

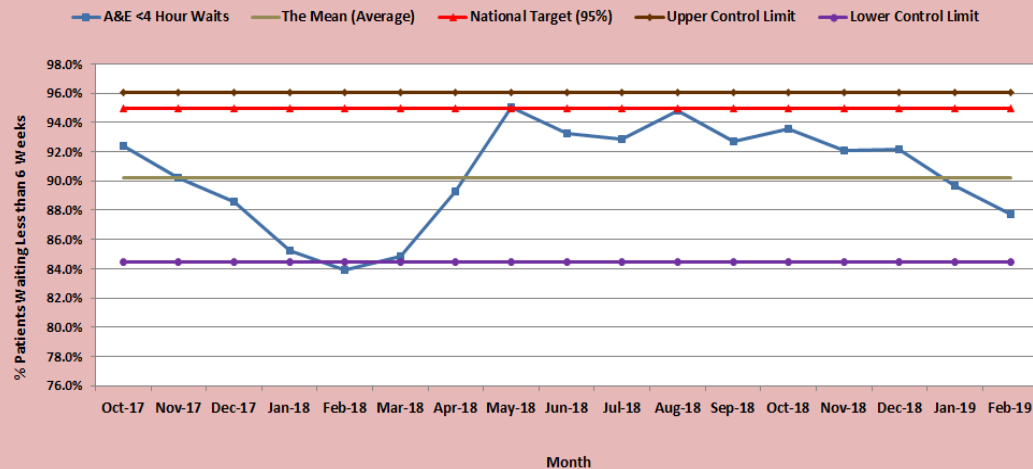
A&E Patients waiting <4 Hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery Board

**Type 1&3 A&E T&G ICFT Patients Waiting <4 Hours in A&E**



### Key Risks and Issues:

The A&E Type1 and type 3 performance for February was 87.7% which is below the National Standard of 95%.

- Late assessment due to lack of capacity in the department is the main reason for breaches.
- Performance in February 2019 was better than that of February 2018 by 3.3%.
- Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy.
- It should be noted that this performance meant that the Trust was ranked first in Greater Manchester and in the upper quartile for the national peer.

### Actions:

- Introduction of GP bay on IAU, allowing patients to be seen in a more timely
- Continued focus on stranded/ super- stranded patients;
- Daily performance meeting with the clinical teams to review the previous day and prepare for day/ week ahead;
- New ED Live Dashboard now in use, providing real-time/ predictive data about performance and flow in the Department;
- Deployment of Ambulatory-care Tracker to improve handover to Ambulatory Care;
- Preparation for colocation of the Walk-in-Centre;
- Pilot of NWAS HALO undertaking triage as part of handover process;
- Reinforcing 'Fit to Sit' message with triage practitioners and NWAS staff.

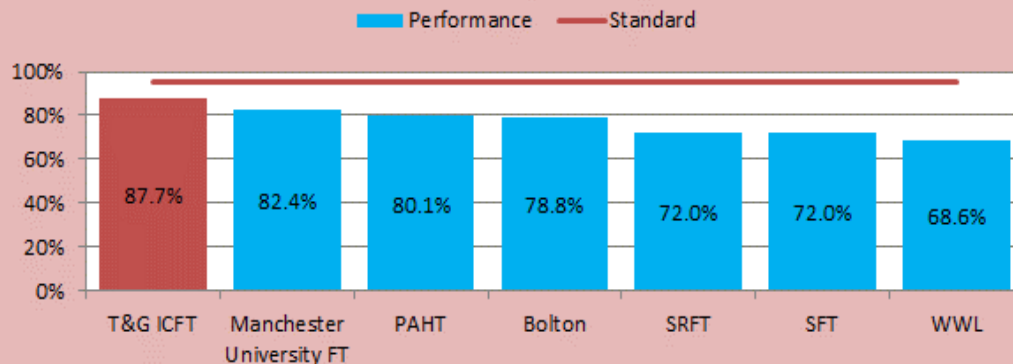
### Operational and Financial implications:

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

**A&E Waiting Times: Total time within 4 hours by Greater Manchester Provider - Feb-19**



\* 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.

