

**Performance Report December 2011**

**Locality Board Meeting**

<b>Date of Meeting:</b>	<b>7 December 2011</b>
<b>Agenda Item:</b>	<b>21</b>
<b>Subject:</b>	<b>Performance reporting including performance against 2011/12 Business Plan</b>
<b>Reporting Officer:</b>	<b>Ms J Purcell, Director of Performance and Assurance</b>

**Purpose of the Board Paper:**

The Locality Board is responsible for seeking assurance that organisational performance is on track to deliver improved health outcomes for its population.

The purpose of this report is to inform NHSMR's Locality Board of the organisations performance against Integrated Performance Measures and 2011/12 Business Plan. It covers year-to-date performance, unless otherwise specified within the body of the report.

**Governance:**

<b>Link to PCT Strategic Objectives</b>	Performance reporting, and more importantly monitoring is key to enabling the organisation to achieve its objective to becoming a high performing organisation and ensures delivery of the Strategic Objectives.
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**Board Resolution:**

<b>To approve</b>		<b>To support</b>	√
<b>Recommendations</b>	<p>To review current performance against Integrated Performance Measures and to support ongoing workstreams to drive improvements in this performance.</p> <p>To review progress against the Business Plan and support ongoing workstreams to ensure delivery.</p>		

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Key implications for the following:

<b>Financial</b>	N/A		
<b>Value for Money</b>	N/A		
<b>Risk</b>	N/A		
<b>Legal</b>	N/A		
<b>Workforce</b>	N/A		
<b>Equality Impact Assessment:</b>			
<b>Included in Board Paper</b>		n/a	✓
<b>Comments</b>			
<b>Patient and Public Involvement</b>	N/A		
<b>Clinical Engagement</b>	N/A		
<b>Parties/ Committees consulted prior to Board</b>	Business Intelligence Indicator and Action Plan Owners Locality Leadership Team		

Performance Report  
December 2011

<b>Version</b>	2.0
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### 1. Executive Summary

- 1.1 The purpose of this report is to inform NHSMR's Locality Board of the organisation's performance against national and corporate priorities. It covers performance until end September 2011, unless otherwise specified within the body of the report. The date shown for each indicator in Appendix 1 is the date of the latest available data.
- 1.2 This performance report is presented to the Locality Board to support them in driving improvements in organisational performance. Since the September Locality Board performance report, reporting to the Clinical Commissioning Committee has been agreed and this report is presented in the same format, to ensure that reporting is streamlined. The report therefore focuses on the Integrated Performance Measures as detailed in the current Operating Framework.
- 1.3 It is important to note that this report is work in progress and will be developed further to include quality and some high level financial targets. This will ensure that the Locality Board has an overall view of organisational performance to enable the linkages between quality, cost and delivery.
- 1.4 The report includes both performance against integrated performance measures and organisational delivery against the 2011/12 Business Plan.

### 2. Performance against Integrated Performance Measures

- 2.1 The following scorecards are presented:  
Integrated Performance Measures (Headline and Supporting) – Appendix 1  
Integrated Performance Measures – 12 month review - Appendix 2
- 2.2 Work is ongoing to further enhance these scorecards, which will include adding Human Resource information and Quality.
- 2.3 Whilst performance is given against all the indicators in the Headline and Supporting Measures, commentary is only provided by exception in Appendix 3, i.e. for those indicators showing red.
- 2.4 NHS North of England presented a performance review detailing the September performance position of all North PCTs. This review is given in Appendix 4 and ranks NHSMR as 49<sup>th</sup> out of 59 in terms of performance against 7 key indicators.
- 2.5 There are a number of these key performance areas linked to Pennine Acute Hospital Trust (PAHT) that are causing concern across the North East Sector (NES), namely Referral to Treatment Times, diagnostics, A&E targets and cancer targets. Whilst work is continuing across the North East Sector and improvements are being seen, members of the NES Senior Management Team are now in close communication with PAHT to drive the changes required.

2.5 Key areas for concern are detailed below:

### 2.6 Referral to Treatment Times

Pennine Acute had been advised by the SHA that the 18 week RTT position must be recovered by the end of September 2011. Although the overall RTT performance at Pennine Acute has improved the target was not met in September, nor has it been achieved in October.

The 12 month review shows that PAHT were delivering against the admitted waits target in 2010/11, however, performance deteriorated in April 2011 and the position has not been recovered since. Improvements have been made against this target, although issues with PAHT Patient Administration System make it impossible to give an accurate result at the time of writing this report. The latest available result from early November was 88% although this figure has not been validated. The latest validated result was 84%. There is currently no agreed deadline for achievement of this target and this is a real cause for concern. A formal request has been made to PAHT to provide the delivery trajectory by specialty.

It was agreed that to assist with the reduction of „backlog’ patients that had waited over 18 weeks, 250 patients would be transferred to Independent Sector (IS) providers. The specialist Ophthalmology patients have now been treated at IS providers as have most of the Trauma & Orthopaedic patients (the remainder being sent out in the next 3 weeks). It has also been agreed that patients from the General Surgery backlog will be sent to IS providers to ensure that the backlog is reduced as quickly as possible. A review will be undertaken once backlogs have been cleared to determine the long term sustainability of the PAHT RTT delivery model.

The intensive work that has been undertaken at Pennine (in collaboration with NE Sector PCTs) to recover the 18 week RTT position is continuing and the weekly recovery meetings are still in place. In addition to this there is now a weekly conference call with the SHA, Pennine Acute and PCT leads. Pennine Acute are also submitting performance reports to the SHA on a weekly basis.

### 2.7 Diagnostics

September data shows that 211 HMR patients waited longer than 6 weeks for 15 key diagnostic tests. Latest data (August) for PAHT indicates 975 patients waited longer than 6 weeks.

PAHT have submitted an action plan to NHS North detailing delivery of this target and clearing all backlogs by the end of November 2011. This action plan is currently being monitored via the RTT weekly recovery meetings. The plan focused on clearing the backlog in three areas (MRI, CT, NOUS) and is currently ahead of schedule. Clearing this backlog will support the delivery of RTT and should improve patient outcomes.

