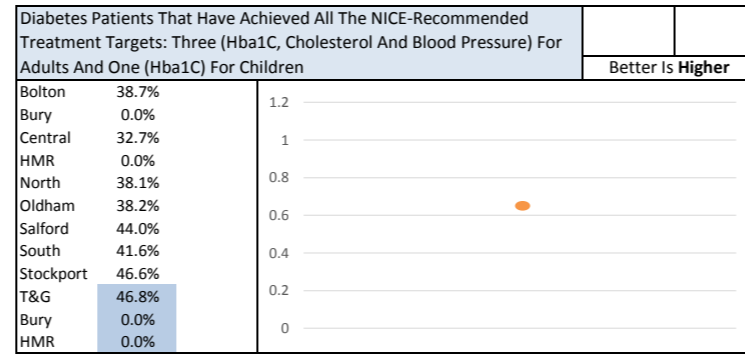
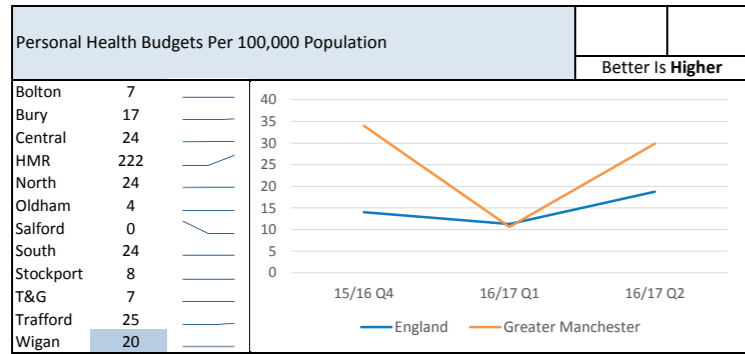
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease

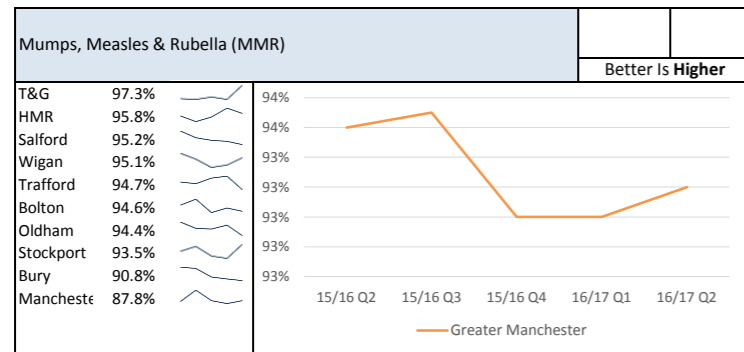
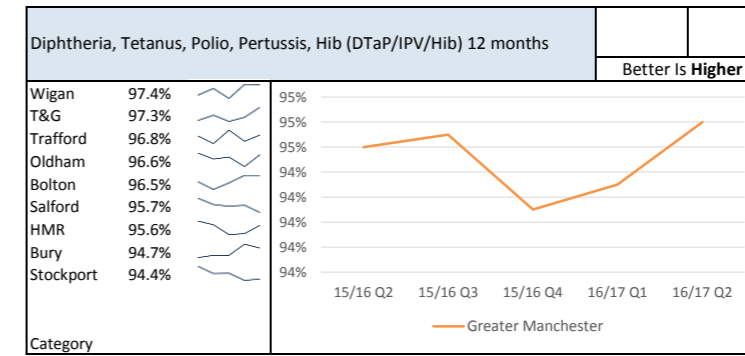
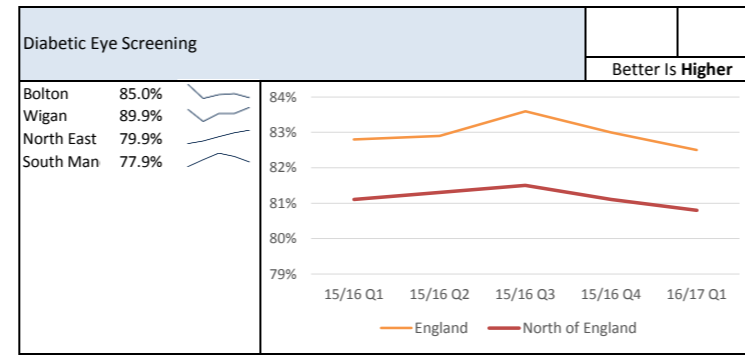
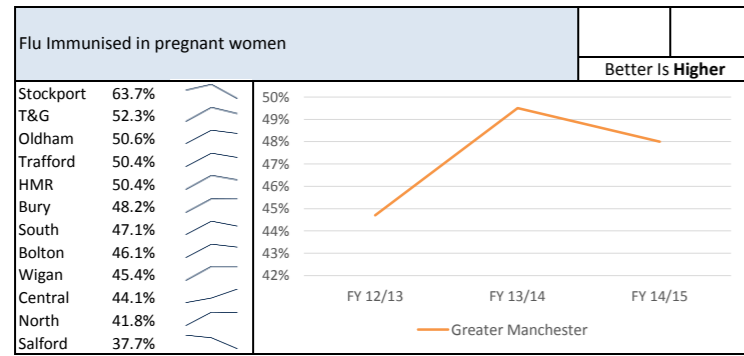
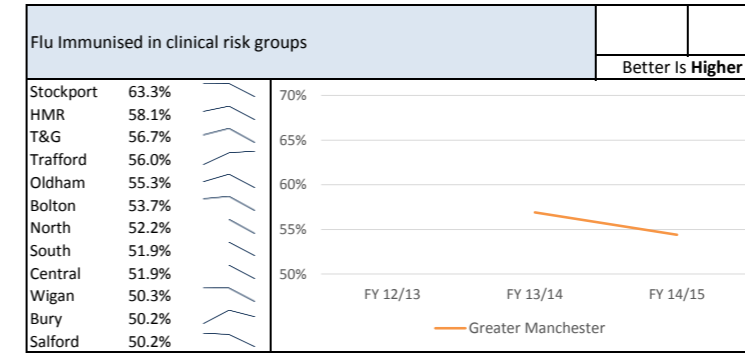
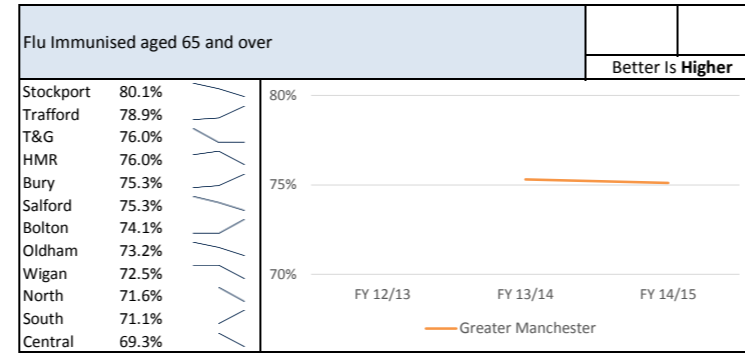
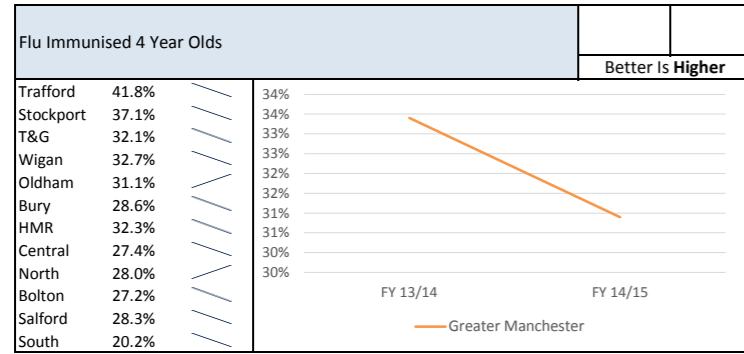


Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



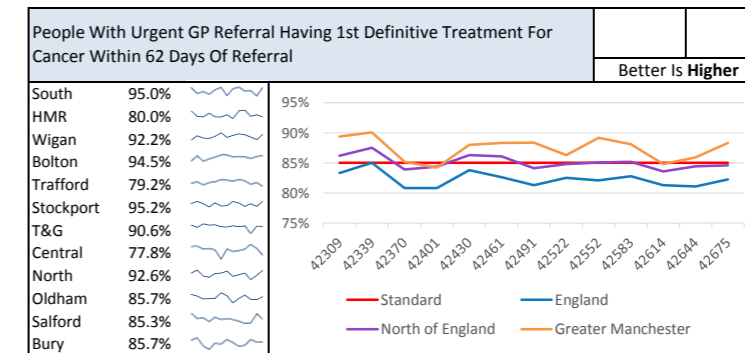
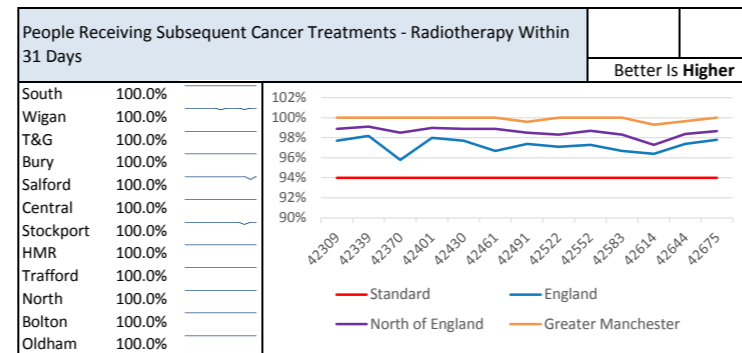
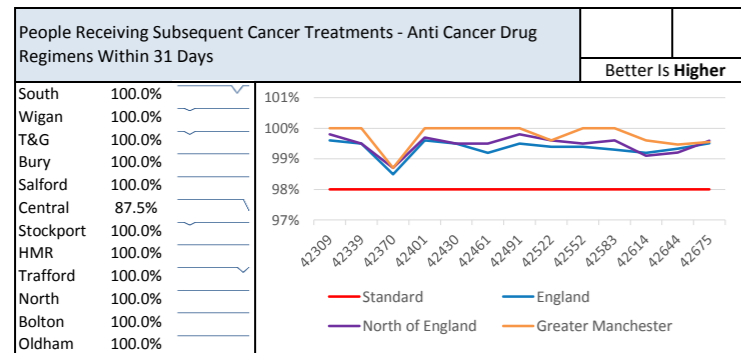
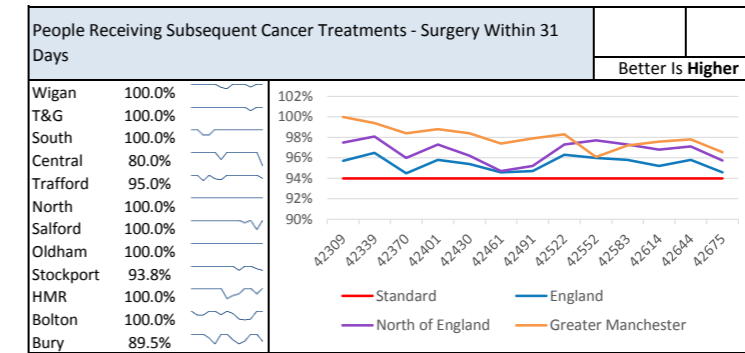
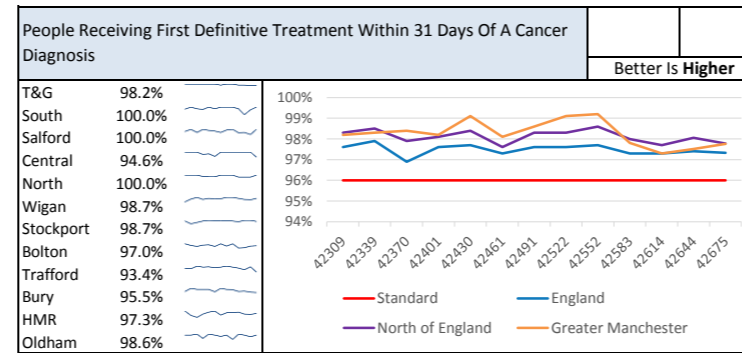
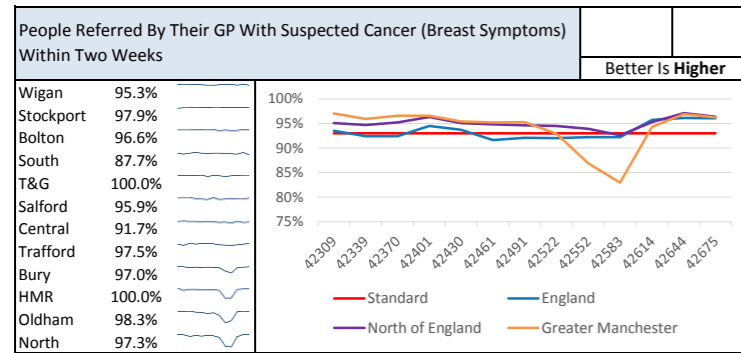
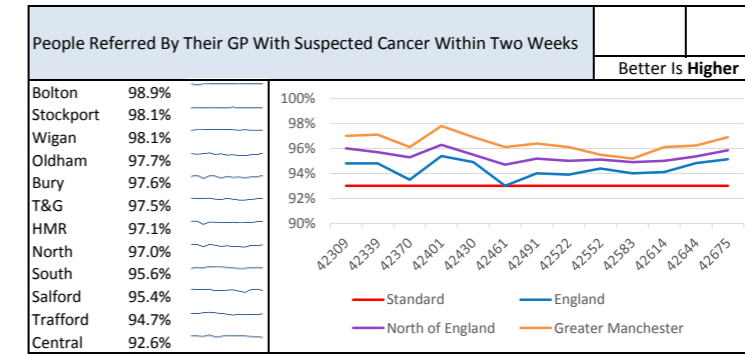
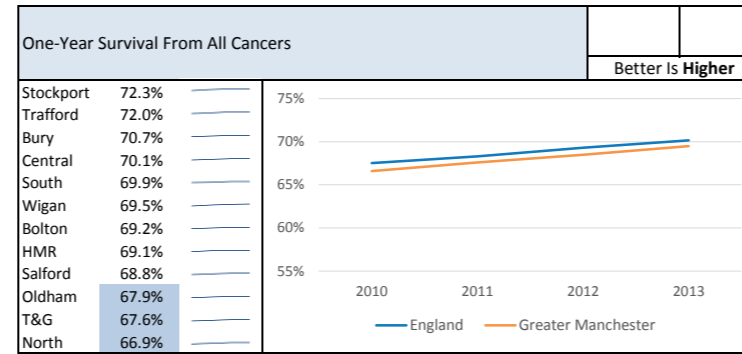
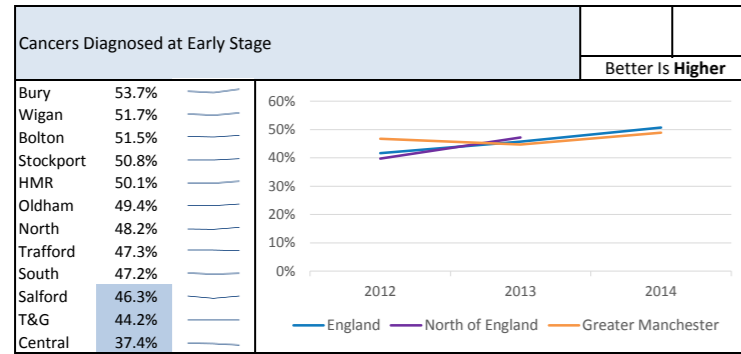
(Placeholder TBC)



