

Key Messages

Positive trends

18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 92.51% during July.

Cancer: All of the cancer indicators achieved standard during July 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 July was 82.0% against the 66.7% standard.

Referrals: GP referrals have decreased 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.

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

Healthcare Associated Infections Clostridium Difficile: The number of reported cases during July (11) was on 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: July performance at Tameside And Glossop Integrated Care NHS FT (T&GICFT) is below the 95% target, at 89.3% (Type 1 only). A total of 7,629 patients attended A&E in the month, of which 818 did not leave the department within 4 hours. Type 1 & 3 performance at 93.56%.

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 July. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 64.67% and 64.17%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 89.80%.

111: The North West NHS 111 service is performance managed against a range of KPIs reported as follows for July: - Calls Answered (95% in 60 seconds) = 83.6%- Calls abandoned (<5%) = 4.1%- Warm transfer (75%) = 42.98% Call back in 10 minutes (75%) = 42.2%

Diagnostics 6+ Week Waiters: Performance was higher (worse than) the national standard of 1.00%, currently achieving 1.62% during July.

Healthcare Associated Infections MRSA: There has been 1 reported case of MRSA during July.

NHS Tameside & Glossop CCG: NHS Constitution Indicators (September 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	Jun-17	Jul-17	Exceptions				
	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%	15.2%	17.7%		51.1% (Sept)			
	Number of women Smoking at Delivery.	Q	T&G CCG	L	England	13.6%	16.9%			15.3%			15.7%			15.1%					12.8% (Q4)	10.80%			
	Personal health budgets	Q	T&G CCG	H		4.0	4.1			3.6			5.8										46 (Q4)	27 (Q4)	
	Percentage of deaths which take place in hospital	Q	T&G CCG	<=>		47.6%	49.0%			50.4%													50.8% (Q3 16/17)	47.0% (Q3 16/17)	
	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q	T&G CCG	L			1468			1404														904	
	Inequality in emergency admissions for urgent care sensitive conditions	Q	T&G CCG	L			2906			2872														1758	
	Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Q	T&G CCG	<=>			1.11	1.11	1.11	1.11	1.12	1.12	1.13	1.12									1.20	1.07	
	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Q	T&G CCG	<=>			8.0	7.9	7.8	7.8	7.8	7.7	7.7	7.7									8.1	8.90%	
	Injuries from falls in people aged 65 and over	A	T&G CCG	L			2159	2210			2081													1946	
Description	Indicator		Level	Better is...	Threshold	12/13	13/14	14/15	15/16													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%	42.5%													41.0% FY 15/16	39.0% FY 15/16		
	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%													66.60%	64.30%		
	Quality of life of carers	A	T&G CCG	H		80.7%	77.70%	80.00%	77.5%													70.3% (2016)	80.0% (2016)		

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

Better Care

Description	Indicator	F	Level	Better is...	Threshold	Better Care																	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	Apr-17	May-17	Jun-17	Jul-17						
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%	94.90%	94.29%		93.40%	94.05%			
	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%	100.00%	98.13%		88.80%	93.51%			
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%	99%	100%		98.80%	97.56%			
	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%	100%	95%		98.40%	96.00%			
	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%	100%	100%	Breach due to deferred treatment in Jan-16.	99.50%	99.55%			
	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%	100%		99%	96.87%			
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%	82.50%	86.67%	There were 10 breaches out of a total of 39 seen in Sept 16.	81.70%	81.22%			
	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%	100%	100%		94.80%	90.53%			
	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%	94.70%	70.37%	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	86.20%	87.65%			
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%	92.7%	92.5%	CCG target (92%) achieved. Failing specialties are Urology (89.88%), Trauma & Orthopaedics (87.99%), Ear, Nose & Throat (ENT) (91.59%), Neurosurgery (85.37%), Plastic Surgery (75.12%), Cardiothoracic Surgery (90.77%), Cardiology (91.83%).	92.80%	89.90%			
	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	3	0	0	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%	1.68%	1.62%	In July 73 patients (62 patients waiting 6-13 weeks and 11 patients >13 Weeks).	1.40%	1.80%			
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%	82.0%	82.0%		77.10%	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%	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%	90.7%	93.6%	2015-16 performance shows that 12,737 patients waited more than 4 hours (denominator 84,503). Breached by 6,522 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). June performance is 90.7% breached by 671 patients (7,215). July performance is 89.3% breached by 818 patients (7,629) For Type 1 attendances. 93.6% for Type 1 & 3.	88.90%	90.30%			
	Delayed transfers of care per 100,000 population	M	T&G CCG	L					21.2			24.2	21.5	25.9	20.7	14.8						14.4	15			

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			1st Quarter 2017-18			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	Apr-17	May-17	Jun-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%		96.66%		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%		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%		12.76%		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%		78.29%		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%		4.71%		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	94.69%		93.80%		93.90%		93.27%		93.65%		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)		3.71 (5 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)		143.77 (56 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		61		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	-		-		-		81.76%		-		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	-		-		-		-		-		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		2944		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%		80.87%		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%		81.67%		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	Jun-17	Jul-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	5302	5242	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	3212	3084	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	3780	3646	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	1825	1848	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	7239	6588	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	2822	2738	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	2333	2459	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			52.6										
Local strategic estates plan (SEP) in place	A		H					Yes														Yes		
Financial plan	A		H					AMBER														Green		

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	Jun-17	Jul-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														0.12	
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	Jun-17	Jul-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	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.	0.55		
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	1357			
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%	82.6%	83.6%		89.70%		
	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%	4.5%	4.1%		1.80%		
	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%	42.9%	43.0%		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%	42.2%	42.2%		42.30%		

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%	57.1%	63.3%	High levels of demand and lengthening turn around times.	62.10%	67.90%	
	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%	60.60%	62.89%	High levels of demand and lengthening turn around times.	65.90%	60.48%	
	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%	88.2%	89.7%	High levels of demand and lengthening turn around times.	89.67%		
	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%	62.5%	64.7%	High levels of demand and lengthening turn around times.	62.10%	67.90%	
	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%	64.7%	64.2%	High levels of demand and lengthening turn around times.	65.90%	60.48%	
	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%	89.4%	89.8%	High levels of demand and lengthening turn around times.	89.67%		

Quality

Quality	Clostridium Difficile-Whole Health Economy	M		L	Plan	7	3	9	10	5	13	6	6	5	4	9	6	5	11	11		1004			
	Clostridium Difficile-Acute	M		L	Plan	2	2	4	5	2	8	5	4	2	3	5	2	2	7	6		410			
	Clostridium Difficile-Non-Acute	M		L	Plan	5	1	5	5	3	5	1	2	3	1	4	4	3	4	5		594			
	MRSA-Whole Health Economy	M		L	0	0	2	1	3	0	0	0	0	2	2	0	0	2	0	1		4	92		
	MRSA-Acute	M		L	0	0	2	0	2	0	0	0	0	1	1	0	0	1	0	0		39			
	MRSA-Non Acute	M		L	0	0	0	1	1	0	0	0	0	1	1	0	0	1	0	1		53			

Exception Report

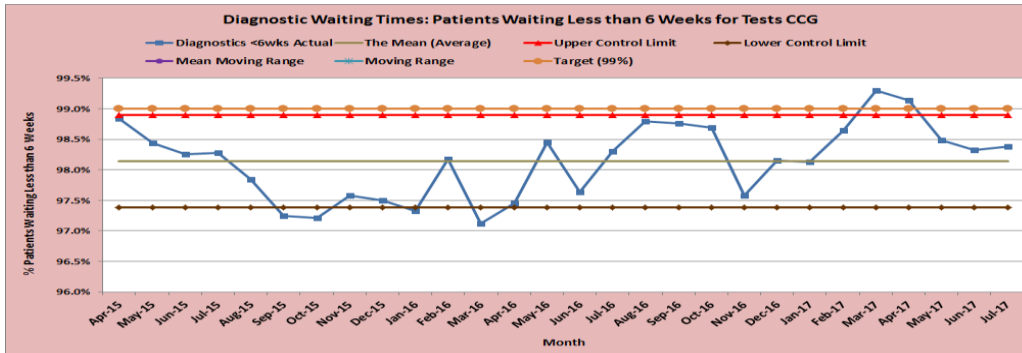
Tameside & Glossop CCG- September

Diagnostics- Patients Waiting for Diagnostic test.

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts



Key Risks and Issues:

As a CCG

This month the CCG failed to achieve the 1% standard with a 1.62% performance.

Of the 73 breaches, 20 occurred at Central Manchester (CT, Colonoscopy, Gastroscopy, Flexi sigmoidoscopy and MRI), 32 at North West CATS Inhealth (MRI and NQUS), 14 at T&G ICFT (Audiology assessments), 1 at Pennine Acute (Colonoscopy), 1 at Salford Trust (Urodynamics), 1 at Stockport (Cardiology), and 4 at Other (Neurophysiology, Colonoscopy, Flexi sigmoidoscopy).

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 Levey penalties through contract with those providers who fail the target.

Unvalidated - Next month FORECAST

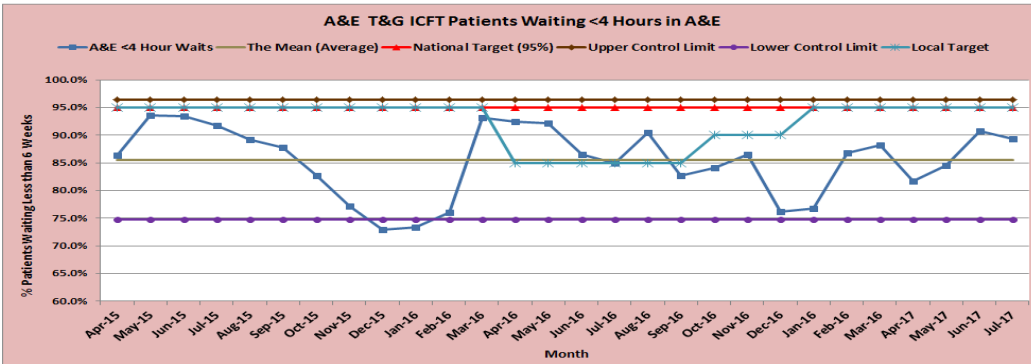
Diagnostics Waiting Times Patients Waiting > 6 Weeks by GM CCG				
CCG	Jul-17			
	Waiting > 6 Weeks	Total Waiting List	Performance	Standard
NHS Oldham CCG	100	4365	2.29%	1%
NHS Salford CCG	98	4544	2.16%	1%
NHS Bury CCG	77	3742	2.06%	1%
NHS Heywood, Middleton & Rochdale CCG	89	4392	2.03%	1%
NHS Manchester CCG	195	9900	1.97%	1%
NHS Tameside and Glossop CCG	73	4500	1.62%	1%
NHS Stockport CCG	81	5710	1.42%	1%
NHS Wigan Borough CCG	84	6130	1.37%	1%
NHS Trafford CCG	51	5801	0.88%	1%
NHS Bolton CCG	36	4202	0.86%	1%

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery board



July Performance: 93.56%

16/17 ytd: 88.78%

17/18 ytd: 88.42%

Key Risks and Issues:

The A&E Type1 and type 3 performance for July was 93.56% which is below the National Standard of 95% but above the GM agreed target of 90%. Late assessment due to lack of capacity in the department is the main reason for breaches.

- Bed capacity across the organisation was problematic (Medical bed-pool occupancy was routinely at >96%);
- 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 GM agreed trajectory is 90% until Q4 with 95% in March 18. The transfer of Type 3 activity to the ICFT from July means that the inclusion of this data will add to the overall performance.

Actions:

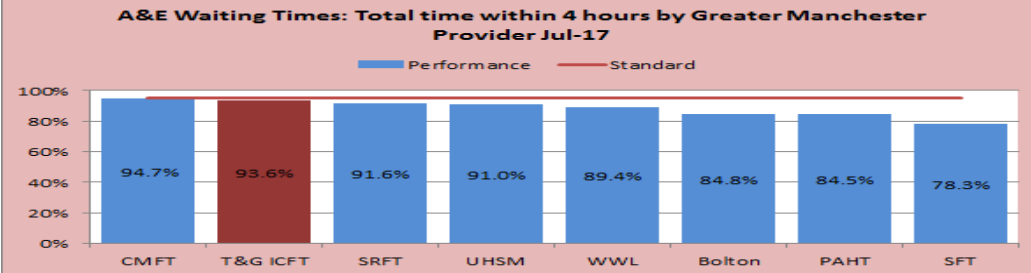
- Organisational initiative 'Back to the 90s', commenced taking a whole-systems approach to patient flow;
- Additional beds temporarily opened on IAU (8 beds in use);
- Clinical Fellow now allocated to the Ambulatory Care area to enhance the service provision and handle GP calls;
- Additional medical 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 attached to this target for the Quality Premium Payment (QPP).

Next month FORECAST



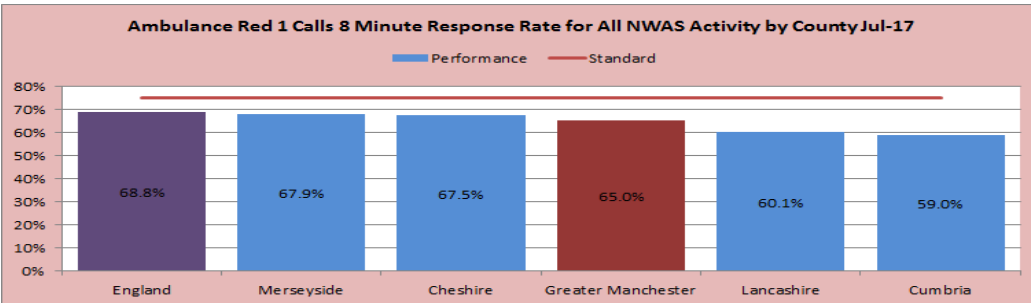
* Please note that Tameside Trust local trajectory for 17/18 is Q1, Q2 and Q3 90%, and Q4 95%.
 * Type 1 & 3 attendances included from July 2017.

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery Board



July Performance: 64.67%

16/17 ytd: 73.56%

17/18 ytd: 65.76%

Key Risks and Issues:

In July the North West position (which we are measured against) was 64.67% however locally we achieved 63.27%. 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. NWS will implement the Ambulance Response Programme from 7th August which will mean that July will be the last report against this specific standard.

