

Health and Care Improvement Dashboard

August 2018

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
1	Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Jun-18	89.2%	95.0%	93.3%	▼	
2	* Delayed Transfers of Care - Bed Days	3.5%	Mar-18	3.2%	3.2%	2.9%	▼	
3	* Referral To Treatment - 18 Weeks	92%	Jun-18	91.7%	91.8%	91.5%	▼	
4	* Diagnostics Tests Waiting Times	1%	Jun-18	1.0%	0.4%	0.6%	▲	
5	Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Jun-18	96.2%	97.2%	96.3%	▼	
6	Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Jun-18	92.5%	96.5%	96.8%	▲	
7	Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Jun-18	98.1%	98.3%	98.0%	▼	
8	Cancer - 31-Day Wait For Subsequent Surgery	94%	Jun-18	92.3%	100.0%	100.0%	◀▲	
9	Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Jun-18	100.0%	100.0%	95.0%	▼	
10	Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Jun-18	100.0%	100.0%	100.0%	◀▲	
11	Cancer - 62-Day Wait From Referral To Treatment	85%	Jun-18	85.5%	83.9%	82.1%	▼	
12	Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Jun-18	80.0%	85.7%	87.5%	▼	
13	Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Jun-18	69.4%	81.8%	88.0%	▲	
14	MRSA	0	Jun-18	0	1	2	▼	
15	C.Difficile (Ytd Var To Plan)	0%	May-18	-8.2%	-37.5%	-50.0%	▼	
16	Estimated Diagnosis Rate For People With Dementia	66.7%	May-18	81.0%	80.5%	80.4%	▼	
17	Improving Access to Psychological Therapies Access Rate	1.25%	Apr-18	4.0%	3.7%	3.5%	▼	
18	Improving Access to Psychological Therapies Recovery Rate	50%	Apr-18	48.2%	49.2%	48.7%	▼	
19	Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Apr-18	87.8%	89.1%	88.3%	▼	
20	Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Apr-18	98.3%	98.4%	99.2%	▲	
21	Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	May-18	63.6%	66.7%	72.7%	▲	
22	Mixed Sex Accommodation	0	May-18	0.12	0.28	0.13	▲	
23	Cancelled Operations		17/18 Q4	1.0%	1.1%	1.3%	▲	
24	Ambulance: Red 1 Calls Responded to in 8 Minutes	75%	Jul-17	62.0%	57.1%	63.3%	▲	
25	Ambulance: Red 2 Calls Responded to in 8 Minutes	75%	Jul-17	64.9%	60.6%	62.9%	▲	
26	Ambulance: Category A Calls Responded to in 19 Minutes	95%	Jul-17	91.6%	88.2%	89.7%	▲	
27	Cancer Patient Experience		2016	9.10	8.70	8.77	▲	
28	Cancer Diagnosed At An Early Stage		16/17 Q3	43.7%	54.2%	54.6%	▲	
29	General Practice Extended Access		Mar-18		82.1%	92.3%	▲	
30	Patient Satisfaction With GP Practice Opening Times		Mar-17		74.4%	76.0%	▲	

* data for this indicator is provisional and subject to change

31	111 Dispositions- - % Recommended to speak to primary and community care (Ranking out of 40, 38 from March onwards)		Jun-18	11% (31st)	12% (31st)	11% (22nd)	▲	
32	111 Dispositions- - % Recommended to dental (Ranking out of 40, 38 from March onwards)		Jun-18	2% (38th)	2% (37th)	2% (37th)	◀▲	