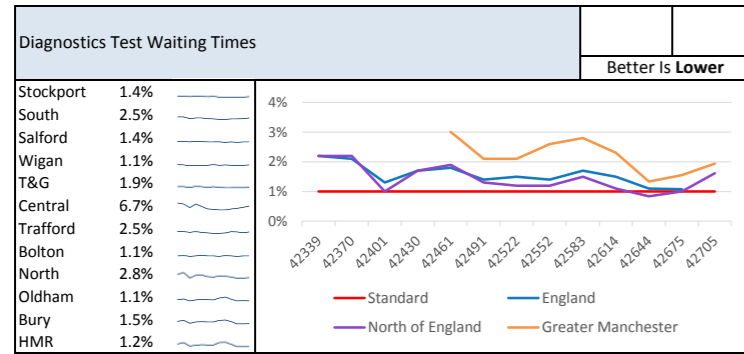
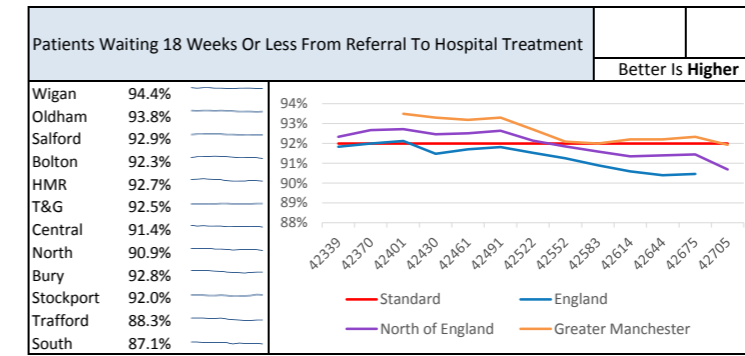
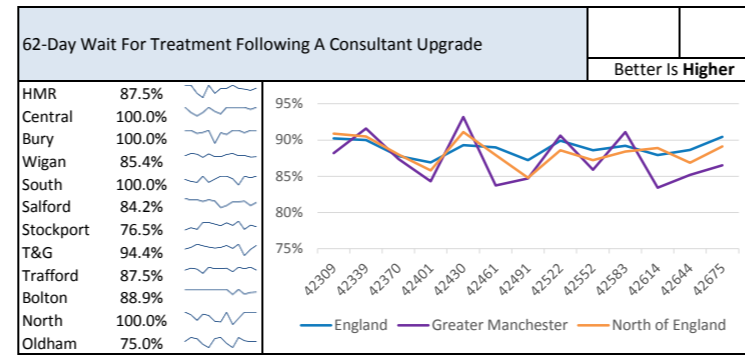
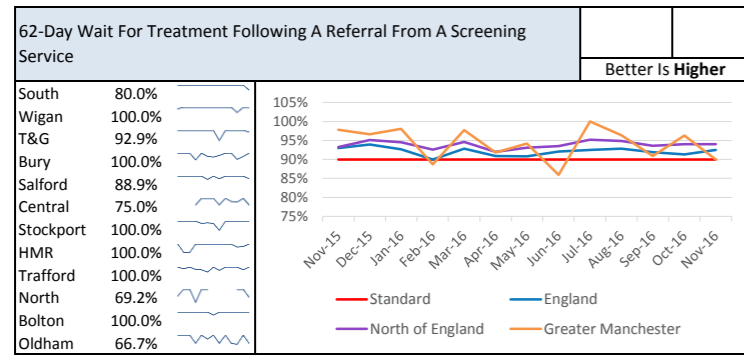




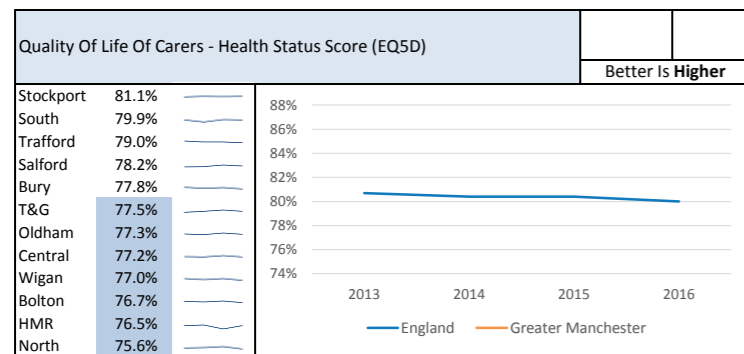
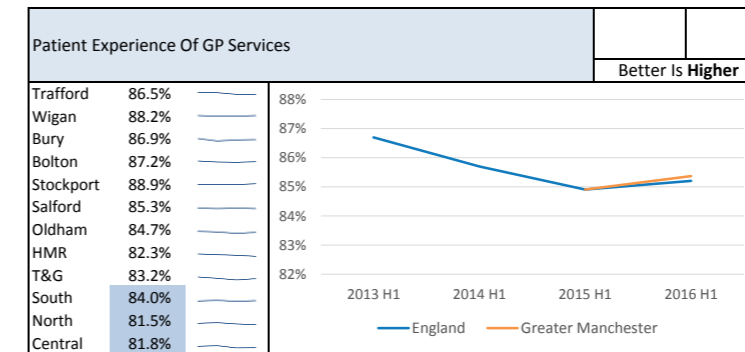
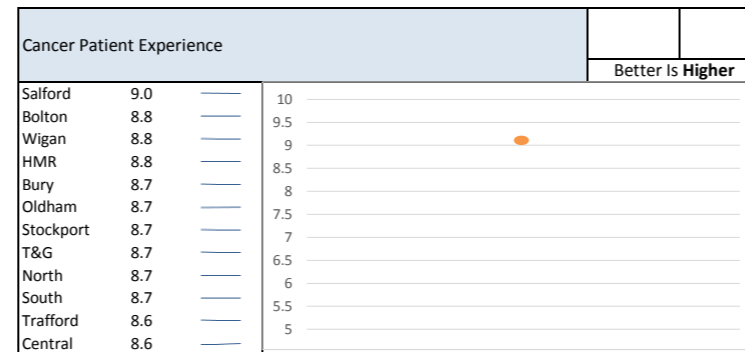
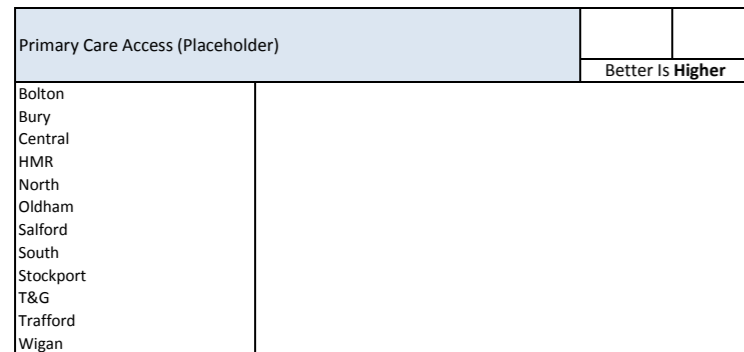
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



