

Key Messages

Positive trends

18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 92.4% during May.

Cancer: All of the cancer indicators achieved standard during May apart from 62 day consultant upgrades.

IAPT Access Rate: Performance continues to be above the Quarterly standard (3.75%) achieving 4.09% during Quarter 4.

IAPT Waiting Times: Quarter 4 performance is above standard for 18 week waiting times and 18 week waits is reported as 97.7% (Standard 95%)

IAPT Waiting Times: Quarter 4 performance is above the standard for 6 week waiting times. IAPT 6 week waits is reported as 79.7% (standard 75%).

IAPT Recovery Rate: Quarter 4 performance was above the standard (50%) achieving 50.0%.

Dementia: Estimated diagnosis rate for people aged 65+ for May was 83.8% against the 66.7% standard.

Referrals: GP referrals have increased this month compared to last month and 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.

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

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

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: May performance at Tameside And Glossop Integrated Care NHS FT (T&GICFT) is below the 95% target, at 84.47%. A total of 7,665 patients attended A&E in the month, of which 1194 did not leave the department within 4 hours.

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 May. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 65.92% and 64.43%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 90.08%.

111: The North West NHS 111 service is performance managed against a range of KPIs reported as follows for May:- Calls Answered (95% in 60 seconds) = 80.86%- Calls abandoned (<5%) = 6.21%- Warm transfer (75%) = 46.13% Call back in 10 minutes (75%) = 36.03%

Diagnostics 6+ Week Waiters: Performance was higher (worse than) the national standard of 1.00%, currently achieving 1.51% during May.

Healthcare Associated Infections MRSA: There have been 2 reported cases of MRSA during May.

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

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

Better Health																			GM	England	Trend	
Description	Indicator	F	Level	Better is...	Threshold	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-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		11.6%	11.2%	11.1%	11.6%	10.4%	10.7%	10.0%	10.1%	11.1%	13.3%	11.4%	13.4%	14.6%			51.1% (Sept)	
	Number of women Smoking at Delivery.	Q	T&G CCG	L	England	13.6%		16.9%		15.3%		15.7%								13.3% (Q3)	10.60%	
	Personal health budgets	Q	T&G CCG	H		4.0		4.1		3.6		5.8								30 (Q2)	18.7 (Q2)	
	Percentage of deaths which take place in hospital	Q	T&G CCG	<>		47.6%		49.0%		50.4%										50% (Q4 15/16)	47.1% (Q1 16/17)	
	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q	T&G CCG	L																	929	
	Inequality in emergency admissions for urgent care sensitive conditions	Q	T&G CCG	L																	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			2159														1985	
Description	Indicator		Level	Better is...	Threshold	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		63.9%	62.9%	62.4%	61.4%												64.30%	
	Quality of life of carers	A	T&G CCG	H		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	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Exceptions	GM	England	Trend
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%	97.1%	96.1%	94.3%	94.6%	95.4%	96.5%	97.5%	98.1%	94.4%	95.6%	95.3%	95.9%	94.3%		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%	98.0%	95.8%	94.0%	96.7%	97.3%	100.0%	100.0%	98.8%	100.0%	93.6%	98.3%	98.0%	99.0%		96.30%	90.50%	
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%	98.9%	100.0%	100.0%	98.8%	98.9%	98.0%	98.2%	100.0%	98.9%	100.0%	97.7%	100.0%	100.0%		97.80%	97.40%	
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		96.60%	96.10%	
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	M	T&G CCG	H	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Breach due to deferred treatment in Jan-16.	99.60%	99.30%	
	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%	100.0%	100.0%	100.0%	100.0%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%		100%	96.60%	
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%	88.6%	91.5%	89.6%	91.3%	74.4%	91.1%	90.4%	88.0%	89.1%	87.3%	82.4%	98.4%	89.8%	There were 10 breaches out of a total of 39 seen in Sept 16.	88.30%	80.80%	
	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%	60.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		90.00%	92.00%	
	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%	86.7%	94.4%	82.4%	100.0%	53.8%	78.3%	94.4%	78.6%	75.0%	87.5%	85.2%	86.7%	69.6%	For Jan 17 20 patients treated with 4 being treated over the target. For Dec 16 14 patients treated with 3 being treated over the target. For Sept 16 there were 13 patients treated with 6 being treated over the target	86.50%	87.00%	
18 Weeks RTT	Patients on incomplete non emergency pathways (yet to start treatment)	M	T&G CCG	H	92%	92.5%	92.4%	92.4%	92.1%	92.1%	92.1%	92.7%	92.6%	93.0%	92.6%	92.6%	92.4%	92.8%	CCG target (92%) achieved. Failing specialities are Urology (86.57%), Trauma & Orthopaedics (90.06%), Ear, Nose & Throat (ENT) (90.59%), Plastic Surgery (72.32%), Cardiothoracic Surgery (87.80%).	92.30%	90.40%	
	Patients waiting 52+ weeks on an incomplete pathway	M	T&G CCG	L	Zero Tolerance	0	1	1	1	0	1	0	0	0	0	0	0	3	0	In Apr 17 we have 3 over 52 week waiters on an incomplete pathway. 1 at University Hospital South Manchester for 160 plastic surgery and 2 at Central Manchester for X01 Other. The patient waiting under the speciality plastic surgery has now been seen. We are awaiting an update on the other 2.		0.04
Diagnostics < 6 Weeks	Patients waiting for diagnostic tests should have been waiting less than 6 weeks from referral	M	T&G CCG	L	1%	1.55%	2.36%	1.70%	1.20%	1.24%	1.34%	1.29%	1.85%	1.88%	1.40%	0.70%	0.86%	1.51%	In May 73 patients (69 patients waiting 6-13 weeks and 4 patients >13 Weeks).	1.50%	1.90%	
Dementia	Estimated diagnosis rate for people aged 65+	M	CCG	H	66.70%	69.80%	70.50%	70.3%	71.3%	72.8%	75.3%	74.4%	74.9%	74.8%	75.3%	75.1%	83.8%	82.3%		77.20%	67.90%	
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%	92.2%	86.5%	85.0%	90.5%	82.7%	84.1%	86.6%	76.2%	76.7%	86.9%	88.3%	81.7%	84.5%	2015-16 performance shows that 12,737 patients waited more than 4 hours (denominator 84,303). Breached by 8,522 patients. June 2016 performance is 86.54% breached by 967 patients. July 2016 performance is 84.98% breached by 1143 patients. August 2016 performance is 90.5% breached by 646 patients. September performance is 82.7% breached by 1224 patients. October performance is 84.1% breached by 1,176 patients. November performance is 86.6% breached by 943 patients. December performance is 76.2% breached by 1703 patients. January performance is 76.7% breached by 1638 patients. February performance is 86.85% breached by 835 patients. March performance is 86.27% breached by 867 patients. 2016-17 performance shows that 12,263 patients waited more than 4 hours (denominator 85,638). April performance is 81.6% breached by 1,279 patients (6,965). May performance is 84.5% breached by 1,194 patients (7,665).	86.00%	89.70%	
	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		45.5%	62.1%	65.4%	66.7%	73.3%	75.0%	89.0%									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%	3.95%	3.92%	3.90%	4.1%													4.12%		
	Recovery	Q	T&G CCG	H	50%	45.75%	46.00%	42.20%	50.0%													47.50%	50.97%	
	Waiting times less than 6 weeks	Q	T&G CCG	H	75%	62.75%	73.40%	78.40%	79.7%													79.30%	89.64%	
	Waiting times less than 18 weeks	Q	T&G CCG	H	95%	91.50%	98.60%	100.0%	97.7%													95.40%	98.81%	
	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q		L		62																62 (Q1)	58 (Q1)	
	Emergency admissions for urgent care sensitive conditions	Q		L																			2359	
	Population use of hospital beds following emergency admission	Q		L		1.2																	1.0	
	Management of long term conditions	Q		L																			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	2012	2013	2014	2015													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		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	12/13	13/14	14/15	15/16													GM	England	Trend
	Neonatal mortality and stillbirths	A	T&G CCG	L		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		85.7%	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	2013	2014	2015	2016													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	1st Quarter 2016-17		2nd Quarter 2016-17			3rd Quarter 2016-17			4th Quarter 2016-17			Exceptions	GM	England *	Trend
						May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17				
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	97.59%	97.51%	96.63%	96.15%	Cumulative year to date performance reported			-	86.9						
	Part 1b - % of carers who receive self directed support	Q	LA	H	77.7	99.57%	99.79%	100.00%	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	14.91%	14.74%	13.62%	12.47%	Cumulative year to date performance reported			-	28.1						
	Part 2b - % of carers who are in receipt of direct payments	Q	LA	H	67.4	77.87%	73.43%	75.93%	95.61%	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	1.99%	1.92%	1.89%	4.95%	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 accomodation.	Q	LA	H	75.4	94.69%	93.80%	93.90%	93.27%	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	1.49 (2 Admissions)	2.98 (4 Admissions)	7.44 (10 Admissions)	12.65 (17 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	153.87 (59 Admissions)	307.75 (118 Admissions)	453.8 (174 Admissions)	628.54 (241 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	-	61	122	184	258	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	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	Q	LA	H	82.7	-	-	-	-	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 into re-ablement/ rehabilitation services.	Q	LA	H	2.9	-	-	-	-	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	-	8406	8308	8180	7536	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	-	3027	3000	3008	2977	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	-	85.98%	87.76%	87.94%	86.14%	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	-	22.39%	41.09%	62.78%	70.49%	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	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Exceptions	GM	England	Trend
Referrals	GP Referrals-Total	M	T&G CCG	L		5494	5724	5359	5142	5310	5086	5192	4421	5132	4951	5564	4369	5087	Variance from Monthly plan			
	Other referrals- Total	M	T&G CCG	L		2748	2730	2751	2853	2786	3060	3085	2434	2822	2508	3004	2496	3539	Variance from Monthly plan			
	GP referrals- T&G ICFT	M	T&G CCG	L		3971	4053	3766	3452	3611	3566	3673	3142	3615	3469	3824	3117	3600	Variance from previous year			
	Other referrals - T&G ICFT	M	T&G CCG	L		1428	1521	1637	1670	1612	1836	1854	1431	1626	1412	1725	1411	1756	Variance from previous year			
Activity	Outpatient Fist Attend	M	T&G CCG	L	Plan	7137	7441	6755	6903	7205	7265	7606	6394	6620	6406	7259	5846	6885	Variance from Monthly plan			
	Elective Inpatients	M	T&G CCG	L	Plan	2890	3022	2871	2876	2915	2956	3201	2624	2778	2766	3054	2611	2678	Variance from Monthly Plan			
	Non-Elective Admissions	M	T&G CCG	L	Plan	2409	2314	2267	2336	2244	2337	2431	2444	2470	2256	2390	2284	2612	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			53.7											
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	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Exceptions	GM	England	Trend
	Quality of CCG leadership	Q		H																		
Description	Indicator		Level	Better is...	Threshold	2012	2013	2014	2015											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		Level	Better is...	Threshold	12/13	13/14	14/15	15/16											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	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Exceptions	GM	England	Trend
Mixed Sex Accommodation	MSA Breach Rate	M	T&G CCG	L	0	0	0.1	0.2	0	0	0	0.1	0	0.3	0.0	0.0	0.0	0.0	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.	0.48		
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	2		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	1668		
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%	94.5%		96.7%				100.0%		92.9%					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																			
	Avoidable admissions-Cost		T&G CCG	L																			
	Re admissions		T&G CCG	L																			
	Average LOS	M	T&G CCG	L		5.38	5.22	5.00	4.20														
	DTOCS (Patients)	M	LA	L		49	37	47	42	47	71	52	61	55	54	31							
	DTOCS (Patients)	M	Trust	L		38	25	32	29	38	61	45	50	42	35	27							

Other Indicators-111

111 KPIs	Calls answered (60 Seconds)	M	NW	H	95.00%	85.00%	90.00%	83.0%	90.0%	89.0%	71.4%	67.5%	64.7%	77.5%	79.5%	81.9%	80.9%	80.9%		90.60%		
	Calls abandoned	M	NW	L	<5%	4.00%	2.00%	4.0%	2.0%	2.0%	6.4%	6.9%	10.8%	7.1%	6.2%	5.7%	5.7%	6.2%		2.30%		
	Warm Transfer	M	NW	H	75%	33.0%	32.0%	33.0%	35.0%	36.0%	33.2%	35.0%	31.3%	32.9%	29.3%	32.8%	46.3%	46.1%		49.10%		
	Call back in 20 mins	M	NW	H	75%	41.00%	40.00%	38.0%	39.0%	34.0%	34.7%	36.0%	33.5%	38.4%	37.1%	38.1%	38.3%	36.0%		42.80%		

Ambulance

Ambulance	Red 1 < 8 Minutes (75% Target)	M	T&G CCG	H	75.00%	71.10%	69.50%	75.6%	66.7%	65.9%	68.3%	60.4%	61.3%	59.4%	63.6%	66.0%	66.4%	62.0%	High levels of demand and lengthening turn around times.	63.00%	73.00%	
	Red 2 < 8 Minutes (75% Target)	M	T&G CCG	H	75%	58.00%	63.10%	58.60%	65.80%	60.00%	60.48%	54.76%	53.50%	54.50%	56.91%	60.20%	67.44%	64.92%	High levels of demand and lengthening turn around times.	57.10%	66.20%	
	All Reds <19 Minutes (95% Target)	M	T&G CCG	H	95%	89.9%	91.1%	89.9%	91.0%	89.1%	86.4%	83.1%	82.9%	83.3%	88.4%	90.8%	92.1%	91.6%	High levels of demand and lengthening turn around times.	92.30%		
	Red 1 < 8 Minutes (75% Target)	M	NWAS	H	75%	74.3%	73.1%	70.5%	72.6%	69.5%	64.6%	62.8%	61.6%	61.8%	64.7%	65.6%	70.1%	65.9%	High levels of demand and lengthening turn around times.	63.00%	73.00%	
	Red 2 < 8 Minutes (75% Target)	M	NWAS	H	75%	66.3%	66.2%	62.7%	65.3%	61.8%	63.0%	60.4%	57.3%	58.8%	61.0%	63.4%	68.9%	64.4%	High levels of demand and lengthening turn around times.	57.10%	66.20%	
	All Reds <19 Minutes (95% Target)	M	NWAS	H	95%	91.50%	91.50%	89.8%	91.1%	89.0%	88.2%	86.8%	85.4%	85.7%	88.4%	90.2%	92.5%	90.1%	High levels of demand and lengthening turn around times.	92.30%		

Quality

Quality	Clostridium Difficile-Whole Health Economy	M		L	Plan	7	3	9	10	5	13	6	6	5	4	9	6	5		1004		
	Clostridium Difficile-Acute	M		L	Plan	2	2	4	5	2	8	5	4	2	3	5	2	2		410		
	Clostridium Difficile-Non-Acute	M		L	Plan	5	1	5	5	3	5	1	2	3	1	4	4	3		594		
	MRSA-Whole Health Economy	M		L	0	0	2	1	3	0	0	0	0	2	2	0	0	2		4	92	
	MRSA-Acute	M		L	0	0	2	0	2	0	0	0	0	1	1	0	0	1		39		
	MRSA-Non Acute	M		L	0	0	0	1	1	0	0	0	0	1	1	0	0	1		53		

Exception Report

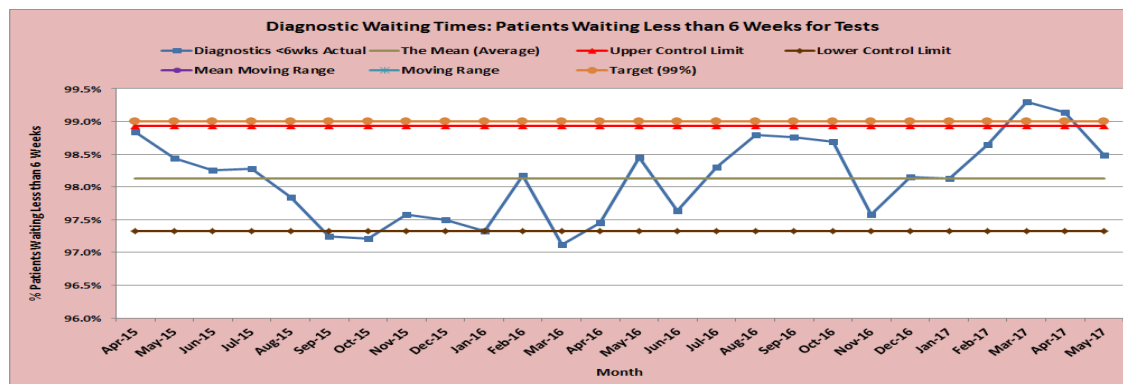
Tameside & Glossop CCG- July

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 1.51% performance. Of the 73 breaches. 32 occurred at Central Manchester (CT, Colonoscopy, Gastroscopy and MRI), 25 at North West CATS Inhealth (MRI), 5 at T&G ICFT (Audiology assessments, Non obstetric ultrasound and Gastroscopy), 5 at Pioneer healthcare (Neurophysiology), 3 at South Manchester (MRI and Urodynamics), 1 at Pennine Acute (MRI), 1 at Stockport (Urodynamics) and 1 at Salford Trust (Neurophysiology).