Operational and Financial implications:

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

Ambulance Red 1 Calls 8 Minute Response Rate for All NWS Activity by CCG

CCG	Jul-17			
	<8 Mins	Total	Performance	Standard
NHS Wigan Borough CCG	100	146	68.8%	75%
NHS Oldham CCG	71	105	67.6%	75%
NHS Manchester CCG	228	342	66.8%	75%
NHS Stockport CCG	76	116	65.5%	75%
NHS Bolton CCG	70	109	63.9%	75%
NHS Salford CCG	58	91	63.3%	75%
NHS Tameside and Glossop CCG	62	98	63.3%	75%
NHS Bury CCG	43	68	63.2%	75%
NHS Heywood Middleton & Rochdale CCG	66	105	63.0%	75%
NHS Trafford CCG	63	107	58.5%	75%
Data source; NWS PES report				

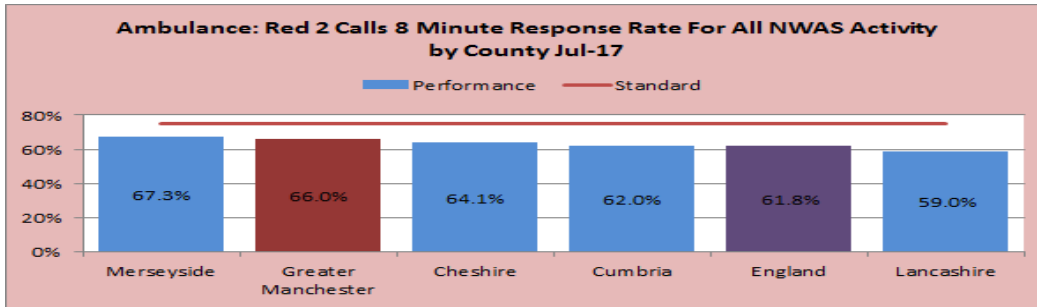
Unvalidated next month FORECAST

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery Board



July Performance: 64.17%

16/17 ytd: 65.61%

17/18 ytd: 65.51%

Key Risks and Issues:

In July the north west position (which we are measured against) was 64.17% however locally we achieved 62.89% 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.

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NWS will implement the Ambulance Response Programme from 7th August which will mean that July will be the last report against this specific standard.

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	Jul-17			
	<8 Mins	Total	Performance	Standard
NHS Manchester CCG	2732	3814	71.6%	75%
NHS Bury CCG	727	1058	68.7%	75%
NHS Heywood Middleton & Rochdale CCG	916	1341	68.3%	75%
NHS Oldham CCG	938	1389	67.5%	75%
NHS Bolton CCG	1007	1498	67.2%	75%
NHS Salford CCG	897	1391	64.5%	75%
NHS Wigan Borough CCG	1075	1705	63.1%	75%
NHS Tameside and Glossop CCG	951	1512	62.9%	75%
NHS Stockport CCG	989	1645	60.1%	75%
NHS Trafford CCG	624	1079	57.8%	75%

Data source; NWS PES report

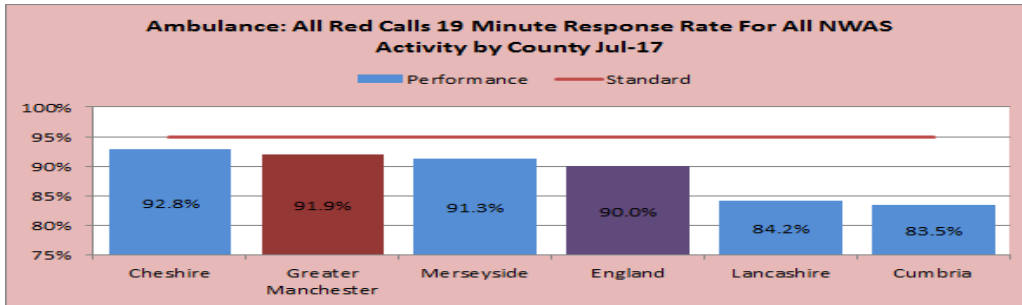
Unvalidated next month FORECAST

Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery Board



July Performance: 89.80%

16/17 ytd: 91.17%

17/18 ytd: 90.43%

Key Risks and Issues:

In July the north west position (which we are measured against) was 89.80% however locally we only achieved 89.74%. 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.

NWS will implement the Ambulance Response Programme from 7th August which will mean that July will be the last report against this specific standard.

Operational and Financial implications:

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

Unvalidated next month FORECAST

CCG	Jul-17			
	<19 Mins	Total	Performance	Standard
NHS Manchester CCG	3886	4156	93.5%	95%
NHS Bolton CCG	1494	1607	93.0%	95%
NHS Salford CCG	1377	1482	92.9%	95%
NHS Oldham CCG	1383	1494	92.6%	95%
NHS Heywood Middleton & Rochdale CCG	1335	1446	92.3%	95%
NHS Stockport CCG	1609	1761	91.3%	95%
NHS Bury CCG	1022	1126	90.7%	95%
NHS Wigan Borough CCG	1671	1851	90.3%	95%
NHS Trafford CCG	1066	1186	89.8%	95%
NHS Tameside and Glossop CCG	1445	1610	89.7%	95%
Data source; NWS PES report				

Indicators - access & quality	NW inc. Blackpool	NW inc. Blackpool	Scoring out of 40 Areas		
			Highest	Lowest	
Calls per month per 1,000 people					
Calls per month via 111 per 1,000 people					
Of all calls offered, % abandoned after at least 30 seconds ¹	4%	2	Luton and Bedfordshire	12%	South Essex
Of calls answered, % in 60 seconds	83%	37	North Essex	98%	Luton and Bedfordshire
Of calls answered, % triaged					
Of answered calls, % transferred to clinical advisor	32%	30	North Central London	66%	South East Coast excluding East Kent
Of transferred calls, % live transferred	9%	20	North Central London	22%	Buckinghamshire
Average NHS 111 live transfer time ¹					
Average warm transfer time					
Of calls answered, % passed for call back	12%	29	Devon	20%	Lincolnshire
Of call backs, % within 10 minutes	41%	21	East London and City	77%	Dorset
Average episode length					
Of answered calls, % calls to a CAS clinician	20%	34	Devon	33%	Lincolnshire

Dispositions as a proportion of all calls triaged	T&G CCG	NW inc. Blackpool	Scoring out of 40 Areas				
			NW inc. Blackpool	Highest	Lowest		
111 dispositions: % Ambulance dispatches	15%	15%	6	Cornwall	17%	Hertfordshire	8%
111 dispositions: % Recommended to attend A&E	9%	9%	25	East London and City	15%	Lincolnshire	5%
Recommended to attend primary and community care	56%	57%	31	Cambridgeshire and Peterborough	66%	Lincolnshire	49%
Of which - % Recommended to contact primary and community care		42%	19	Cambridgeshire and Peterborough	50%	Nottinghamshire	33%
- % Recommended to speak to primary and community care		12%	17	Somerset	15%	Hertfordshire	4%
- % Recommended to dental		3%	39	Yorkshire and Humber	13%	Devon	1%
- % Recommended to pharmacy		0.4%	21	East London and City	0.8%	Cambridgeshire and Peterborough	0.1%
111 dispositions: % Recommended to attend other service	2%	2%	30	Lincolnshire	20%	Bristol, North Somerset & South Gloucestershire	1%
111 dispositions: % Not recommended to attend other service	17%	17%	6	North Essex	19%	North East	9%
Of which - % Given health information		5%	1	NW inc. Blackpool	5%	Yorkshire and Humber	0.1%
- % Recommended home care		3%	39	Outer North West London	8%	Lincolnshire	1%
- % Recommended non clinical		9%	11	Buckinghamshire	12%	Luton and Bedfordshire	2%

Key Risks and Issues:

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

- Calls Answered (95% in 60 seconds) = 83.6%
- Calls abandoned (<5%) = 4.1%
- Warm transfer (75%) = 42.98%
- Call back in 10 minutes (75%) = 42.2%

In July 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 for month of July 2017

Quality Indicator	Y/N	Comments
Has a local provider been rated as inadequate by the CQC/OFSTED	N	
Has a local provider been subject to regulatory notice e.g. CQC alert, Reg 28,	N	
Does the CCG and / or partner originations have concerns about the ability of a provider to deliver safe, quality care?	Y	<p>Charnley House (Residential care Home) 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 inspection (report published 08/06/17) did note some small improvements but the overall rating remains as 'Inadequate'. Close contract and quality monitoring will continue and a further meeting with the owners is scheduled to take place on the 1 August 2017 to discuss the home.</p> <p>Update: The suspension at the home was lifted on the 2 August 2017 following demonstration of sustained improvements.</p> <p>Carson House – (Residential Care Home) 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.</p> <p>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 been informed that the manager has resigned with immediate effect (as of 3rd July 2017) and at the same time a number of nurses also left the home. It came to light at the Commissioners meeting on the 10 July 2017 that the new owner is also bankrupt; the Commissioners are therefore working closely with them to ensure that the service can be delivered. The CQC have also re-inspected the home (18, 19 & 20</p>

		<p>July); we are awaiting the outcome of this inspection. The home has secured a manager however they are not yet currently in post .Recruitment of nurses continues but remains problematic. Individualised Commissioning team continue to have weekly visits to the home .Next commissioner’s meeting is the 23/08/17.</p> <p>Jabulani residential home (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. On-going monitoring is being undertaken.</p> <p>Improvements have been made however, until the outcome of the police investigation is known, the suspension by DCC remains in place.</p> <p>Pennine Care Centre (Glossop). The suspension has been lifted as a result of sustained improvements however close monitoring by DCC remains in place.</p> <p>NB Staley House (Residential Care) was rated Good on the 6 July 2017 (an improvement from the previous Requires Improvement rating).</p> <p>PCFT: In response to the Trust’s detailed CQC improvement action plan and revised Quality Strategy, a new joint Quality Assurance Board has been established as a sub group of the newly established Quality Improvement Board chaired by NHSI. The Quality Assurance Board includes representatives from the Clinical Commissioning Groups and the Trust. The Terms of Reference has been agreed. It is envisaged that the group main focus will be on the quality, safety, patients experience and safeguarding.</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 for small value contracts is being finalised by the contracting team with a close cooperation of the quality team. It will follow the process of contract monitoring and quality assurance for contracts that were £5m plus in value.

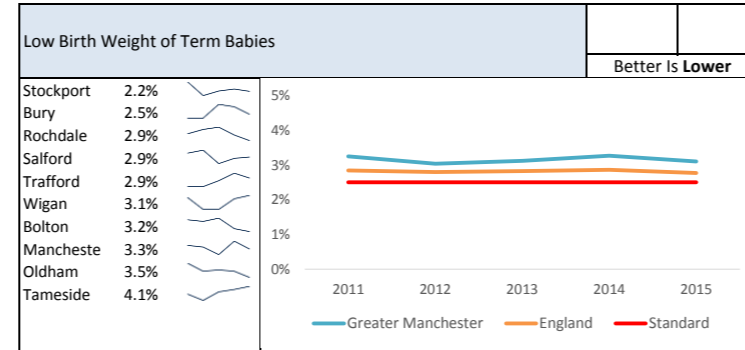
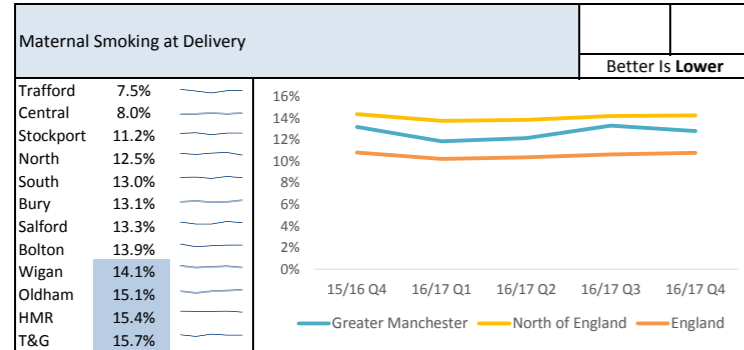
Has a local provider been subject to negative media attention particularly in relation to quality and / or patient safety concerns?	N	
Has a provider been identified as a 'negative outlier' on SMHI or HSMR?	N	
Has a provider reported MRSA cases above zero?	Y	<p>For July 2017 Tameside and Glossop CCG have reported 1 cases of MRSA against a plan of zero tolerance.</p> <p>To date (April 2017 to July 2017) Tameside and Glossop CCG have reported 3 cases of MRSA against a plan of zero tolerance cases (1 at T&G ICFT and 2 non acute case).</p> <p>Post infection review (PIR) was undertaken on the 3 MRSA cases notified since April 2017. All cases have been found to be unavoidable, as no intervention carried out by either community or hospital care staff would have prevented infection. However the PIR process is an opportunity to review the care we provide and this has highlighted the need for staff to improve their documentation processes.</p>
Has a provider reported more C difficile cases than trajectory?	N	<p>For July 2017 Tameside & Glossop CCG had a total of 11 reported cases of clostridium difficile against a monthly plan of 11 cases. For the month of July this places Tameside and Glossop CCG on plan. Of the 11 reported cases, 6 were apportioned to the acute (2 at Tameside ICFT and 4 at CMFT) and 5 to the non-acute.</p> <p>To date (April to July 2017) Tameside and Glossop CCG has a total of 34 cases of clostridium difficile against a year to date plan of 29 cases. This places Tameside and Glossop CCG 5 cases over plan. Of the 34 reported cases, 18 were apportioned to the acute (10 at T&G, 1 at SMFT ICFT, 1 at Royal Free London and 6 at CMFT) and 16 to the non-acute.</p> <p>In regards to the 2017/18 financial year, Tameside and Glossop CCG have reported 34 cases of clostridium difficile against an annual plan of 97 cases. This currently places the CCG 63 cases under plan with 8 months of the financial year remaining.</p> <p>The findings from the root cause analyses undertaken was reviewed internally and at the WHE Quality</p>

		Improvement Group; the group did not identify any cases where lapses in care contributed to the CDIF cases. However lapses in care were identified which did not contribute to the CDIF case but did provide opportunity for improvements to be made including ensuring appropriate sampling and working closely with antibiotic pharmacists in both acute and community to support clinicians in their antibiotic prescribing decisions.
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?	N	
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	