## 2.8 Cancer Targets

Performance against cancer targets continues to be an area of concern, as is evidenced by the 12 month review data shown in Appendix 2. This 12 month data shows that performance against Breast Symptom 2 Week Waits has improved considerably in 2011/12, however, performance against 62 day wait target following referral from GP or Dentist has continued to fluctuate month on month.

There are a number of action plans in place locally and across GM which have been developed to mitigate under performance against the 62 day cancer waiting time standard.

The governance supporting the recovery of this target has been greatly strengthened over the past months, with the establishment of a weekly Cancer Performance Meeting and the resurrection of the NES Cancer and Palliative Care Group (formerly the NES Cancer Locality Board).

A number of pathway redesign initiatives are also being undertaken for the following tumour groups: Lung, Urology, Colorectal. These pathways have been selected initially as detailed analysis shows that they are more problematic than other tumour groups and will have the greatest impact in terms of performance. There are also plans for all tumour pathways to be reviewed over the coming months.

Agreement has been reached between GM Acute Directors of Operations in relation to a new breach agreement policy.

NHS HMR consistently performs better than other commissioning organisations in the NE Sector against the 62 day cancer waiting time standard. In line with the agreed Greater Manchester and Cheshire wide action plan for the 62 day cancer standard it is expected that this target will be achieved by the entire Network by Quarter 3.

## 2.9 A&E

These indicators are not currently shown in Appendix 1 but will be included for the next report.

Performance against the quality indicators for all four PAHT sites for September is given below.

<i>Indicator</i>	Left without being seen	Re-attendance	Initial Assessment	Treatment	Total time (all attendances)
<i>Measure</i>	Rate	Rate	95th Percentile	Median	95th Percentile
<i>Threshold for Quality Care</i>	5%	5%	15 minutes	60 minutes	4 hours (240 mins)
North Manchester General Hospital	4	8.3	34	66	311
Royal Oldham Hospital	3.1	6.7	18	42	279
Fairfield General Hospital	1.7	6.3	12	39	228
Rochdale Infirmary	1.6	6.2	33	41	204

Work is continuing to improve the performance against these indicators. The initial assessment indicator is failing at Rochdale Infirmary as the patient flow is significantly different in the Urgent Care Centre compared to an A&E department. Whilst initial assessment is recorded as 33 minutes against a target of 15, many of these patients will have been assessed and treated in the same step, removing the need for any further wait.

Performance against the 95% target has improved considerably over recent weeks, however, as is shown below it is still projected that this target will fail for 2011/12.

<b>Period</b>	<b>Performance against 95% target</b>
Week ending 06/11/11	95.97%
Week ending 13/11/11	96.31%
Week ending 20/11/11	97.18%
Last 52 week period	94.46%
Projection for 2011/2012	93.8%

Whilst Fairfield General Hospital and Rochdale Infirmary Urgent Care Centre are projected to achieve the 95% target for Quarter 3, the projected under-achievement at NMGH and ROH means that, overall, PAHT is not likely to achieve 95% in Quarter 3.

During the month of November, Rochdale Infirmary and Fairfield General Hospital achieved the target of 95% except for 18 November when Fairfield achieved 93.02%. PAHT Clinical Director for Rochdale Infirmary and Fairfield has formally commended HMR Locality for its integrated partnership working with Social Services, Community Services and Primary Care in sustaining this performance.

Greater efforts are being made to work closely with Royal Oldham and North Manchester as part of the North East Sector Urgent Care Project Team to raise performance and alleviate pressures and delays in the system.

It would appear that these recent improvements are being delivered in a sustainable way. However, achievement of this target will be put under additional threat over winter.

### 2.10 CAT A 8 and 19 Minute Ambulance

As at October the CAT A 8 minute performance for HMR was 70.63% which is much improved on previous performance. The HMR cumulative is still 68.98% to date.

The Greater Manchester performance for October was 74.20%, cumulative to date 73.76%. NNAS is slightly ahead of their planned trajectory to meet the 75% by the end of the year which is promising and also against the national trend.

As at October the CAT A 19 minute performance for HMR was 94.37%. The Trust's cumulative performance is 94.68% to date.

The Greater Manchester performance for October was 93.89% and the cumulative to date performance was 95.22%.

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Turnaround times at RI are good (16 minutes against a 20 minute target). However, there are still issues of patients being taken to other PAHT sites when they could be treated at RI. Turnaround times for all four sites are given below:

Hospital	Total No. Resources	Total No. Turnaround Times	Percentage Turnaround Times	Average Turnaround Time
FAIRFIELD GENERAL HOSPITAL	434	304	70.05%	00:26:37
NORTH MANCHESTER GENERAL	451	327	72.51%	00:26:47
ROCHDALE INFIRMARY	21	5	23.81%	00:16:41
ROYAL OLDHAM HOSPITAL	577	455	78.86%	00:28:41

The NES Urgent Care Project Team which is responsible for the commissioning of ambulance services has recently approved NHS HMR as lead commissioners of ambulance services in this sector. A meeting has been arranged for 30<sup>th</sup> November to urgently discuss turnaround times and performance across the four PAHT sites. This will be followed by the formal tripartite meetings which will be fully supported by NHS Blackpool as overall North West lead commissioners.

### 2.11 Clostridium Difficile

In October there were 9 C. Diff infections against a plan of no more than 6. NHSMR remains over the year-to-date trajectory. C Diff has been placed in recovery and a revised plan is progressing through governance processes locally.

A robust NES recovery plan has been developed and will be submitted to NHS North week commencing 28 November.

The key block to achieving this plan in the community is to reduce antibiotic prescribing. As C. Diff is a normal bowel bacteria there is no effective strategy to reduce its prevalence in the population, therefore high level prescribing means that there is a persistently high risk of C. Diff infections. Hence, delivery is dependent on changing the behaviour of prescribers and patients, supported by CCG and support functions.

Work is now accelerating to agree a revised action plan and gain CCG full support. A meeting is being held in early December including GPs, medicines management, infection control and primary care to support this.