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
33	111 Dispositions- - % Recommended home care (Ranking out of 40, 38 from March onwards)		Jun-18	3% (34th)	3% (35th)	3% (35th)	◀▶	
34	Maternal Smoking at delivery		18/19 Q1	16.7%	17.1%	14.4%	▼	
35	%10-11 classified overweight or obese		2014/15 to 2016/17	33.6%	33.6%	33.8%	▲	
36	Personal health budgets		17/18 Q4	6.50	10.10	11.40	▲	
37	Percentage of deaths with three or more emergency admissions in last three months of life		2017	7.80	6.40	6.80	▲	
38	LTC feeling supported		2016 03	62.90	62.40	61.40	▼	
39	Quality of life of carers		2016 03	0.80	0.77	0.78	▲	
40	Emergency admissions for urgent care sensitive conditions (UCS)		17/18 Q3	3037	2597	2951	▲	
41	Patient experience of GP services		2017	82.5%	83.2%	83.5%	▲	
	Adult Social Care Indicators							
42	Part 2a - % of service users who are in receipt of direct payments	28.1%	18/19 Q1	13.48%	13.19%	12.84%	▼	
43	Total number of Learning Disability service users in paid employment	5.7%	18/19 Q1	4.39%	4.17%	4.05%	▼	
44	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	18/19 Q1	11.86 (16 Admissions)	16.33 (22 Admissions)	2.22 (3 Admissions)	▼	
45	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	18/19 Q1	54.42 (177 Admissions)	656.41 (256 Admissions)	152.25 (60 Admissions)	▼	
46	Total number of permanent admissions to residential and nursing care homes aged 18+		18/19 Q1	193	278	63	▼	
47	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	18/19 Q1	81.8%	77.4%	77.4%	▼	
48	% Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-18	55%	55%	59%	▲	
49	% supported accomodation CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-18	80%	80%	80%	◀▶	
50	% Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-18	53%	60%	67%	▲	

▼	Performance deteriorating and failing standard
▲	Performance improving and failing standard
▲	Performance improving and achieving standard
▼	Performance deteriorating and achieving standard
▼	Performance deteriorating no standard
▲	Performance improving no standard
◀▶	No change in Performance and achieving standard
◀▶	No change in Performance and failing standard
◀▶	No change in Performance and no standard

Exception Report

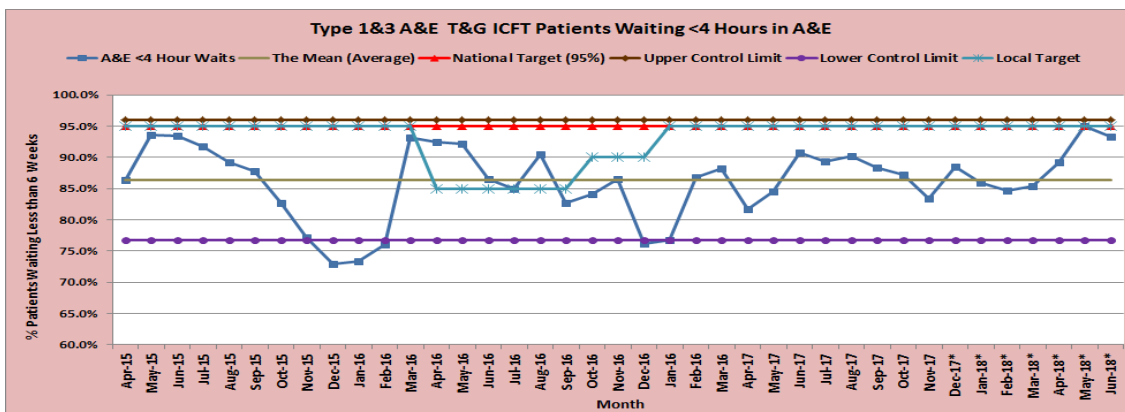
Health and Care Improvement- August

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery board



June Performance: 93.25%

17/18 ytd:
85.63%18/19 ytd:
92.54%

Key Risks and Issues:

The A&E Type1 and type 3 performance for June was 93.25% 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.
- Lack of physical capacity in the ED to see patients safely during periods of surge.
- Increase attendance of high acuity patients requiring admission, longer lengths of hospital stay which reduces flow
- Patient flow from the Acute medical units to other wards across the site.

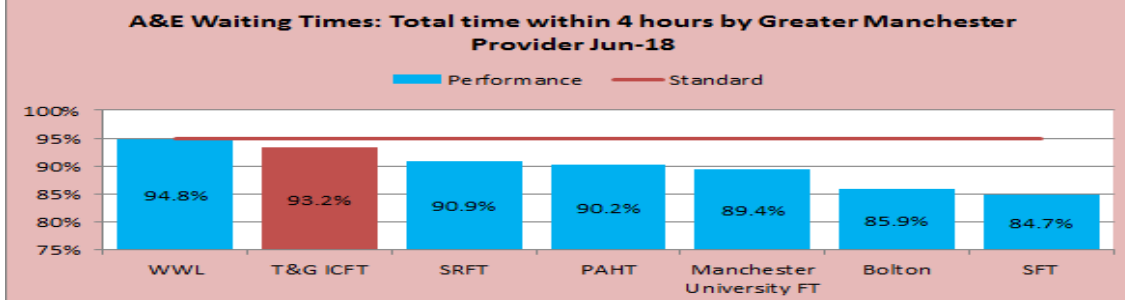
Actions:

- ED streaming to PCC in practice 10am to 8pm in ED. Refining data gathering processes. This is being further enhanced by the introduction of the E-card.
- ED lead consultant on a shift to focus on performance and supervision of medical staff. Second consultant to focus on complex cases;
- Continuation of ED Live Dashboard
- Recruitment of 11 specialty doctors for ED
- Push Pull model operational between ED and AEC which has seen an increased in AEC attendances
- Roll out of E-card across all departments within ED
- GP call handling by Digital Health to support GP direct referrals
- Trajectory of improvement on NWAS handovers to be reviewed and assessed by the monthly directorate meeting.

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).



Unvalidated-Next month FORECAST

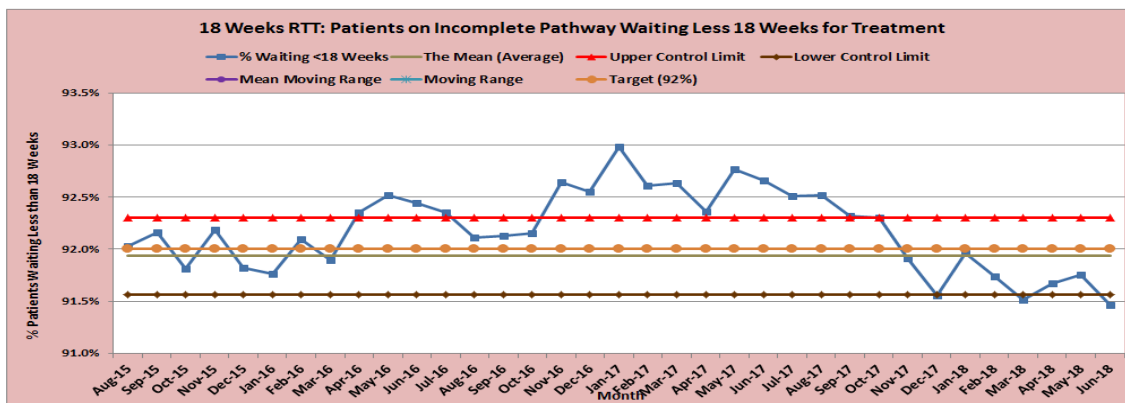
* Please note that Tameside Trust local trajectory for 18/19 is Q1, Q2 and Q3 90%, and Q4 95%.
* Type 1 & 3 attendances included from July 2017.

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

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts

**Key Risks and Issues:**

The RTT 18 weeks performance for June was 91.5% which is below the National Standard of 92%.

Failing specialties are, Trauma & Orthopaedics (84.58%), Plastic Surgery (74.29%), Cardio thoracic (86.79%), Rheumatology (84.86%), Gynaecology (91.14%).

The performance at MFT at 88.50% is the key reason for the failure in June with 370 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 229 breaches.

T&O continues to be a challenge across most providers.

In MFT our concerns are around plastics, cardio thoracic, gynaecology and cardiology in addition a recent review of long waiters and their PAS highlighted 52 week waiters in general surgery, urology, T&O and ENT.

As lead Commissioner.

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

Actions:

MFT have advised the following.

- written to each patient identified and apologised immediately
- Undertaken a clinical review of the patients – so far not identified any significant patient harm as a result of the delay
- Made plans to treat all the patients by the end of September.
- A Task Force has been set up to oversee immediate treatment of patients and to review IT and operational processes – a detailed action plan is in place. Will be a single point of contact to CCGs and the GM Partnership in relation to this issue.
- will introduce a more modern version of waiting list system although this will take up to two years to complete
- informed regulators, GM and the Board of plan.
- weekly briefing note will be provided to commissioners

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).

Unvalidated-Next month FORECAST

Monthly Referral to Treatment (RTT) waiting times for incomplete pathways.