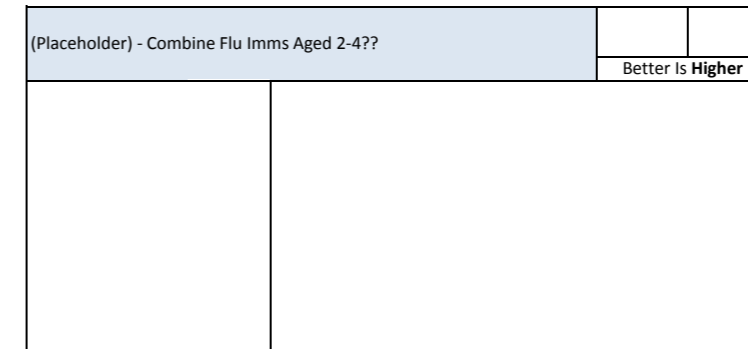
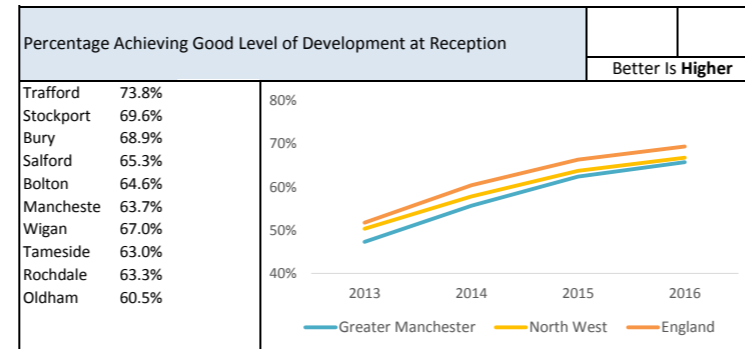
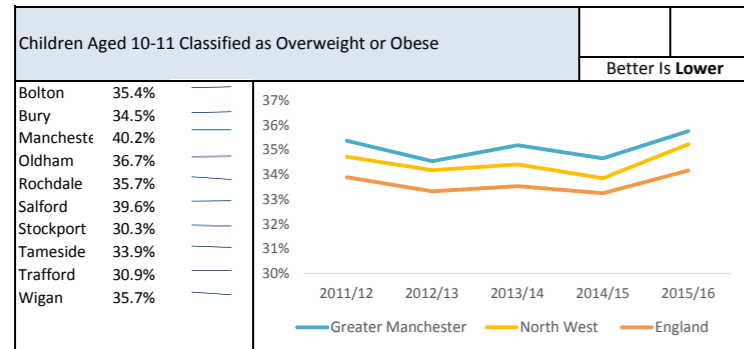
Are there any new Serious Case Reviews, Domestic Homicide Reviews, Safeguarding Adult Reviews or Mental Health Homicide Reviews?	N	
Does feedback from the Friends and Family test (or any other patient experience feedback) indicate any causes for concern?	N	
Have any quality / patient safety concerns been identified during CCG Quality visits?	N	
Any new items added to SCF Risk Register relating to quality or patient safety.	N	



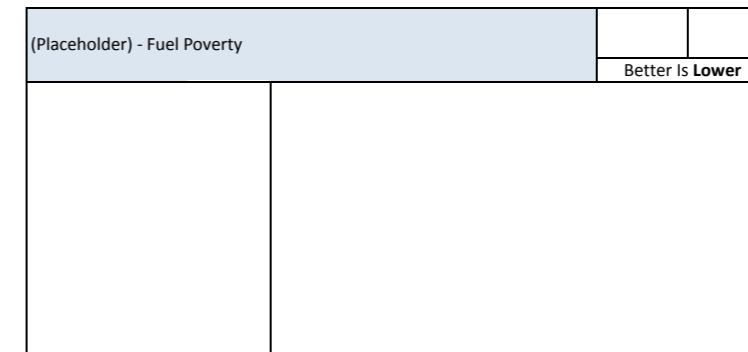
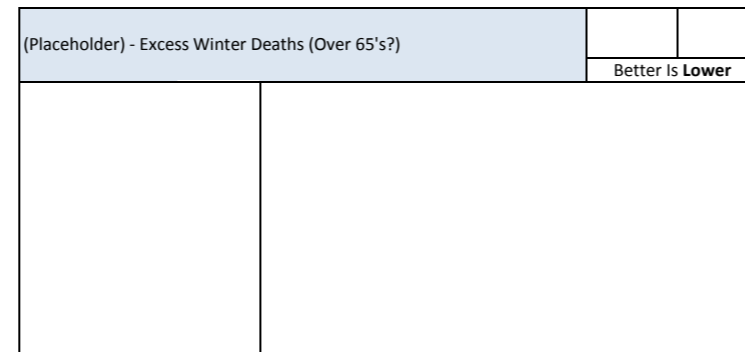
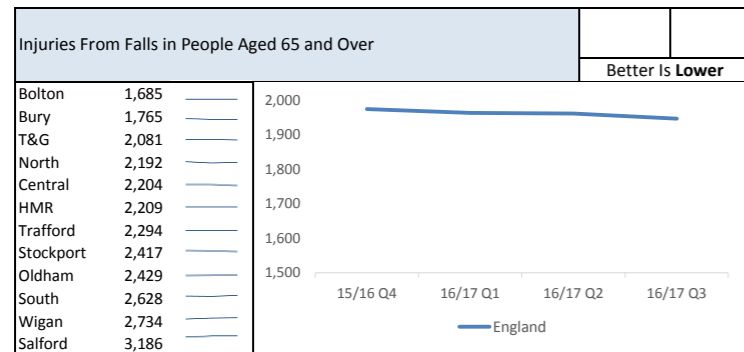
Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Costs To The Health System



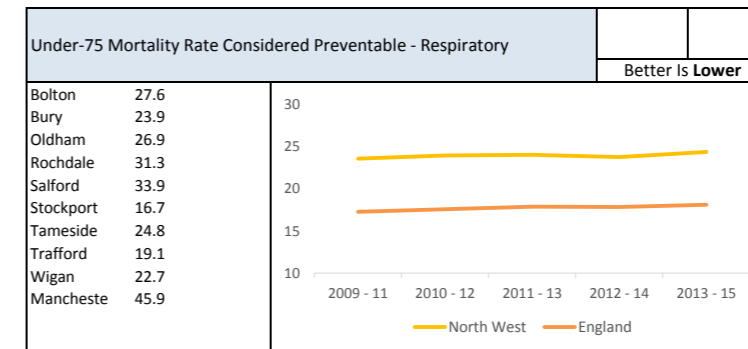
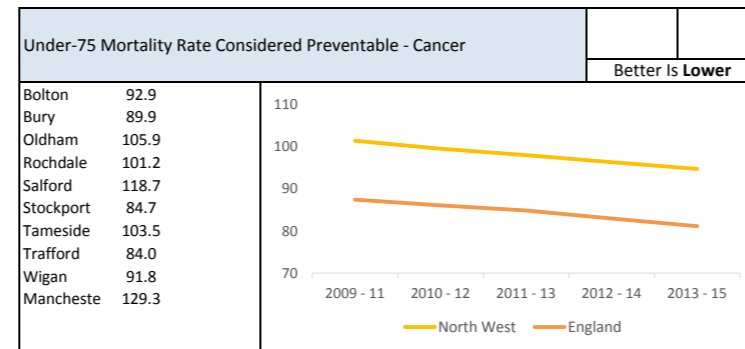
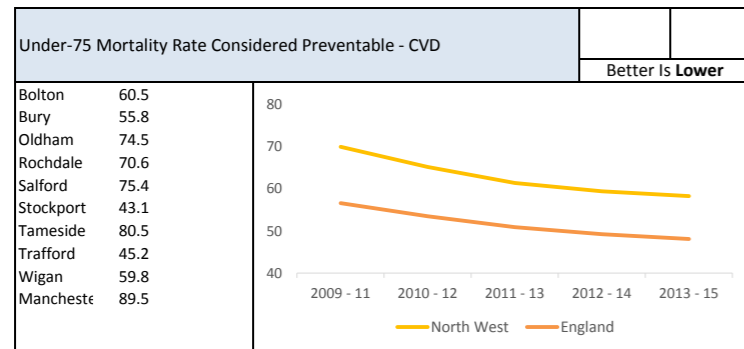
More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally

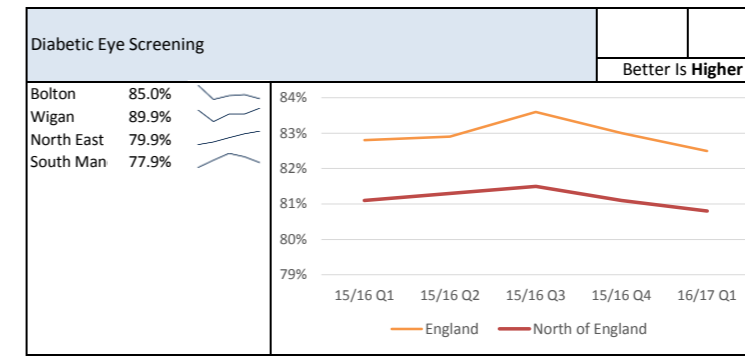
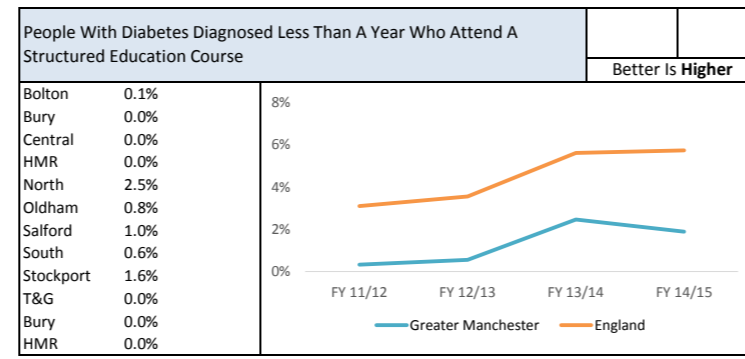
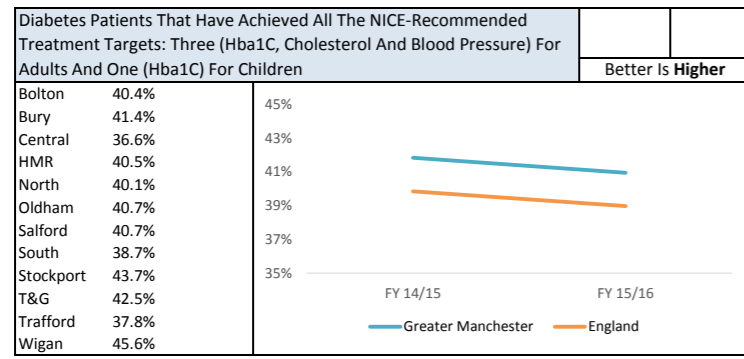


More People Will Be Supported To Stay Well and Live at Home for as Long as Possible