### 2.12 Stroke

PAHT is very close to achieving the target for stroke patients spending 90% of their time on a stroke unit. They achieved 79.7% in October against a target of 80%. However, only 76.5% was achieved for NHSMR.

PAHT have an action plan in place and have now ring fenced 2 beds in the stroke unit for emergency stroke patients to ensure that these are for stroke care and not used for medical outliers. A task group has been initiated and has met twice and work is ongoing. In addition NHSMR have arranged a meeting for mid December with the lead stroke consultant at PAHT to determine the pathway issues contributing

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to this poor performance for HMR. Further actions can be developed once these key issues are more clearly understood.

### 3. Performance against 2011/12 Business Plan

- 3.1 Overall performance against the 2011/12 Business Plan is detailed in Appendix 5. This is separated out into performance against each strategic objective to highlight key areas of concern.
- 3.2 A detailed report of objectives with missed milestones is provided in Appendix 6. The commentary provided is written by the individual objective owner and details the reasons for the delay.
- 3.3 Performance against the Business Plan has improved since last reported from 74.6% of due milestones being met in September to 81.18% as at 28 November. This is shown in the table below.

	August		September		November	
No. of Milestones	456		458		458	
Future Milestones	348	76.32%	316	69.00%	214	46.72%
Milestones Due	108	23.68%	142	31.00%	242	52.84%
- Due milestones met	70	64.81%	106	74.65%	198	81.82%
- Due milestones not met	38	35.19%	36	25.35%	44	18.18%

- 3.4 It should be noted that delivery against Strategic Objective is SO5 is poor (Be a high performing organisation and deliver best value within our resources). There are a number of reasons for this:
- This Strategic Objective is the most susceptible to organisational change. Changing governance structures has delayed a number of objectives.
  - QIPP is shown as an objective with missed milestones. This is because the QIPP milestones were set as financial values and even though NHSHMR is on track to deliver its financial targets, it is not meeting the trajectory as set for this objective.
  - The equality objective was set prior to a change in legislation and NHS policy direction for equality.
  - A number of milestones have been put on hold and these are reflected in the missed milestones figures.
- 3.5 Key areas of concern around the delivery of the Business Plan are detailed below:

### *TO2.2.1: Deliver the agreed actions for 2011/12 from CAHMS Strategy*

Two out of the three plans to deliver this work are on schedule. The third plan re Tier 1 and 2 is RMBC led and is behind schedule. There is considered to be a significant risk to the delivery of this objective. This has now been escalated to the Children's Trust.

- 3.6 Whilst the other objectives listed in Appendix 7 are behind schedule, they all have mitigation plans in place to ensure delivery in 2011/12.

## 4. Recommendations

- 4.1 To review current performance against Integrated Performance Measures and to support ongoing workstreams to drive improvements in this performance.
- 4.2 To review progress against the Business Plan and support ongoing workstreams to ensure delivery.







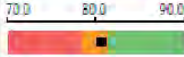
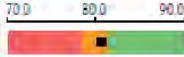













# Appendix 1

## All Indicators - Integrated Performance - Headline Measures - All Commissioning Teams

Indicator	Date	Plan	Actual	NW	National	Prev 12 Months	Status		
<b>Integrated Performance - Headline Measures</b>									
<b>Quality</b>									
CB AC01 - Patients waiting > 6 weeks for 15 key diagnostic tests PAHT	31/08/11	0.00	975.00	0.0	1000.0		▲ ●		
CB PH01 - Chlamydia Screening (NW trajectory)	30/06/11	8.00 %	4.32 %	10%	30%		▼ ●		
CB PH03 - Genito-urinary medicine (GUM) clinics seen <48 hours	30/09/11	95.00 %	87.47 %	80%			▲ ●		
EC01 - Genito-urinary medicine (GUM) clinics appointment <48 hours	30/09/11	100.00 %	100.00 %	90%	100%		◆ ●		
HQU01 - Incidence of MRSA	31/10/11	6.00	3.00	0.0	5.0	10.0	15.0		◆ ●
HQU02 - C. Difficile infections	31/10/11	10.00	9.00	0.0	10.0	20.0			▼ ●
HQU03_01 - Ambulances - Category A calls responded to within 8 mins	31/10/11	75.00 %	77.39 %	80%	80%				▼ ●
HQU03_02 - Ambulances - Category A calls responded to within 19 mins	31/10/11	95.00 %	95.22 %	87%	90%	97%			▼ ●
HQU05 - RTT Admitted waits 95th Percentile	30/09/11	27.70	30.60	20.0	30.0				▲ ●
HQU06 - RTT Non-Admitted 95th Percentile	30/09/11	18.30	17.20	10.0	20.0	30.0			▼ ●
HQU07 - RTT Incomplete 95th Percentile	30/09/11	36.00	24.70	20.0	30.0	40.0	50.0		▲ ●
HQU14_A - Cancer 2 week waits with suspected cancers	30/09/11	93.00 %	95.17 %	80%	100%				▼ ●
HQU14_B - Breast Symptom 2 Week Wait	30/09/11	93.00 %	92.59 %	80%	100%				▼ ●
HQU15_A - Cancer 62 days wait following referral from GP or dentist	30/09/11	85.00 %	73.53 %	70%	90%				▼ ●
NI39 - Alcohol harm related hospital admission	31/03/11	2.50 %	3.70 %	0%	5%	10%			▲ ●
PCTP07 - Help men live 18 months longer on average by 2012	31/03/11	77.00	75.80	70.0	75.0	80.0			▲ ●
PCTP08 - Help women live 12 months longer on average by 2012	31/03/11	81.00	80.30	75.0	80.0	85.0			▲ ●
VSA04_07 - Patients waiting > 6 wks for 15 key diagnostic tests	30/09/11	0.00	211.00	0.0	250.0	500.0			▲ ●
VS02 - CVD Mortality Rate	30/09/11	93.93	92.71	80.0	100.0				▼ ●
VS03 - Cancer Mortality Rate	30/09/11	120.72	132.78	110.0	130.0	150.0			▲ ●
VS08 - Teenage pregnancy	31/03/11	27.75	47.71	20.0	30.0	40.0	50.0		▲ ●

