

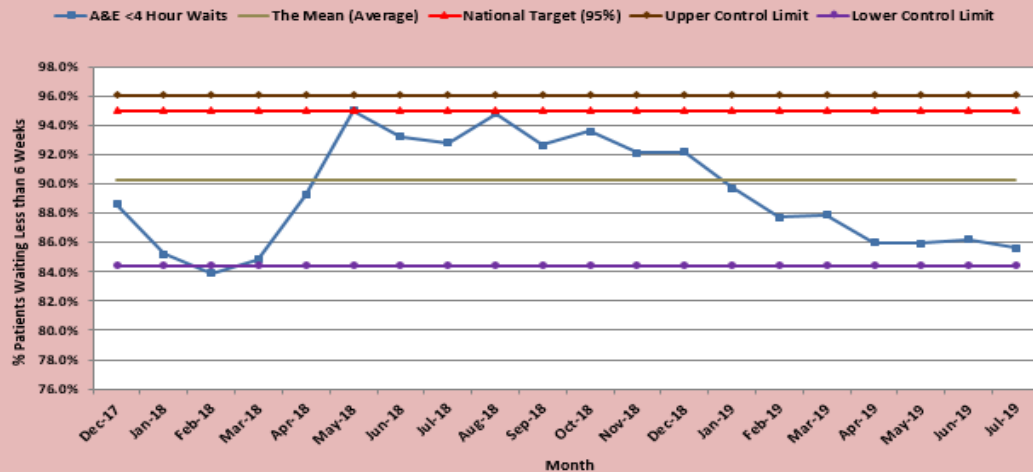
A&E Patients waiting <4 Hours

Lead Officer: Elaine Richardson

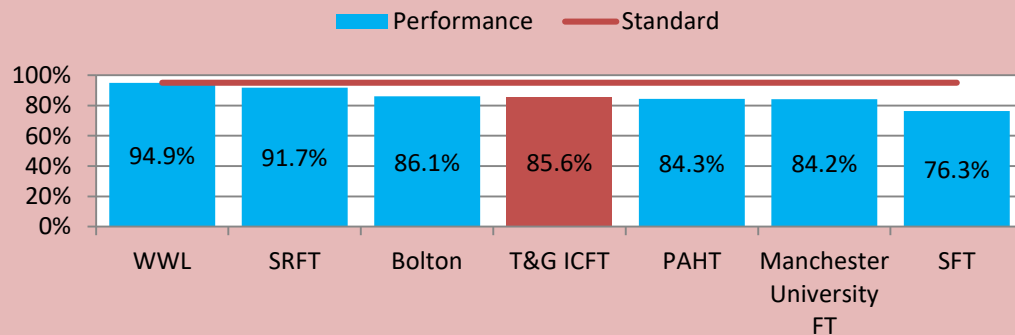
Lead Director: Jess Williams

Governance: A&E Delivery Board

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



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



Key Risks and Issues:

The A&E Type1 and type 3 performance for July was 85.6% which is below the National Standard of 95%.

- Late assessment due to lack of capacity in the department is the main reason for breaches.
- Ambulance handover delays increased this month with crews waiting in excess of 30 minutes and a further crews waiting in excess of one hour
- Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy.
- This performance meant that the Trust was ranked fourth in Greater Manchester.

Actions:

- 2 hourly board rounds with nurse and consultant team leader assessing capacity in the department based on current demand.
- Escalation plan highlighting triggers for immediate action
- Three times weekly review meeting with Consultants and nursing staff to review previous days performance whilst horizon scanning the week ahead
- New junior rota developed to match demands of the service
- Scrutiny of medical staffing rota's
- Continual recruitment of speciality doctors

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).

* Please note that Tameside Trust local trajectory for 19/20 is Q1, Q2 and Q3 90%, and Q4 95%.
 * Type 1 & 3 attendances included from July 2017. Benchmarking info relates to July 2019