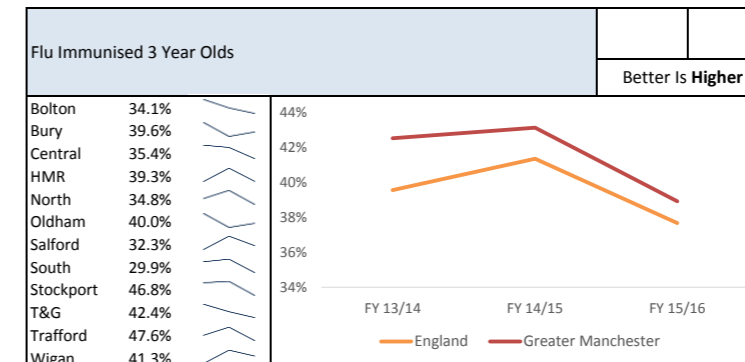
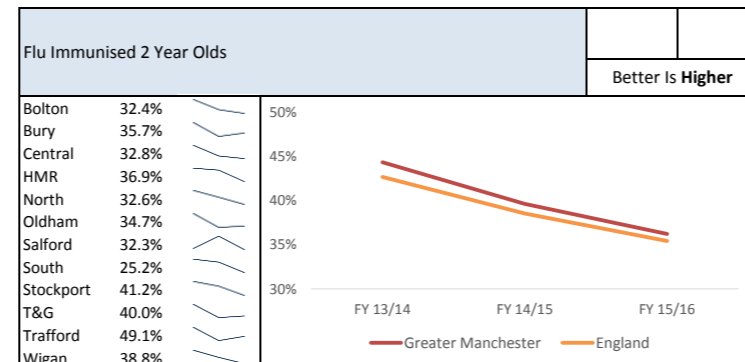
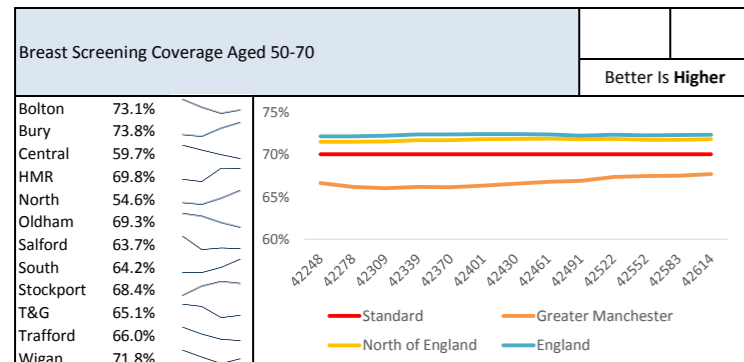
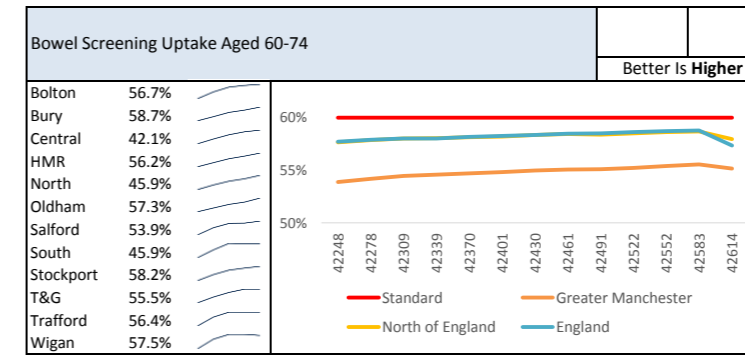
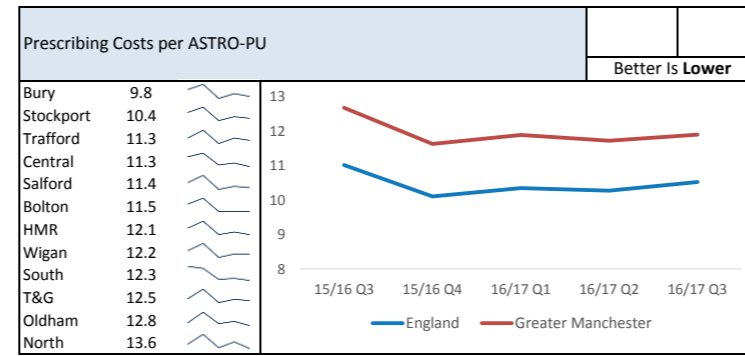
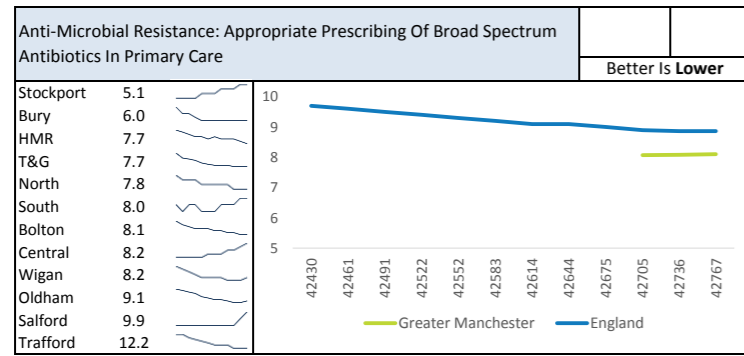
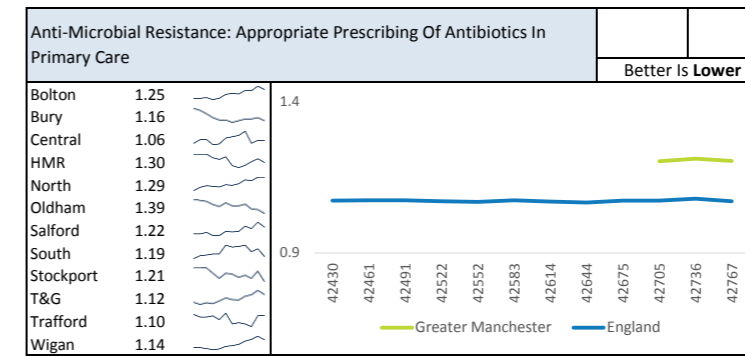
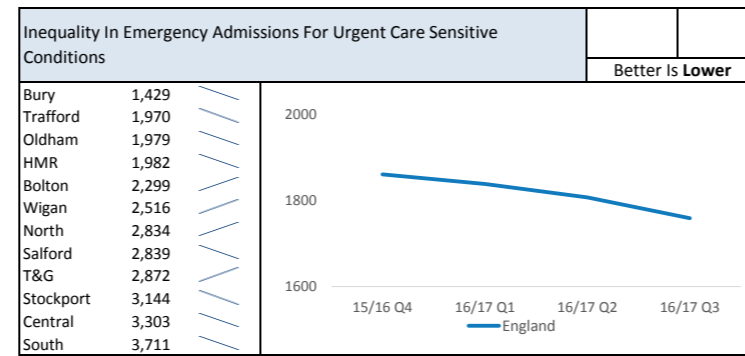
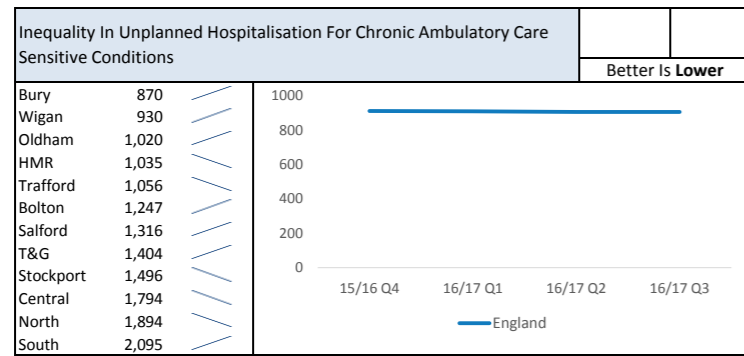
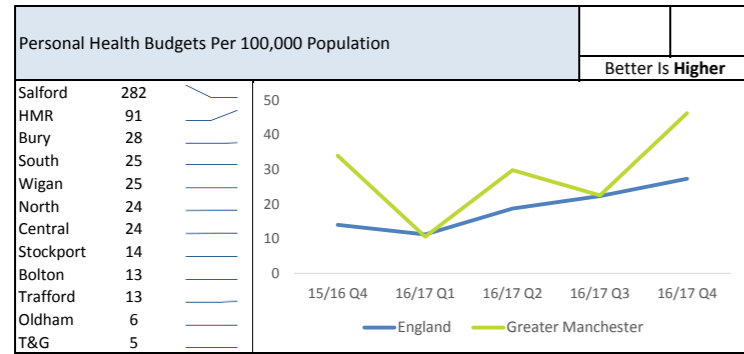


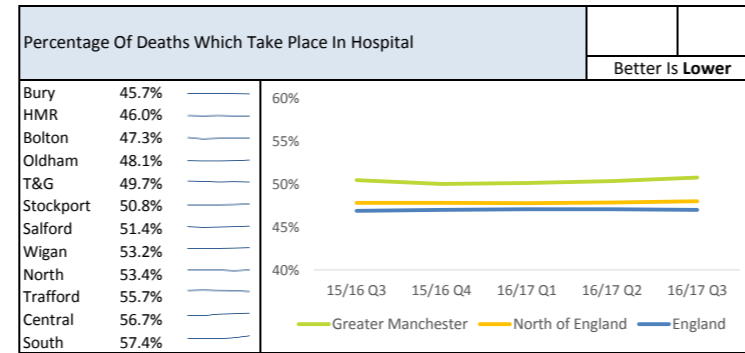
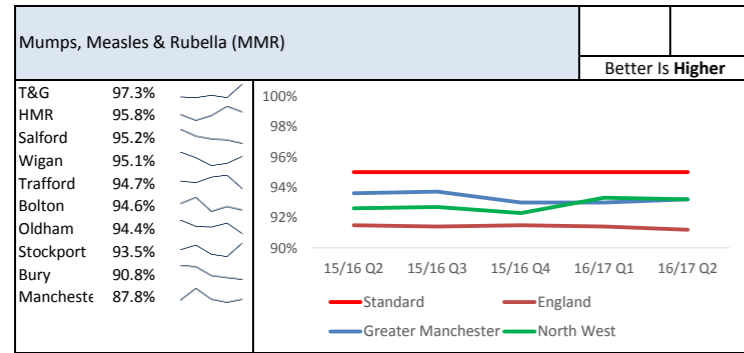
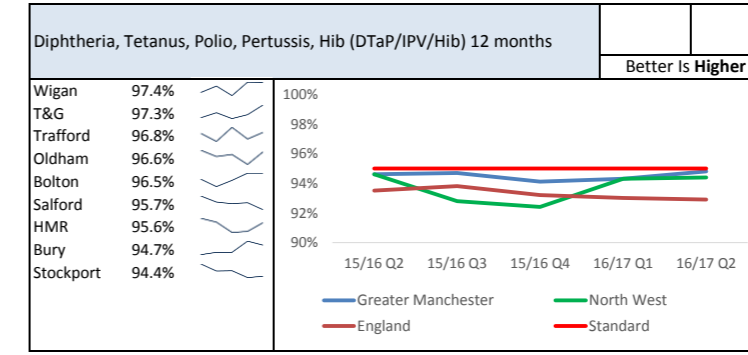
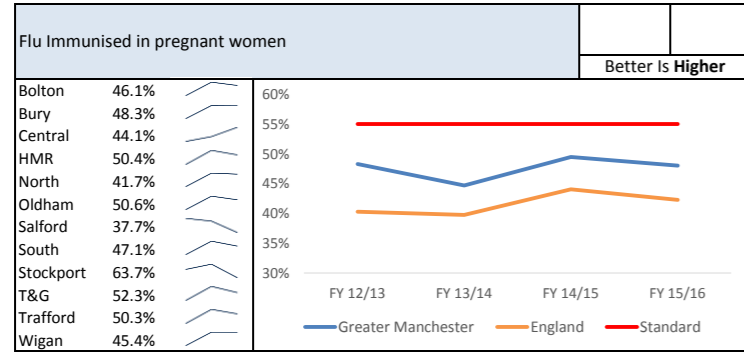
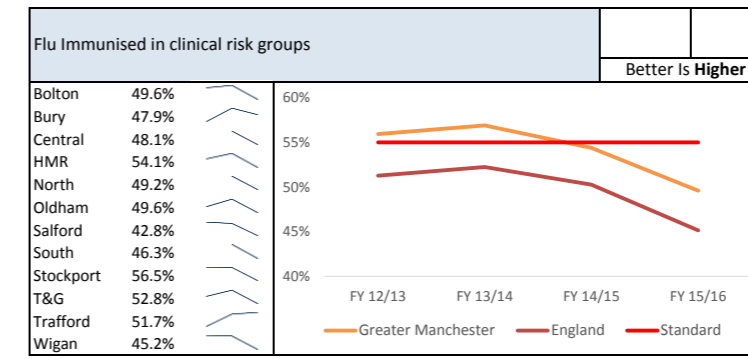
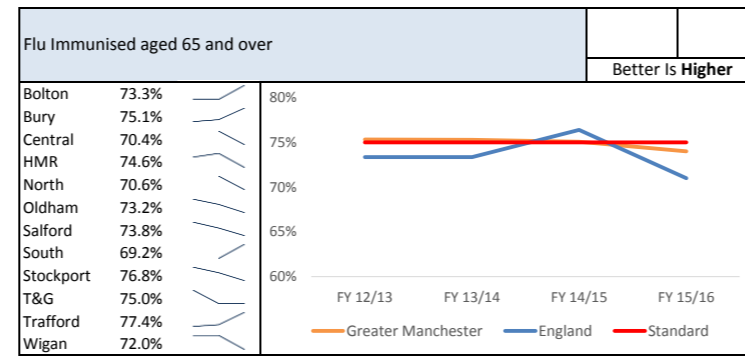
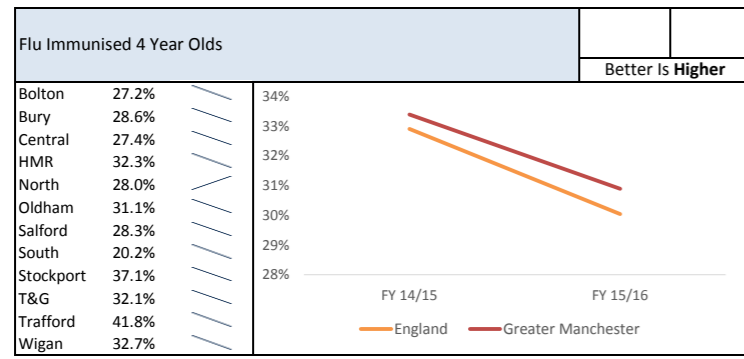
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease





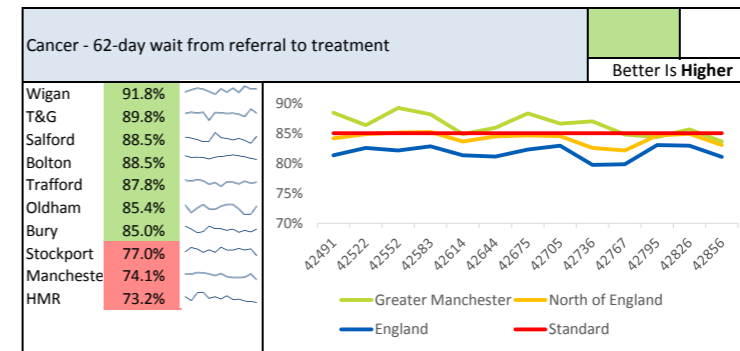
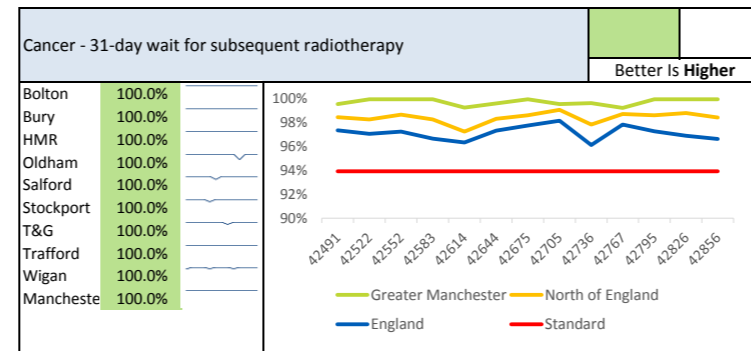
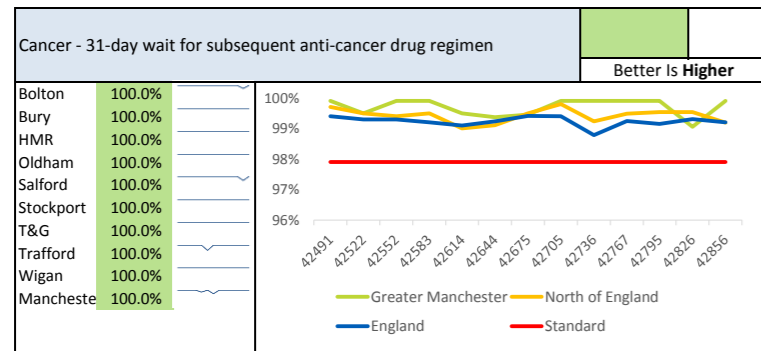
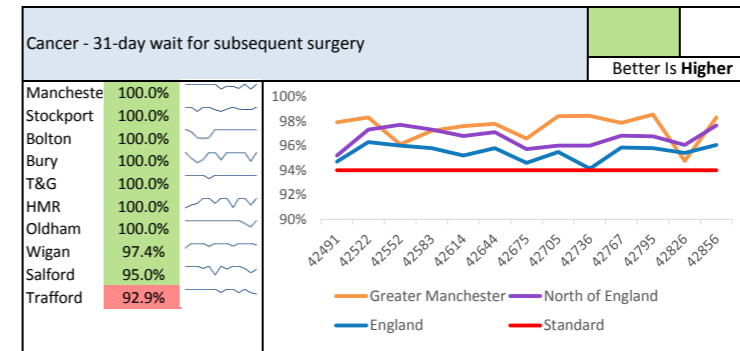
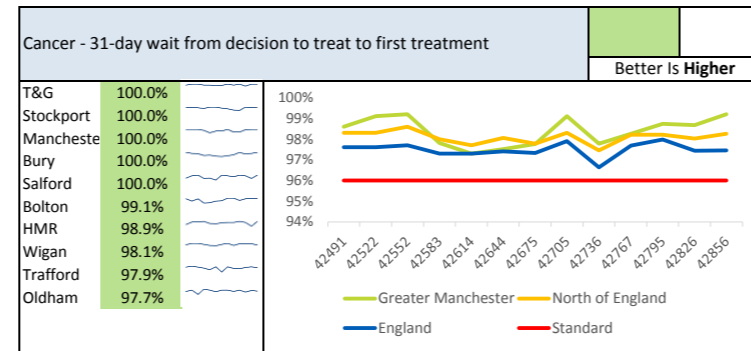
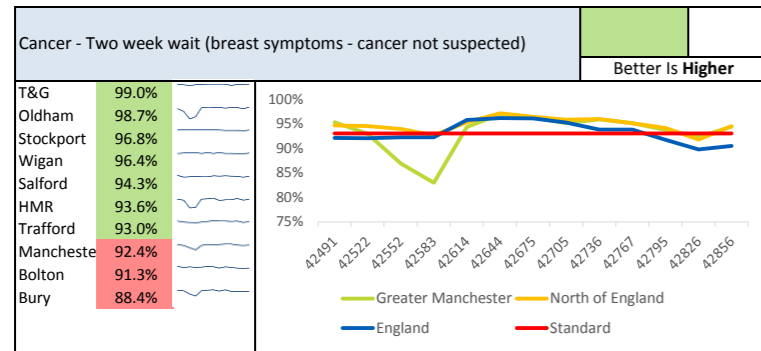
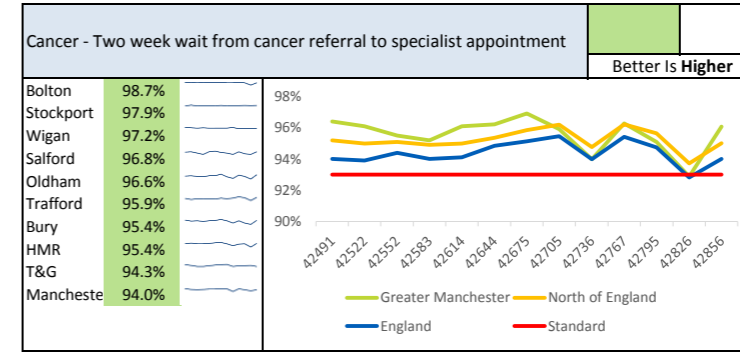
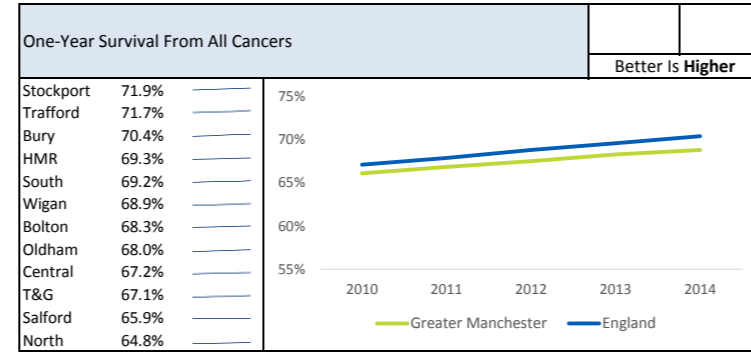
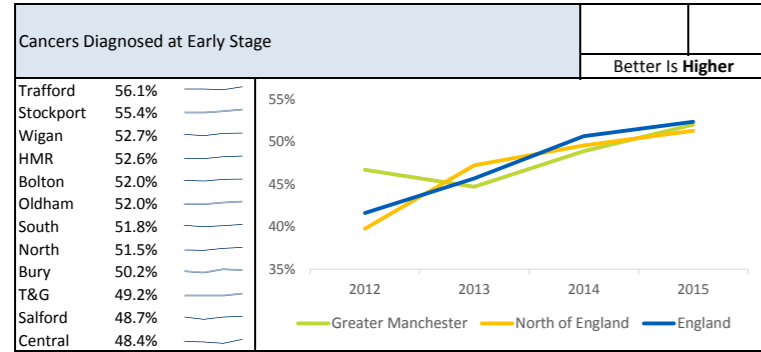
(Placeholder TBC)



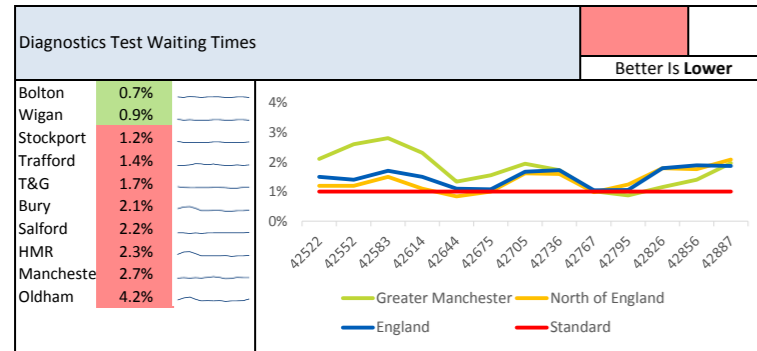
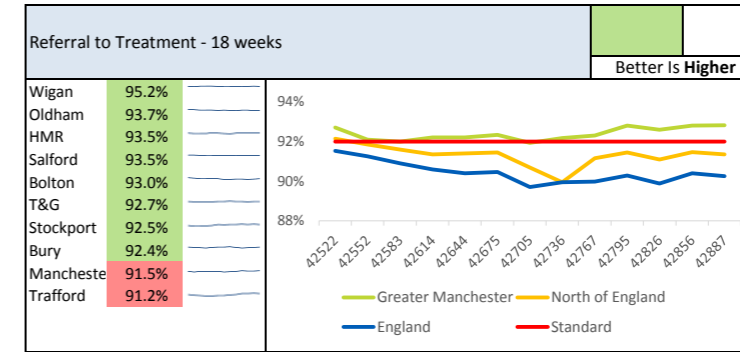
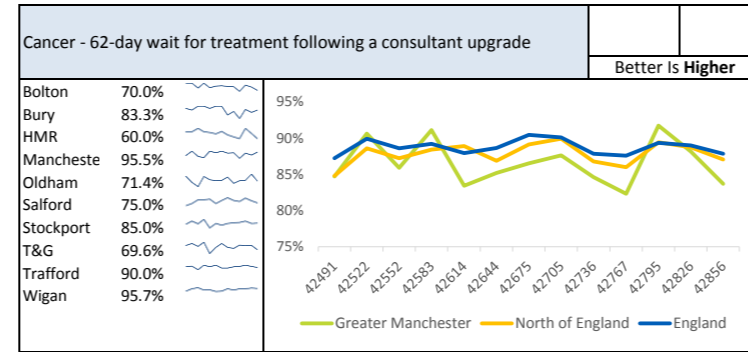
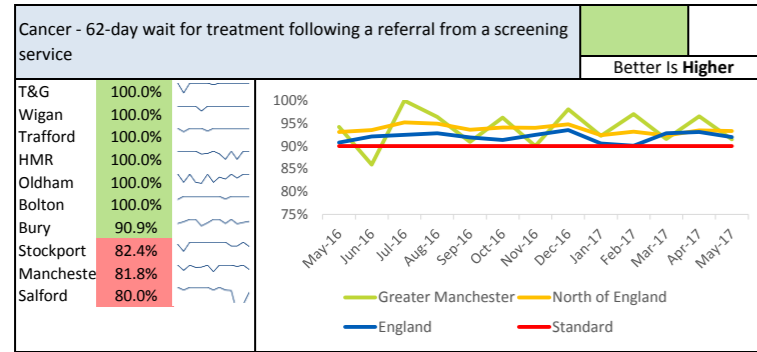




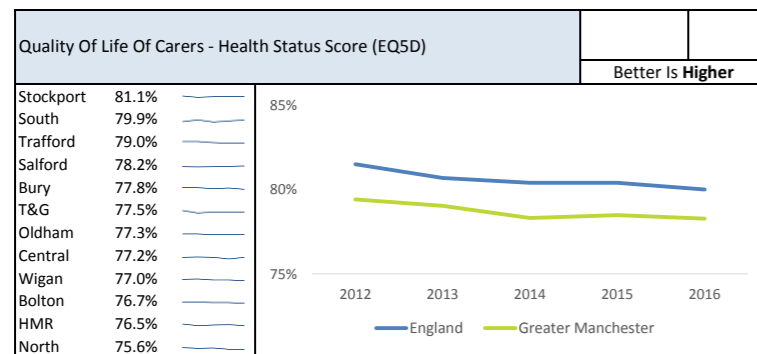
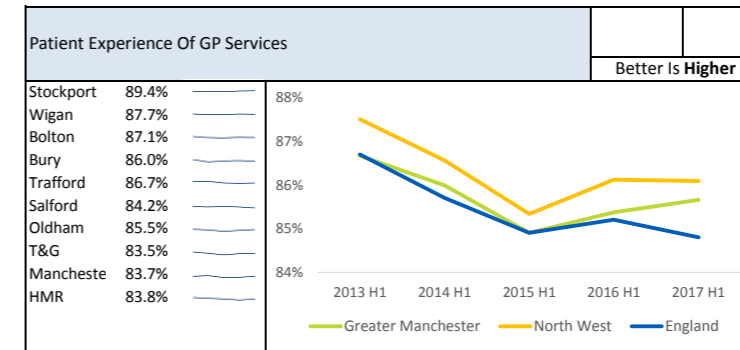
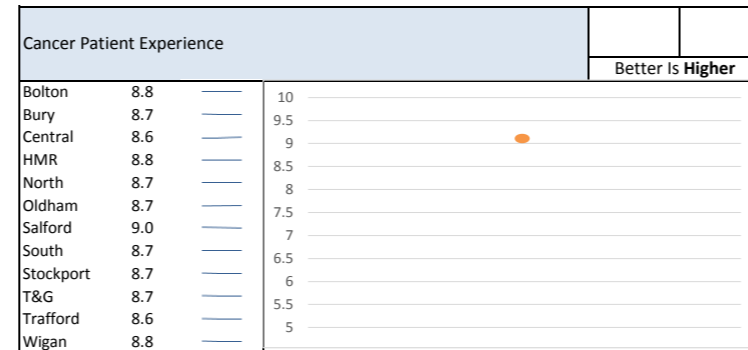
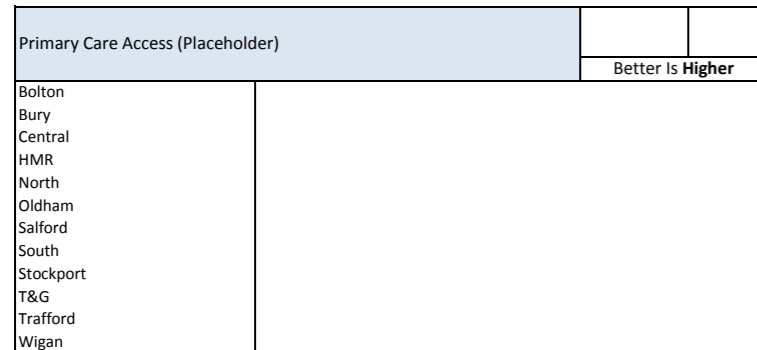
Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease



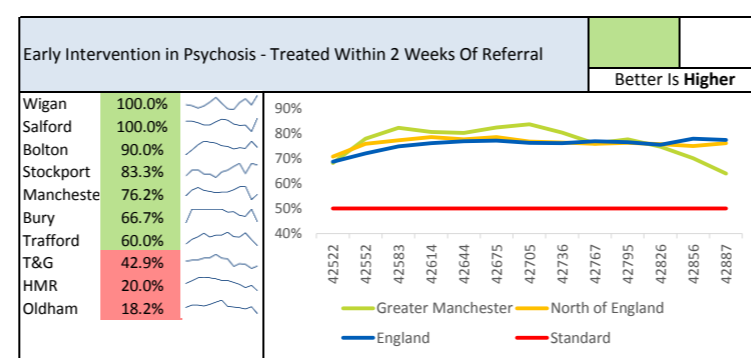
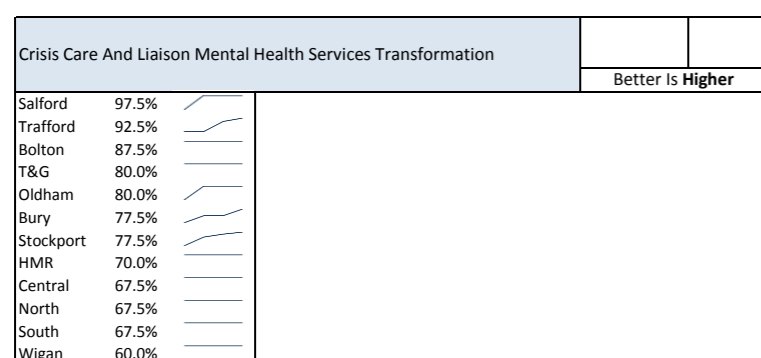
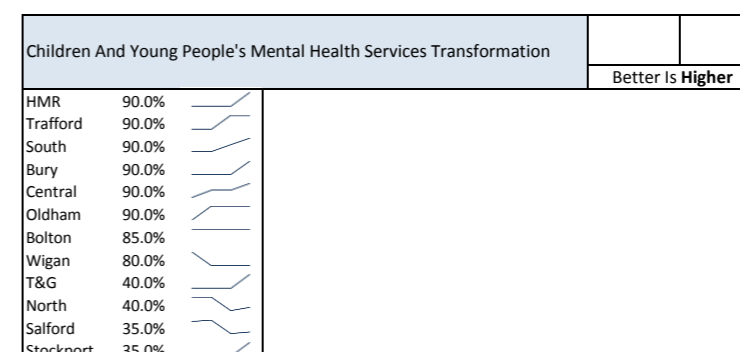
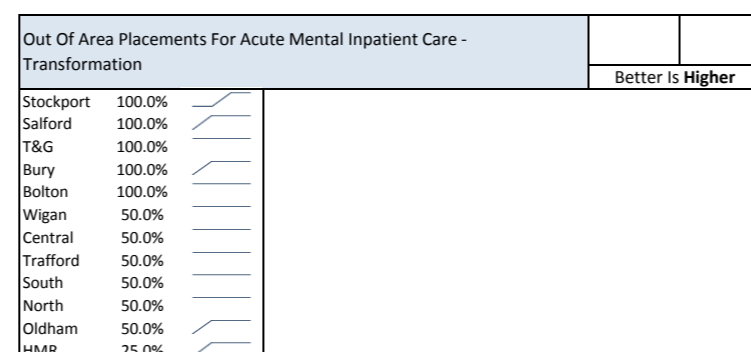
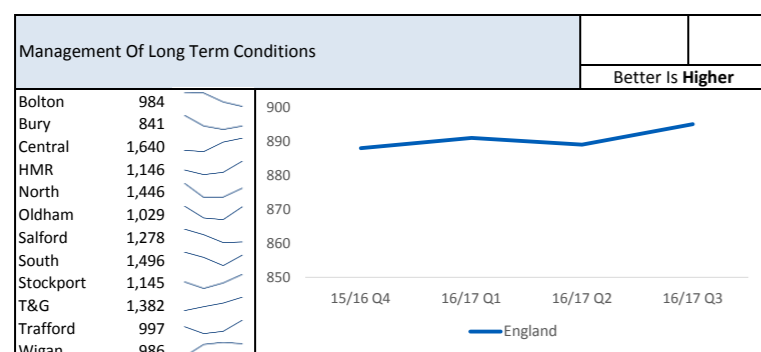
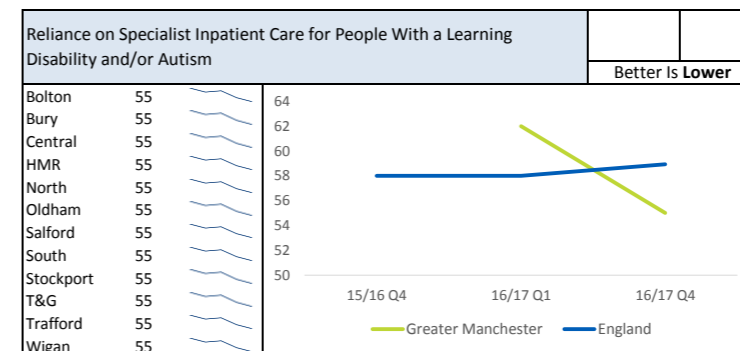
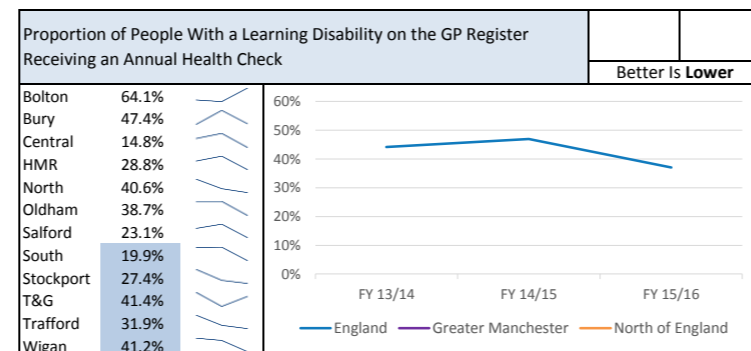
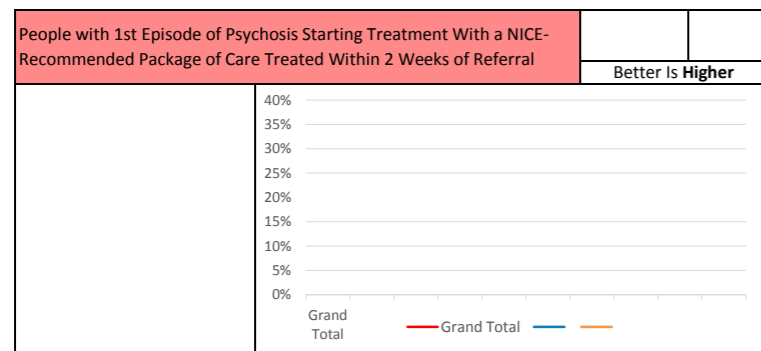
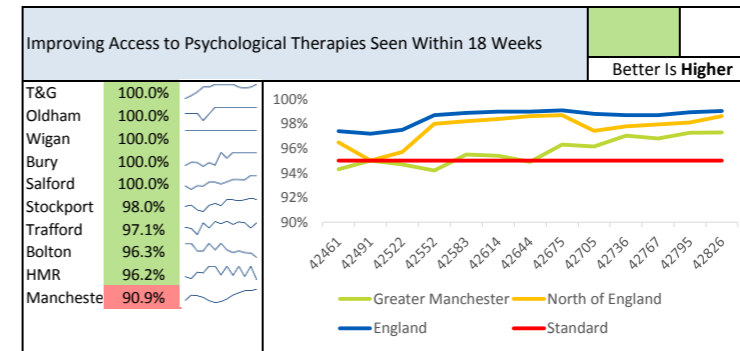
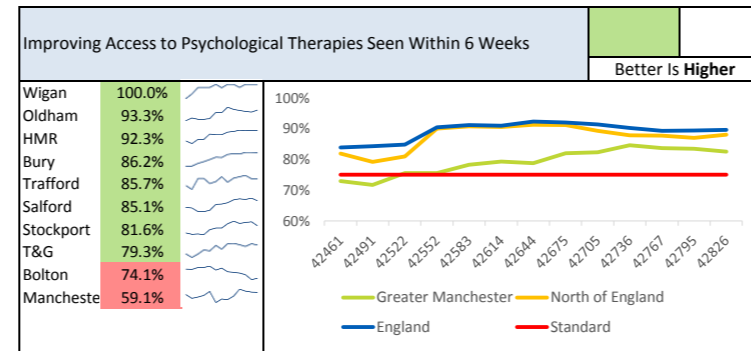
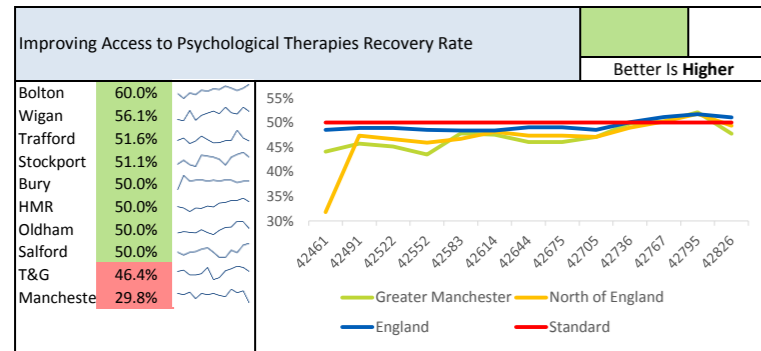
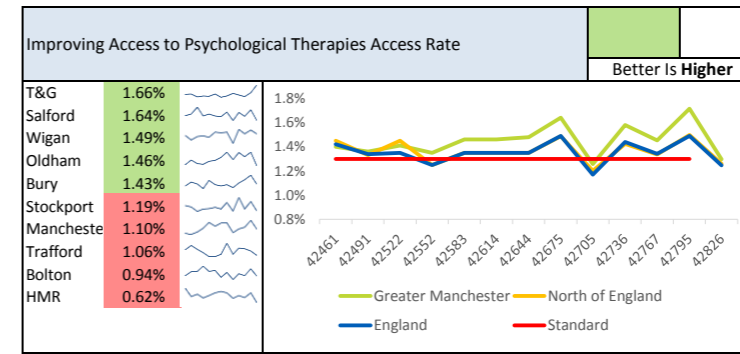
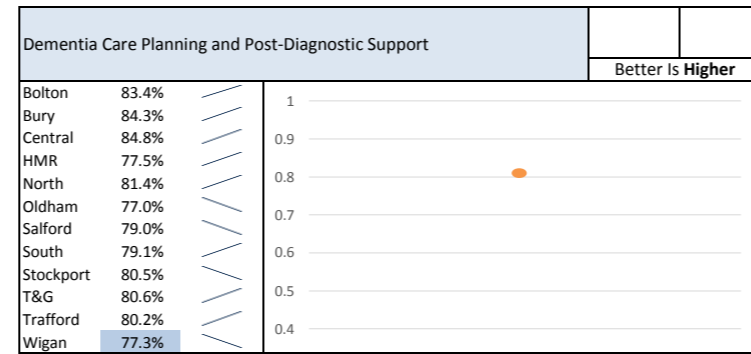
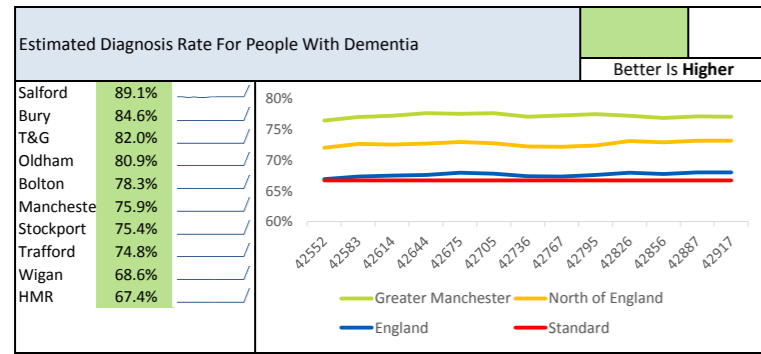
Decreased Variation In Quality Of Care Health Outcomes Across GM Localities



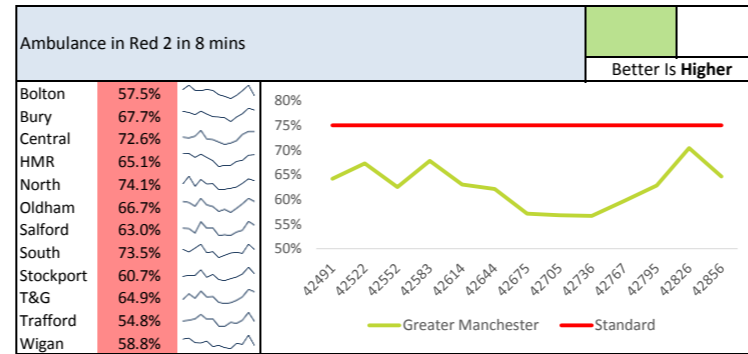
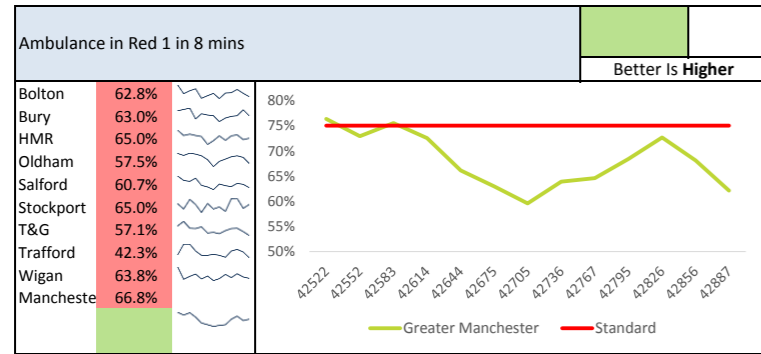
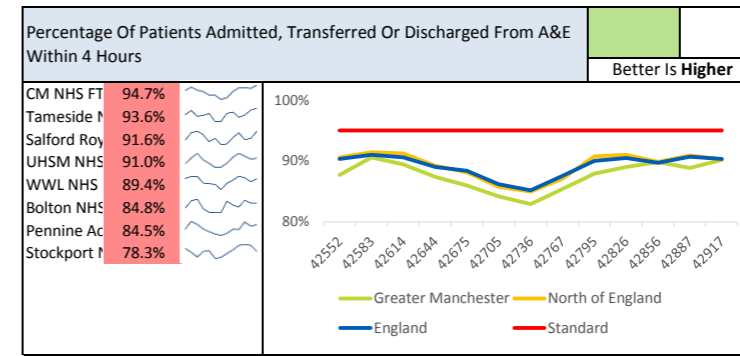
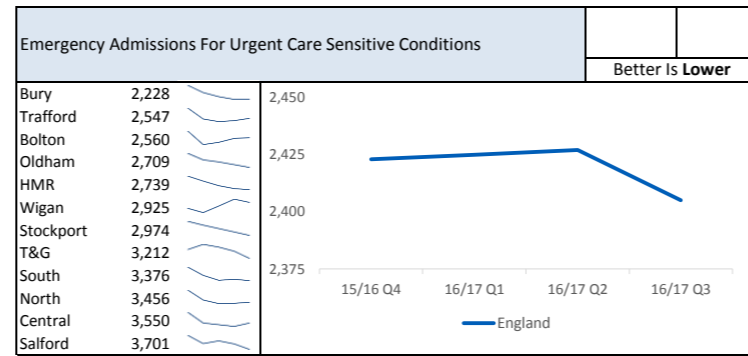
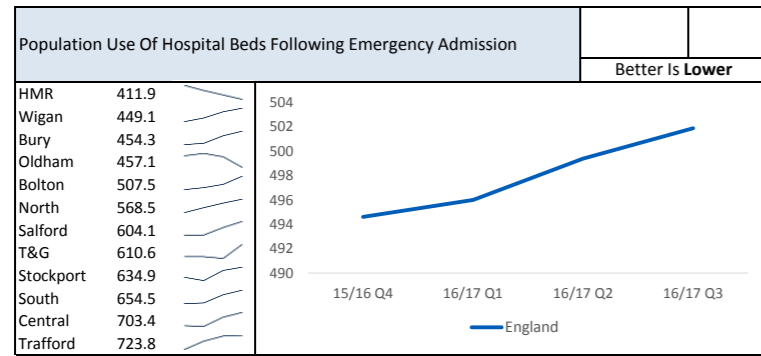
Improved Patient/Carer Experience Of Care And Increased Patient Empowerment