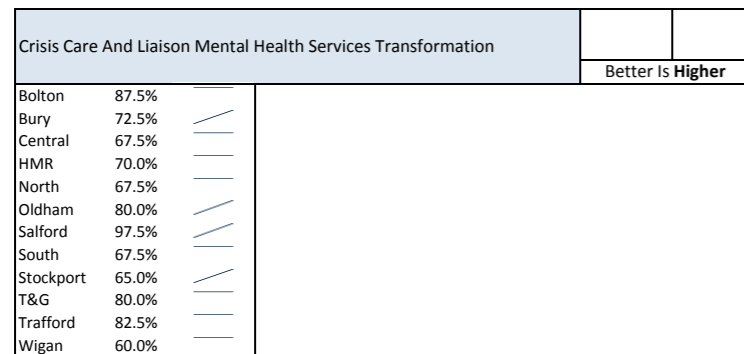
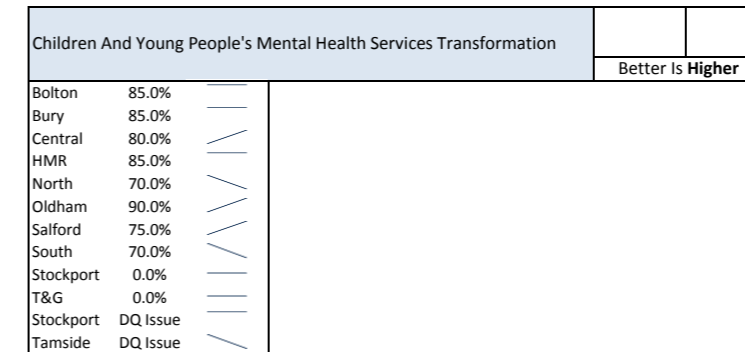
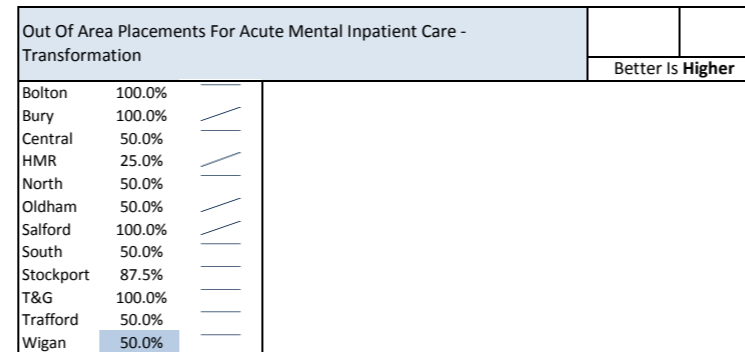
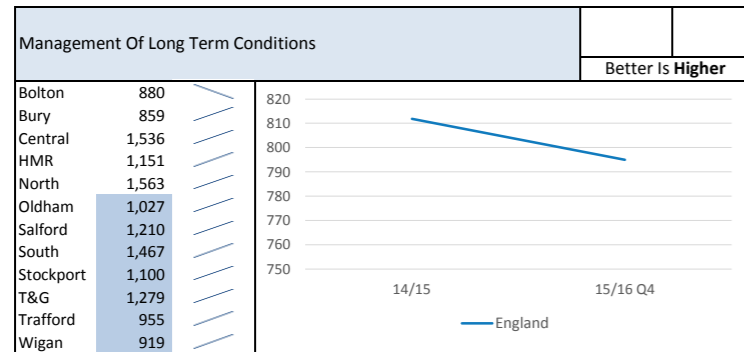
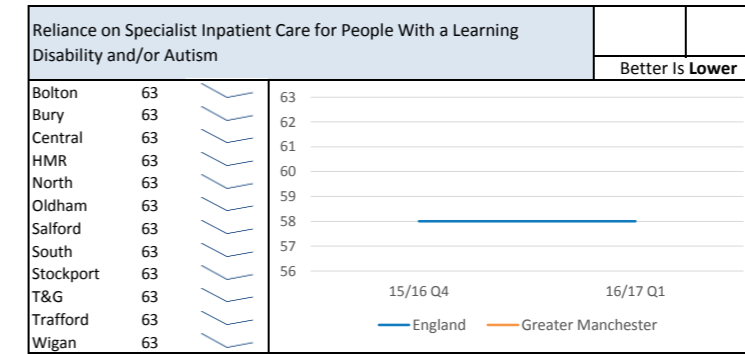
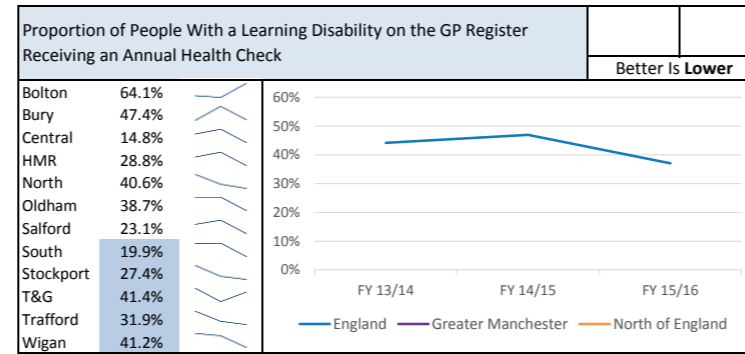
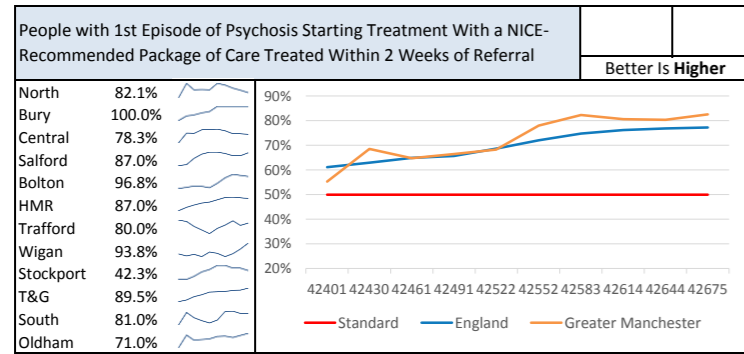
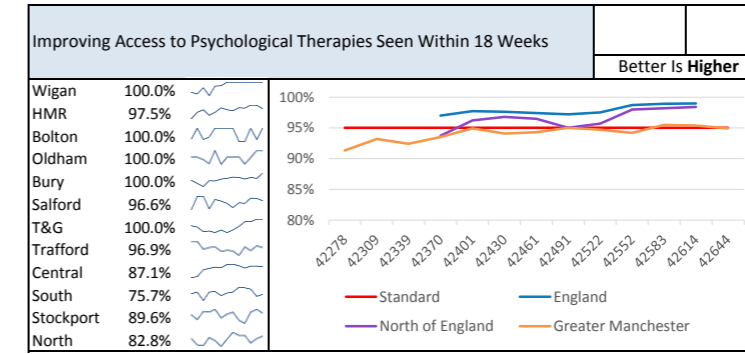
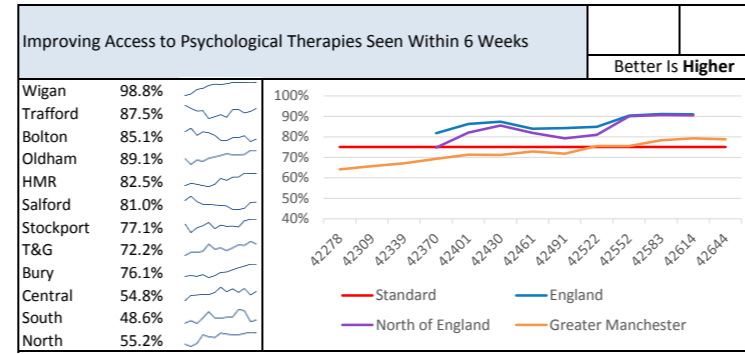
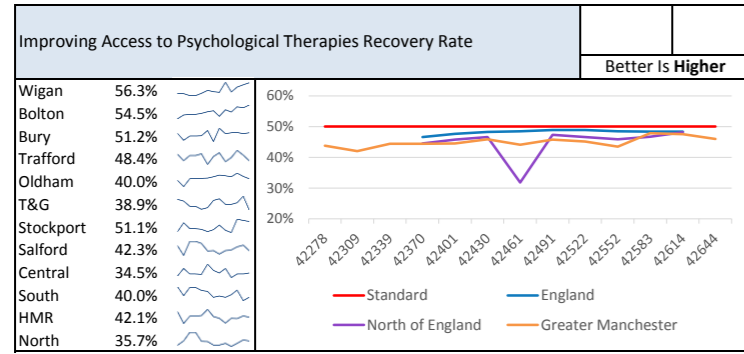
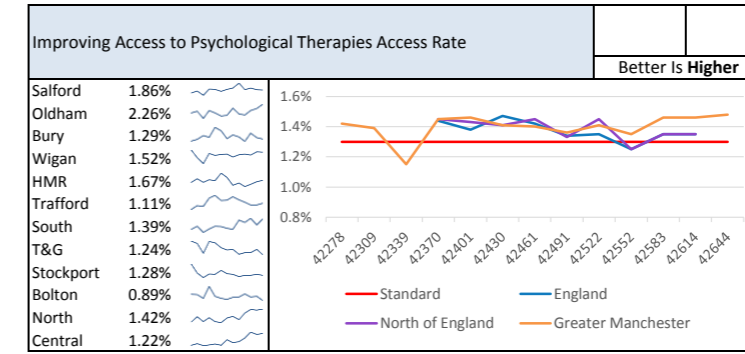
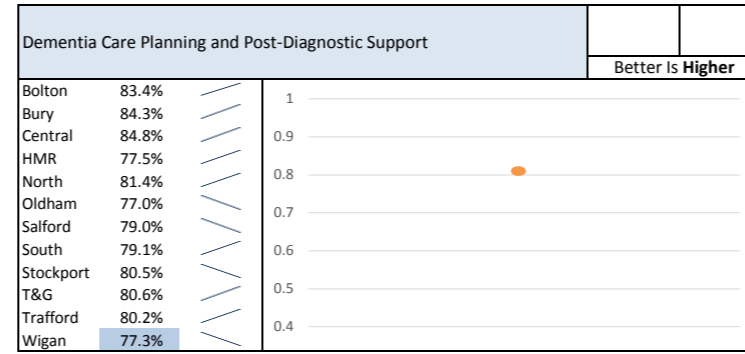
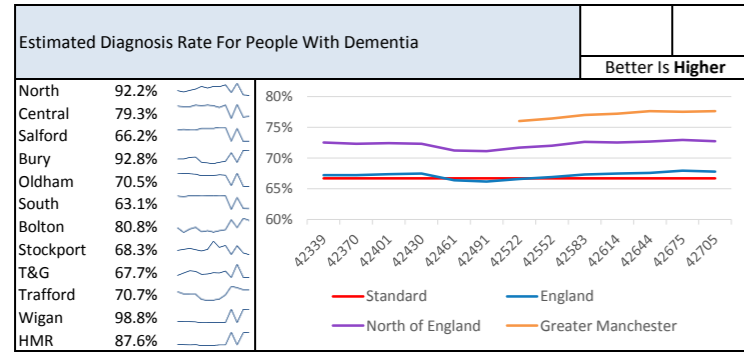
Decreased Variation In Quality Of Care Health Outcomes Across GM Localities