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 JAG rating as 6 week waits may build up again.

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

North West CATS Inhealth performance is as a result of a number of scanner breakdowns.

As lead Commissioner.

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

Actions:

CMFT has recently deteriorated after a period where they were back on track and had seen improvements. T&G ICFT is working to resolve the audiology waits. North West CATS Inhealth-Additional capacity has been put in place to address the issue and expect to be back on track in July.

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.

Invalidated -Next month FORECAST

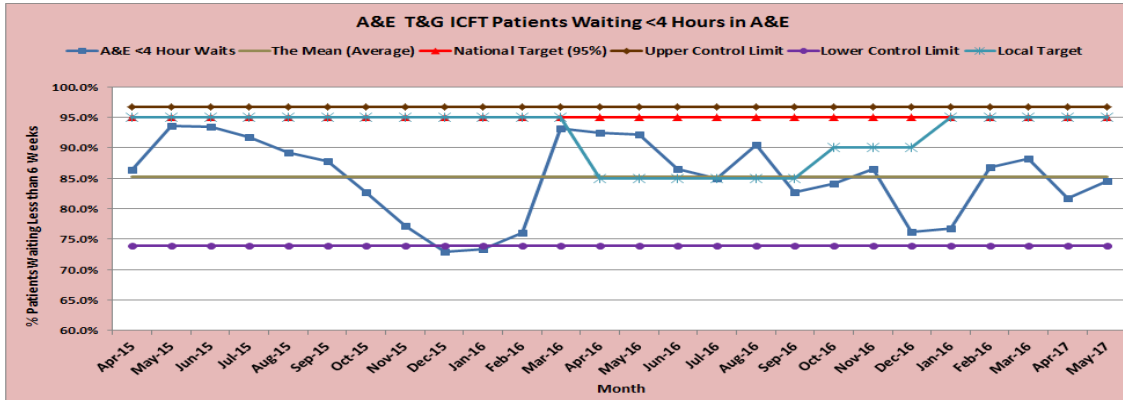
Diagnostics Waiting Times Patients Waiting > 6 Weeks by GM CCG				
May-17				
CCG	Waiting > 6 Weeks	Total Waiting List	Performance	Standard
NHS MANCHESTER CCG	234	9794	2.39%	1%
NHS Oldham CCG	58	3832	1.51%	1%
NHS Tameside and Glossop CCG	73	4827	1.51%	1%
NHS Bury CCG	49	3567	1.37%	1%
NHS Wigan Borough CCG	73	5558	1.31%	1%
NHS Heywood, Middleton & Rochdale CCG	47	3957	1.19%	1%
NHS Bolton CCG	40	3941	1.01%	1%
NHS Salford CCG	43	4308	1.00%	1%
NHS Trafford CCG	56	5925	0.95%	1%
NHS Stockport CCG	45	5658	0.80%	1%

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery board



May Performance: 84.47%

16/17 ytd: 92.31%

17/18 ytd: 83.12%

Key Risks and Issues:

The A&E performance for May was 84.47% which is below the target of 95% and the GM agreed target of 90%. Late assessment due to lack of capacity in the department is the main reason for breaches.

- Bed capacity across the organisation was problematic (Medical bed-pool occupancy was routinely at >97%);
- Delayed-transfers-of-care occupied >5% of the 'General and Acute' bed pool, a reduction from 10% in January;
- IAU remained escalated as a bedded area rather than functioning as originally planned;
- Reduced ambulatory-care service because of staffing shortages;
- Increased acuity, as measured using the Charlson Comorbidity Index (43% of patients with a Charlson comorbidity; 34% in 2009-10).

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. The local trajectory submitted to get back to the 90s in 1917/18 is Q1, Q2 and Q3 90% and 95% in March 18.

Actions:

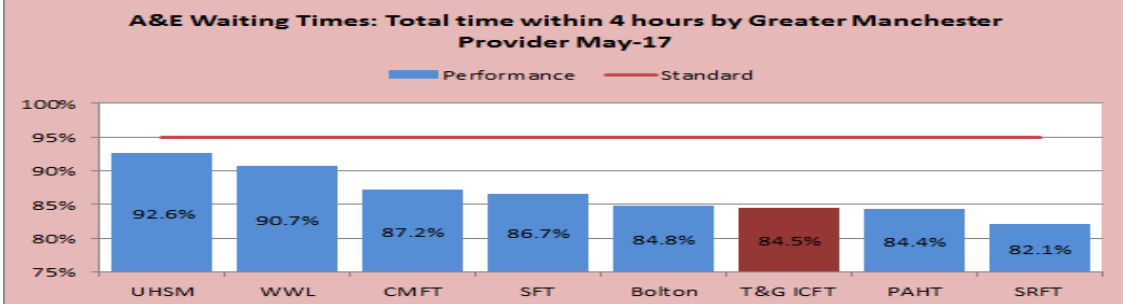
- Actions include:
- Organisational initiative 'Back to the 90s', commenced taking a whole-systems approach to patient flow;
 - Additional beds temporarily opened on IAU (8 beds in use);
 - Clinical Fellow now allocated to the Ambulatory Care area to enhance the service provision and handle GP calls;
 - Additional medical staffing resources deployed, especially on days of expected increased activity (Monday/Tuesday);
 - NHSI offering focused support concerning ED streaming;
 - Further work concerning the handling of GP calls;
 - Review of the speciality response times to ED and escalation processes.

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

Next month FORECAST



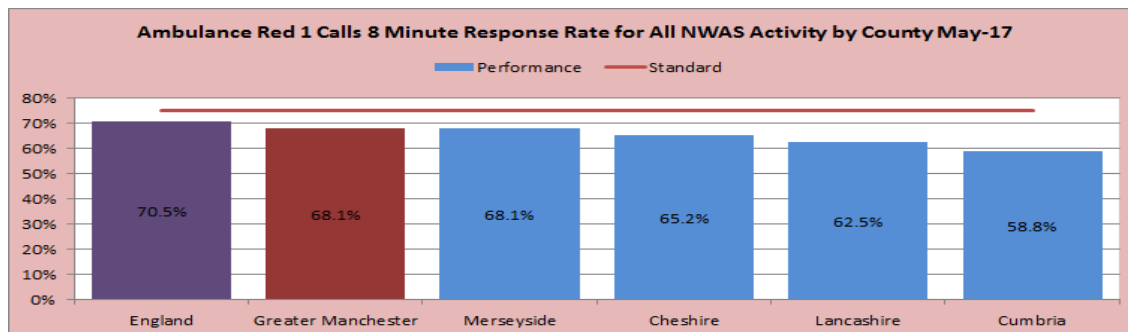
* Please note that Tameside Trust local trajectory for 17/18 is Q1, Q2 and Q3 90%, and Q4 95%.

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



May Performance: 65.92%

16/17 ytd:
75.40%

17/18 ytd:
67.96%

Key Risks and Issues:

In May the north west position (which we are measured against) was 65.92% however locally we achieved 62.04%. 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, Alternative to Transfer Service 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	May-17			
	<8 Mins	Total	Performance	Standard
NHS Bury CCG	52	69	75.8%	75%
NHS Manchester CCG	276	365	75.6%	75%
NHS Oldham CCG	67	96	69.8%	75%
NHS Bolton CCG	94	136	69.4%	75%
NHS Salford CCG	71	107	66.4%	75%
NHS Wigan Borough CCG	109	166	65.6%	75%
NHS Tameside and Glossop CCG	68	109	62.0%	75%
NHS Heywood Middleton & Rochdale CCG	62	100	62.0%	75%
NHS Stockport CCG	60	101	59.4%	75%
NHS Trafford CCG	49	83	58.5%	75%

Data source; NWAS PES report

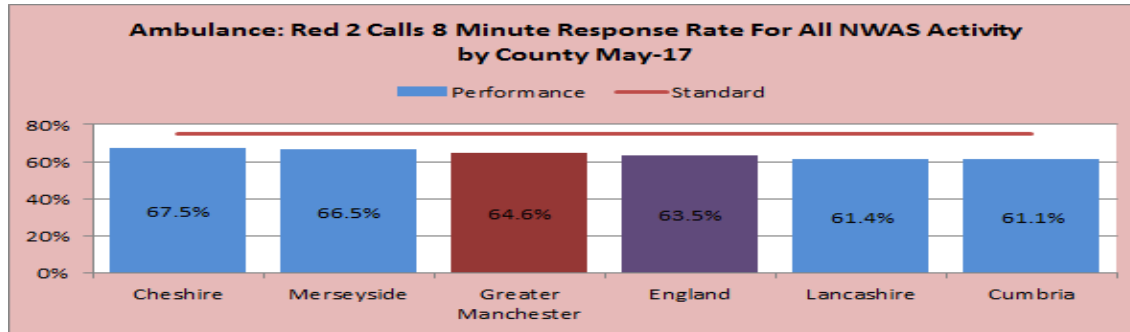
Unvalidated next month FORECAST

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



May Performance: 64.43%

16/17 ytd: 66.90%

17/18 ytd: 66.62%

Key Risks and Issues:

In May the north west position (which we are measured against) was 64.43% however locally we achieved 64.92%. 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 , Alternative to Transfer Service 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	May-17			
	<8 Mins	Total	Performance	Standard
NHS Manchester CCG	2877	3914	73.5%	75%
NHS Bury CCG	700	1034	67.7%	75%
NHS Oldham CCG	858	1286	66.7%	75%
NHS Heywood Middleton & Rochdale CCG	815	1251	65.1%	75%
NHS Tameside and Glossop CCG	995	1533	64.9%	75%
NHS Salford CCG	903	1434	63.0%	75%
NHS Stockport CCG	1018	1677	60.7%	75%
NHS Wigan Borough CCG	985	1675	58.8%	75%
NHS Bolton CCG	946	1647	57.5%	75%
NHS Trafford CCG	604	1103	54.8%	75%

Data source; NWS PES report

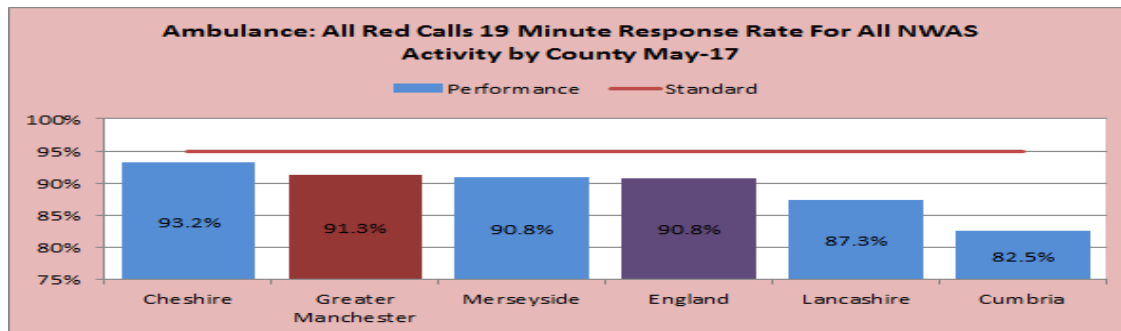
Unvalidated next month.FORECAST

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



May Performance: 90.08% 16/17 ytd: 91.70% 17/18 ytd: 91.27%

Key Risks and Issues:

In May the north west position (which we are measured against) was 90.08% however locally we only achieved 91.62% 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 , Alternative to Transfer Service 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).

CCG	May-17			
	<19 Mins	Total	Performance	Standard
NHS Manchester CCG	3997	4279	93.4%	95%
NHS Oldham CCG	1279	1382	92.5%	95%
NHS Salford CCG	1419	1541	92.1%	95%
NHS Tameside and Glossop CCG	1504	1642	91.6%	95%
NHS Heywood Middleton & Rochdale CCG	1238	1351	91.6%	95%
NHS Stockport CCG	1627	1778	91.5%	95%
NHS Bury CCG	992	1103	89.9%	95%
NHS Bolton CCG	1600	1783	89.8%	95%
NHS Wigan Borough CCG	1639	1841	89.0%	95%
NHS Trafford CCG	1034	1186	87.2%	95%

Data source; NWAS PES report

Unvalidated next month FORECAST

Indicators - access & quality	Scoring out of 40 Areas					
	NW inc.	NW inc.	Highest		Lowest	
	Blackpool	Blackpool				
Calls per month per 1,000 people	23.3	24	Isle of Wight	49.9	East London and City	13.7
Calls per month via 111 per 1,000 people	23.3	22	Isle of Wight	49.6	East London and City	13.7
Of all calls offered, % abandoned after at least 30 seconds ¹	6%	2	Luton & Bedfordshire	14%	South Essex	0%
Of calls answered, % in 60 seconds	81%	38	East London and City	98%	Luton & Bedfordshire	65%
Of calls answered, % triaged	88%	15	North Central London	108%	East London and City	69%
Of answered calls, % transferred to clinical advisor	21%	33	East Kent	44%	Lincolnshire	7%
Of transferred calls, % live transferred	46%	12	Isle of Wight	96%	York & Humber	17%
Average NHS 111 live transfer time ¹	00:00:05					
Average warm transfer time	NCA					
Of calls answered, % passed for call back	11%	28	Devon	20%	Lincolnshire	1%
Of call backs, % within 10 minutes	36%	21	Cambridge and Peterborough	71%	North Central London	13%
Average episode length	00:14:56					
Of answered calls, % calls to a CAS clinician	31%	28	North Central London	65%	SEC exc. East Kent	21%

Dispositions as a proportion of all calls triaged	Scoring out of 40 Areas						
	T&G	NW inc.	NW inc.	Highest		Lowest	
	CCG	Blackpool	Blackpool				
111 dispositions: % Ambulance dispatches	16%	15%	5	Cornwall	17%	South Essex	8%
111 dispositions: % Recommended to attend A&E	8%	9%	23	East London and City	14%	Leicestershire and Rutland	5%
Recommended to attend primary and community care	56%	57%	32	Berkshire	66%	Lincolnshire	45%
Of which - % Recommended to contact primary and community care		42%	22	SEC exc. East Kent	49%	Lincolnshire	33%
- % Recommended to speak to primary and community care		12%	19	Cambridge and Peterborough	17%	Outer North East London	5%
- % Recommended to dental / pharmacy		3%	39	York & Humber	13%	Devon	1%
111 dispositions: % Recommended to attend other service	3%	2%	28	Lincolnshire	20%	East Kent	1%
111 dispositions: % Not recommended to attend other service	17%	17%	11	Milton Keynes	23%	Mainland SHIP	9%
Of which - % Given health information		4%	1	NW inc. Blackpool	4%	Staffordshire	0%
- % Recommended home care		3%	38	North West London	7%	Lincolnshire	1%
- % Recommended non clinical		9%	11	Lincolnshire	15%	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 May:

- Calls Answered (95% in 60 seconds) = 80.86%
- Calls abandoned (<5%) = 6.21%
- Warm transfer (75%) = 46.13%
- Call back in 10 minutes (75%) = 36.03%

In May 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. 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. As part of the GM arrangements appropriate T&G patients receive enhanced clinical assessment from GtD out of hours and Mastercall in hours.