Invalidated-Next month FORECAST

Health and Care Improvement– Exception

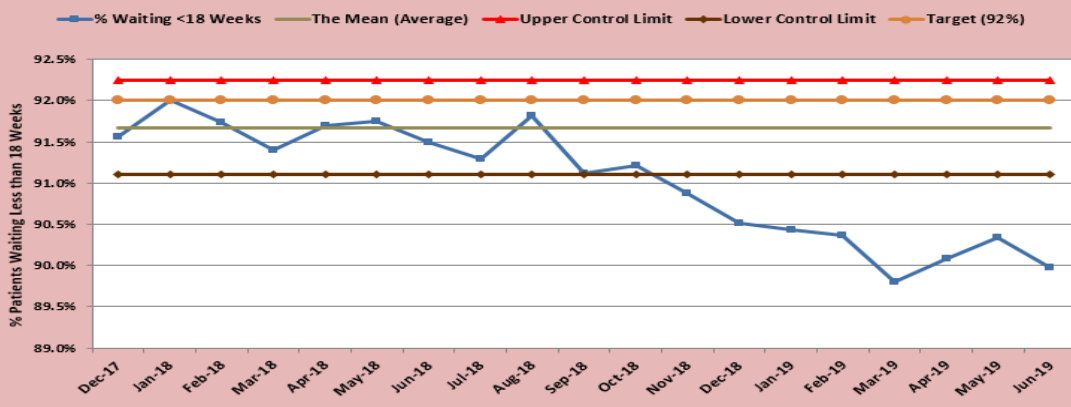
18 Weeks RTT: Patients on incomplete pathway waiting less than 18 weeks for treatment/ % Waiting List Change from March 2018

Lead Officer: Elaine Richardson

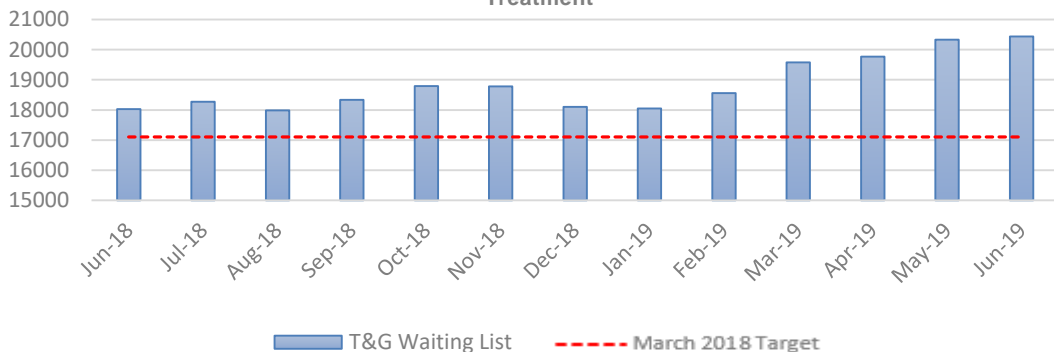
Lead Director: Jess Williams

Governance: Contracts

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



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



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

CCG	June-19			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	22,686	20,776	91.6%	92%
NHS Tameside and Glossop CCG	20,435	18,388	90.0%	92%
NHS Oldham CCG	16,668	14,784	88.7%	92%
NHS Bury CCG	15,118	13,394	88.2%	92%
NHS Salford CCG	27,202	23,991	88.2%	92%
NHS Heywood, Middleton and Rochdale CCG	16,223	14,260	87.9%	92%
GM	101,664	90,749	89.3%	92%
NHSE North of England	554,029	484,735	87.5%	92%
NHS Trafford CCG	19,445	16,867	86.7%	92%
NHS Stockport CCG	28,633	24,680	86.2%	92%
NHS Bolton CCG	24,537	21,143	86.2%	92%
NHS Manchester CCG	47,866	41,199	86.1%	92%

Key Risks and Issues:

The RTT 18 weeks performance for June was 90% which is below the National Standard of 92%.

T&G ICFT as a provider are achieving the standard for our patients. However, the performance at MFT at 82.1% is the key reason for the failure in June 2019 with 729 people breaching across 12 specialities. Stockport, Salford, Pennine Acute Trusts and BMI – The Alexandra also contributed to the failure accounting for a further 347 breaches.

Trauma & Orthopaedics continues to be a challenge across most providers. As of June 2019, Trauma & Orthopaedics had the highest number of people waiting over 18 weeks at 452 people.

Waiting List

T&G CCG waiting list at June 2019 is 11.9% above the expected baseline (March 2018 position for providers with the exception of MFT, which is March 2019 position). NHS England expects CCGs to have zero percent growth from the baseline by March 2020.

The ICFT & InHealth experienced capacity issues which has led to growth in the waiting list.

Greater Manchester Health & Social Care Partnership and MFT re-adjusted waiting list figures following the formation of MFT and a refresh of patient waiting list data.

Actions:

MFT have advised the following.

- RTT task force is meeting weekly
- Review of referral variation by practice and consider any implications by referrer type and specialty
- 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

Waiting List Actions

The ICFT and InHealth have additional capacity planned to reduce backlog. We will continue to monitor demand across all providers.