CCG	Jun-18			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	20436	19223	94.06%	92%
NHS Salford CCG	23266	21466	92.26%	92%
NHS Tameside and Glossop CCG	18031	16492	91.46%	92%
NHS Bolton CCG	23272	21161	90.93%	92%
NHS Trafford CCG	15910	14426	90.67%	92%
NHSE North of England	209418	189180	90.34%	92%
NHS Bury CCG	14197	12728	89.65%	92%
NHS Oldham CCG	14611	13029	89.17%	92%
NHS Manchester CCG	35795	31854	88.99%	92%
NHS Stockport CCG	26938	23857	88.56%	92%
NHS Heywood, Middleton & Rochdale CCG	16962	14944	88.10%	92%

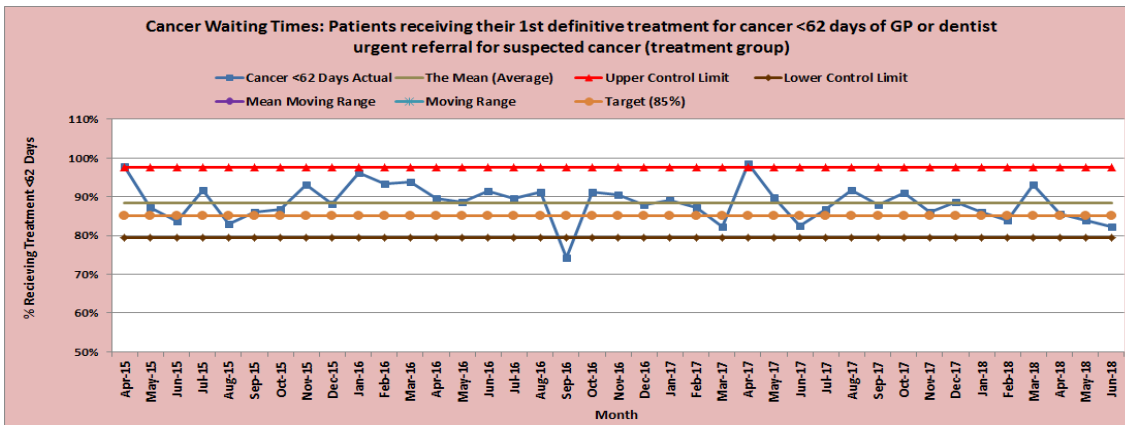
* Benchmarking data relates to June 2018

Cancer-62 Day wait From Referral To Treatment

Lead Officer: Alison Lewin

Lead Director: Jess Williams

Governance: Cancer Board



Cancer Waiting Times: Patients Receiving 1st Definitive Treatment <62 Days of Urgent Referral from Consultant for Suspected Cancer by GP

CCG	Jun-18			
	<62 Days	Total	Performance	Standard
NHS Bolton CCG	60	65	92.3%	85%
NHS Salford CCG	39	44	88.6%	85%
NHS Stockport CCG	68	79	86.1%	85%
NHS Wigan Borough CCG	49	58	84.5%	85%
NHS Tameside and Glossop CCG	46	56	82.1%	85%
NHS Heywood, Middleton & Rochdale CCG	43	54	79.6%	85%
England	11143	14062	79.2%	85%
NHS Trafford CCG	51	65	78.5%	85%
NHS Manchester CCG	71	91	78.0%	85%
NHS Bury CCG	37	49	75.5%	85%
NHS Oldham CCG	40	58	69.0%	85%

Data source; <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-comm-cwt/201617-monthly-co>

Key Risks and Issues:

In June the performance for 62 cancer was 82.1% which is below the standard of 85%. This is a deterioration in performance from the previous month where performance was 83.9% which also failed the standard. The Reallocated position for NHS T&G CCG for quarter 1 is 85.9% (achieving the standard in April at 88.1% and May 87.7% but failed in June at 81.6%).

This is an issue across Greater Manchester, with Greater Manchester failing Quarter 1 (81.75%) at provider level (as system) for the first time in six years. The Full Monty National media campaign in March 2018, resulted in a big growth in activity, with a big impact on 2ww referrals for breast and prostate suspected cancers.

Of the 9 breaches in June delays were either due to complex patients with complex co morbidities or delays in diagnostics (6 of these pts were Urology pts and one breast).