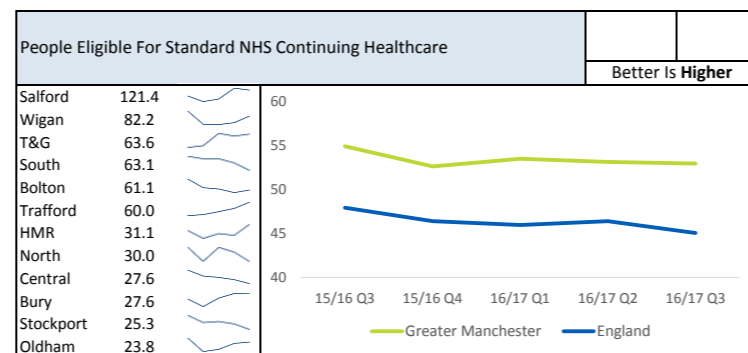
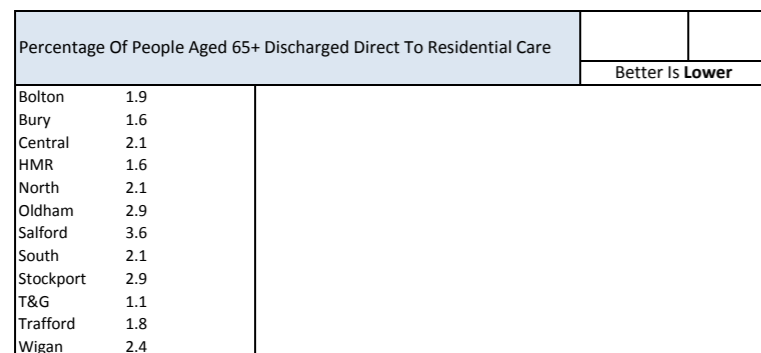
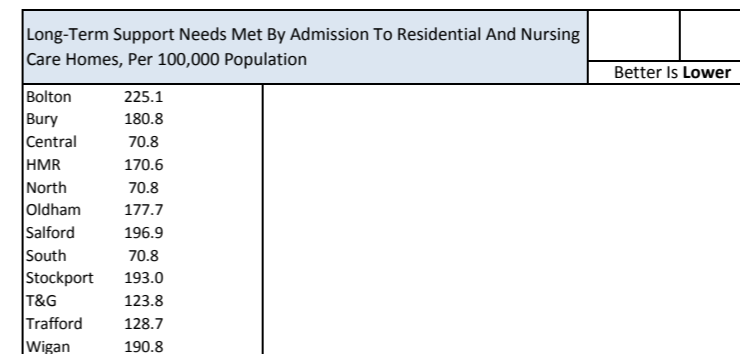
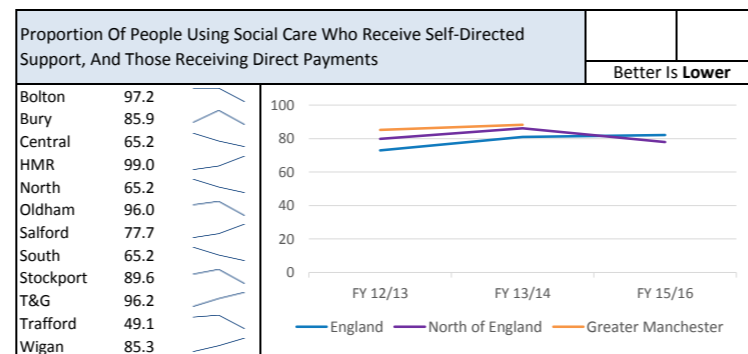
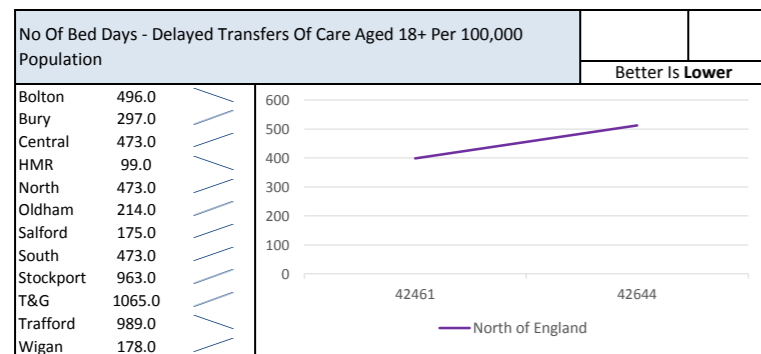
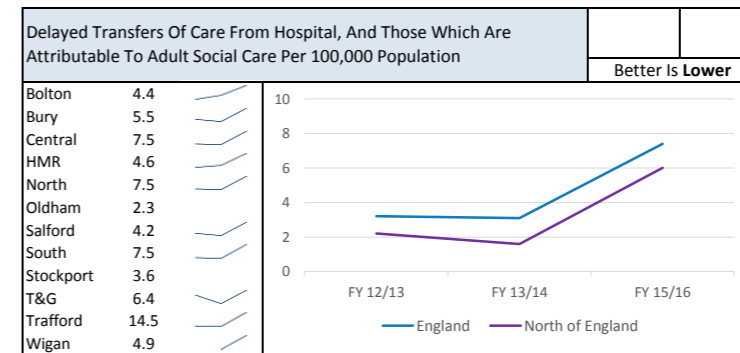
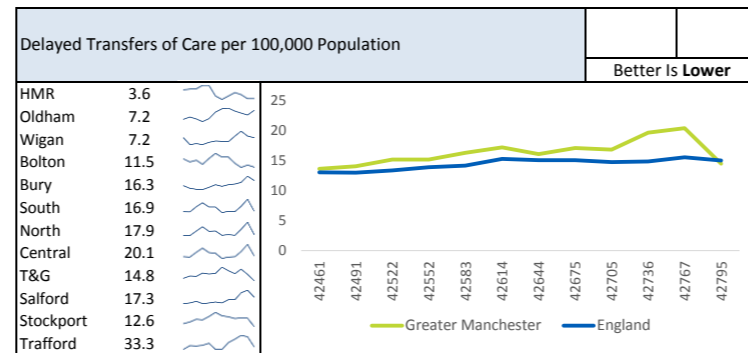
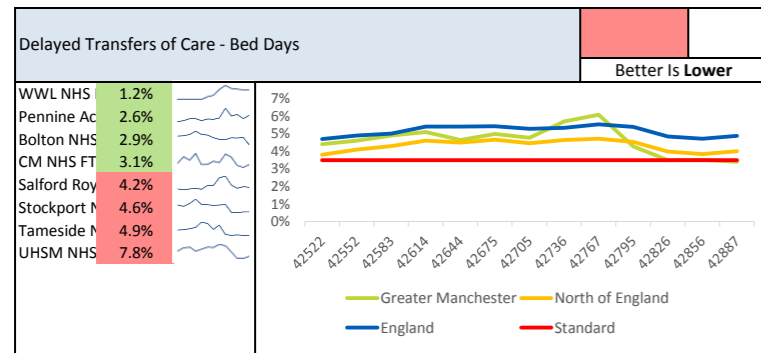
Improved Outcomes For People With Learning Disabilities/Mental Health Needs



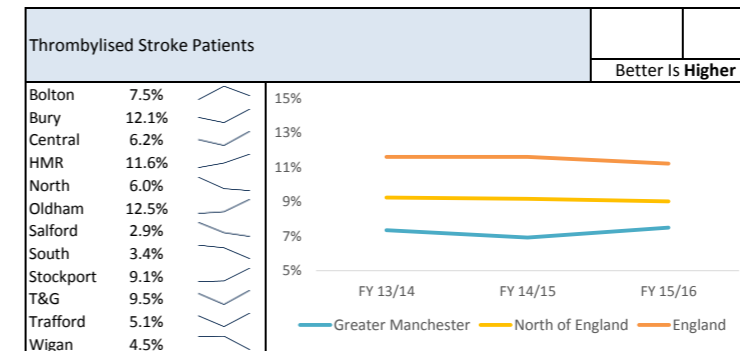
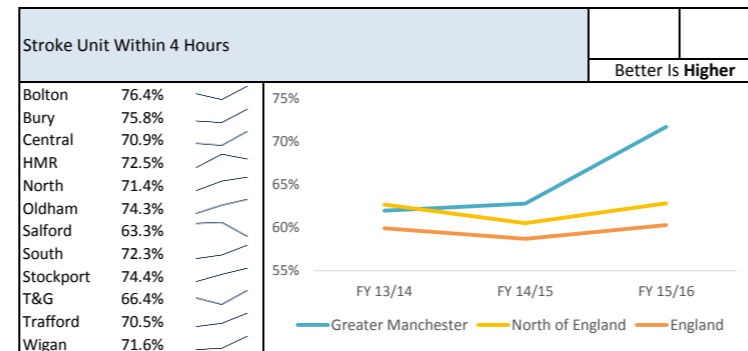
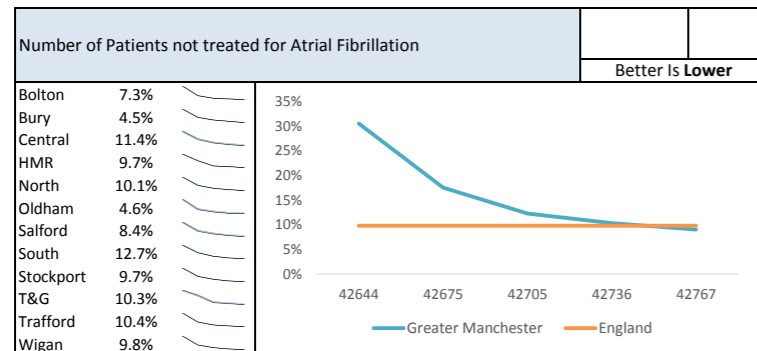
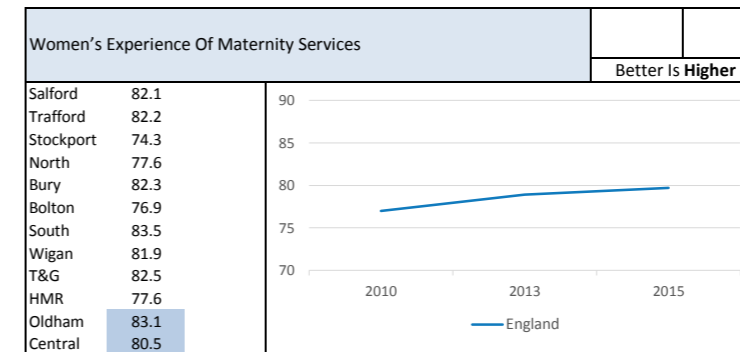
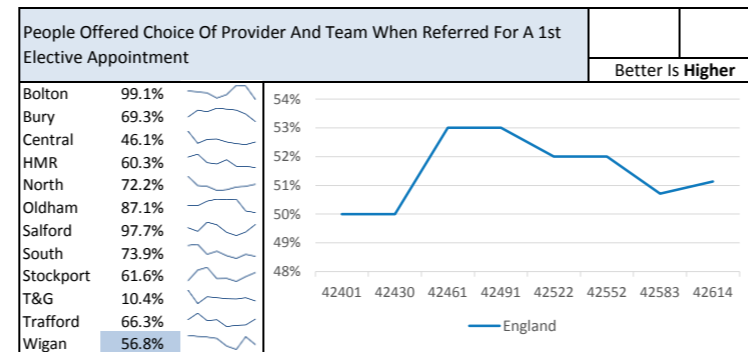
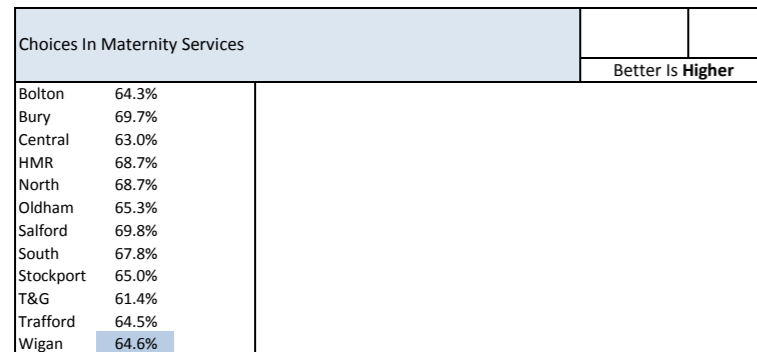
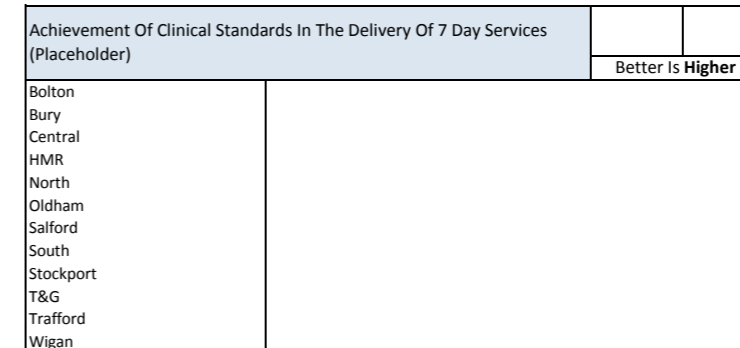
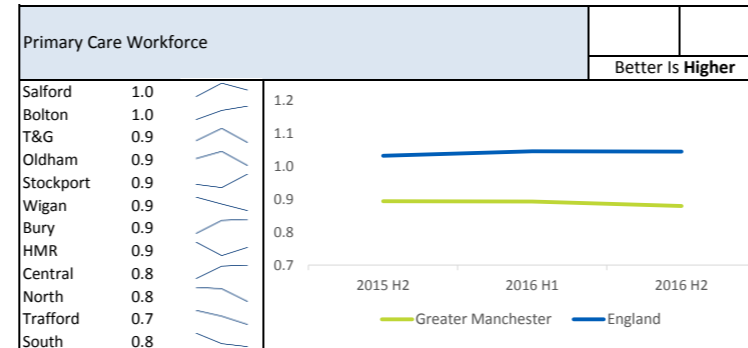
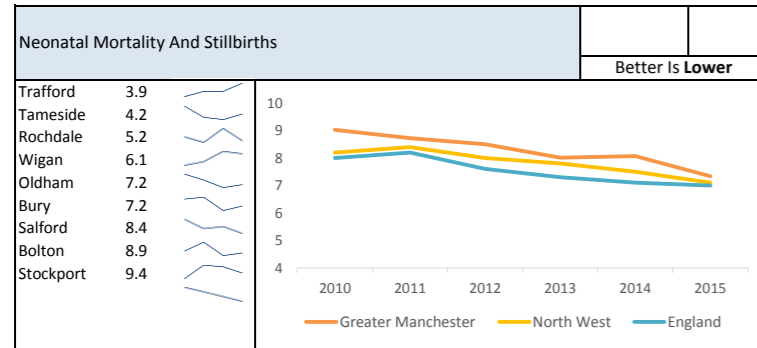
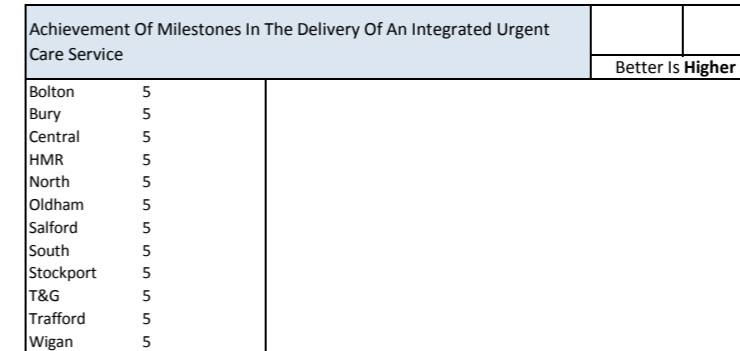
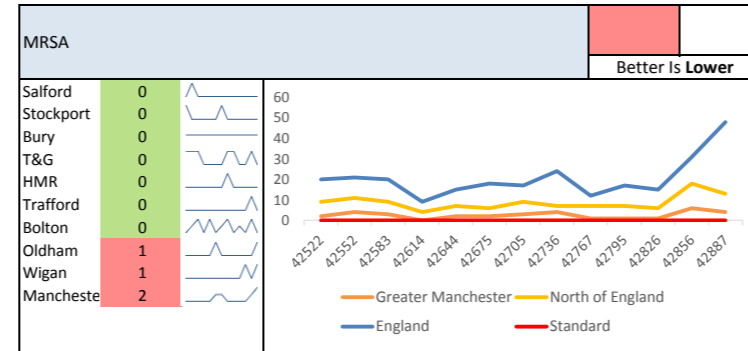
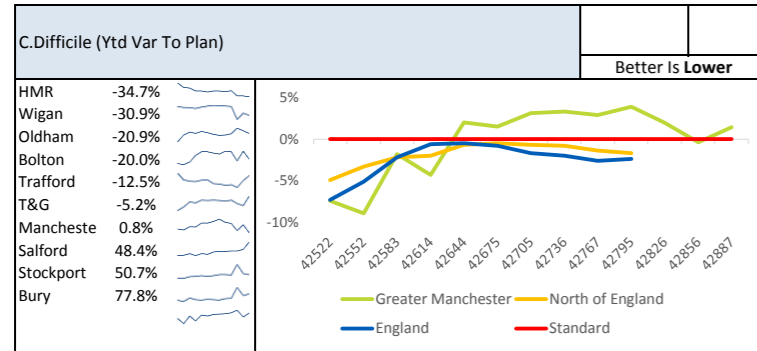
Decreased Need For Hospital Services With More Community Support



