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**Ignor careing pathway, find-using a growing pathway (including and colorage) to catch up with the backing of those allows of largest colorage and catches the find of promotion and care for			
Maintain register control of distance of control of			
* High priority MRT and CAR-T procedures should be able to continue, where critical care capacity is available. **Using Roberts* **Louise Robert			
Hospitals to prioritise capacity for acute cardiac surgery, cardiology services for PCI and PPCI and interventional neuroachlology for mechanical thrombectomy. Yes , KCT do not perform cardiac surgery. This is understank at MPT. Green None at this time			
** Sectionary care to primate capacity for urgent armythmis services pass instangement or patients with severe heart trainer and severe ** Sectionary care to primate capacity for urgent armythmis services pass instangement or patients as two weeks ** Sectionary care to primate capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary care to primate capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary care to primate capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary care to primate capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary care to primate capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary care to primate capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary care to primate capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary care to primate capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary capacity for urgent armythmis services pass in stangement or patients as two weeks ** Sectionary capacity for urgent armythmis services pass in stangement or patients are the patients as two weeks ** Sectionary capacity for urgent armythmis services pass in stangement are the pass in stangement are the patients are t			
And Stroke Marth Ashton Mix Oeven Hoter Planer, Peter Howard, Mark Oeven Here Planer, Peter Howard, Mark Oeven Here Planer, Peter Howard, Mark Oeven Here Planer, Peter Howard, Mark Oeven, Tori O'Hore, James Green O'Hore, James O'Reging monitoring of the pathway Peter planers acutely to cardiac and stroke Here Planer, Peter Howard, Mark Oeven, Tori O'Hore, James O'Reging monitoring of the pathway Permany care clinicians are continuing to identify and refer patients acutely to cardiac and stroke Green O'Hore, James			
CHar, James Mallion Hospitals to prioritise capacity for stroke services for admission to hyperacute and acude stroke units, for stroke thrombolysis and for mechanical thrombotromy. The ICTT are prioritising beds for patients returning from Hyper-acute Stroke Unit (HASI) sites based on their breach dates. This gathway has not changed during could			
* Sotatain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, working across secondary care and community providers in partnership with social care. **Includes daily review of all patients in a hospital bed on the Hospital Discharge service, and the Hospi			
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Community Services Community Services - Essential Community health services must continue to be provided, with other services phased back in wherever local capacity is available. Priorities from visits where them is a chief subgranting concern. Martin Author Martin Author			
herigine for professionals and familiars. Culturing as in restoring face fool for appointments in election and Children Centers - open year between 10 calculated and control of the food			
Maternity * Childre and Young People * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels including anaesthetic cover. * Ensure obstetric units have appropriate staffing levels anaesthetic			
Establish all age open access crisis services and helplines and promote them locally working with partners such as local authorities, and working with large rem Old Authorities to long developed Expansion of Minds Matter Helpline (with thigh Lottery funding) to be expedited, with significant comms. Another Finds Without Currently 10 till 2 pm. To be extended to Spm.			
* For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shedding. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Additional funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support. **Chris Pliniots.** **Lam Bollar: Addi			
* Ensure that children and young people continue to have access to mental health services, lishing with your local partners to ensure referral routes are understood, particularly where children and young people are not at school. **Philippa** **Tourier that children and young people continue to have access to mental health services, lishing with your local partners to ensure the schools and wider support services is required to ensure early identification of emerging needs. **Tourier that children and young people are not at school.** **Tourier that children and young people continue to have access to mental health services, lishing with your local partners to ensure the schools and wider support services is required to ensure early identification of emerging needs. **Tourier that children and young people continue to have access to mental health services, lishing with your local partners to ensure the schools and wider support services is required to ensure early identification of emerging needs. **Tourier that children and young people continue to have access to mental health services, lishing with your local partners to ensure the schools and wider support services is required to ensure early identification of emerging needs. **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young people are not at school.** **Tourier that children and young p			
Mental health and Learning Disability Aution services • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the HMS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the HMS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the HMS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the HMS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the HMS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the MS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the MS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the MS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the MS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the MS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by actively recruiting in line with the MS long form Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by active Plan. • Prepare for a possible long-ream increase in demand as a consequence of the pandemic, including by active Plan. • Prepare for a po			
Prior to cook of 3 she CCG led a locally stakeholder working group to support improvement in uptake of 1.0 health checks, for people with a learning disability should continue to be completed. * Annual health checks for people with a learning disability should continue to be completed. * Annual health checks for people with a learning disability should continue to be completed. * Annual health checks for people with a learning disability should continue to be completed. * Whitely virture should be paid for check but on late any part of percentage of the paid for check but on late any part of percentage of the paid for check but on late any part of percentage of the paid for check but on late any part of percentage of the paid for check but of the part of the paid for check but of the part of percentage of the paid for check but of the part of percentage of the paid for check but of the			
Arriance Whitely • Ensure enhanced psychological support is available for all RHS staff who need it. Arriance Whitely • Ensure enhanced psychological support is available for all RHS staff who need it. Arriance Whitely * Convey thunger Arriance Whitely * More commissioners work closely with the TMBC websites Arriance Whitely * More commissioners work closely with the TMBC workforce development team on regular signoscing mental health support and the local and GM offer available.			