NHS T&G ICFT are anticipating a 2% drop in 62 day performance as a direct result of the new national policy for breach reallocation in quarter 3.

Actions:

NHS T&G ICFT Cancer Board, of which NHS T&G CCG are members continue to provide assurances around cancer waiting times and have escalated this to the Quality Directorate and Finance to escalate through contract discussions.

GM Pathway board particularly for colorectal are encouraging more focus on shared learning and best practice from breach analysis of RCAs, to establish a standard approach across Greater Manchester to identify any issues and shared learning across the pathway.

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). Greater Manchester (GM) cancer commissioners have highlighted potential concerns regarding aligning future devolution monies to other alliances, as currently Northern Care Alliance, GM partnership are not dependant on performance of the 62 day standard. All other cancer alliances award devolution payments based on 62 day achievement.

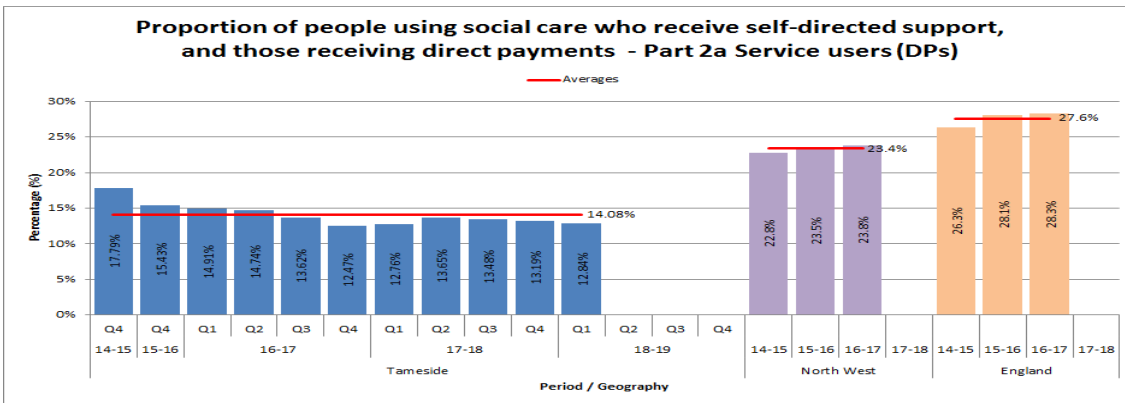
Unvalidated next month FORECAST

Exception Report

Health and Care Improvement- August

ASCOF 1C- Proportion of people using social care who receive self directed support, and those receiving Direct Payments

Lead Officer: Sandra Whitehead Lead Director: Steph Butterworth Governance: Adults Management team



Key Risks and Issues:

This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

Actions:

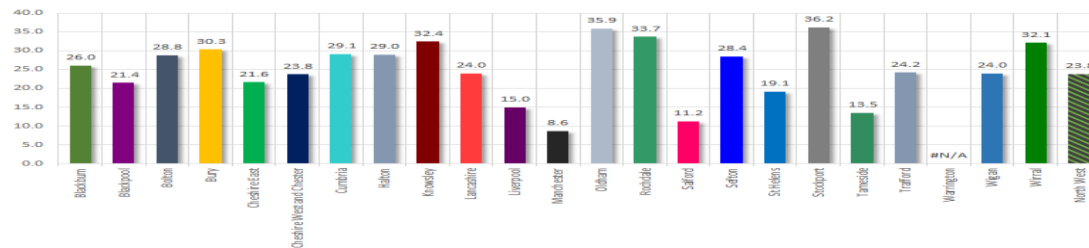
Additional Capacity to be provided within the Neighbourhood teams over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments. This post will be funded from the ASC transformation funding. The project post was not successfully recruited too therefore in order to increase capacity a different approach has been implemented. We use to have 2 Direct Payment workers this has now been increased to 4 Direct Payment Workers, one in each neighbourhood. A publicity campaign will now be developed to increase numbers over the coming months. Programme now in place to start to promote Direct Payments for people entering services.