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).

Health and Care Improvement– Exception

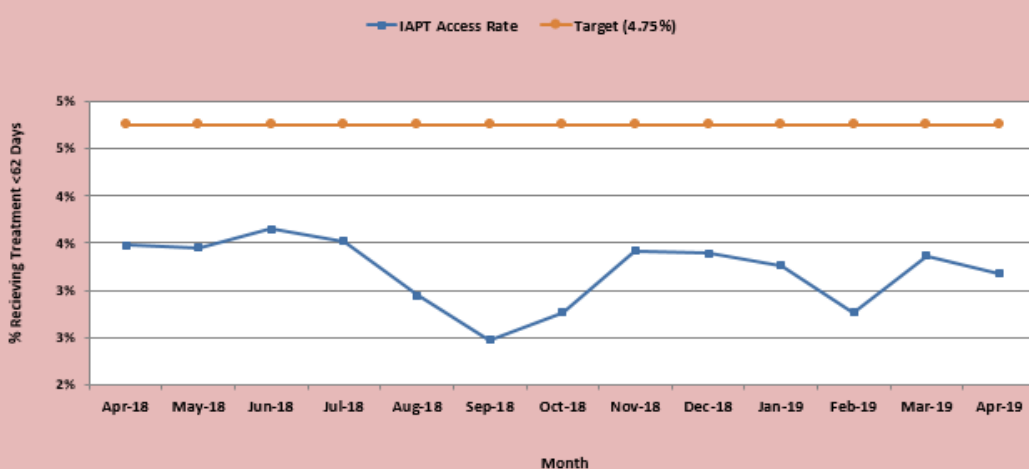
Improving Access to Psychological Therapies Access Rate

Lead Officer: Pat McKelvey

Lead Director: Jess Williams

Governance: Contracts

Improving Access to Psychological Therapies Access Rate



Key Risks and Issues:

The Improving Access to Psychological Therapies-Access Rate for April 2019 was 3.18% which is below the National Standard of 4.75% . This is a deterioration on the previous month where it was 3.37%.

Actions:

- Focus on reducing secondary waits and lower referral rates have impacted on prevalence
- New Step 1 IAPT service has taken longer to mobilise than planned
- Joint Action Plan is in place and prevalence is rising. Impact of action plan starting to be seen in increased prevalence for March (January: 404 February :336 March: 540). Anticipated to be meeting prevalence target by Q2 2019/20
- Business case under development to reach 22% prevalence
- CCG letter sent to Pennine Care executive director of operations to ask for escalation of actions to address performance and quality.
- IAPT Group setup to specifically look at performance and quality.

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.

Improving Access to Psychological Therapies Access Rate by GM CCG

CCG	Apr-19	
	Performance	Standard
NHS Salford CCG	7.11%	4.75%
NHS Bolton CCG	5.83%	4.75%
NHS Wigan Borough CCG	5.39%	4.75%
NHS Manchester CCG	5.35%	4.75%
NHS Oldham CCG	4.97%	4.75%
NHS Stockport CCG	4.85%	4.75%
NHS Trafford CCG	4.82%	4.75%
NHS Heywood, Middleton and Rochdale CCG	4.69%	4.75%
England	4.67%	4.75%
NHS Bury CCG	4.30%	4.75%
NHS Tameside and Glossop CCG	3.18%	4.75%

* Benchmarking relates to April 2019

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Health and Care Improvement– Exception

Improving Access to Psychological Therapies Recovery Rate

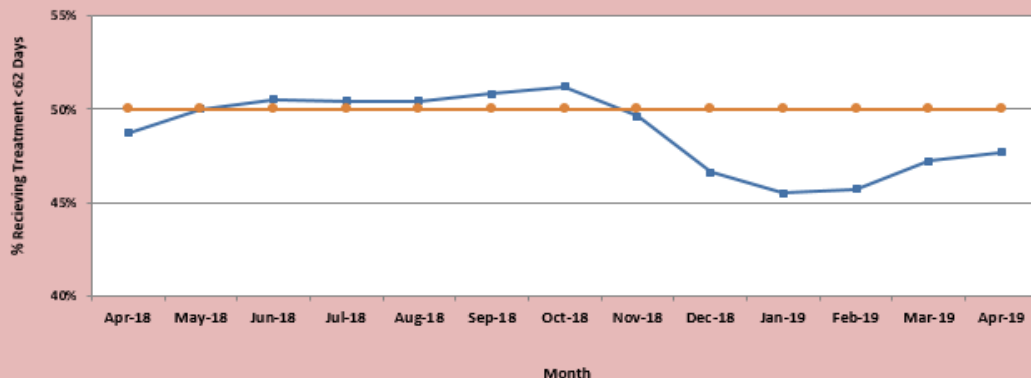
Lead Officer: Pat McKelvey

Lead Director: Jess Williams

Governance: Contracts

Improving Access to Psychological Therapies Recovery Rate

IAPT Recovery Rate Target (50%)