Work continues to manage sickness rates which contributes to the inability to deliver national KPI on call pick up. A 111 health and wellbeing group has been formed to develop long term plans to support staff to maintain attendance at work.

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

Quality & Safeguarding: Monthly Exception Report – July 2017 exception report

May 2017 data

Quality Indicator	Y/N	Comments
Has a local provider been rated as inadequate by the CQC/OFSTED	Y	<p>Due to the poor performance of Tameside Care Homes under the revised CQC methodology the following actions have been taken:</p> <p>Quality Improvement Team – the proposal for a dedicated quality improvement team for the Care Sector was approved by the Single Commissioning Board in May 17. The team will have varied skill mix and work within Provider Quality Improvement Programme (PQIP) framework to provide support and drive up quality within the sector.</p> <p>Contractual Monitoring/Quality Assurance – an internal review of current processes has been initiated by the Single Commissioning Function. All contractual documentation, quality assurance processes, and governance is in the process of being reviewed and a subsequent action plan will be developed to ensure that processes are in line with CQC KLOEs, GM Standards and be proactive in identifying areas of support required from the Quality Improvement Team.</p> <p>Carson House – CQC report published 17/05/17 - Inadequate The home remains suspended (since January 2017) following concerns raised from a CQC inspection, which also resulted in a number of substantiated safeguardings. A number of issues were identified (poor environment, staff training, staff competencies, leadership, etc.) and the Commissioners have been meeting with senior people running the home. The home had been in receivership (since October 2016) and has recently been sold (back to the former owner) and a new manager has been in place for the last 3 months. Significant improvements have been made in the last couple of months with some good practice being noted at a recent contracts performance visit. a further commissioner /provider meeting took place on the 20/6/17 .The CCG has today 3/7/17 been informed that the manager has resigned with immediate effect.</p> <p>Charnley House remains suspended (since September 2016) following a CQC inspection. The Commissioners have been working closely with the home and some progress is being made. A further CQC</p>

		inspection (report published 08/06/17) did note some small improvements but the overall rating remains as 'Inadequate'.
Has a local provider been subject to regulatory notice e.g. CQC alert, Reg 28,	Y	<p>ICFT have received 3 prevention of future death notices all relating to discharge information. The PFDs deaths relate to historical cases; they do not relate directly to the cause of death but identify additional opportunities for wider learning. The Trust will respond to the PFDs and provide assurance on appropriate improvement action taken. PFDs is a standard agenda item at the ICFT contract Quality and Performance Assurance meeting and assurance will be sought via this route.</p> <p>It is worth noting that there has been a recent change in Coroner and there are some concerns that PFD notices are being issued for the same area without the ICFT having opportunity to provide assurance of the improvement action taken. The ICFT have arranged a meeting with the new Coroner to discuss the PFD process and to explore the existing mechanisms available to make recommendation for improvement that are not necessarily a PFD notice.</p>
Does the CCG and / or partner originations have concerns about the ability of a provider to deliver safe, quality care?	Y	<p>A residential care home in Glossop remains on a formal suspension issued by DCC following a safeguarding incident with two agency staff in April 17. The outcome of the police investigation and safeguarding investigation is currently awaited and DCC have taken the decision to suspend new admissions until these are completed. The home had previously been on a voluntary suspension following non-compliance with some training and record-keeping, this had been lifted following a contractual meeting on 18th April 17. No new admissions have taken place from T&G with the exception of one respite placement which had been a long-standing arrangement and requested the family who had been made aware of issues. Ongoing monitoring is being undertaken and the home remains suspended whilst the police investigation is ongoing.</p> <p>Healthy Young Minds (PCFT) access targets were not achieved in May 17. The provider assured commissioners that from the start of June there will be a new waiting times initiative to meet the current demand on the service. This includes offering an extra 20 appointments per week to enable an assessment and agree a pathway for the individuals. The service has, therefore, not met the targets this month as the longer waiting cases have been prioritised. Over the course of 6 weeks these additional appointments should significantly reduce the backlog of cases currently 8 waiting. Discussions with commissioners are ongoing in relation to current capacity and demand on service. A trajectory and action plan has been provided and subsequently updated.</p>

Does the CCG and / partner organisations have concerns about the quality of any smaller value contracts?		The process of contract monitoring and quality assurance is being finalised by the contracting team with a close cooperation from the quality team.
Has a local provider been subject to negative media attention particularly in relation to quality and / or patient safety concerns?	y	Carson House – when the report was published on the 17/05/17 rating the home ‘Inadequate’, the press (local & national) highlighted this as a very poor home.
Has a provider been identified as a 'negative outlier' on SMHI or HSMR?	N	
Has a provider reported MRSA cases above zero?	Y	For May 2017 Tameside and Glossop CCG have reported 2 cases of MRSA against a plan of zero tolerance - 1 at T&G ICFT and 1 non acute case. PIR investigations are being undertaken for both cases and will be reviewed at the HCAI Quality Improvement Group where assurance will be sought if lapses in care identified. Case One has been considered ‘unavoidable’ and the second case is still being reviewed. The issues identified in relation to Case One relate to multiple courses of antibiotics prescribed for a specific condition. Case One has been attributed to the Community Services and Case Two is an acute- hospital case. The outcome of the root- cause analysis relating to Case Two will be known in time for the August HCAI Quality Improvement Group.
Has a provider reported more C difficile cases than trajectory?	N	
Has a provider declared any 'Never Events' during the last quarter?	N	

Does the rate and consistency of serious incident reporting indicate any cause for concern?		The ICFT is currently exceeding the 60 day investigation timeframes for a small number of incidents reported on STEIS. This relates to pressure ulcer incidents. In terms of assurance all investigations have been completed however the ICFTs internal scrutiny panel have requested further information in relation to a number of RCAs resulting in a delay in the CCG receiving the completed RAC. The ICFT have reviewed its process to ensure internal scrutiny is completed within expected timescales.
Has a provider reported any maternity diverts?	N	
Does performance indicate any concerns about meeting PoUAC (Previously Un-assessed Periods of Care) targets.		
Does performance indicate any concerns about meeting Transforming Care targets?		
Are there any areas rated RED in the CCGs NHSE Safeguarding Assurance Framework?	N	
Are there any new Serious Case Reviews, Domestic Homicide Reviews, Safeguarding Adult Reviews or Mental Health Homicide Reviews?	N	
Does feedback from the Friends and Family test (or any other patient experience feedback) indicate any causes for concern?	N	
Have any quality / patient safety concerns been identified during CCG Quality visits?	N	

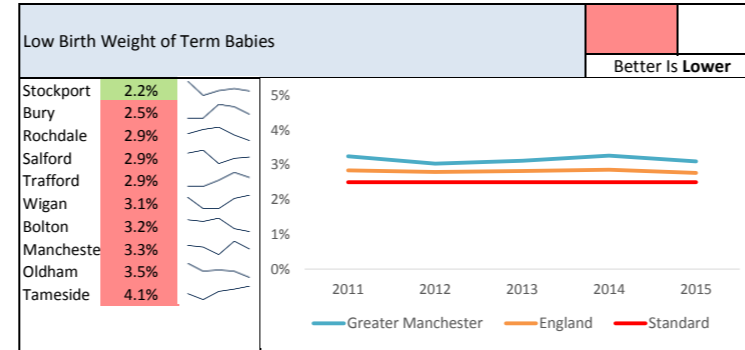
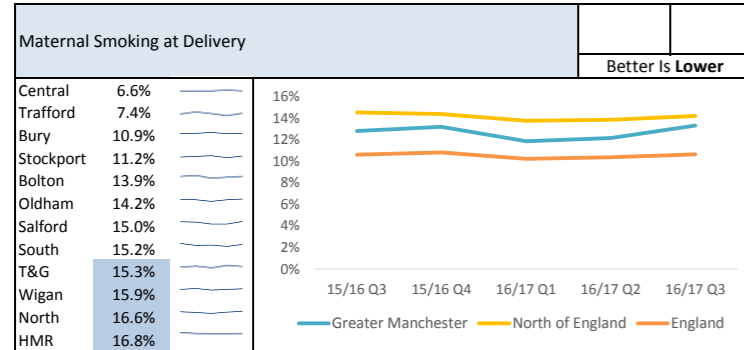
Any new items added to SCF Risk Register relating to quality or patient safety.

N

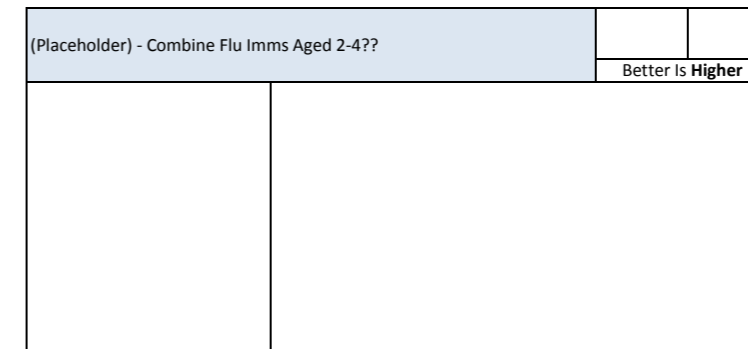
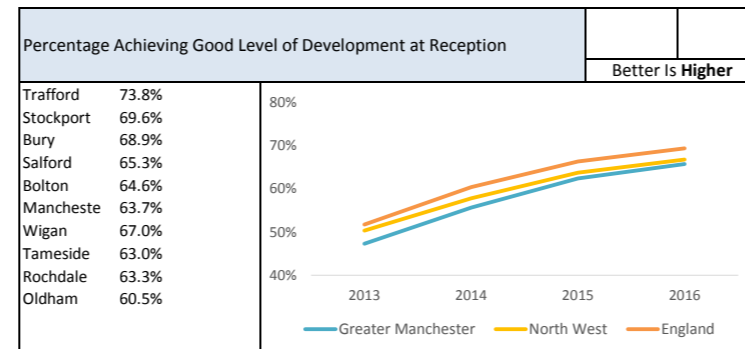
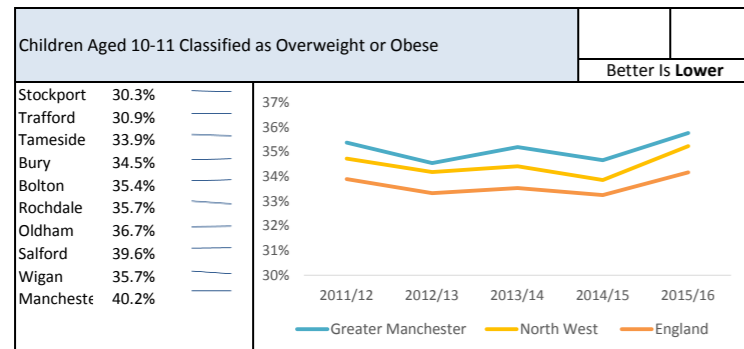
Better Health



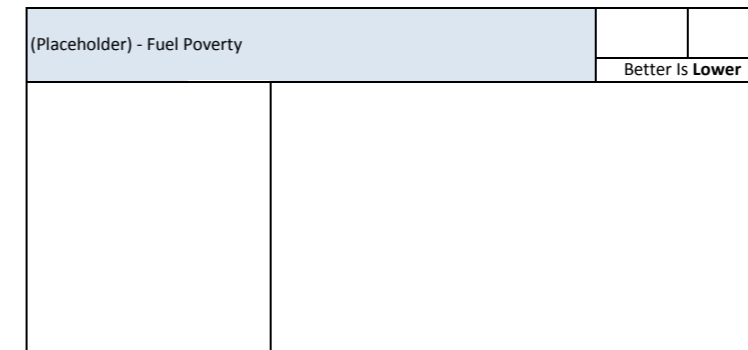
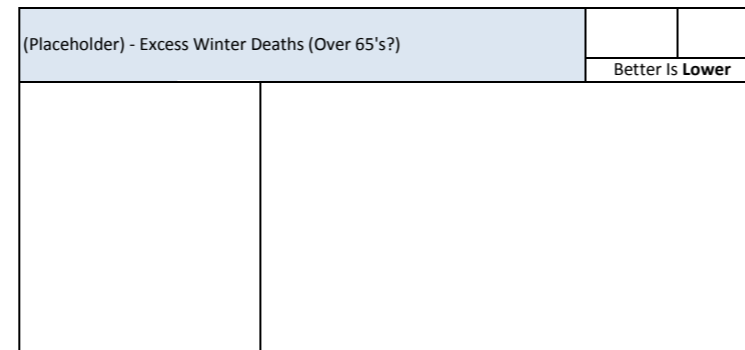
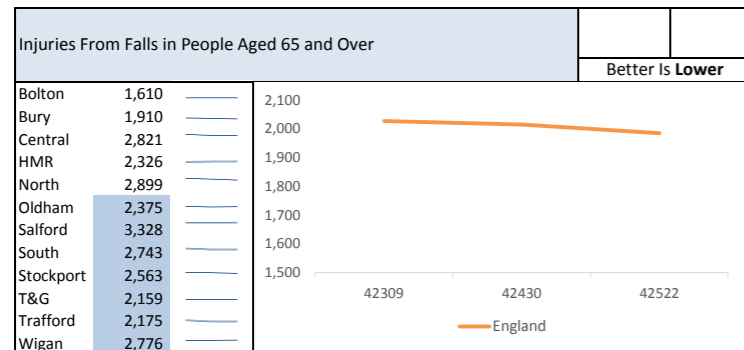
Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Costs To The Health System



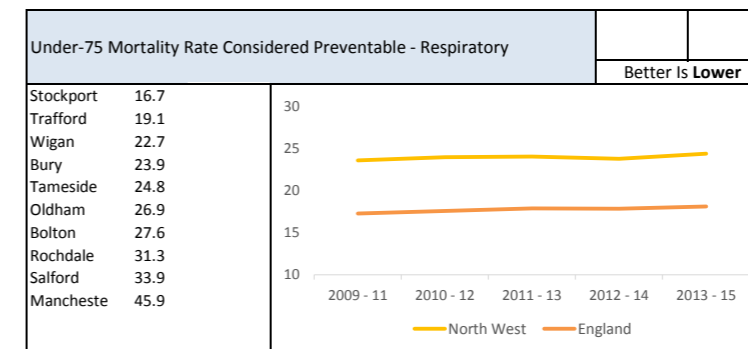
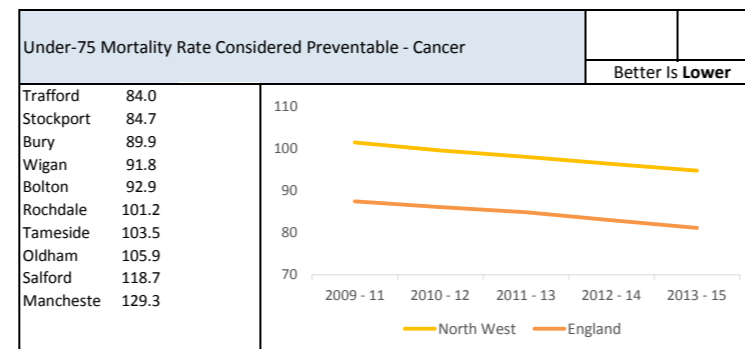
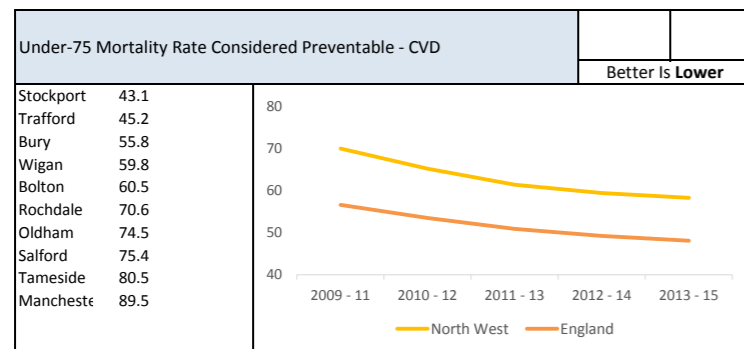
More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally

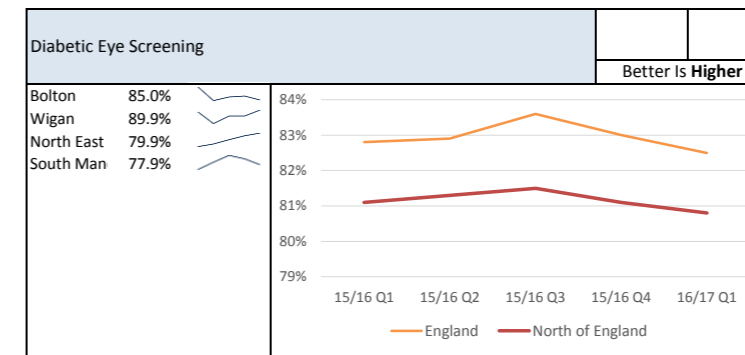
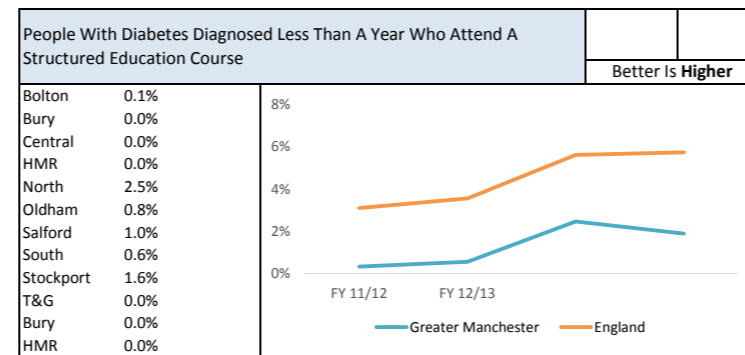
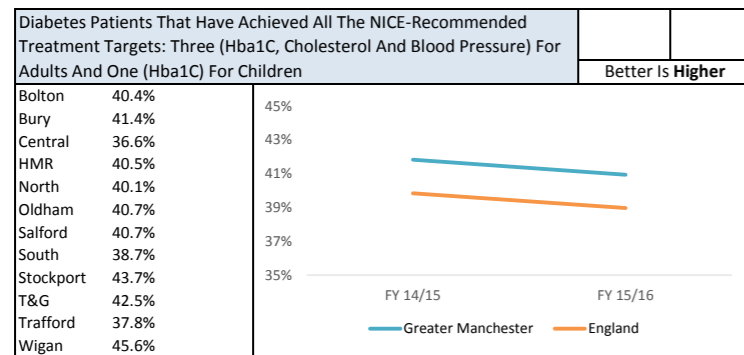


More People Will Be Supported To Stay Well and Live at Home for as Long as Possible

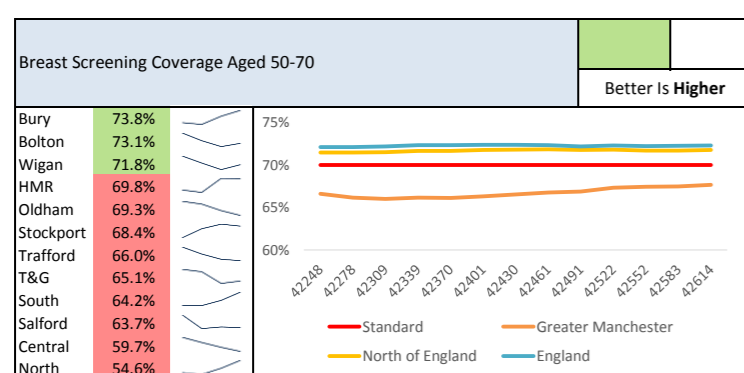
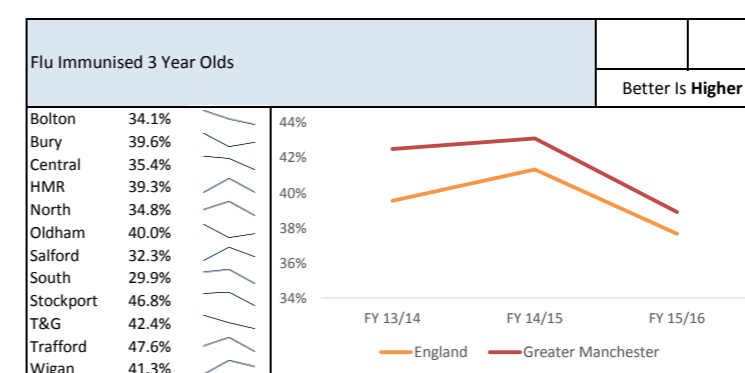
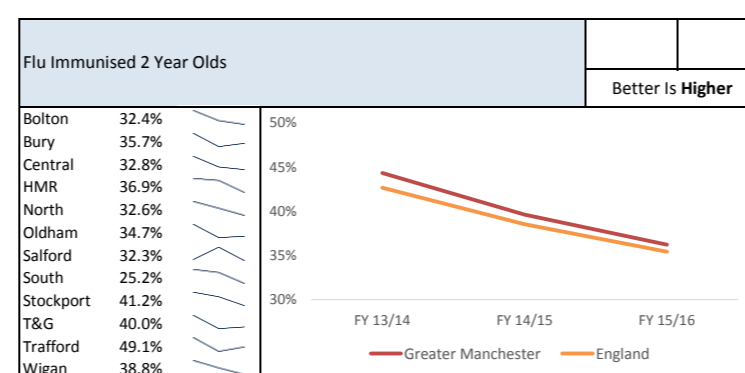
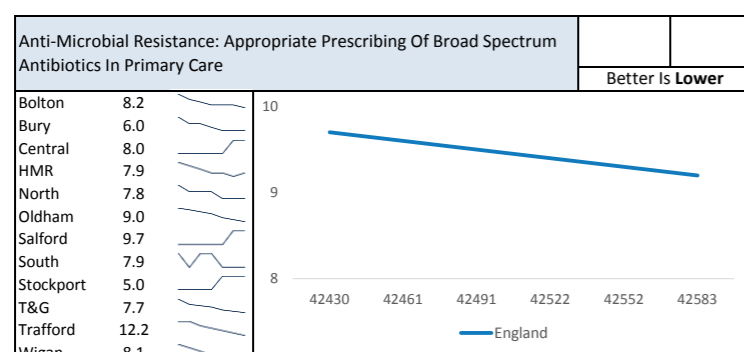
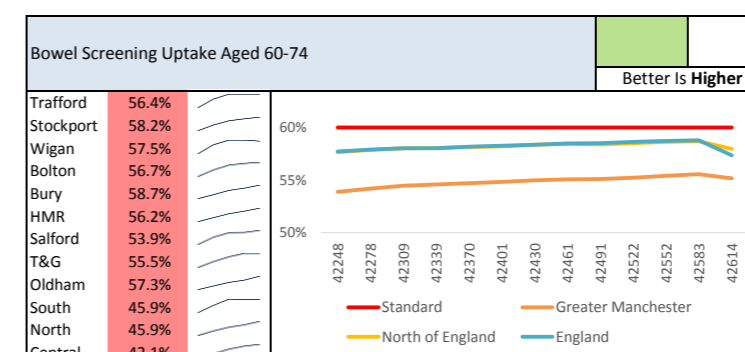
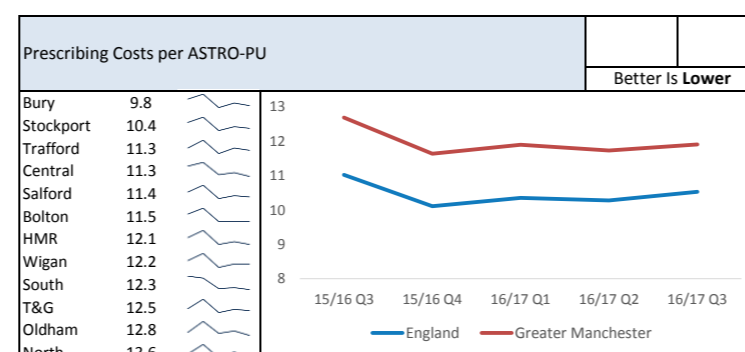
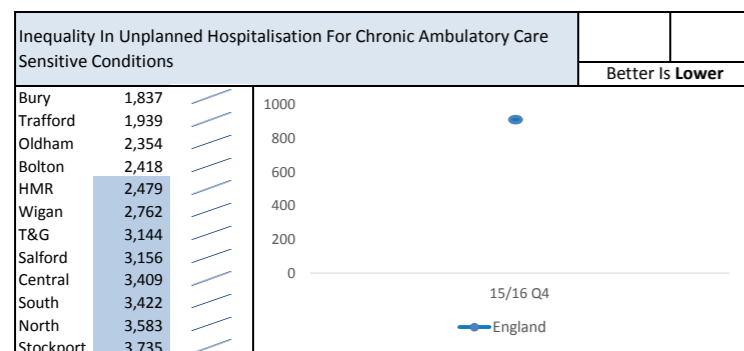
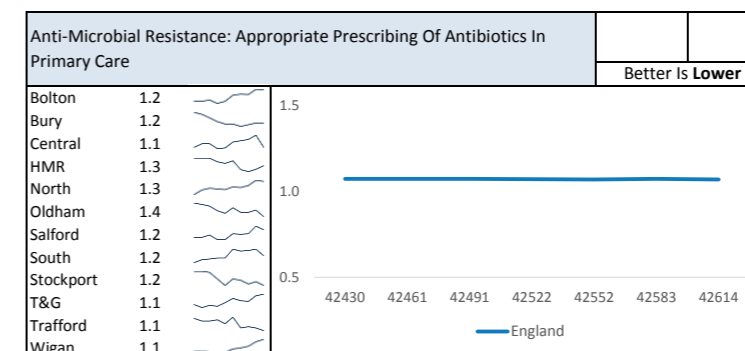
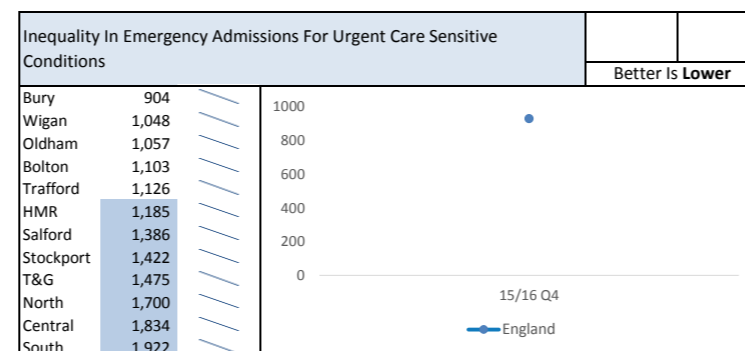
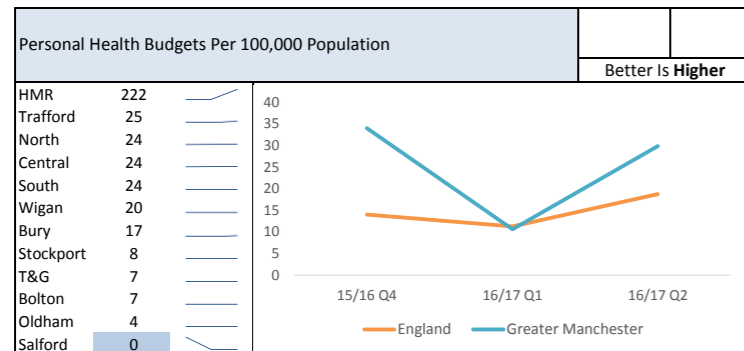


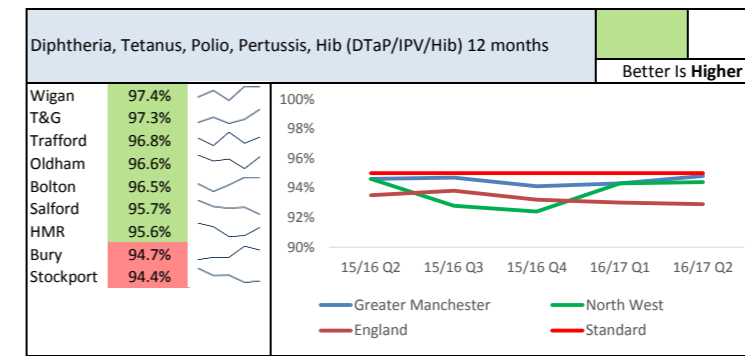
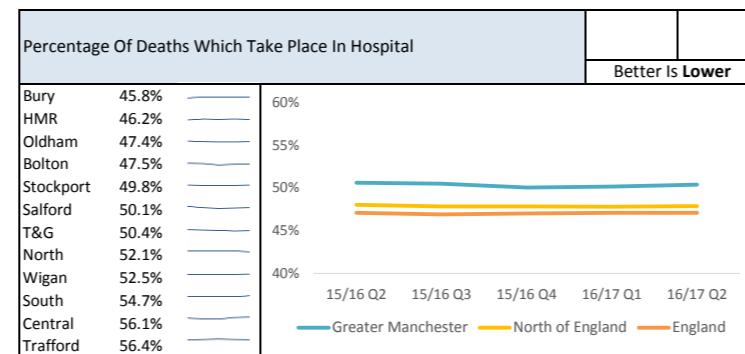
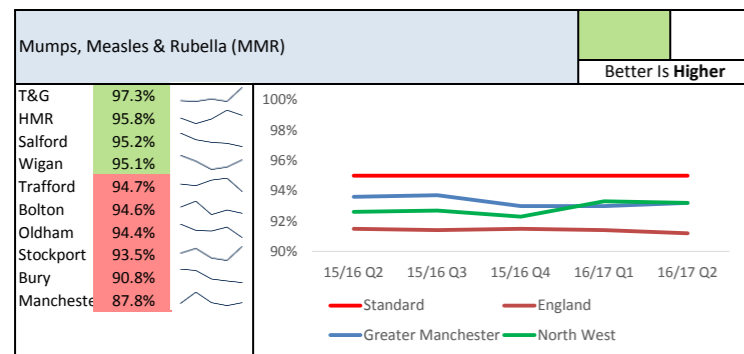
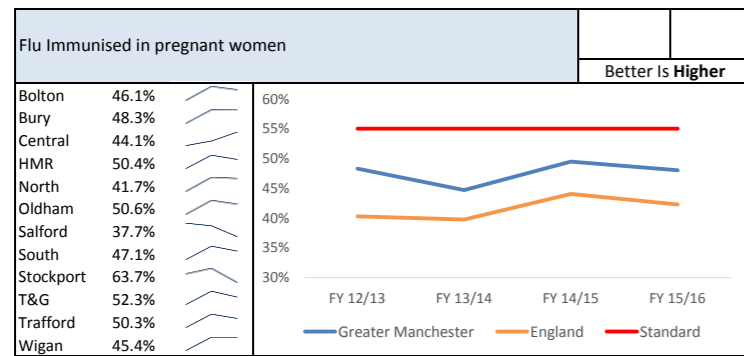
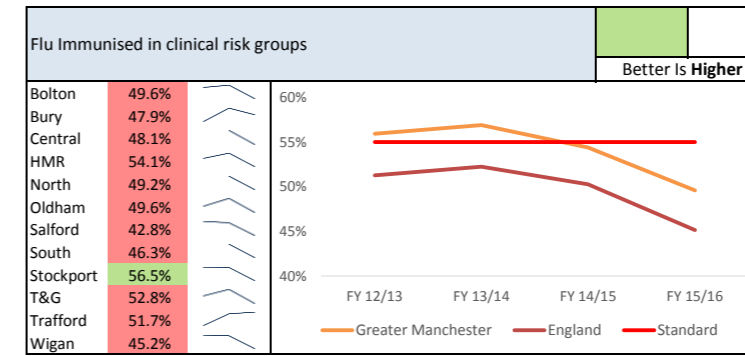
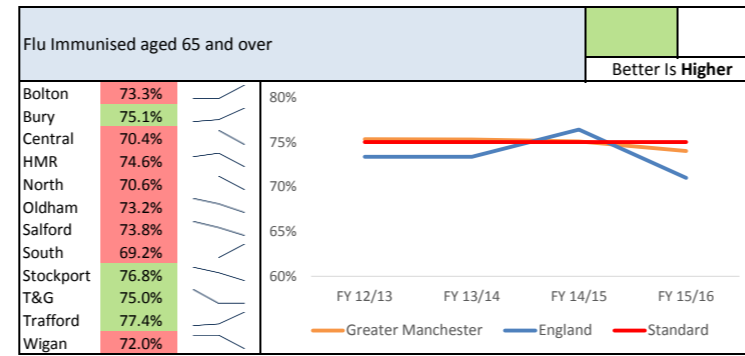
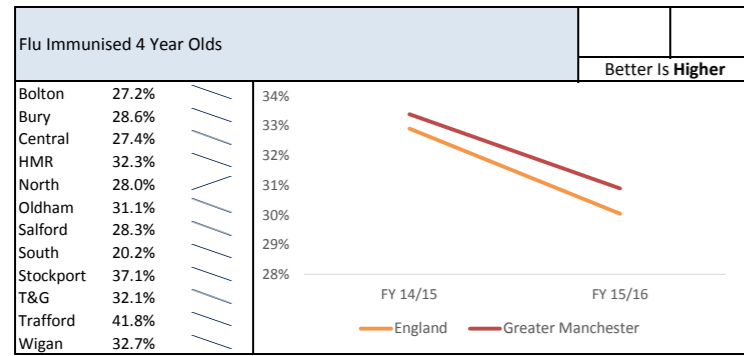
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease





(Placeholder TBC)

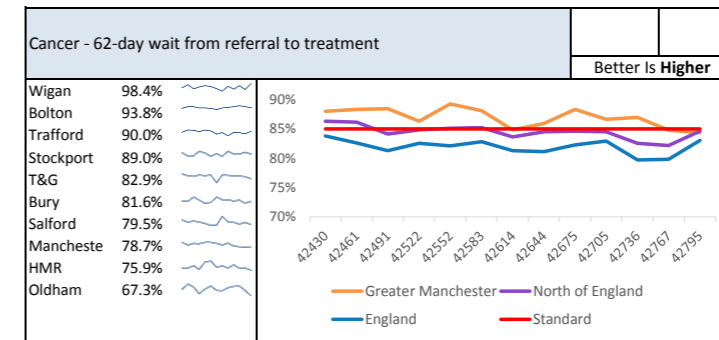
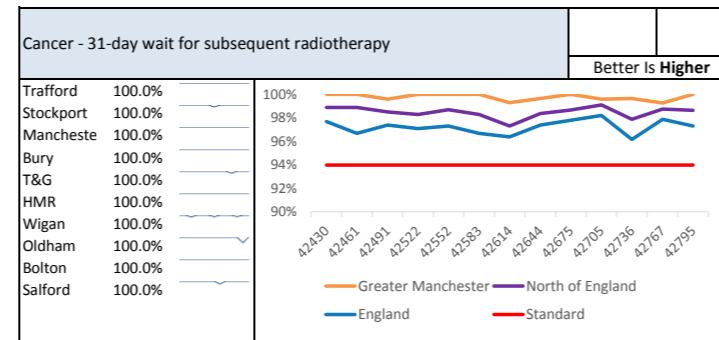
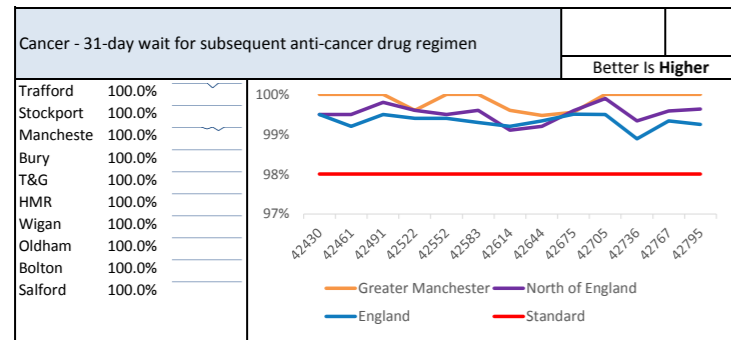
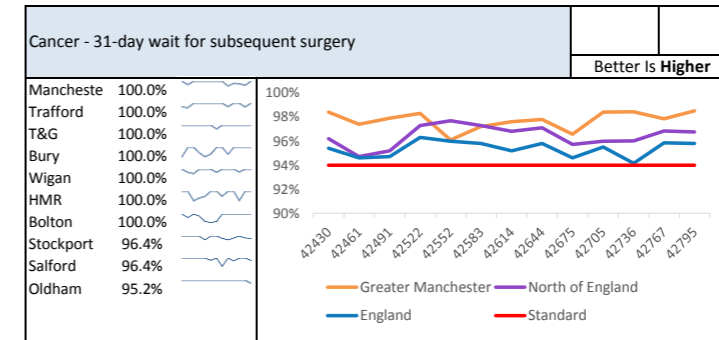
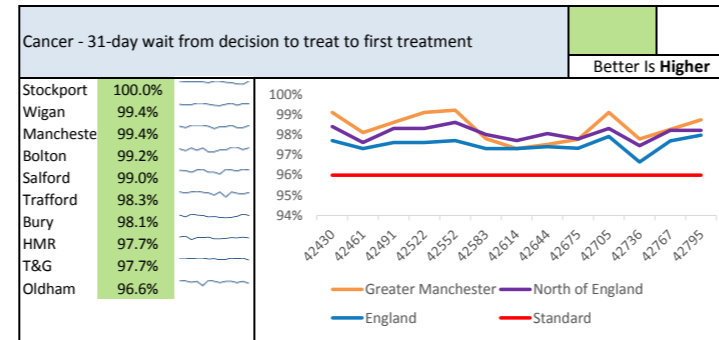
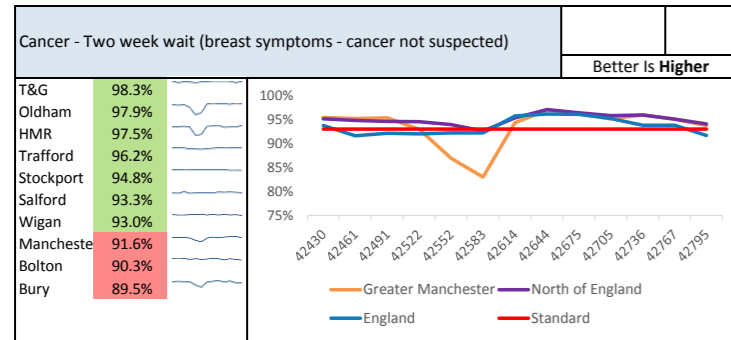
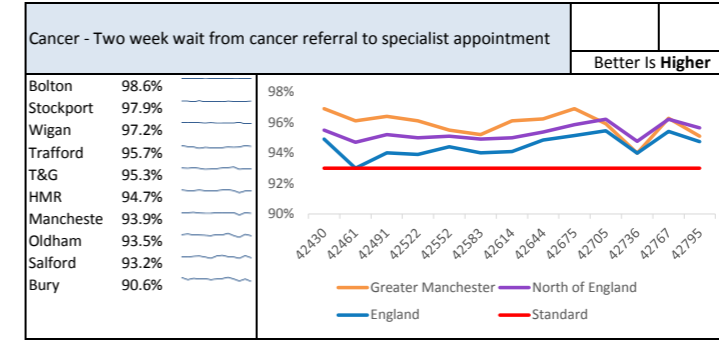
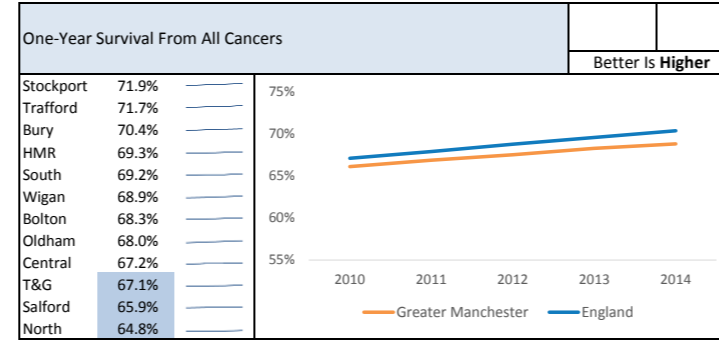
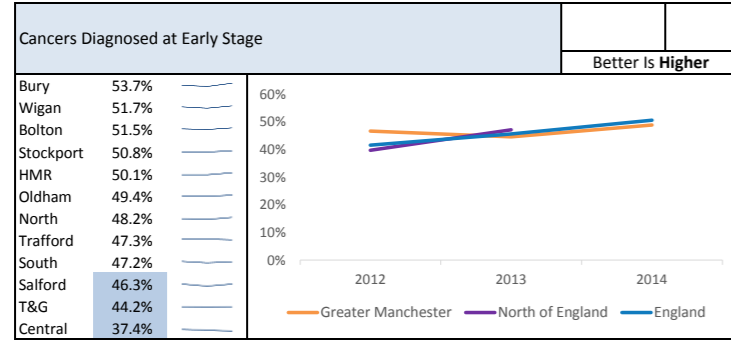




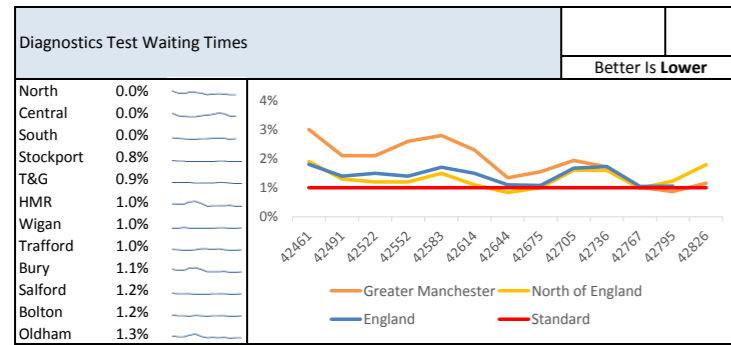
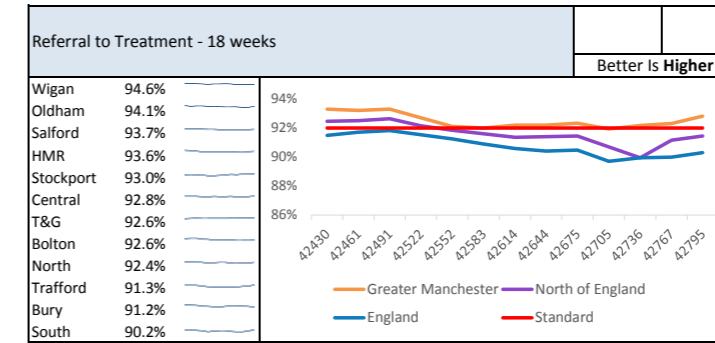
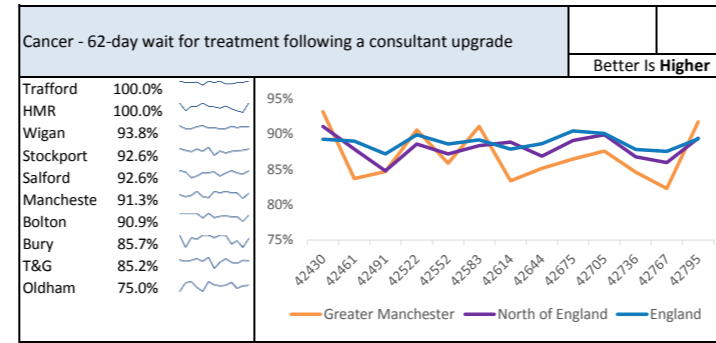
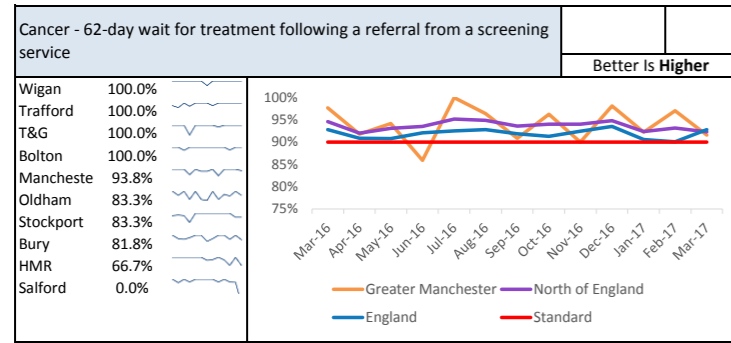
Better Care



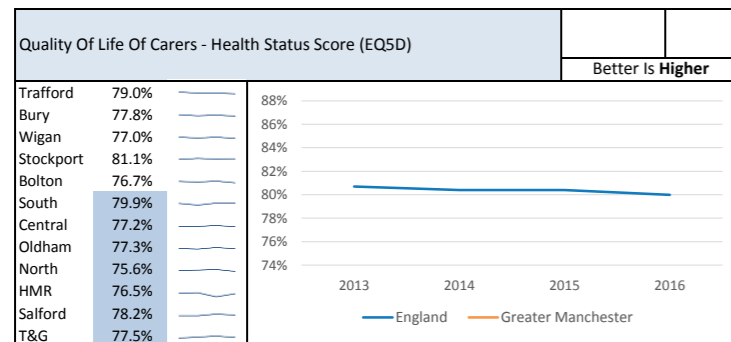
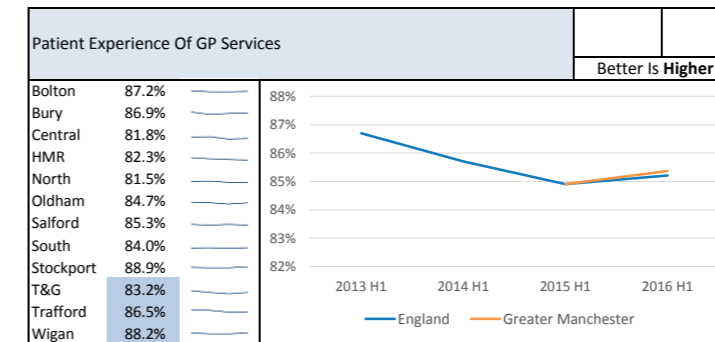
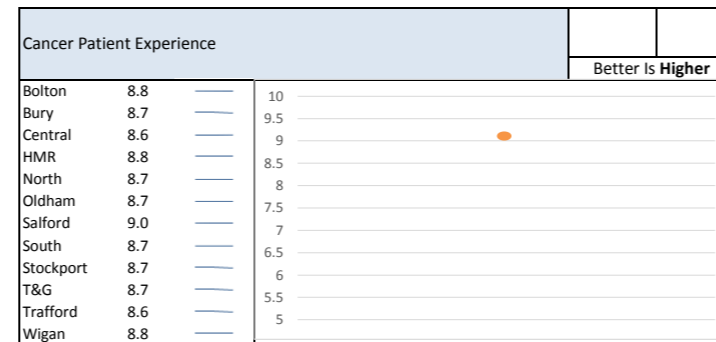
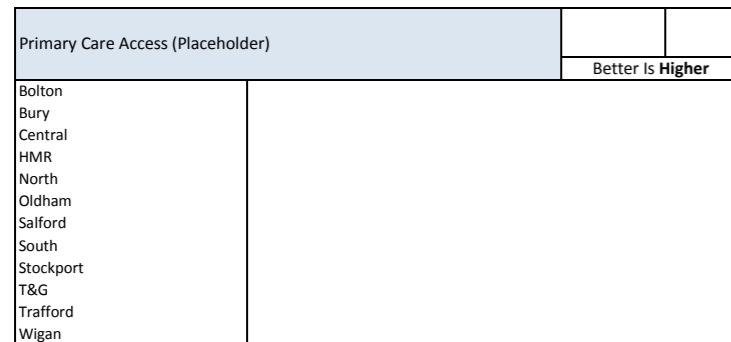
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