Performance Indicator Set for All Indicators, \* as at 29/11/2011

All Indicators - Integrated Performance - Headline Measures - All Commissioning Teams

Indicator	Date	Plan	Actual	NW	National	Prev 12 Months	Status
VSB13 - Chlamydia Screening 15-24yr olds	30/06/11	8.74 %	3.69 %				▼ ●
VSC26 - Rate: hospital admissions for alcohol related harm	31/03/11	2,522.00	2,832.00				▼ ●
WCC.H02F - Life expectancy for females	31/03/11	81.14	80.30				▲ ●
WCC.H02M - Life expectancy for males	31/03/11	77.23	75.80				▲ ●
WCC.H08 - CVD mortality	31/03/11	93.93	83.15				▲ ●
<b>Resources</b>							
HRS06_QIPP - Non-Elective Activity QIPP	31/10/11	-0.28 %	3.74 %				▲ ●
HRS07 - Numbers waiting on an incomplete Referral to Treatment pathway	30/09/11	11,491.00	10,085.00				▼ ●

Performance Indicator Set for All Indicators, \* as at 29/11/2011

**All Indicators - Integrated Performance - Supporting Measures - All Commissioning Teams**

Indicator	Date	Plan	Actual	NW	National	Prev 12 Months	Status
<b>Integrated Performance - Supporting Measures</b>							
<b>Resources</b>							
BCBV14 - Reducing Length of Stay (PAHT)	30/06/11	12.00 %	13.82 %	10% 12% 14% 16%		▲	●
SRS10 - Delayed transfers of care per 100,000	30/09/11	4.78	8.57	0.0 10.0 20.0		▼	●
SRS13 - First outpatient attendances following GP referral	31/10/11	2,842.00	2,736.00	1000.0 3000.0 5000.0		▲	●
SRS14 - All first outpatient attendances	31/10/11	6,180.00	5,635.00	2000.0 7000.0		▲	●
SRS15_QIPP - Elective Activity QIPP	31/10/11	-7.20 %	-8.42 %			▼	●
<b>Quality</b>							
LD_VSC22 - Annual health checks for patients with learning disability	31/03/11	34.42 %	65.11 %	0% 50% 100%		▼	●
NP09_1 - Childhood obesity rates - Children in Yr R recorded as obese	31/03/11	11.37 %	9.05 %	0% 10% 20%		▲	●
NP09_3 - Childhood obesity rates - Children in Yr 6 recorded as obese	31/03/11	16.02 %	19.24 %	0% 20% 40%		▼	●
NP16 - Drug users in effective treatment (% of plan)	31/03/11	100.00 %	98.36 %	50% 70% 90%		▲	●
NP25 - Cervical screening	30/04/10	75.00 %	77.70 %	20% 70%		▼	●
SP5.J - Reduction in suicide rate	31/03/11	8.00	8.93	0.0 5.0 10.0		◆	●
SQU05_A - Cancer - First treatment for cancer within 1 month of decision to treat	30/09/11	96.00 %	100.00 %	80% 100%		▲	●
SQU05_B - Cancer - Subsequent surgery within 1 month	30/09/11	94.00 %	90.91 %	80% 100%		▼	●
SQU05_C - Cancer - Subsequent drug treatment within 1 month	30/09/11	98.00 %	100.00 %	80% 100%		▲	●
SQU05_D - 31-Day Standard for Cancer (Radiotherapy)	30/09/11	94.00 %	100.00 %	40% 85% 90%		◆	●
SQU06_1 - Quality Stroke Care: 90% of time on a stroke unit	31/10/11	80.51 %	76.47 %	60% 80%		◆	●
SQU06_2 - Quality Stroke care: TIA scanned/treated <24 hrs	31/10/11	60.37 %	80.00 %	40% 60% 80%		▲	●
SQU09 - Patients receiving primary dental services <24 months	30/06/11	120,408.00	115,040.00			▼	●
SQU12 - Early Access to Maternity Services	30/09/11	90.00 %	79.77 %	70% 90%		▲	●
SQU13 - Early intervention in psychosis (newly diagnosed)	31/10/11	100.00 %	121.43 %	0% 200%		▼	●

Performance Indicator Set for All Indicators, \* as at 29/11/2011

All Indicators - Integrated Performance - Supporting Measures - All Commissioning Teams

Indicator	Date	Plan	Actual	NW	National	Prev 12 Months	Status
SQU14 - Crisis resolution/home treatment	31/10/11	99.00 %	96.69 %	80%   110%		▼	
SQU15 - Care Programme Approach within 7 days	30/09/11	95.00 %	97.86 %	70%   90%		▲	
SQU16_04 - Improved Access to Psychological Therapy (depression/anxiety)	30/09/11	2.00 %	2.01 %	0%   5%   10%		▲	
SQU16_05 - Improved Access to Psychological Therapy (psychological)	30/09/11	50.00 %	53.15 %	20%   40%		▲	
SQU18 - Smoking Quitters (number)	30/06/11	360.00	392.00	100.0   350.0   600.0		▼	
SQU19_05 - Breastfeeding at 6-8 weeks Prevalence	30/09/11	39.06 %	36.13 %	20%   30%   40%		▲	
SQU19_06 - Breastfeeding at 6-8 weeks Coverage	30/09/11	95.05 %	97.43 %	90%		▼	
SQU21 - Bowel Screening	31/03/11	15.00 %	2.40 %			◆	
SQU23 - Diabetic retinopathy screening	30/09/11	95.00 %	104.73 %	70%   95%		▲	
SQU24 - RTT Admitted Median Waits	30/09/11	11.10	10.90	8.0   11.0   15.0		◆	
SQU25 - RTT Non-Admitted Median Waits	30/09/11	6.60	4.00	1.0   6.0   11.0		▼	
SQU26 - RTT Incomplete Median Waits	30/09/11	7.20	6.20	1.0   6.0   11.0		▲	
SQU27_04 - NHS Health Checks eligible offered	30/09/11	4.50 %	10.09 %	0%   5%   10%		▲	
SQU27_05 - NHS Health Checks eligible received	30/09/11	3.40 %	5.15 %	0%   5%   10%		▲	
VS10_08 - Rate for children aged 2 immunised for (PCV Booster)	30/09/11	95.00 %	95.77 %	70%   90%		▲	
VS10_09 - Rate for children aged 2 immunised for (Hib/MenC)	30/09/11	95.00 %	95.27 %	70%   90%		▲	
VS10_10 - Rate for children aged 2 immunised for (MMR)	30/09/11	95.00 %	95.02 %	70%   90%		▲	
VS10_15 - Rate for children aged 5 immunised for (MMR) - 2 doses	30/09/11	95.00 %	85.28 %	70%   90%		▼	
VS14 - Number of drug users recorded as being in effective treatment (% change)	31/03/11	10.00 %	8.45 %	0%   5%   10%		▲	
VSC27 - Patients with diabetes	30/09/11	62.10 %	55.18 %	20%   70%		▲	