Key Risks and Issues:

The Improving Access to Psychological Therapies recovery rate for April was 47.7% which is below the National Standard of 50%. This is an improvement on the previous month where performance was 47.2%.

Actions:

- Recovery has been affected due to waiting list initiatives. Plan in place includes:
- Review of supervision and Therapeutic doses of intervention
- Case note audits and Increased use of ADSM (Anxiety Disorder Specific Measures) to improve recovery rates
- Recovery rates on an increasing rate (January 48.2%, February 48.7%, March 49.5%) Anticipated to achieve 50% rate in Q1 2019/20
- CCG letter sent to Pennine Care executive director of operations to ask for escalation of actions to address performance and quality.
- IAPT Group setup to specifically look at performance and quality.

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.

Improving Access to Psychological Therapies Recovery Rate by GM CCG

CCG	Apr-19	
	Performance	Standard
NHS Trafford CCG	57.60%	50%
NHS Stockport CCG	55.90%	50%
NHS Wigan Borough CCG	54.70%	50%
NHS Oldham CCG	54.30%	50%
England	53.20%	50%
NHS Bury CCG	51.80%	50%
NHS Bolton CCG	51.80%	50%
NHS Heywood, Middleton and Rochdale CCG	50.00%	50%
NHS Manchester CCG	48.10%	50%
NHS Tameside and Glossop CCG	47.70%	50%
NHS Salford CCG	47.10%	50%

* Benchmarking relates to April 2019

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Health and Care Improvement– Exception

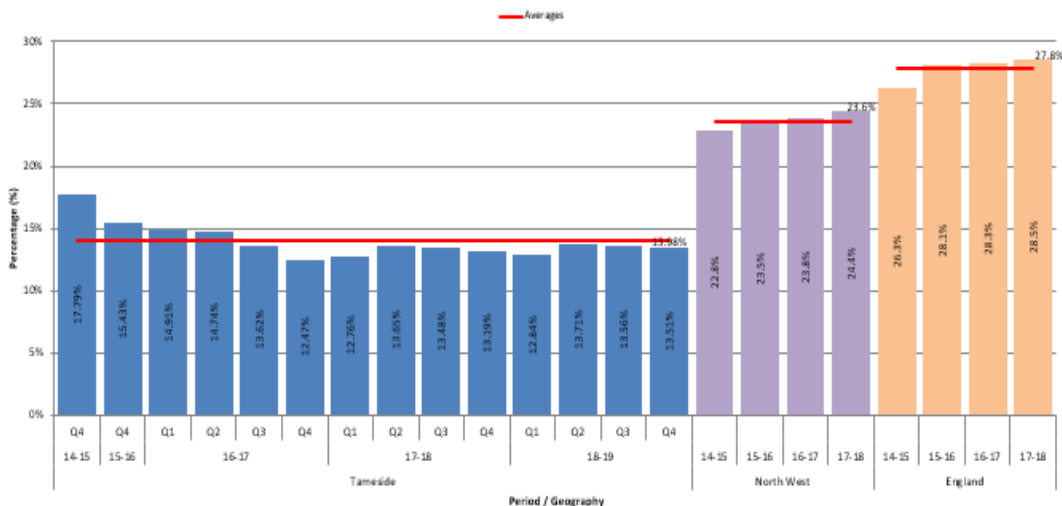
ASCOF 1C- Proportion of people using social care who receive self directed support, and those receiving Direct Payments

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: Adults Management team

Proportion of people using social care who receive self-directed support, and those receiving direct payments - Part 2a Service users (DPs)



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:

A review of the Direct Payment (DP) Service is underway.

- A Working Group with Social Care Managers, Audit, Client Finance and legal to review and update the DP contract / agreement imminently
- Development of a Tameside DP Policy and Factsheets
- Including DPs as part of social work practice guidance
- Visiting other good performing authorities to learn and improve
- Updating leaflets and website, outreach and engagement in community spaces to engage with local people (i.e. in Tameside One downstairs)
- Having a DP Officer in each neighbourhood team to work closely with staff to quickly put a DP in place one people have chosen to take up, and to work with staff to encourage them to offer DPs as a choice of personal budget.