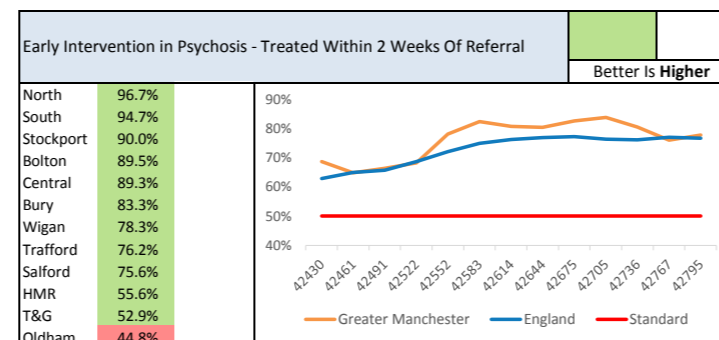
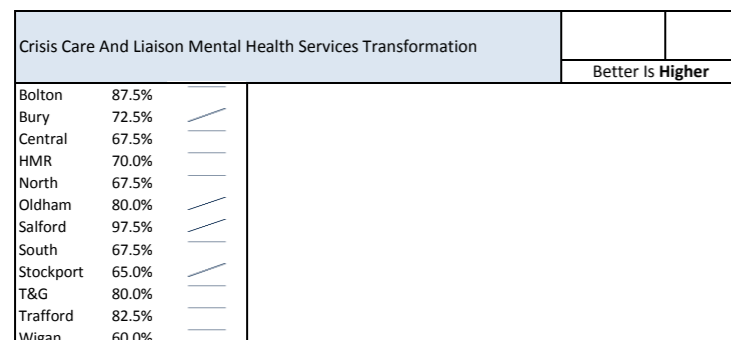
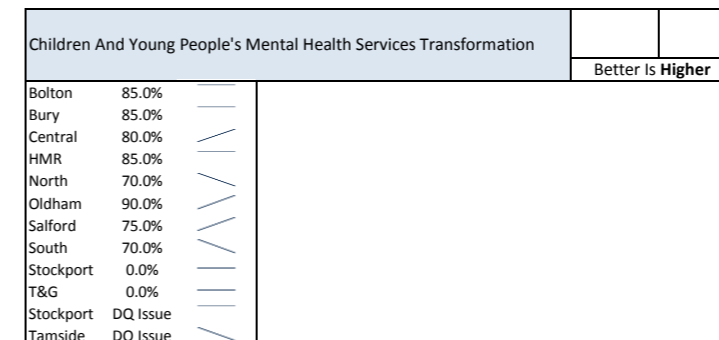
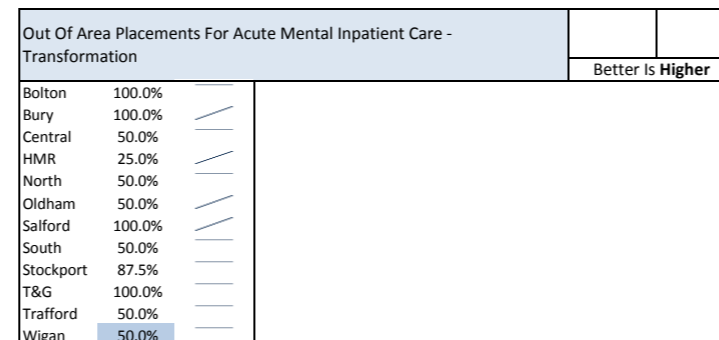
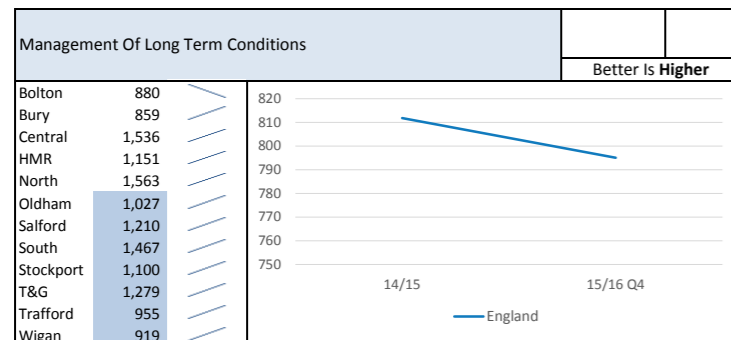
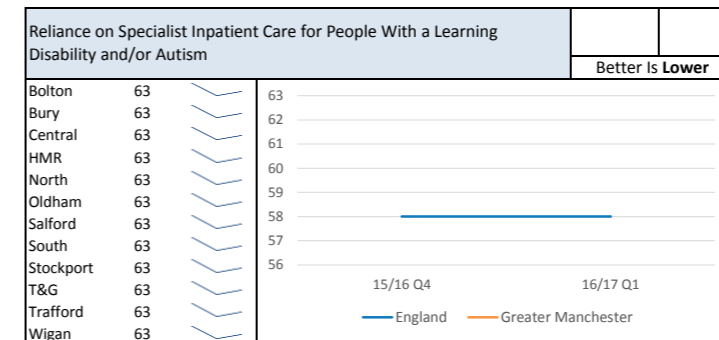
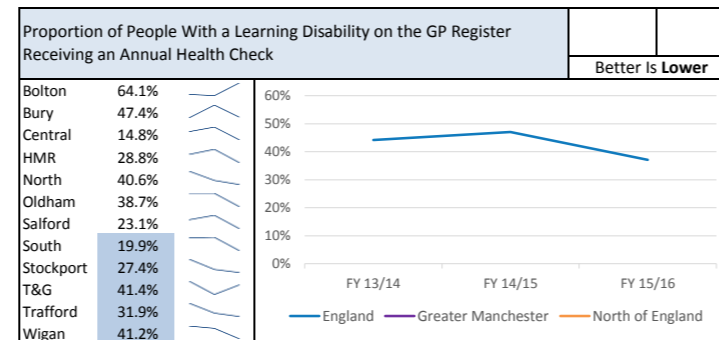
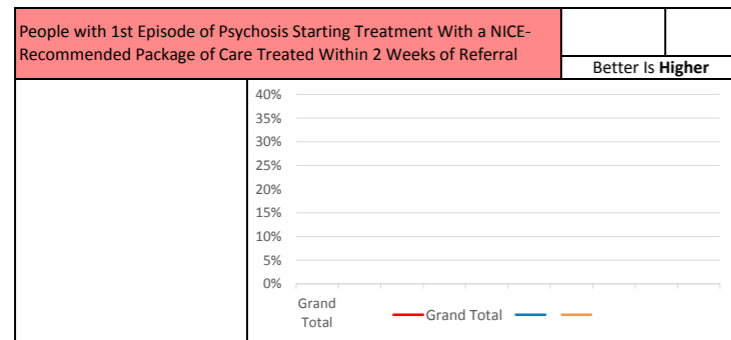
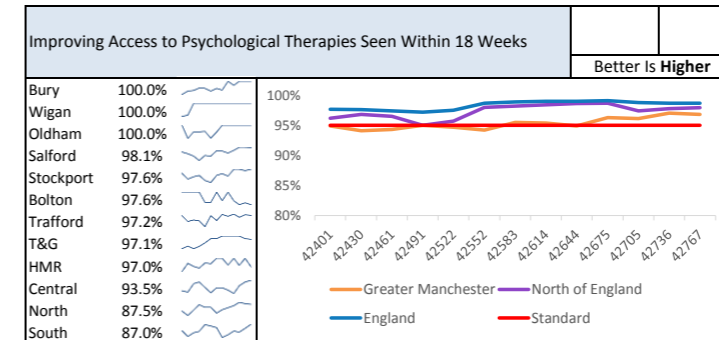
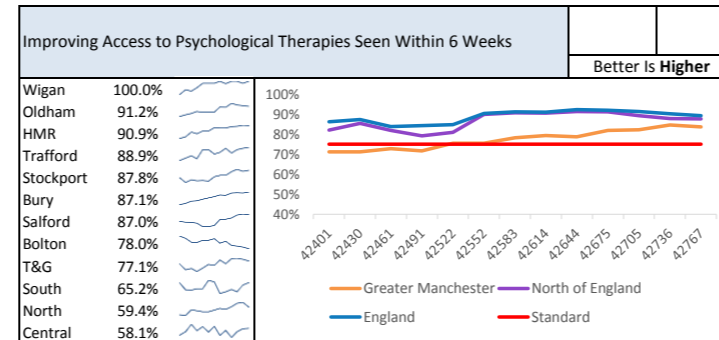
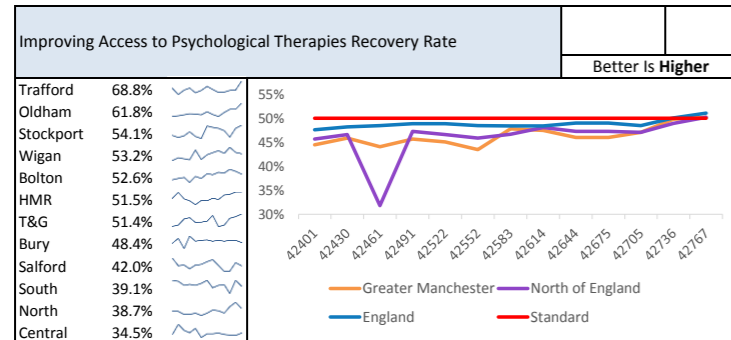
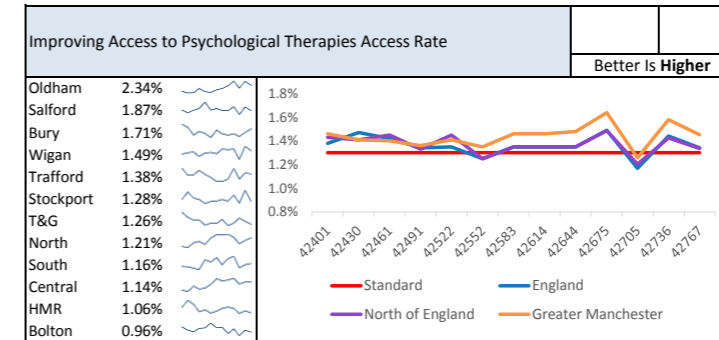
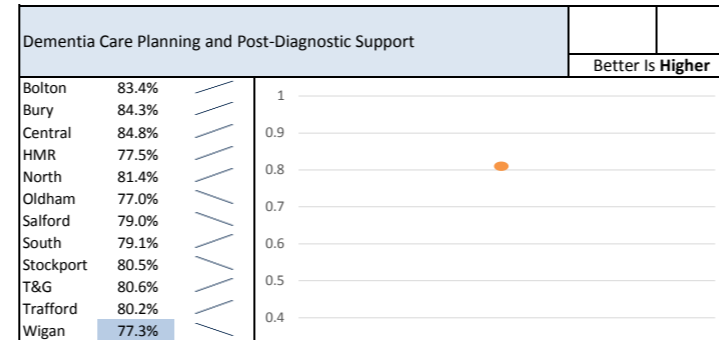
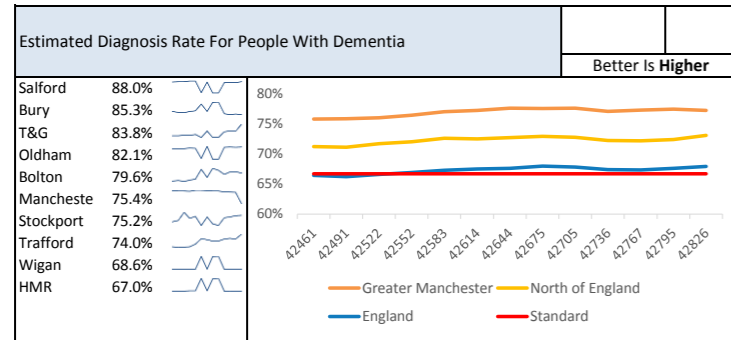
Decreased Variation In Quality Of Care Health Outcomes Across GM Localities



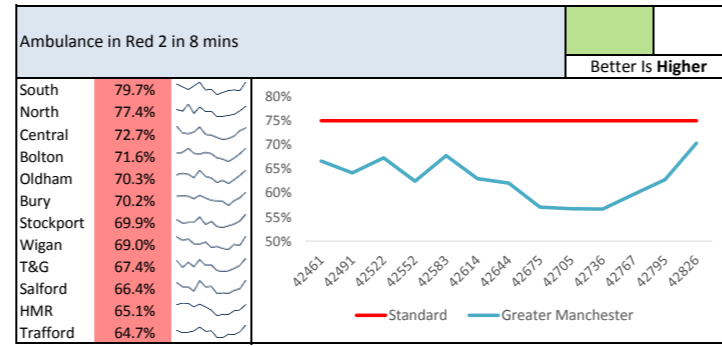
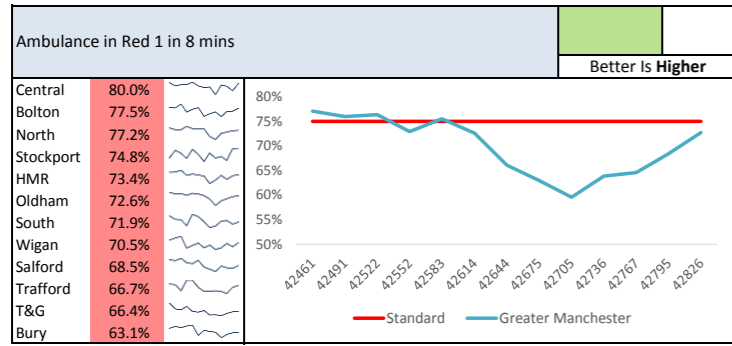
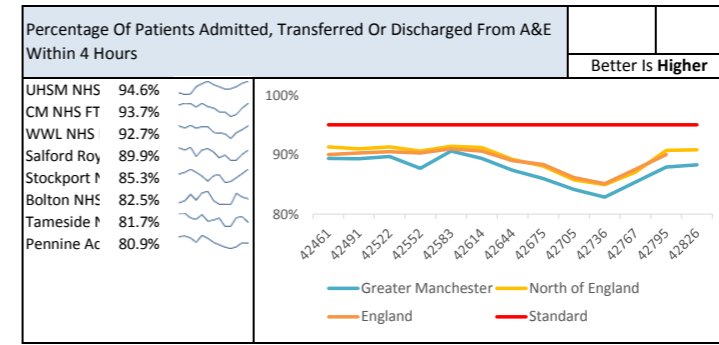
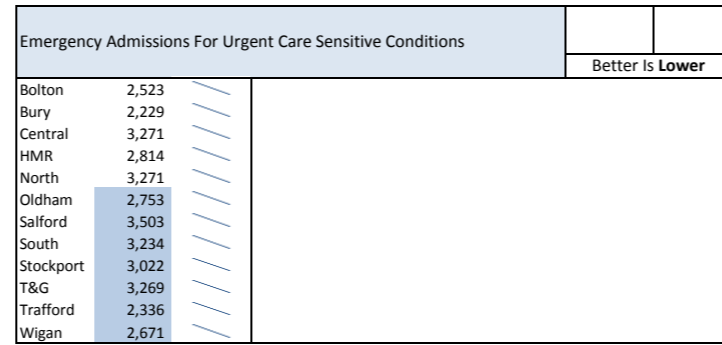
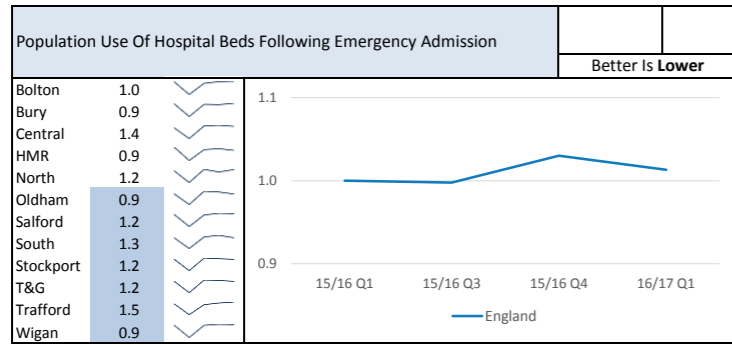
Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