GM have commissioned additional Could support from a range of BAME groups and, once launched, we will ensure that you continue to take account of inequalities in access to mental health service, and in particular the needs of BAME Communities. Arriance Withley, Vinny Vinnyer, German, Diversity Matters NW German, Diversity Matters NW Green Covid support Covid			
* Finance patients have clear information on how to access primary care services and are confident about making appointments jurisual communications from the communication from the communication for the communicatio			
* Complete work on implementing digital and video consultations, so that all patients and practices can benefit. **A Manual Man			
Since the rediction of factor base value, strelly and practively contact that "high-risk patients with oranging care reads, to ensure appropriate regime great and support partial practices, pra			
Primary Care 1 To further support care homes, the 18st will tring forward a package of support to care homes developed not per home developed not you proposed to the forwards of the forward			
appropriate. Sections Encourage practices to focus on the early diagnoss of cancer OI QOF element to agree where in their best intent to a referral being made and any appointment attended. On it has tendent,	re not seeking help so not ed seeking help so not		
D is journed Bircher, D beliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening. P Corticapher Manager, M Manager, M Manager, M M Manager, M M M M M M M M M M M M M M M M M M M			
* In response to Cold/15, general practice has moved from carrying out x 50% of consultations with patients as face-to-face apparent to the process of migrate management of the 30% of consultations read to the particulation solution and particulations and the remaining few percent in the process of migratementation or procurement of a solution. OP Practices hould continue to triage patient contacts and our own evidence consultations contact cease and particulations and particulations and particulations are to the process of migratementation or procurement of a solution. OP Practices hould continue to triage patient contact and our own evidence consultations or but a particulation and to use online consultations or but a particulation and the particulation are to the procurement and to pake in the April 2001 of Viden Consultation solution are as a particulation as a constraint of the particulation are as a particulation and particulation are as a particul	d spend due to financial		
support the sife switch on of savives by scaling of the cere of tenhology and provided and support of the complete of the comp			
*Where additional capacity is available, restart routine electives, prioritising long waters first. Make full use of all contracted independent sector hospital and diagnostic capacity. **Routine surgery and care** **Routine surgery and care** **Trib Casanagh tan from low manage and GM looking STP level work involving is providers. Annead to confirm plans from in Hospital Cell GM in hospital Cell GM elective afform Programme. **CFT are planning how manage and GM looking STP level work involving is providers on admitted care providers opening up access to routine care* **CMT are planning how manage and GM looking STP level work involving is providers. Annead to confirm plans from in Hospital Cell GM in hospital Ce			

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		 the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered. 		Trish Cavanagh		ICFT reviewing waiting lists and support pateints including safety netting where necessary	Clarity needed on expectation of GPs who have referred people will assume the secondary provider is managing that referral and ongoing support re the condition	Green		
Screening and Immunisations		 Ensure as a first priority that screening services continue to be available for the recognised highest risk groups, as identified in individual screening programmes. 	1	GMHSCP, GM Cancer		Update required from GMHSCP		Amber		
	Antenatal and Newborn Screening Services must be maintained because this is a time critical service.		GMHSCP, Debbie Watson		Services maintained - further updates required.		Amber			
	d Immunisations	 Provides and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly 	Sarah Exall	GMHSCP, Jessica Williams, Peter Howarth, Guy Wilkinson, Megan Harrison		GM & T&G flu groups active, PCNs working collaboratively to provide innovative flu solutions	Liaise with GMHSCP to leverage additional investment to deliver flu differently in T&G	Amber		
Urgent Caro		 Strengthen 111 capacity and sustain appropriate ambulance services hear and treat and 'see and treat' models. Increase the availability of booked appointments and open up new secodary care dispositions (EEC, hot specially clinic, faithy services) that allow patients to byposs the emergency department allogather where clinically appropriate. 	Elaine Richardson	Nav Riyaz GM UEC Team Trish Cavanagh Chris Pimlott		GM work in place to improve CAS and to support SOEC AAI by appointment options being developed Registl Health, Streaming, and Street Admission in place in ICFT	Continue involvement in GM work	Green		
		Provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-Covid19 levels.		Trish Cavanagh	GM In Hosptal Cell	Already in Place with capacity being managed to met demand	Consider requirement to commission additional providers for diagnostics	Green		
	 Ensure that ungent and time-critical surgery and non-surgical procedures can be provided at pre-Covid39 levels of capacity. The Royal College of Surgeons has produced height advice on surgical prioritization available at: (https://www.england.nths.uk/conovarina/upe content/spisads/stray/37/2000/03/2022 specialty-guide-surgical-prioritization+1.pdf) 		Trish Cavanagh	A&E DB			Green			
		 Provide local support to the new national NHS communications campaign encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary. 		Jordana Rawlinson		Work with GM communication messages and using local channels to encourage people to seek help through GP, 111 and 999 as appropriate		Green		
		 All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reade; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to actives see and appropriate same day discharge. 		Trish Cavanagh Nav Riyaz		Strong focus on discharge continues at ICFT with close monitoring of LOS.		Green		