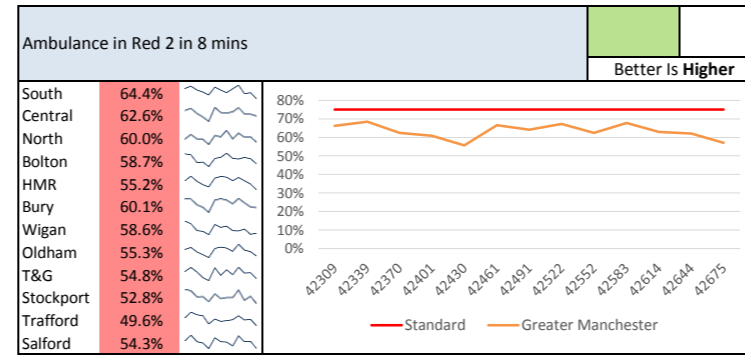
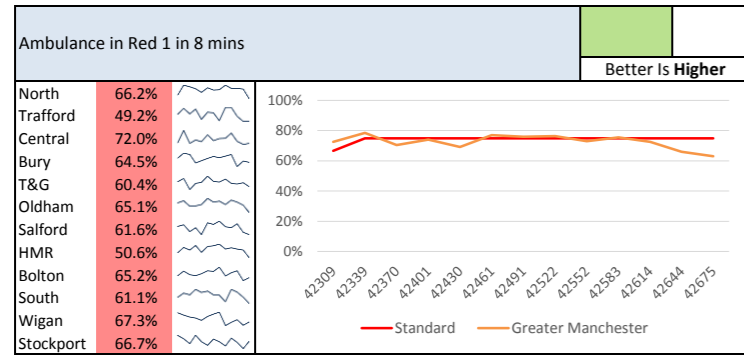
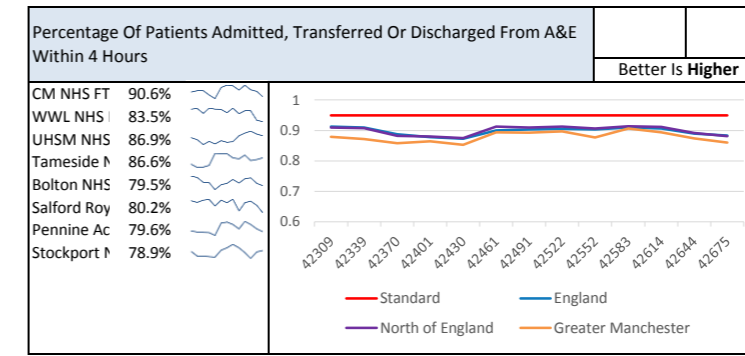
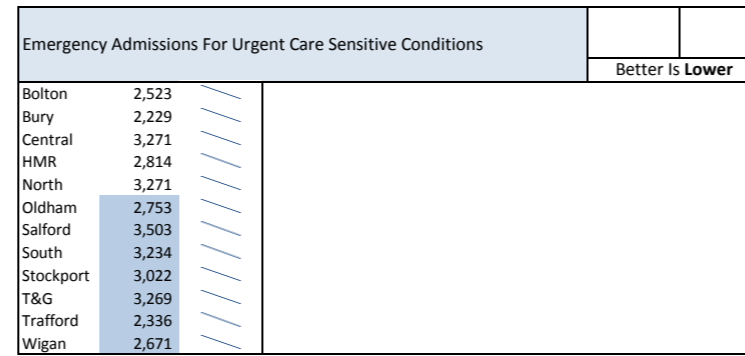
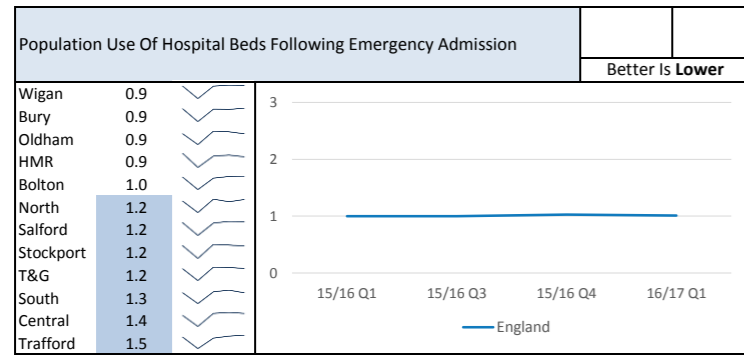
Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



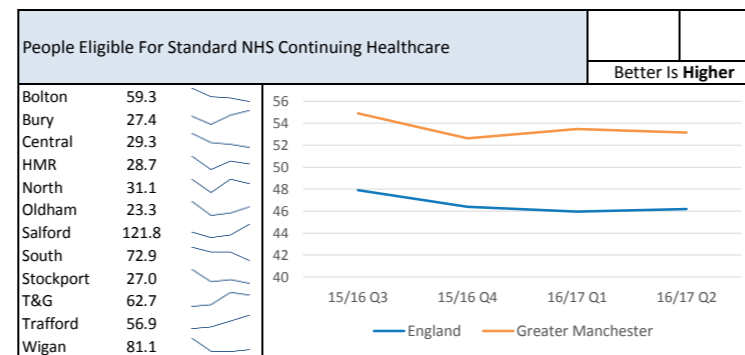
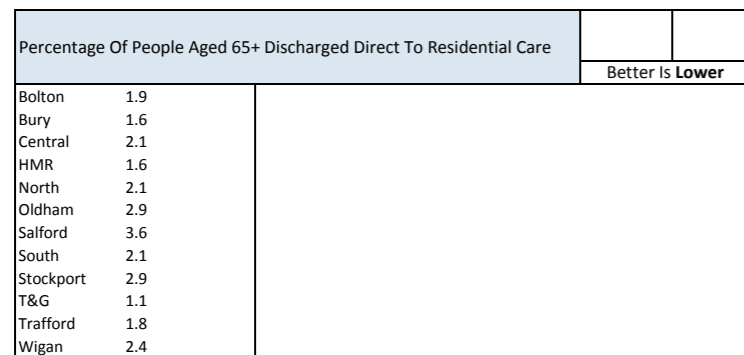
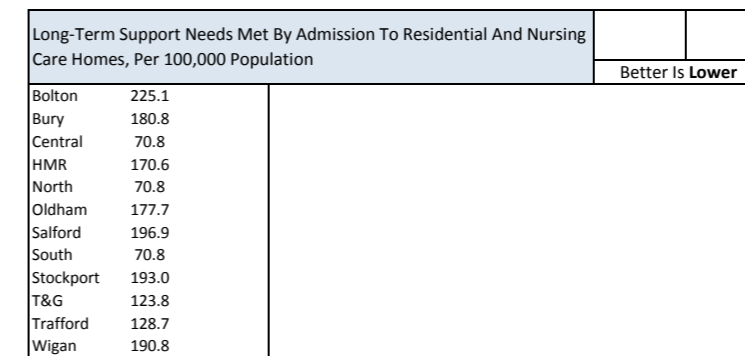
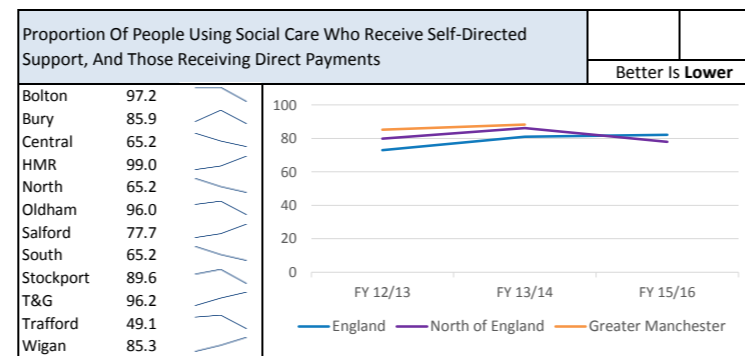
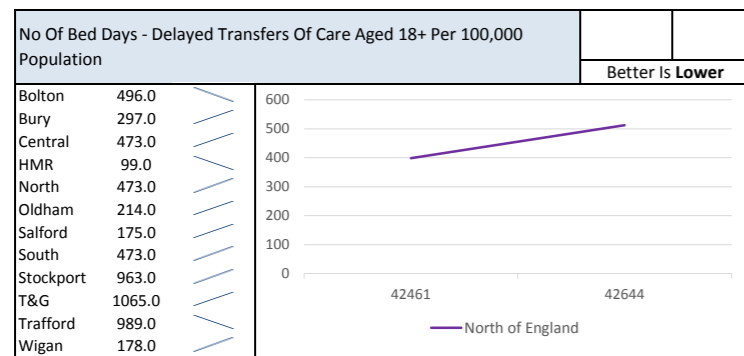
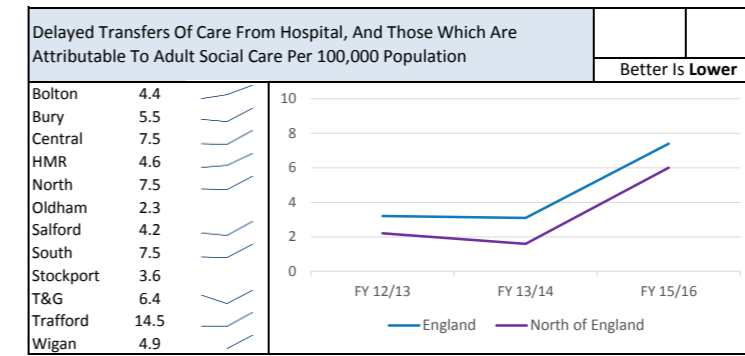
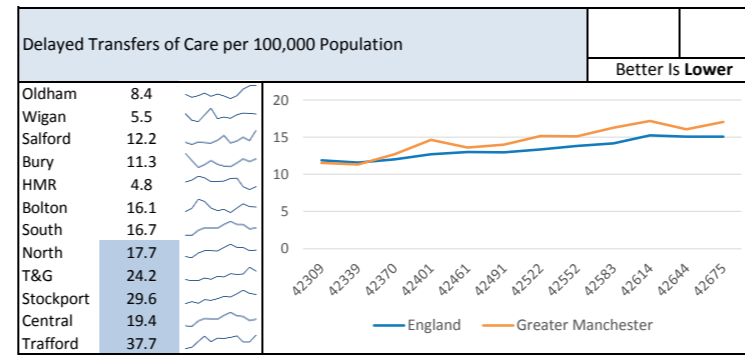
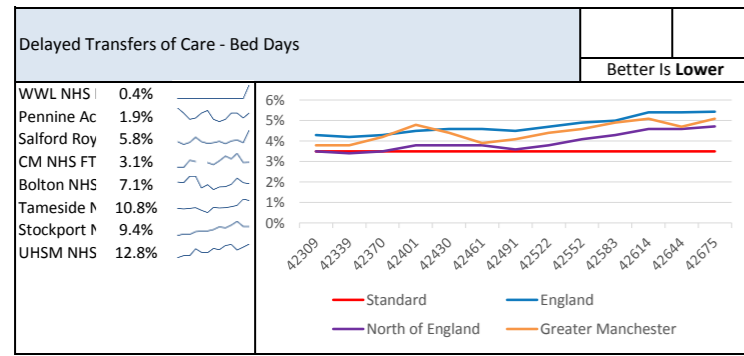
Improved Outcomes For People With Learning Disabilities/Mental Health Needs