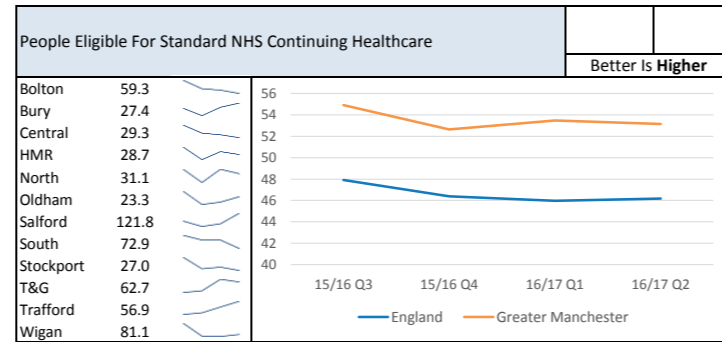
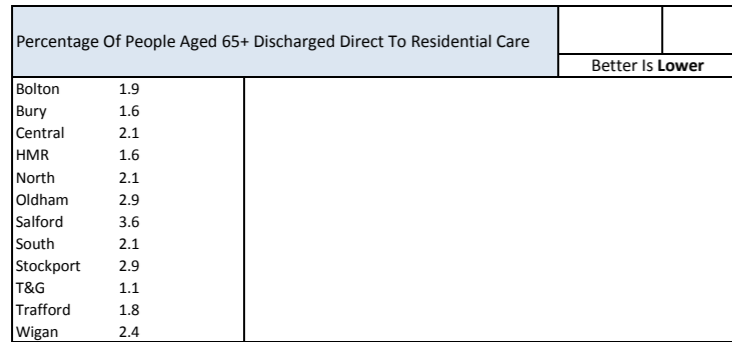
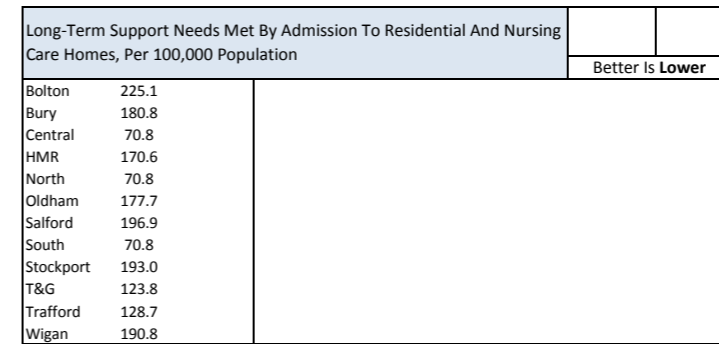
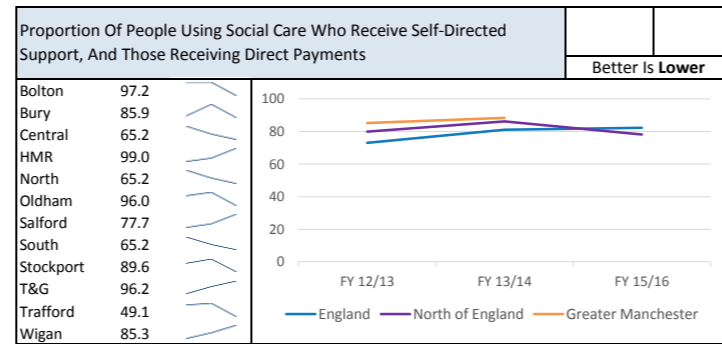
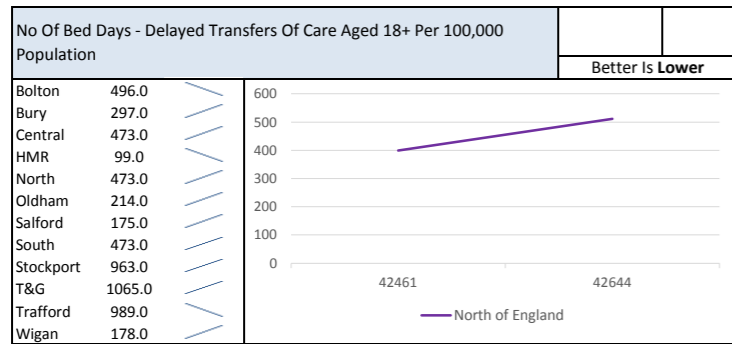
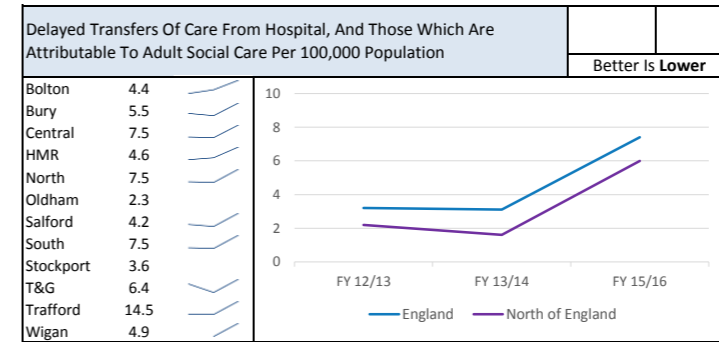
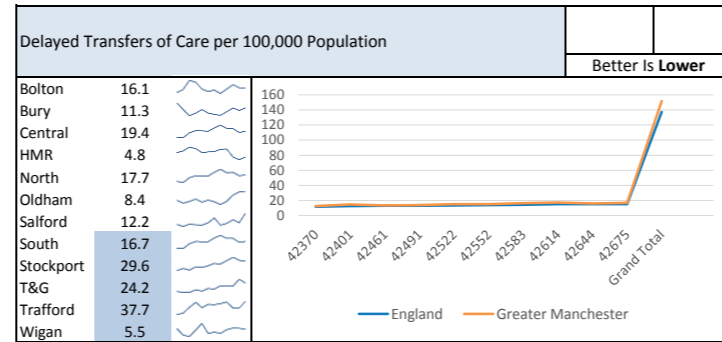
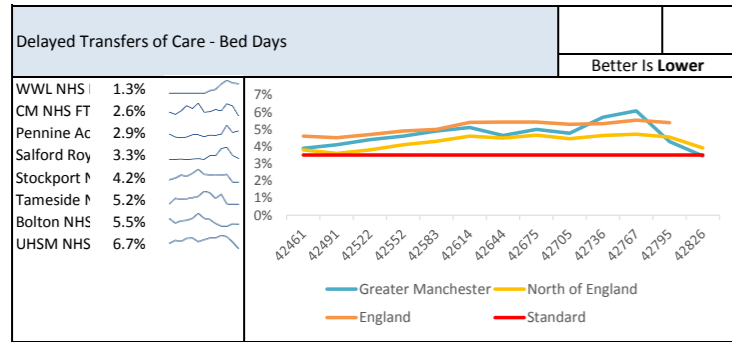
Improved Outcomes For People With Learning Disabilities/Mental Health Needs



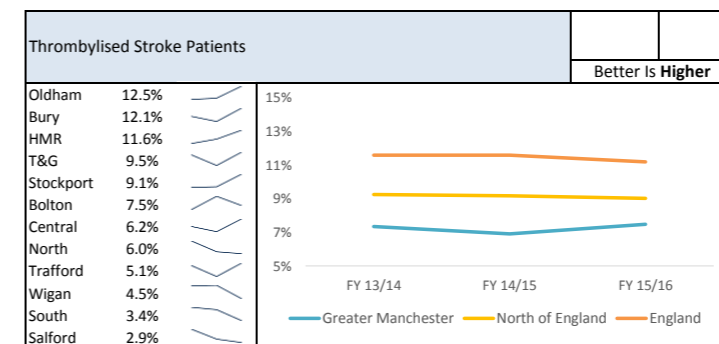
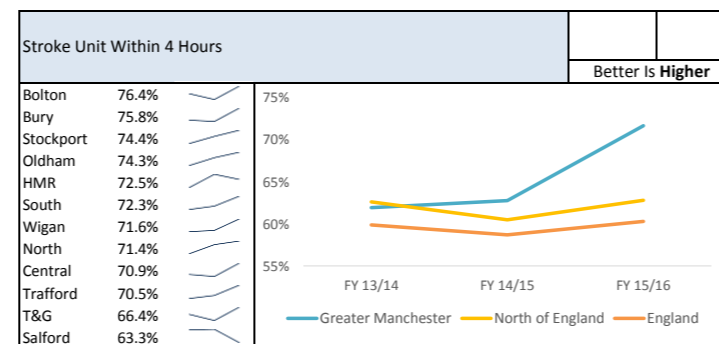
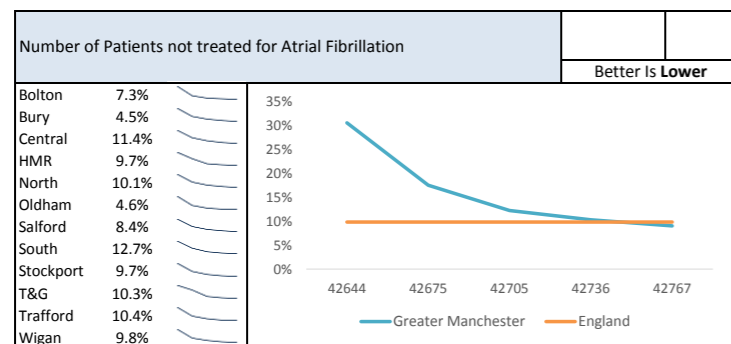
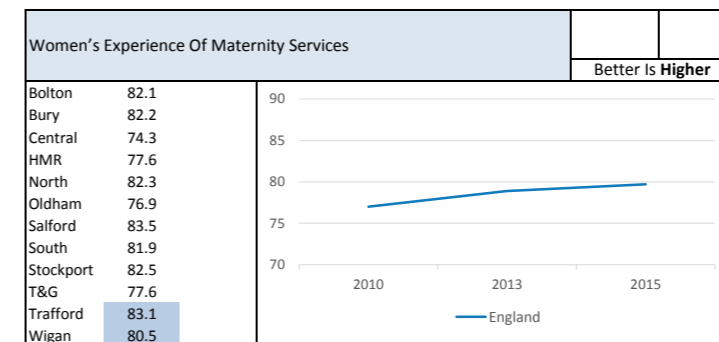
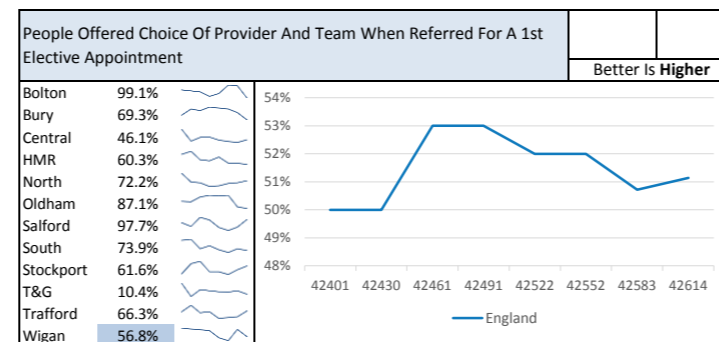
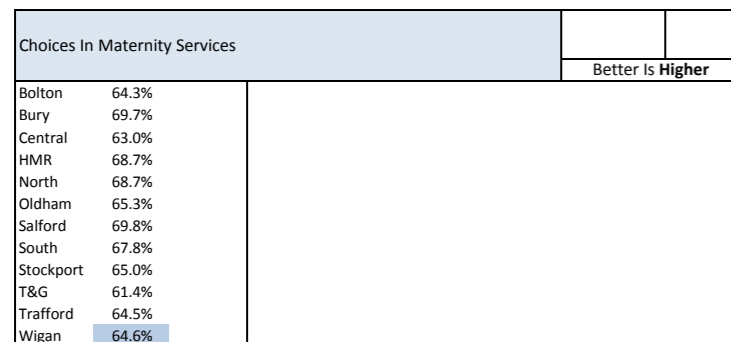
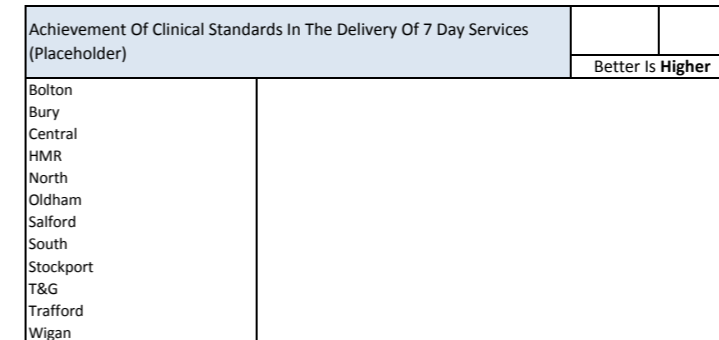
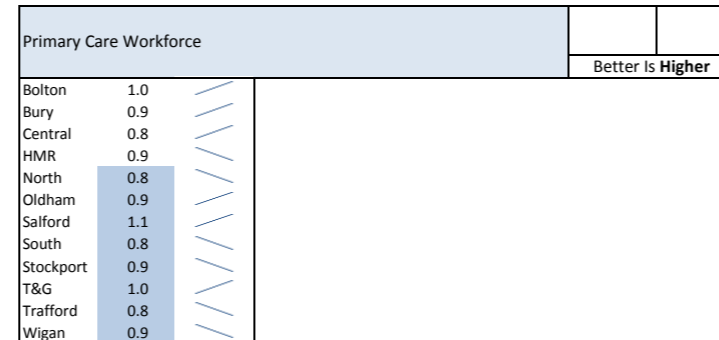
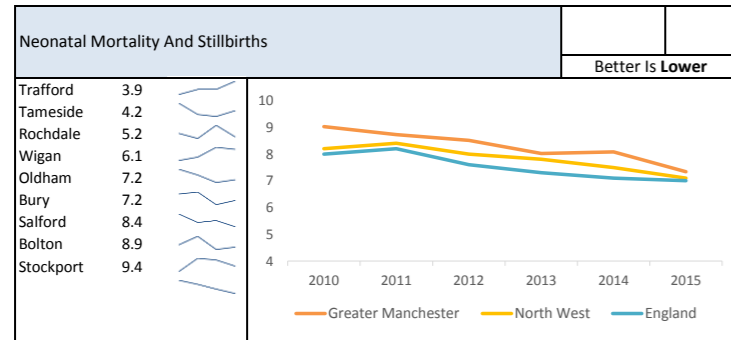
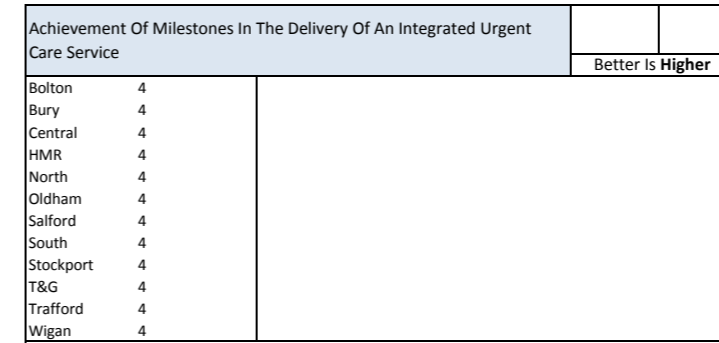
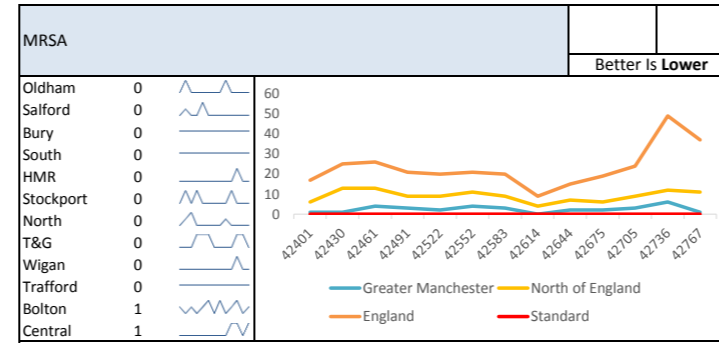
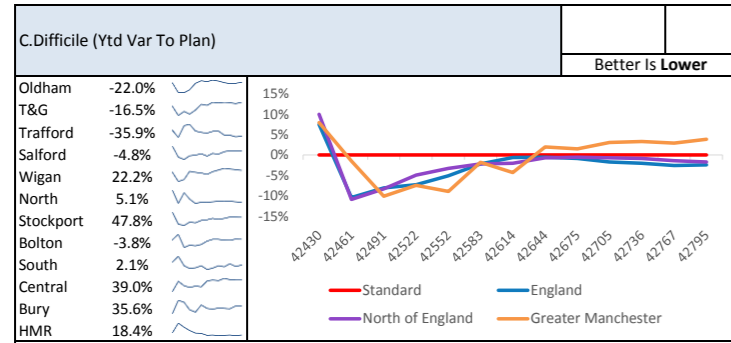
Decreased Need For Hospital Services With More Community Support