# Health and Care Improvement– Exception

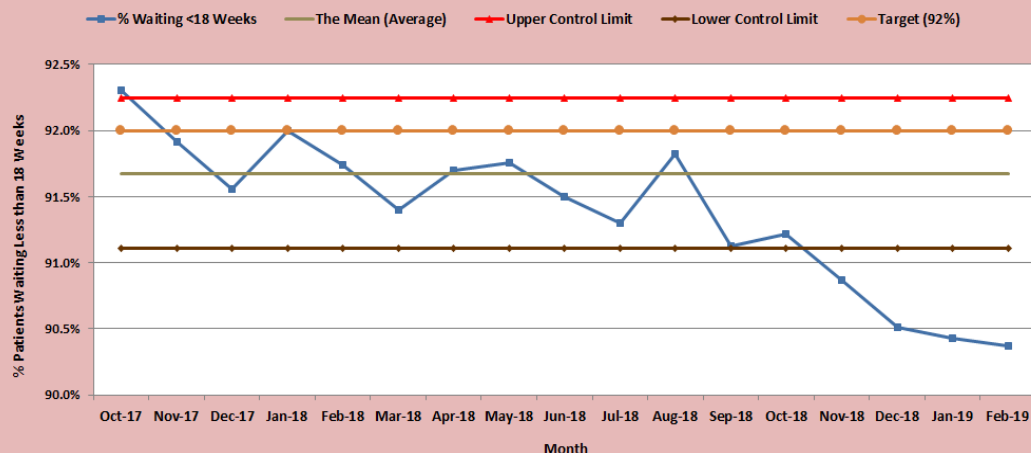
18 Weeks RTT: Patients on incomplete pathway waiting less than 18 weeks for treatment

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts

18 Weeks RTT: Patients on Incomplete Pathway Waiting Less 18 Weeks for Treatment



## Key Risks and Issues:

The RTT 18 weeks performance for February was 90.37% which is below the National Standard of 92% .

Failing specialties are, Urology (89.92%), Trauma & Orthopaedics (83.55%), Ophthalmology (86.20%), Plastic Surgery (74.10%), Cardio thoracic (76.36%), Cardiology (91.86%, Gynaecology (91.96%) and Rheumatology (89.8%).

The performance at MFT at 86.18% is the key reason for the failure in February with 499 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 344 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.

These have now been treated.

As lead Commissioner.

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

## Actions:

MFT have advised the following.

- RTT task force is meeting weekly
- Clinical review and root cause analysis is being undertaken for all breaches of the 52 week standard
- Review of referral variation by practice and consider any implications by referrer type and specialty
- Review the effectiveness of the Manchester gateway triage system
- The RTT waiting list at MFT is to be validated
- Manchester CCG has agreed to fund additional independent sector outpatient attendances and elective procedures in February and March 19 up to the financial value of £1.2m
- MFT to outsource where possible with existing contracts in place with a number of providers including BMI, Spire, HCA and MSS
- Support is to be provided from NHSI IST

## 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).

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

CCG	Feb-19			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	20,009	18,296	91.44%	92%
NHS Tameside and Glossop CCG	18,555	16,769	90.37%	92%
NHS Salford CCG	24,332	21,923	90.10%	92%
NHS Oldham CCG	14,399	12,715	88.30%	92%
NHS Manchester CCG	43,620	38,511	88.29%	92%
NHS Trafford CCG	17,896	15,981	89.30%	92%
NHS Bolton CCG	23,536	20,810	88.42%	92%
NHSE North of England	1,103,497	974,314	88.29%	92%
NHS Bury CCG	13,604	11,959	87.91%	92%
NHS Heywood, Middleton and Rochdale CCG	15,750	13,870	88.06%	92%
NHS Stockport CCG	27,341	23,355	85.42%	92%

\* Benchmarking data relates to February 2019

Unvalidated-Next month FORECAST