Performance Indicator Set for All Indicators, \* as at 29/11/2011

## Appendix 2

### All Indicators - Integrated Performance - Headline Measures - All Commissioning Teams

Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Plan	Latest	Prev 12 Months	
<b>Integrated Performance - Headline Measures</b>															
<b>Quality</b>															
CB AC01 - Patients waiting > 6 weeks for 15 key diagnostic tests PAHT	389.00	238.00	315.00	351.00	351.00	491.00	1,093.00	1,671.00	1,773.00	975.00		0.00	975.00		
VSA04_07 - Patients waiting > 6 wks for 15 key diagnostic tests	230.00	202.00	238.00	219.00	259.00	307.00	405.00	480.00	474.00	280.00	211.00	0.00	211.00		
CB PH01 - Chlamydia Screening (NW trajectory)		25.70%						8.32%				8.00%	4.32%		
CB PH03 - Genito-urinary medicine (GUM) clinics seen <48 hours	83.17%	87.05%	86.34%	81.10%	84.55%	87.24%	86.16%	87.82%	85.60%	82.52%	87.47%	95.00%	87.47%		
EC01 - Genito-urinary medicine (GUM) clinics appointment <48 hours	99.52%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
HQU01 - Incidence of MRSA	2.00	2.00	2.00	3.00	4.00	0.00	0.00	0.00	2.00	2.00	3.00	6.00	3.00		
HQU02 - C. Difficile infections	8.00	8.00	5.00	6.00	7.00	7.00	6.00	12.00	9.00	8.00	7.00	10.00	9.00		
HQU03_01 - Ambulances - Category A calls responded to within 8 mins	70.88%	58.88%	74.08%	75.45%	76.10%	75.29%	74.14%	74.12%	75.80%	80.80%	77.97%	75.00%	77.39%		
HQU03_02 - Ambulances - Category A calls responded to within 19 mins	94.92%	90.12%	96.11%	96.43%	96.28%	96.61%	96.32%	98.96%	96.25%	96.63%	95.43%	95.00%	95.22%		
HQU05 - RTT Admitted waits 95th Percentile	22.40	22.10	24.10	29.20	27.10	31.60	31.80	32.80	31.00	36.70	30.60	27.70	30.60		
HQU06 - RTT Non-Admitted 95th Percentile	16.10	15.90	16.80	17.00	17.70	16.20	16.20	17.10	16.50	16.60	17.20	18.30	17.20		
HQU07 - RTT Incomplete 95th Percentile	27.60	30.70	32.30	32.70	29.80	29.20	29.50	29.60	28.20	26.10	24.70	36.00	24.70		
HQU14_A - Cancer 2 week waits with suspected cancers	97.80%	98.01%	98.64%	97.57%	94.77%	97.27%	91.22%	98.80%	98.05%	97.12%	95.17%	93.00%	95.17%		
HQU14_B - Breast Symptom 2 Week Wait	98.88%	92.96%	95.31%	81.15%	85.38%	95.32%	95.06%	93.88%	98.85%	100.00%	92.59%	93.00%	92.59%		
HQU15_A - Cancer 62 days wait following referral from GP or dentist	86.84%	96.36%	95.67%	78.57%	83.78%	89.29%	73.41%	80.31%	67.74%	67.50%	73.59%	85.00%	73.53%		

All Indicators - Integrated Performance - Headline Measures - All Commissioning Teams

NI39 - Alcohol harm related hospital admission		3.79%		3.70%									2.50%	3.70%	▲	●	
PCTP07 - Help men live 18 months longer on average by 2012				75.80									77.00	75.80	▲	●	
PCTP08 - Help women live 12 months longer on average by 2012				80.30									81.00	80.30	▲	●	
VS02 - CVD Mortality Rate		84.58		83.15			83.05						93.93	92.71	▼	●	
VS03 - Cancer Mortality Rate		140.73		142.85			140.54						120.72	132.78	▲	●	
VS08 - Teenage pregnancy				47.71									27.75	47.71	▲	●	
VS13 - Chlamydia Screening 15-24yr olds		15.70%		21.65%			3.68%						8.74%	3.69%	▼	●	
VSC26 - Rate: hospital admissions for alcohol related harm		1,137.00		2,833.00									2,522.00	2,832.00	▼	●	
WCC.H02F - Life expectancy for females				80.30									81.14	80.30	▲	●	
WCC.H02M - Life expectancy for males				75.80									77.23	75.80	▲	●	
WCC.H08 - CVD mortality		84.58		83.15									93.93	83.15	▲	●	
<b>Resources</b>																	
HRS06_QIPP - Non-Elective Activity QIPP		2.37%	2.42%	3.77%	3.74%	3.44%	6.85%	5.17%	6.62%	4.40%	4.35%	4.31%	-0.28%	3.74%	▲	●	
HRS07 - Numbers waiting on an incomplete Referral to Treatment pathway							16,478.00	11,353.00	11,098.00	20,516.30	10,040.00	10,085.00	11,491.00	10,085.00	▼	●	

All Indicators - Integrated Performance - Supporting Measures - All Commissioning Teams