Improved Transition Of Care Across Health And Social Care



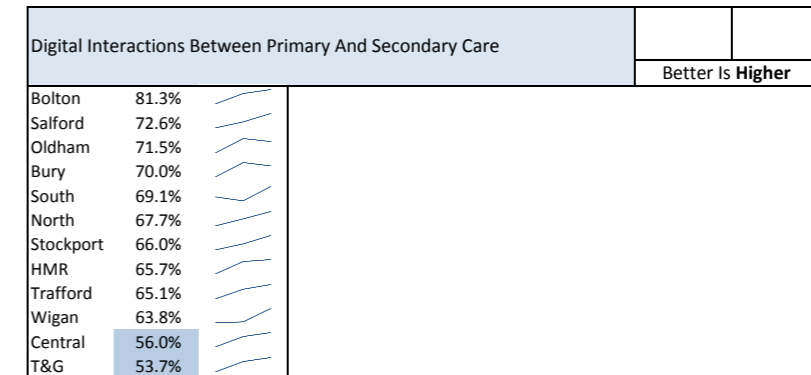
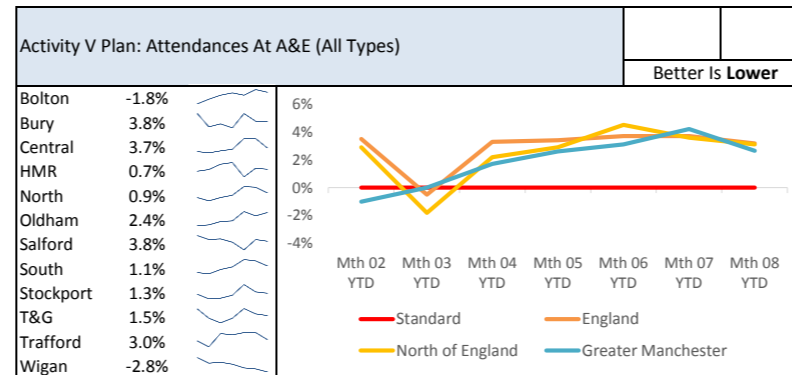
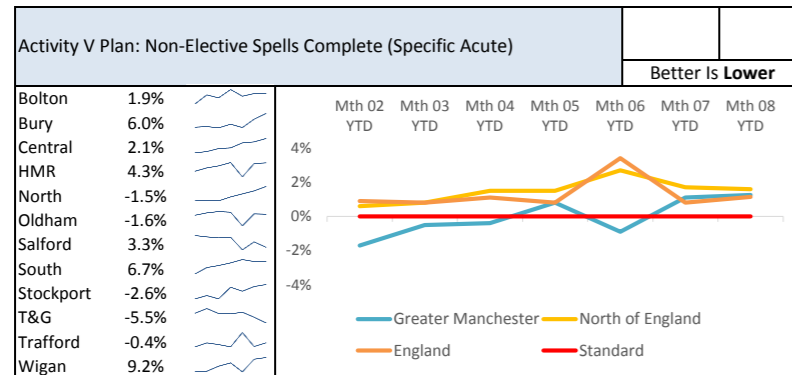
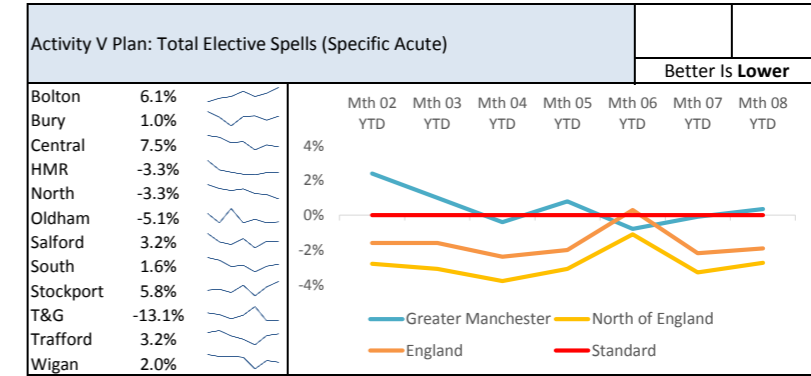
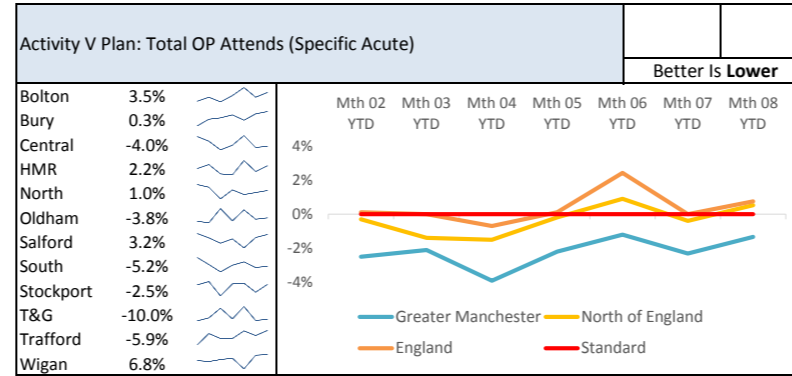
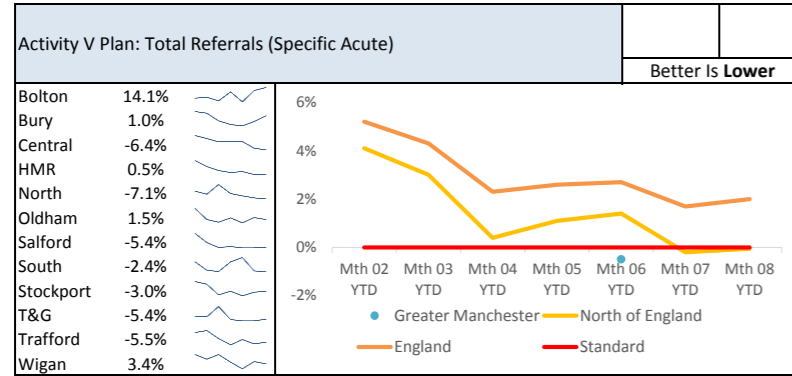
Placeholder TBC



Sustainability



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	-	
			Better Is Green	
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)

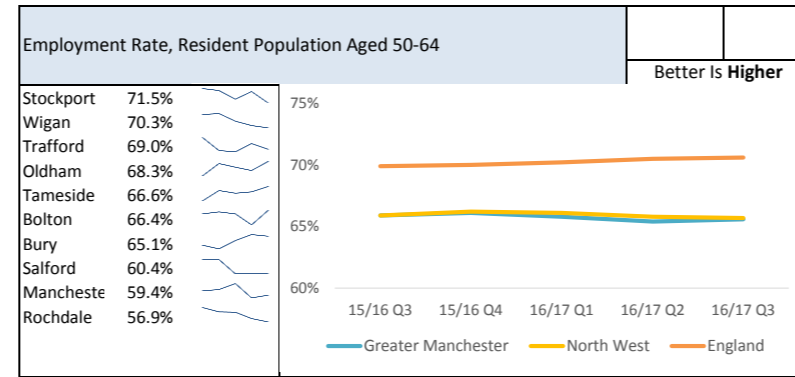
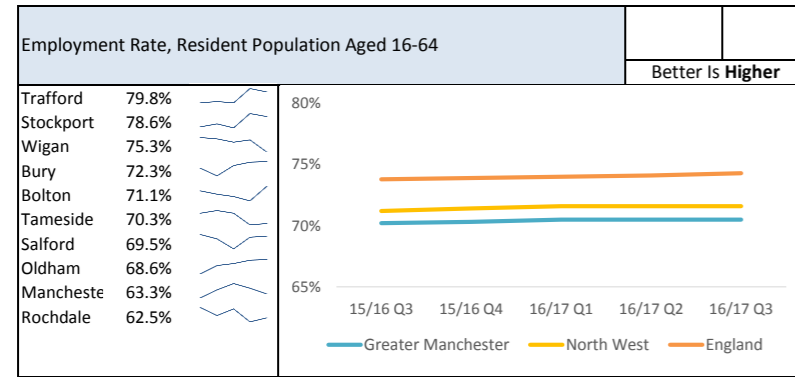
Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

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	

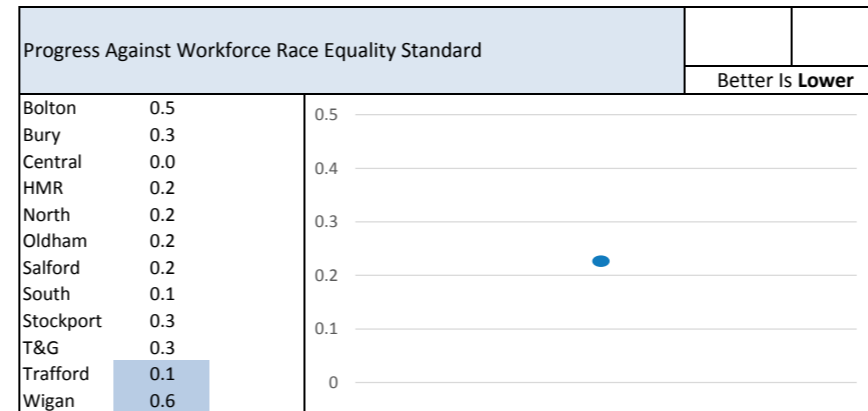
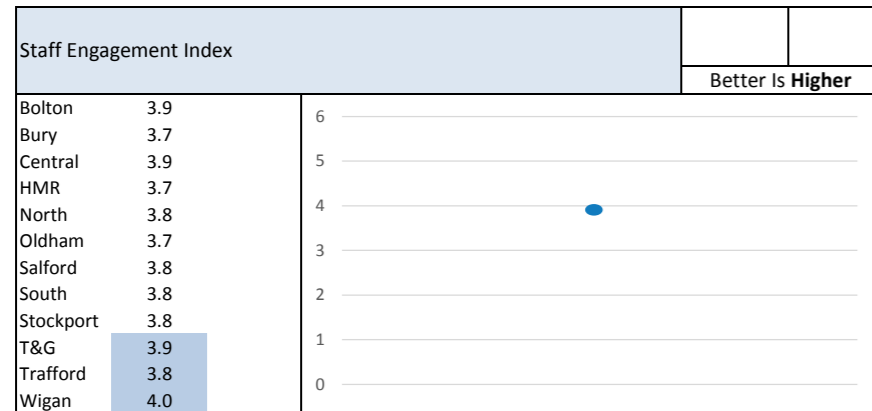
More People Will Be In Employment, With An Increasing Proportion In 'Good Work' And Able To Stay In Work For Longer





Well Led

Placeholder TBC



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		
T&G	Green		
Wigan	Green		
Stockport	Amber		
Trafford	Amber		

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

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

NHS Tameside and Glossop CCG

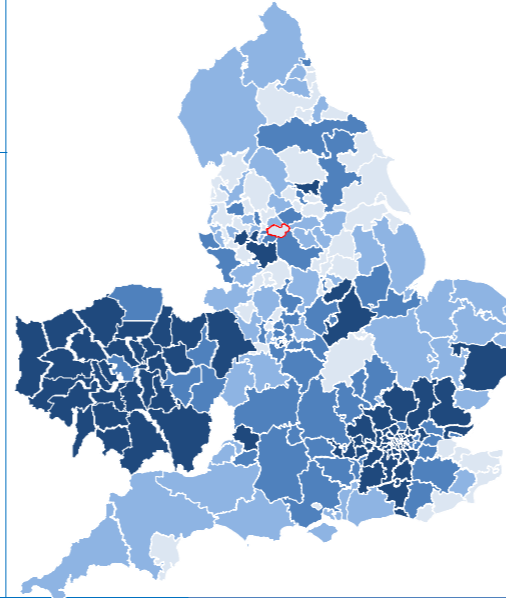
The 10 closest CCGs to NHS Tameside and Glossop CCG

- 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%)

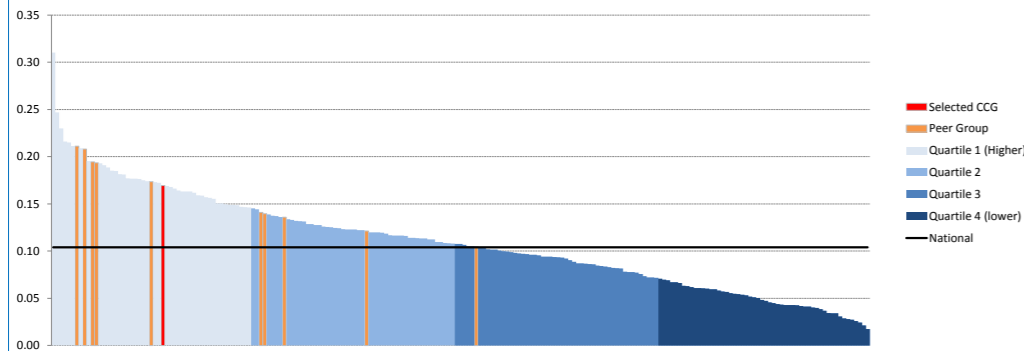
What you need to know...

- 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

KEY
Nat Average | Org Value
Worst | Best
25th | Percentile | 75th

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	0.0%	5.7%		H	
▲ Injuries from falls in people aged 65 and over	Jun-16	2,159	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			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	61.4			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			L	
▲ 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	86.8%	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 compli			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			<	