Operational and Financial implications:

None

Unvalidated Next Quarter FORECAST

Sum of ASCOF 1C(2a) - Proportion of people using social care who receive direct payments (%) - SNAPSHOT (LTS001b)



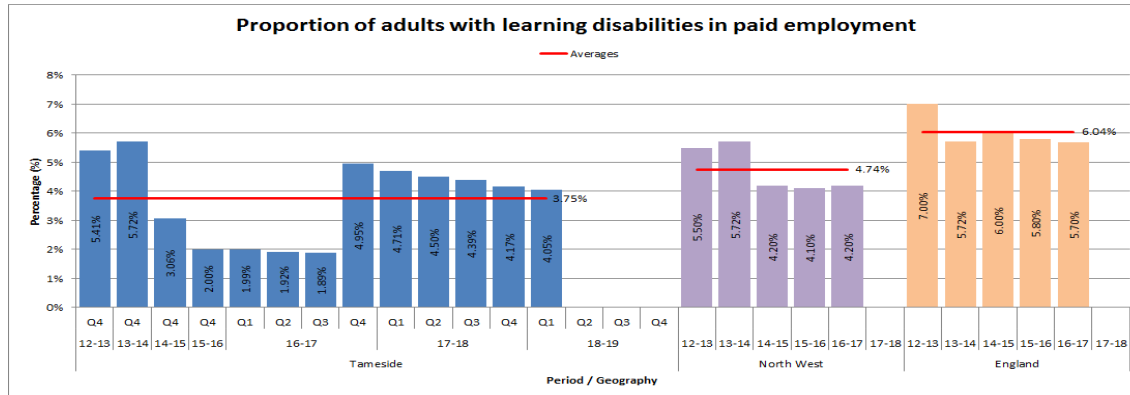
* Benchmarking data is as at Q3 17/18.

ASCOF 1E- Total number of Learning Disability service users in paid employment

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: : Adult Management meeting


Key Risks and Issues:

The measure is intended to improve the employment outcomes for adults with learning disabilities reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits. Tameside performance in 2016/2017 was 4.95%, this is an increase on 2015/2016 and brings us above the regional average of 4.2% for 2016/2017. Nationally the performance is 5.7% which is still above the Tameside 2016/17 outturn. 4th Quarter 2017/18 figure is 4.2%

Actions:

We have moved the remaining Employment Support staff into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base. Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.

The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds. We are projecting 9 new job starts (LD/Autism and Mental Health) in 2018/19 from the Routes to Work Service.

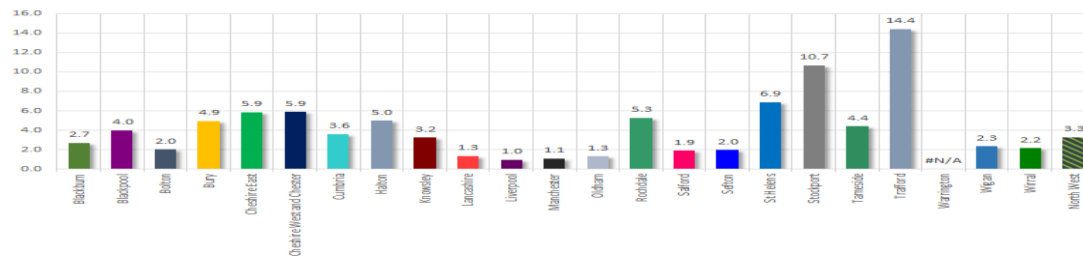
We have strengthened the skills mix (recruitment) in the team and reviewed our approach to insight and intelligence to improve our ability to deliver job outcomes. On current caseload 9 clients currently in education, volunteering or unemployment who have an employability score of '11 or more' at 12 months of service are being targeted for intensive support to start paid employment (of these 6 have Learning Disabilities or Autism). If we perform to projections this will give us a year end score of 5.15% based on current denominator for the ASCOF measure.

The Routes to Work Service is also collating more data from external providers including Active Tameside and People First to ensure the borough submits returns that capture comprehensive information.

Small grant awarded to People First to run an 'employment ready' programme with individuals to improve readiness for employment and create capacity in the Routes to Work team.

Operational and Financial implications:

None

Unvalidated next Quarter FORECAST
Sum of ASCOF 1E - Proportion of adults with a learning disability in paid employment - YTD (LTS001a)


* Benchmarking data is as at Q3 17/18