Indicator	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Plan	Latest	Prev 12 Months
<b>Integrated Performance - Supporting Measures</b>														
<b>Resources</b>														
BCBV14 - Reducing Length of Stay (PAHT)		14.39%			14.00%			13.02%				12.00%	13.82%	
SRS10 - Delayed transfers of care per 100,000								7.25			8.57	4.78	8.57	
SRS13 - First outpatient attendances following GP referral						2,834.00	3,127.00	3,303.00				3,380.00	3,303.00	
SRS14 - All first outpatient attendances						5,428.00	6,059.00	6,631.00	5,860.00	6,497.00	6,855.00	6,474.00	6,855.00	
SRS15_QIPP - Elective Activity QIPP	-0.20%	-0.65%	-1.03%	-2.47%	-3.65%	-20.51%	-15.24%	-13.09%	-15.38%	-11.83%	-10.20%	-7.20%	-10.20%	
<b>Quality</b>														
LD_VSC22 - Annual health checks for patients with learning disability					65.11%							34.42%	65.11%	
NP09_1 - Childhood obesity rates - Children in Yr R recorded as obese					9.05%							11.37%	9.05%	
NP09_3 - Childhood obesity rates - Children in Yr 6 recorded as obese					19.34%							16.02%	19.24%	
NP16 - Drug users in effective treatment (% of plan)	98.62%	98.19%	98.02%	97.93%	98.36%							100.00%	98.36%	
NP25 - Cervical screening												75.00%	77.70%	
SP5.J - Reduction in suicide rate					8.93							8.00	8.93	
SQU05_A - Cancer - First treatment for cancer within 1 month of decision to treat	100.00%	100.00%	98.61%	100.00%	98.82%	100.00%	100.00%	97.18%	98.48%	95.06%	100.00%	96.00%	100.00%	
SQU05_B - Cancer - Subsequent surgery within 1 month	100.00%	100.00%	100.00%	100.00%	100.00%	99.74%	100.00%	100.00%	100.00%	100.00%	90.91%	94.00%	90.91%	
SQU05_C - Cancer - Subsequent drug treatment within 1 month	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.65%	100.00%	98.00%	100.00%	
SQU05_D - 31-Day Standard for Cancer (Radiotherapy)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.00%	100.00%	
SQU06_1 - Quality Stroke Care: 90% of time on a stroke unit			68.27%			87.30%	83.33%	77.50%	79.47%	77.46%	69.47%	80.51%	76.47%	

Performance Indicator Set for All Indicators, \* as at 22/11/2011

All Indicators - Integrated Performance - Supporting Measures - All Commissioning Teams

SQU06_2 - Quality Stroke care: TIA scanned/treated <24 hrs	85.71%	81.82%	78.57%	100.00%	80.00%	90.91%	83.33%	77.78%	71.43%	50.00%	62.50%	60.37%	62.50%	▲	
SQU09 - Patients receiving primary dental services <24 months		119787			115140			115040				120408	115040	▼	
SQU12 - Early Access to Maternity Services		76.77%			71.37%			76.32%			89.77%	90.00%	79.77%	▲	
SQU13 - Early intervention in psychosis (newly diagnosed)	167.74%	157.65%	164.88%	162.50%	162.75%	180.08%	75.08%	50.00%	75.00%	125.00%	125.00%	100.00%	121.43%	▼	
SQU14 - Crisis resolution/home treatment	112.89%	121.03%	118.07%	114.09%	115.38%	95.45%	108.70%	112.24%	110.11%	102.87%	103.17%	99.00%	96.69%	▼	
SQU15 - Care Programme Approach within 7 days.		94.83%			95.14%			97.01%			97.88%	95.00%	97.86%	▲	
SQU16_04 - Improved Access to Psychological Therapy (depression/anxiety)								1.46%			2.01%	2.00%	2.01%	▲	
SQU16_05 - Improved Access to Psychological Therapy (psychological)								38.00%			53.15%	50.00%	53.15%	▲	
SQU18 - Smoking Quitters (number)		707.82			1,133.80			382.07				360.00	392.00	▼	
SQU19_05 - Breastfeeding at 6-8 weeks Prevalence		42.38%			38.67%			34.29%			36.13%	39.06%	36.13%	▲	
SQU19_06 - Breastfeeding at 6-8 weeks Coverage		98.88%			98.07%			98.10%			97.48%	95.05%	97.43%	▼	
SQU21 - Bowel Screening					2.40%							15.00%	2.40%	◆	
SQU23 - Diabetic retinopathy screening		100.00%			101.33%			102.33%			104.73%	95.00%	104.73%	▲	
SQU24 - RTT Admitted Median Waits	9.90	9.30	11.10	11.70	9.70	9.30	9.90	9.90	9.30	10.80	10.90	11.10	10.90	◆	
SQU25 - RTT Non-Admitted Median Waits	4.00	4.40	4.00	3.30	3.40	3.40	4.10	4.40	4.00	3.80	4.00	6.60	4.00	▼	
SQU26 - RTT Incomplete Median Waits	6.50	7.80	8.00	6.60	6.80	7.20	7.30	6.50	6.60	6.40	6.20	7.20	6.20	▲	
SQU27_04 - NHS Health Checks eligible offered								2.23%			10.09%	4.50%	10.09%	▲	
SQU27_05 - NHS Health Checks eligible received								1.61%			5.15%	3.40%	5.15%	▲	

All Indicators - Integrated Performance - Supporting Measures - All Commissioning Teams

VSB10_08 - Rate for children aged 2 immunised for (PCV Booster)		94.43%			93.29%			92.72%			95.77%	95.00%	95.77%	▲	
VSB10_09 - Rate for children aged 2 immunised for (Hib/MenC)		95.86%			93.29%			92.72%			95.27%	95.00%	95.27%	▲	
VSB10_10 - Rate for children aged 2 immunised for (MMR)		95.05%			93.29%			94.06%			95.02%	95.00%	95.02%	▲	
VSB10_15 - Rate for children aged 5 immunised for (MMR) - 2 doses		90.61%			85.67%			88.77%			85.28%	95.00%	85.28%	▼	
VSB14 - Number of drug users recorded as being in effective treatment (% change)	8.74%	8.26%	8.07%	7.99%	8.45%						10.00%	8.45%	▲		
VSC27 - Patients with diabetes		44.03%			44.23%			55.12%			55.18%	62.10%	55.18%	▲	