Improved Transition Of Care Across Health And Social Care

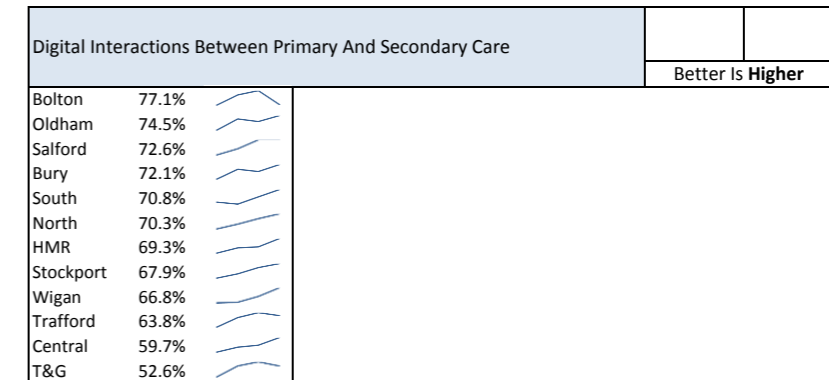
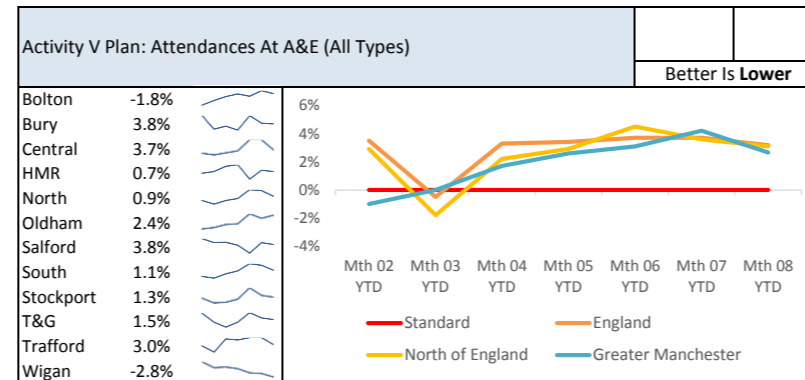
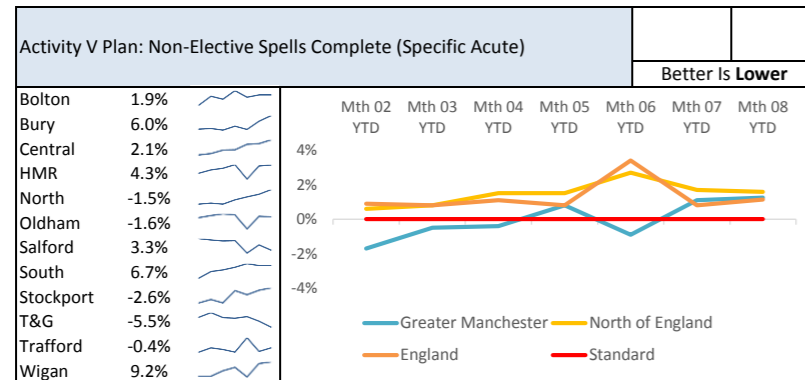
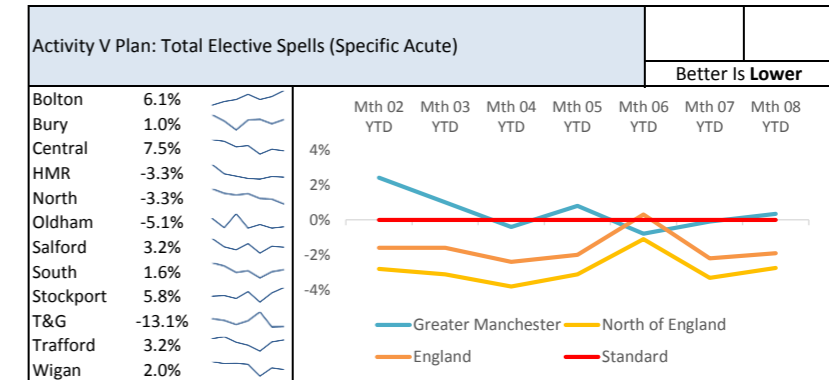
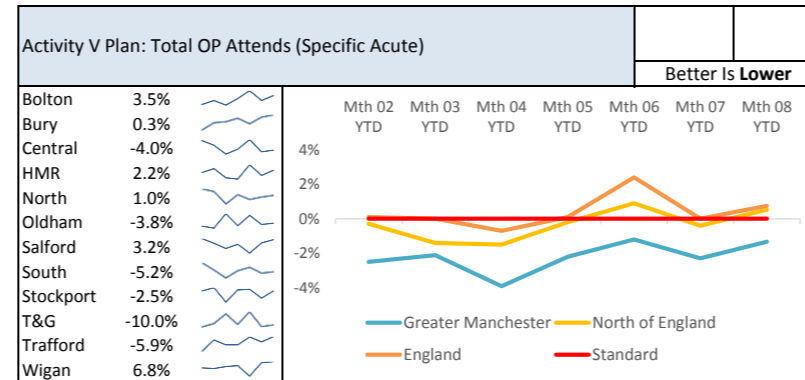
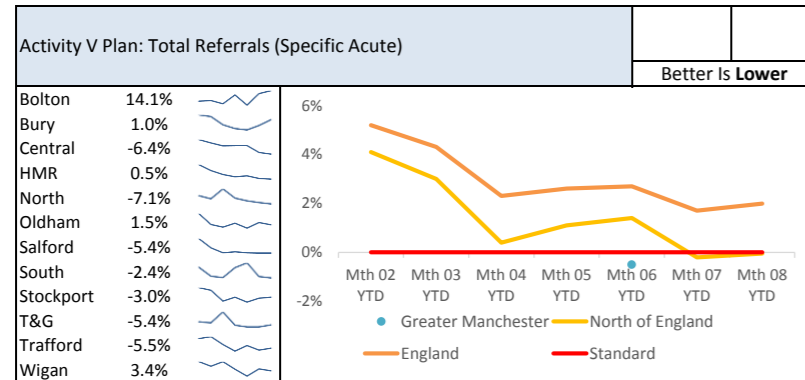


Placeholder TBC





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 Q3	In-Year Financial Performance 16/17 Q4	-
Bolton	#REF!	Green	Green
Bury	#REF!	Green	Green
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!	Green	Green
T&G	#REF!	Green	Green
Trafford	#REF!	Red	Amber
Wigan	#REF!	Green	Green

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

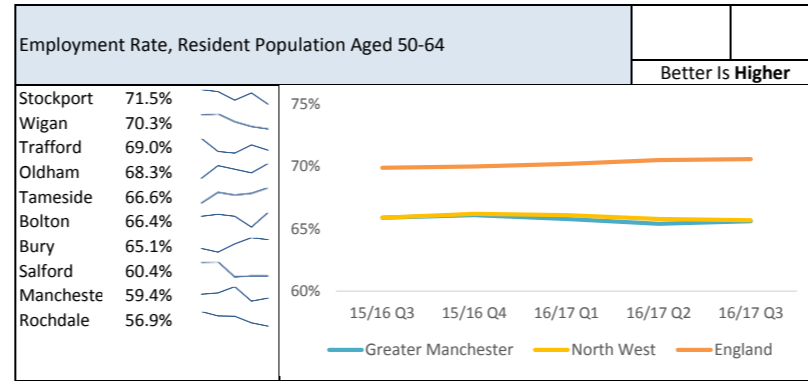
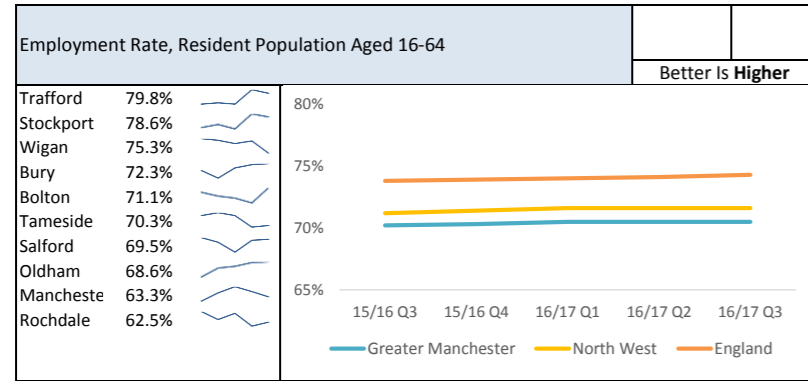
Bolton	
Bury	
Central	
HMR	
North	
Oldham	
Salford	
South	
Stockport	
T&G	
Trafford	
Wigan	

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	3.9		
T&G	3.9		
Bolton	3.9		
Central	3.8		
Stockport	3.8		
Trafford	3.8		
South	3.8		
Salford	3.8		
Bury	3.7		
North	3.7		
HMR	3.7		
Oldham	3.7		

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

Effectiveness Of Working Relationships In The Local System			
		Better Is Higher	
Bolton	71.9		
Bury	62.5		
Central	64.5		
HMR	68.0		
North	63.1		
Oldham	67.8		
Salford	70.0		
South	62.6		
Stockport	70.2		
T&G	66.9		
Trafford	66.3		
Wigan	70.3		

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

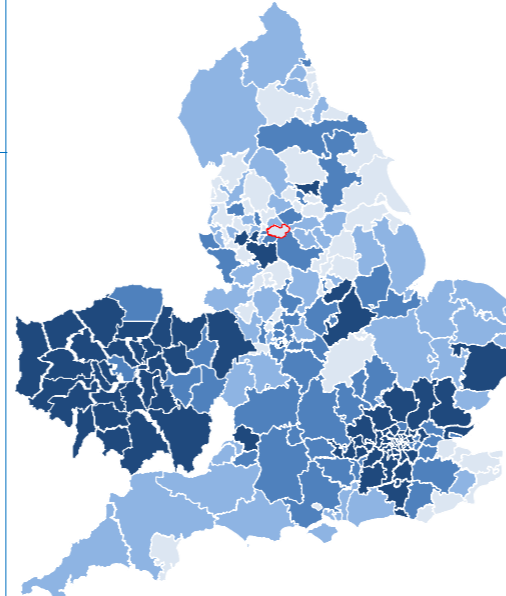
The 10 closest CCGs to NHS Tameside and Glossop CCG

- 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%)

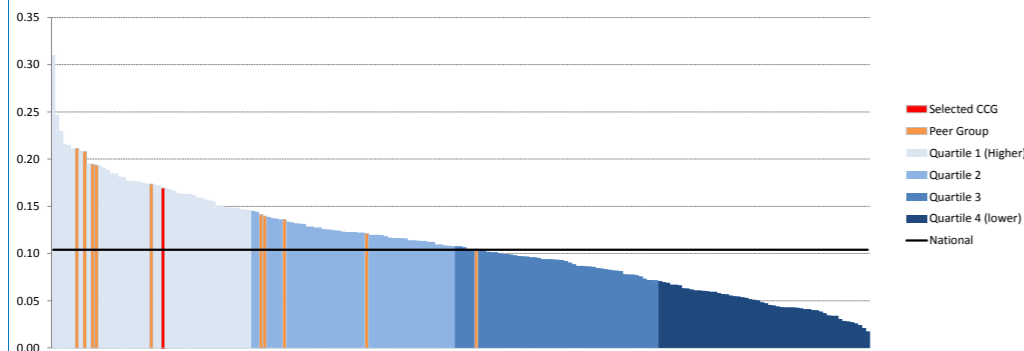
What you need to know...

- 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.

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			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	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 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			<	