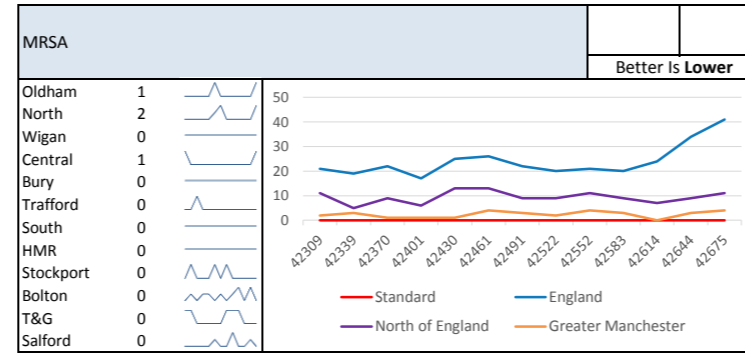
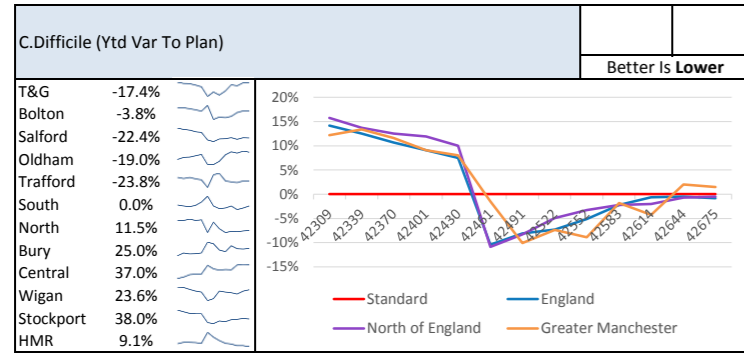
Decreased Need For Hospital Services With More Community Support



Improved Transition Of Care Across Health And Social Care



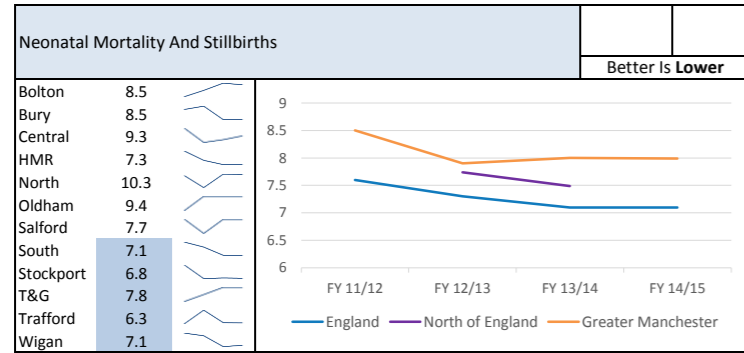
Placeholder TBC



Achievement Of Milestones In The Delivery Of An Integrated Urgent Care Service

Better Is Higher

Bolton	4
Bury	4
Central	4
HMR	4
North	4
Oldham	4
Salford	4
South	4
Stockport	4
T&G	4
Trafford	4
Wigan	4



Primary Care Workforce

Better Is Higher

Bolton	1.0
Bury	0.9
Central	0.8
HMR	0.9
North	0.8
Oldham	0.9
Salford	1.1
South	0.8
Stockport	0.9
T&G	1.0
Trafford	0.8
Wigan	0.9

Achievement Of Clinical Standards In The Delivery Of 7 Day Services (Placeholder)

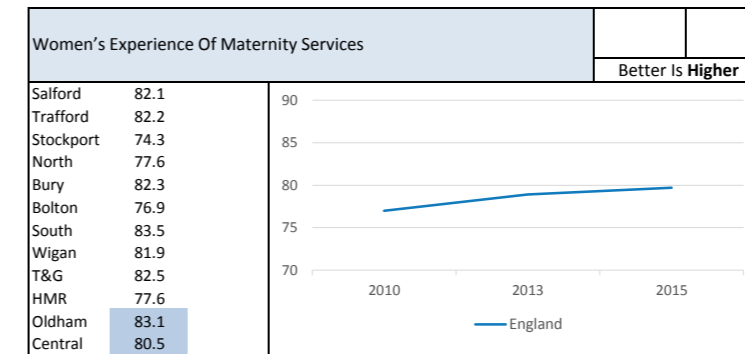
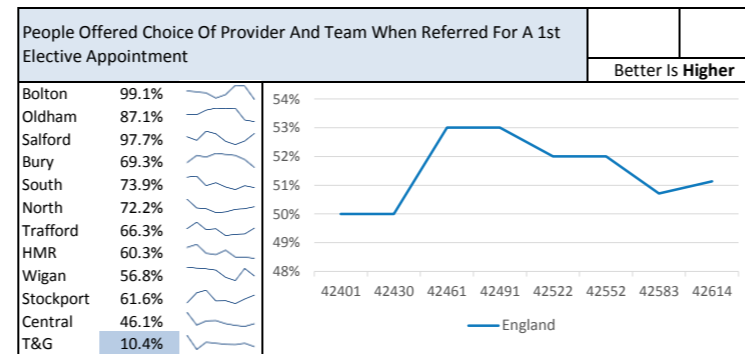
Better Is Higher

Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

Choices In Maternity Services

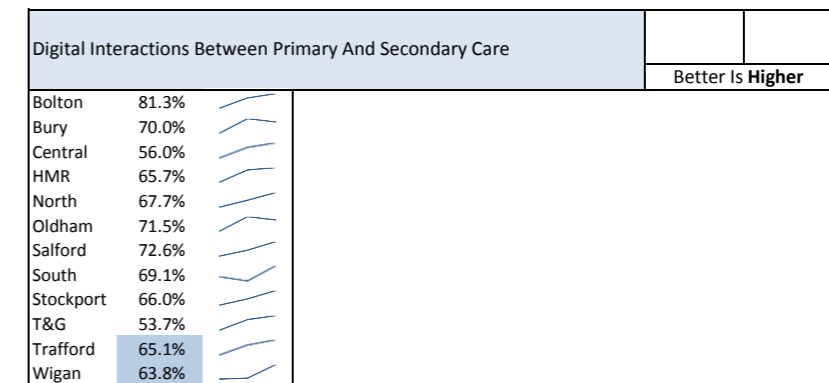
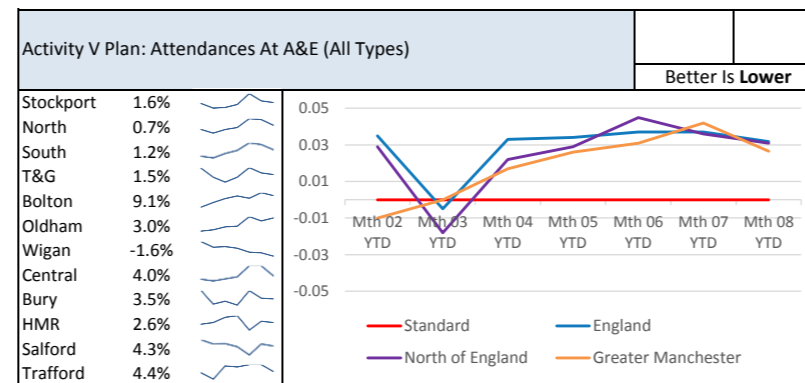
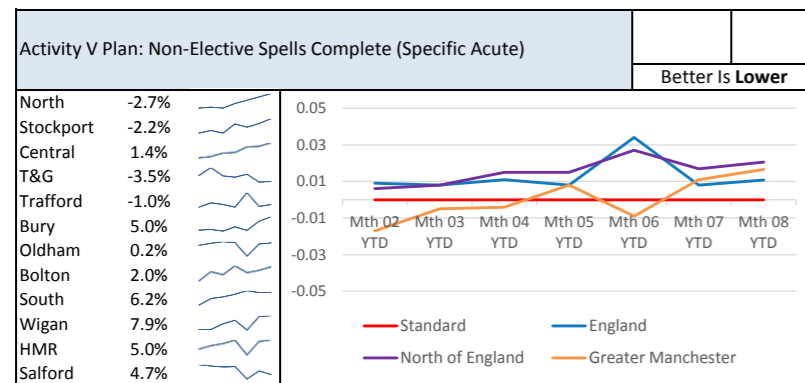
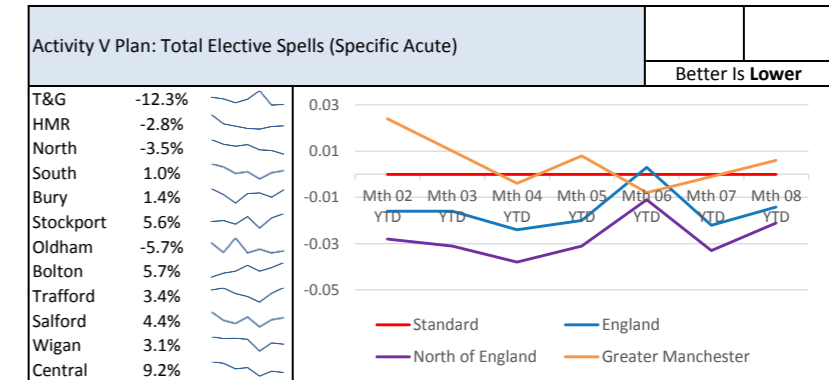
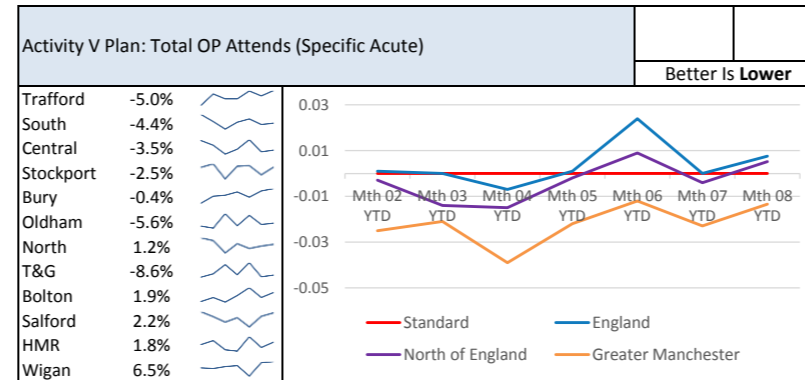
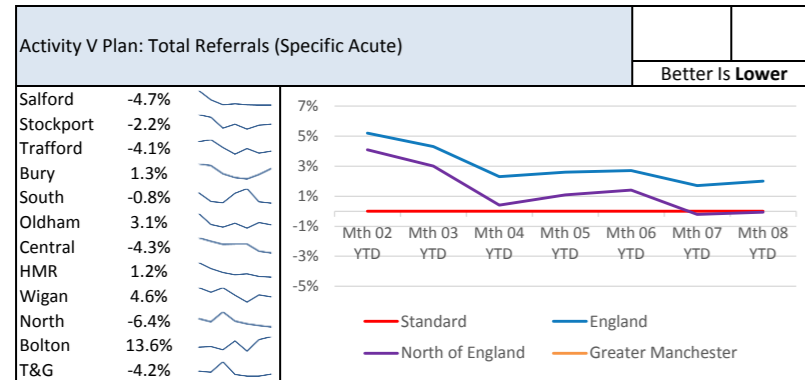
Better Is Higher

Salford	69.8%
Bury	69.7%
North	68.7%
HMR	68.7%
South	67.8%
Oldham	65.3%
Stockport	65.0%
Wigan	64.6%
Trafford	64.5%
Bolton	64.3%
Central	63.0%
T&G	61.4%





Reduced Demand for Reactive Health and Social Care Services and a Shift in Spend to Proactive Provision



Financial Plan 16/17	In-Year Financial Performance 16/17 Q1	In-Year Financial Performance 16/17 Q2	-
Bolton	#REF!	Green	Green
Bury	#REF!	Amber	Amber
Central	#REF!	Green	Green
HMR	#REF!	Green	Green
North	#REF!	Green	Green
Oldham	#REF!	Green	Green
Salford	#REF!	Green	Green
South	#REF!	Green	Green
Stockport	#REF!	Red	Amber
T&G	#REF!	Red	Amber
Trafford	#REF!	Amber	Amber
Wigan	#REF!	Amber	Amber

Local Strategic Estates Plan (SEP) In Place

Better Is Yes

Bolton	#REF!
Bury	#REF!
Central	#REF!
HMR	#REF!
North	#REF!
Oldham	#REF!
Salford	#REF!
South	#REF!
Stockport	#REF!
T&G	#REF!
Trafford	#REF!
Wigan	#REF!

Adoption Of New Models Of Care (Placeholder)

Better Is Higher

Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

Local Digital Roadmap In Place (Placeholder)

Better Is Higher

Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

Expenditure In Areas With Identified Score For Improvement (Placeholder)

Better Is Higher

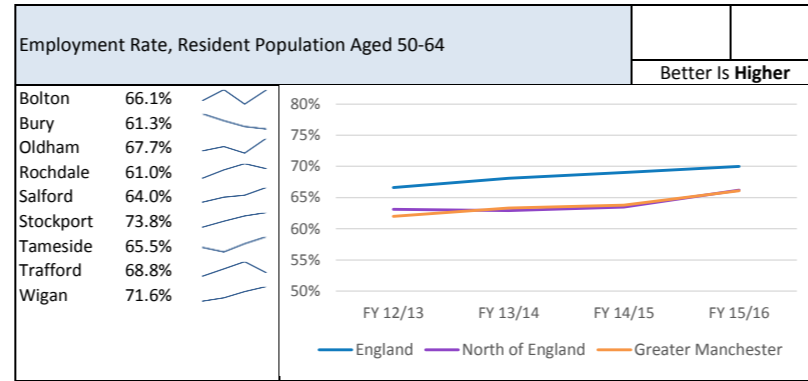
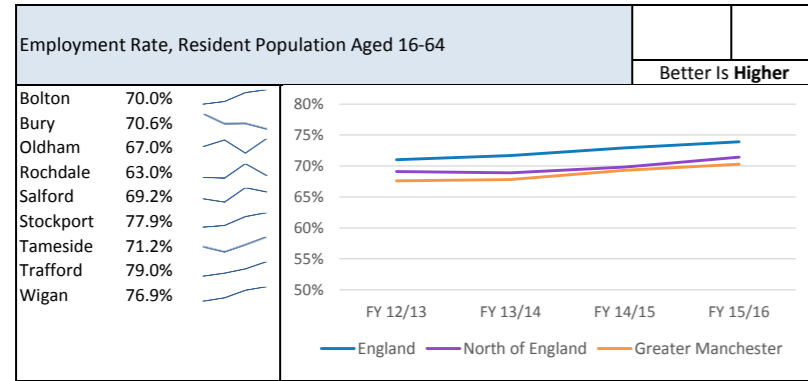
Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