Operational and Financial implications:

None



*Benchmarking data is as at Q4 18/19.

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Health and Care Improvement– Exception

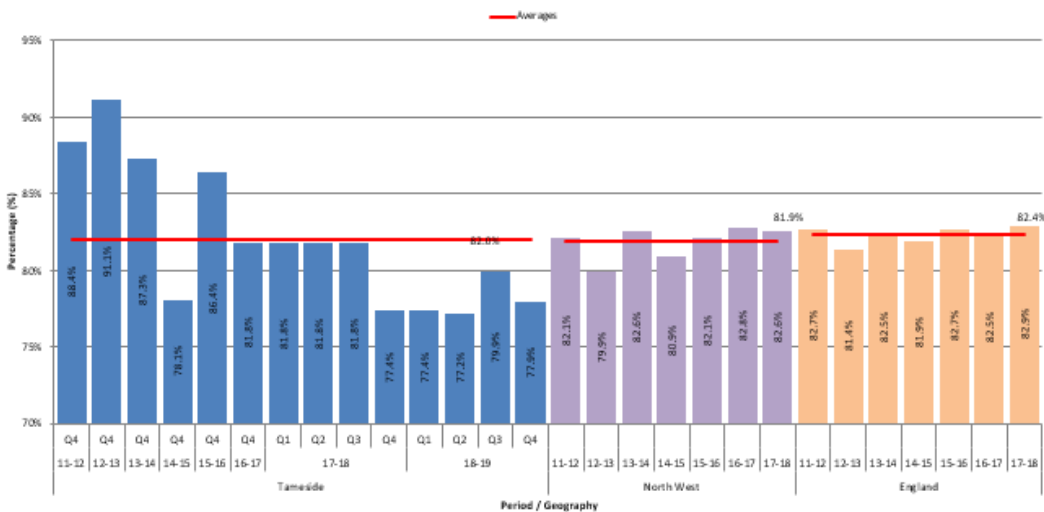
ASCOF 2B(1)- Proportion of older people (65+) who are still at home 91 days after discharge from hospital.

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: : Adult Management meeting

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



Key Risks and Issues:

Failing to improve the numbers will put at risk promoting the ways to wellbeing, and ensuring that individuals increase independence and remain at home. This could increase the numbers of people needing support through the health and social care system.

Re-ablement continues to meet positive outcomes for service users and support the system to continue to work towards our targets

Actions:

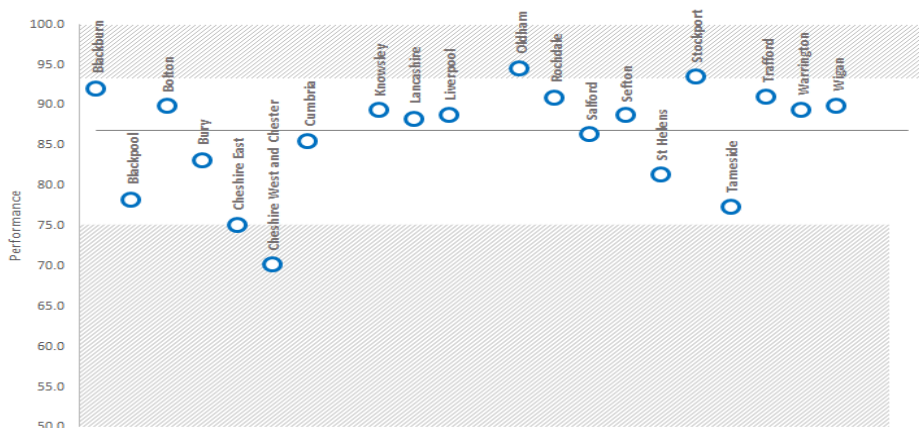
Reablement criteria has been relaunched to ensure suitable referrals come through, and we continue to raise awareness of this

This indicator is currently being monitored more frequently. In conjunction with colleagues in Performance, a 'deep dive' into the data has already been completed to better understand what the issues are. The majority of cases are due to the ongoing health needs of individuals.

Furthermore, the team have committed to visiting other good performing authorities locally to compare and establish any good practice to learn from.

Operational and Financial implications:

This could put more pressure in the health and social care system and on the budget if this does not improve in line with standards.



*Benchmarking data is as at Q4 18/19

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