## Appendix 3

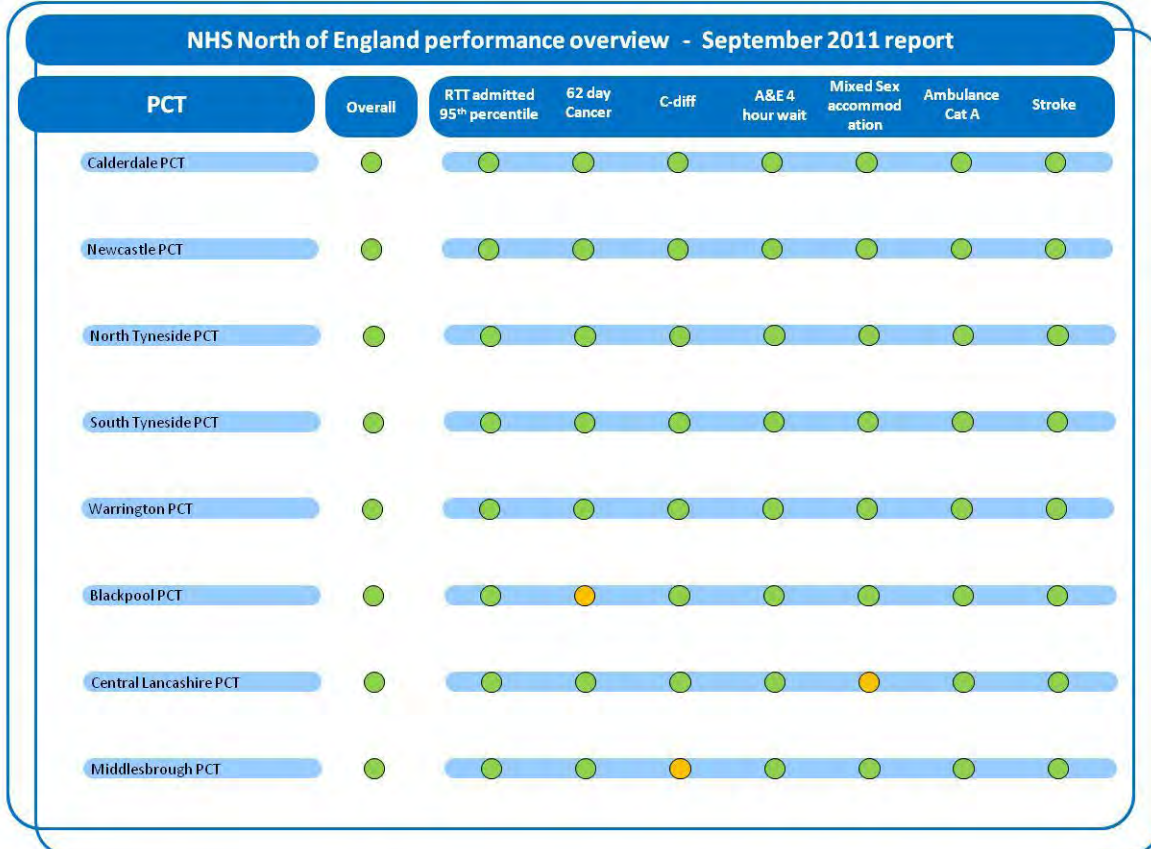
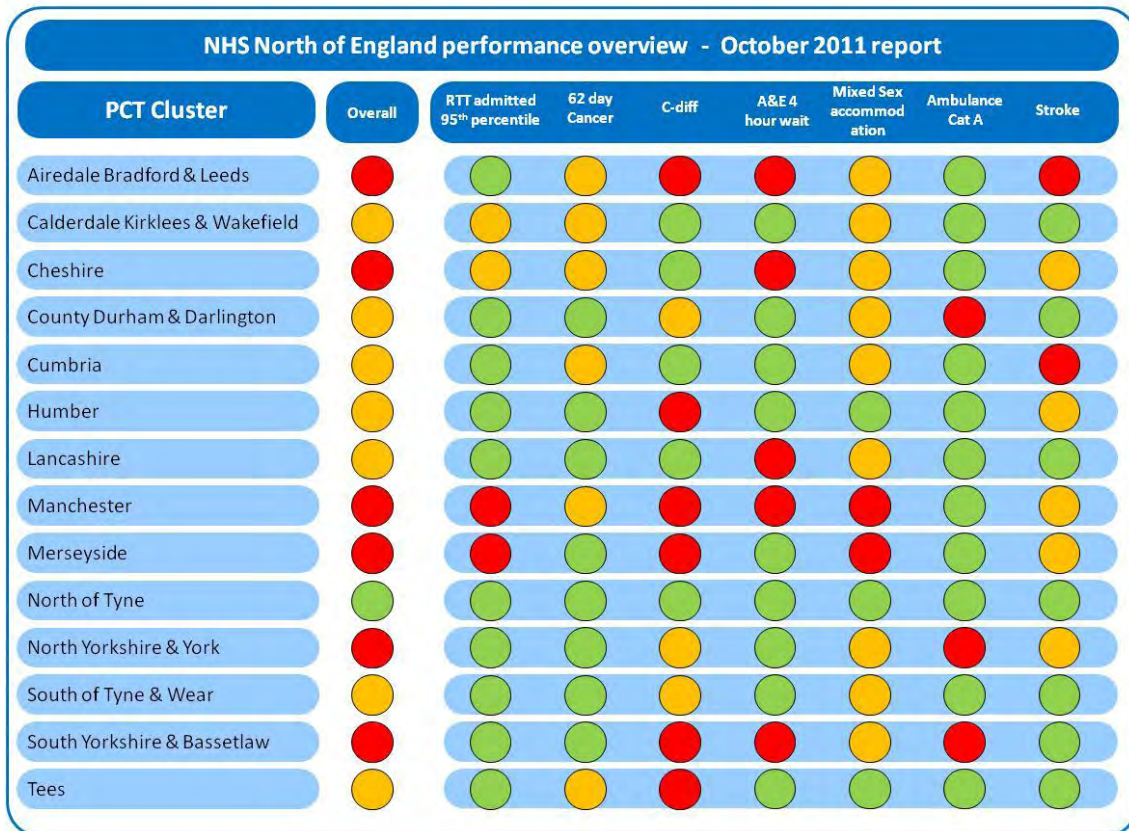
### Performance by Exception against Integrated Performance Measures