Outcomes In Areas With Identified Scope For Improvement (Placeholder)

Better Is Higher

Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

More People Will Be In Employment, With An Increasing Proportion In 'Good Work' And Able To Stay In Work For Longer





Placeholder TBC

Staff Engagement Index			
		Better Is Higher	
Wigan	4.0		
T&G	3.9		
Bolton	3.9		
Central	3.9		
Trafford	3.8		
Salford	3.8		
Stockport	3.8		
South	3.8		
North	3.8		
Bury	3.7		
Oldham	3.7		
HMR	3.7		

Progress Against Workforce Race Equality Standard			
		Better Is Lower	
Wigan	0.6		
Bolton	0.5		
T&G	0.3		
Stockport	0.3		
Bury	0.3		
HMR	0.2		
Oldham	0.2		
Salford	0.2		
North	0.2		
South	0.1		
Trafford	0.1		
Central	0.0		

Effectiveness Of Working Relationships In The Local System			
		Better Is Higher	
Bolton	74.4		
Bury	67.1		
Central	71.0		
HMR	71.5		
North	66.0		
Oldham	74.3		
Salford	74.2		
South	69.8		
Stockport	68.8		
T&G	66.9		
Trafford	69.9		
Wigan	69.8		

Quality Of CCG Leadership		-	-
		Better Is Green Star	
Salford	Green Star		
Bolton	Green		
Bury	Green		
Central	Green		
HMR	Green		
North	Green		
Oldham	Green		
South	Green		
Stockport	Green		
T&G	Green		
Trafford	Green		
Wigan	Green		

Sustainability And Transformation Plan (Placeholder)			
Bolton			
Bury			
Central			
HMR			
North			
Oldham			
Salford			
South			
Stockport			
T&G			
Trafford			
Wigan			

Probity And Corporate Governance (Placeholder)			
Bolton			
Bury			
Central			
HMR			
North			
Oldham			
Salford			
South			
Stockport			
T&G			
Trafford			
Wigan			

Select a CCG

1. North
 2. STP
 - 3.
 - 4.
 - 5.
- ← Select a region
 - ← Select STP or DCO
 - ← Select an STP or DCO
 - ← Select a CCG
 - ← Select an indicator

Print Current CCG to PDF
(This will print rows 57 - 116 only)

NHS Tameside and Glossop CCG

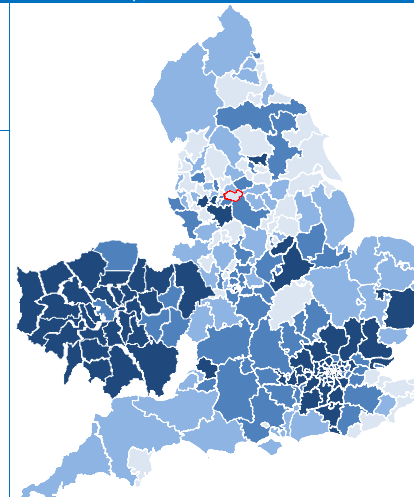
The 10 closest CCGs to NHS Tameside and Glossop CCG

- NHS Rotherham CCG (12.1%)
- NHS Stoke on Trent CCG (19.4%)
- NHS Bury CCG (10.5%)
- NHS Wakefield CCG (20.8%)
- NHS Hartlepool and Stockton-on-Tees CCG (14.1%)
- NHS Barnsley CCG (14.0%)
- NHS St Helens CCG (13.6%)
- NHS Halton CCG (17.3%)
- NHS South Tees CCG (21.1%)
- NHS Telford and Wrekin CCG (19.3%)

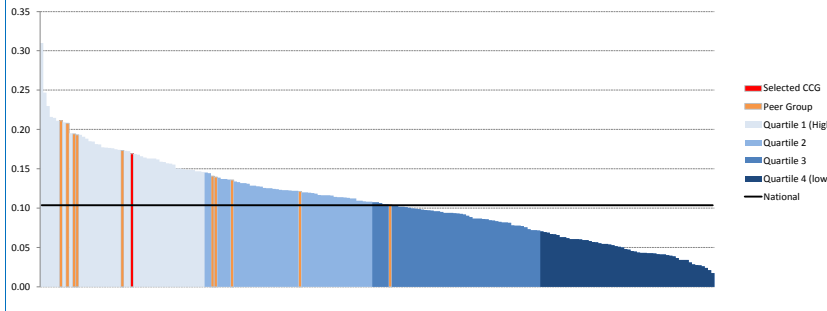
What you need to know...

- CCG and national values for each IAF indicator are presented in the table.
- Sparklines show the scores for each indicator over time.
- The spine chart shows how the CCG value compares other CCGs. A key is displayed over the chart to help with interpretation.

Performance Map



National distribution of CCG values for 101a: Maternal smoking at delivery



Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
↔ = N/A

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
Better Health						
▲ Maternal smoking at delivery	Q2 16/17	16.9%	10.4%		L	
▶ Percentage of children aged 10-11 classified as overweight or obese	2014-15	34.1%	33.2%		L	
▶ Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	2014-15	46.8%	39.8%		H	
▶ People with diabetes diagnosed less than a year who attend a structured education course	2014-15	10.0%	5.7%		H	
▶ Injuries from falls in people aged 65 and over	Jun-16	2,150	1,985		L	
▶ Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Sep-16	10.4%	51.1%		H	
▶ Personal health budgets	Q2 16/17	7.3	18.7		H	
▶ Percentage of deaths which take place in hospital	Q1 16/17	49.8%	47.1%		↔	
▶ People with a long-term condition feeling supported to manage their condition(s)	2016	61.4%	64.3%		H	
▶ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	1,475	929		L	
▶ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	3,144	2,168		L	
▶ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.1	1.1		↔	
▶ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Sep-16	7.8%	9.1%		↔	
▶ Quality of life of carers	2016	0.78	0.80		H	
Better Care						
▶ Provision of high quality care	Q3 16/17	55.0	50.7%		H	
▶ Cancers diagnosed at early stage	2014	44.2%	50.7%		H	
▶ People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q2 16/17	86.6%	82.3%		H	
▶ One-year survival from all cancers	2013	67.6%	70.2%		H	
▶ Cancer patient experience	2015	8.7			H	
▶ Improving Access to Psychological Therapies recovery rate	Sep-16	46.0%	48.4%		H	
▶ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	89.5%	77.2%		H	
▶ Children and young people's mental health services transformation	Q2 16/17	DQ issue			H	
▶ Crisis care and liaison mental health services transformation	Q2 16/17	80.0%			H	
▶ Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	100.0%			H	
▶ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	63			L	
▶ Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	41.4%	37.1%		H	
▶ Neonatal mortality and stillbirths	2014-15	7.8	7.1		L	
▶ Women's experience of maternity services	2015	77.6			H	
▶ Choices in maternity services	2015	62.4			H	
▶ Estimated diagnosis rate for people with dementia	Nov-16	74.4%	68.0%		H	
▶ Dementia care planning and post-diagnostic support	2015/16	80.6%			H	
▶ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H	
▶ Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,269	2,359		L	
▶ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	85.8%	88.4%		H	
▶ Delayed transfers of care per 100,000 population	Nov-16	24.2	15.0		L	
▶ Population use of hospital beds following emergency admission	Q1 16/17	1.2	1.0		L	
▶ Management of long term conditions	Q4 15/16	1,276	795		L	
▶ Patient experience of GP services	H1 2016	83.2%	85.2%		H	
▶ Primary care access	Q3 16/17	70.7%			H	
▶ Primary care workforce	H1 2016	1.0	1.0		H	
▶ Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.6%	90.6%		H	
▶ People eligible for standard NHS Continuing Healthcare	Q2 16/17	62.7	46.2		↔	
Sustainability						
▶ Financial plan	2016	Amber			↔	
▶ In-year financial performance	Q2 16/17	Amber			↔	
▶ Outcomes in areas with identified scope for improvement	Q2 16/17	CCG not Incl.			H	
▶ Expenditure in areas with identified scope for improvement	Q2 16/17	Not included			H	
▶ Local digital roadmap in place	Q3 16/17	Yes			↔	
▶ Digital interactions between primary and secondary care	Q3 16/17	53.7%			H	
▶ Local strategic estates plan (SEP) in place	2016-17	Yes			↔	
Well Led						
▶ Probity and corporate governance	Q2 16/17	Fully complia			H	
▶ Staff engagement index	2015	3.9	3.8		H	
▶ Progress against workforce race equality standard	2015	0.3	0.2		L	
▶ Effectiveness of working relationships in the local system	2015-16	66.9			H	
▶ Quality of CCG leadership	Q2 16/17	Green			↔	