Headline Measures	Update and Actions being taken to improve performance
<b>CB AC01 – Patients waiting &gt;6 weeks for 15 key diagnostic tests - PAHT</b>	<p><i>See main report – Section 2.7</i></p> <p>September data shows that 211 HMR patients waited longer than 6 weeks for 15 key diagnostic tests. Latest data (August) for PAHT indicates 975 patients waited longer than 6 weeks.</p> <p>PAHT have submitted an action plan to NHS North detailing delivery of this target and clearing all backlogs by the end of November 2011. This action plan is currently being monitored via the RTT weekly recovery meetings. The plan focused on clearing the backlog in three areas (MRI, CT, NOUS) and is currently ahead of schedule.</p>
<b>CB PH01 – Chlamydia Screening (NW Trajectory)</b>  <b>VSB13 – Chlamydia Screening 15-24 year olds</b>	<p>National Chlamydia Screening Programme (NCSP) shows actual screens for HMR at 10.7% (as at October 2011). Extrapolating these results would indicate 22% screens achieved by March 2012 against a nationally set plan of 35%.</p> <p>An outreach Local Enhanced Service is currently being developed to deliver additional screens to achieve HMR's locally set trajectory of 25%.</p>
<b>HQU05 – RTT Admitted waits 95<sup>th</sup> percentile</b>	<p><i>See main report – Section 2.6</i></p> <p>Pennine Acute had been advised by the SHA that the 18 week RTT position must be recovered by the end of September 2011. Although the overall RTT performance at Pennine Acute has improved the target was not met in September, nor has it been achieved in October.</p> <p>The 12 month review shows that PAHT were delivering against the admitted waits target in 2010/11, however, performance deteriorated in April 2011 and the position has not been recovered since. Improvements have been made against this target, although issues with PAHT Patient Administration System make it impossible to give an accurate result at the time of writing this report. The latest available result from early November was 88% although this figure has not been validated. The latest validated result was 84%. There is currently no agreed deadline for achievement of this target and this is a real cause for concern.</p> <p>It was agreed that to assist with the reduction of 'backlog' patients that had waited over 18 weeks, 250 patients would be transferred to Independent Sector (IS) providers. The specialist Ophthalmology patients have now been treated at IS providers as have most of the Trauma &amp; Orthopaedic patients (the remainder being sent out in the next 3 weeks). It has also been agreed that patients from the General Surgery backlog will be sent to IS providers to ensure that the backlog is reduced as quickly as possible.</p> <p>The intensive work that has been undertaken at Pennine (in collaboration with NE Sector PCTs) to recover the 18 week RTT position is continuing and the weekly recovery meetings are still in place. In addition to this there is now a weekly conference call with the SHA, Pennine Acute and PCT leads. Pennine Acute are also submitting performance reports to the SHA on a weekly basis.</p>
<b>VSB03 – Cancer Mortality Rate</b>	<p>Performance improved compared to the previous quarter but remains above trajectory on 12 month rolling average. Lung cancer accounts for a significant proportion of the deaths. NHS HMR has taken part in 2010/11 in the Greater Manchester 'Don't Be a Cancer Chancer' campaign that targets early presentation of symptoms of lung breast and bowel cancer. Further work is also planned as part of the National Awareness and Early Diagnosis Initiative and Awareness (NAEDI) to improve the early diagnosis of cancer. Improving early diagnosis is key in improving cancer outcomes.</p>
<b>VSB08 – Teenage Pregnancy</b>	<p>Data for this indicator is shown in Appendix 1 as at 31 March 2009. 2010 data was released on 23 August 2011 and has shown a large reduction in the teenage pregnancy rate for Rochdale. The latest quarterly data (June 2010)</p>

	<p>shows that the rate has fallen to 43.3 conceptions per 1000 females aged 15 to 17 (rolling annual average). This represents a 30% reduction on the 1998 baseline and 19.7% reduction from the same period in 2009.</p> <p>The rate for England for the same period was 37.2 (a reduction of 5.8% on the 2009 figure), whilst the North West rate was 42.9 (a reduction of 4.9%). Thus Rochdale is closing the gap on both the North West and England rates.</p> <p>To ensure further improvements work extensive partnership working on the Teenage Pregnancy action plan is continuing.</p>
<b>VSC26 – Rate: hospital admissions for alcohol related harm</b>	<p>Evidence and modelling suggests the best way to reduce admissions is to establish an alcohol liaison service across PAHT. The service will focus on reducing unnecessary repeat admissions and establishing trust wide and multi agency care packages for patients whose needs cannot be met within an acute trust setting. The service will link closely with the trust wide IBA policy which will be established across all the A&amp;E sites as part of its Alcohol Strategy under a CQUIN. NHSMR are working with NE sector colleagues and Manchester PCT to establish this. Funding is agreed to pilot the approach for a year and the service specification is currently being developed. The service is due to commence in its initial format in April 2012. It is expected that the impact of this service on the target will not be seen until the service has been in operation for 3-6 months, i.e. July-December 2012.</p>
<b>HRS06_QIPP – Non-Elective Activity QIPP</b>	<p>NHSMR, is a part of the North East Sector Urgent Care Project team which now has a QIPP non elective programme. This programme entails six distinct workstreams focusing on:</p> <ul style="list-style-type: none"> <li>• Reducing LOS</li> <li>• Pathway development for early pregnancy</li> <li>• DVT</li> <li>• End of life</li> <li>• Primary care streaming</li> <li>• Rapid access clinics</li> </ul> <p>This is being taken forward with Pennine Acute and Pennine Care FT. Updates will be presented on a monthly basis.</p>
<b>Supporting Measures</b>	Update and Actions being taken to improve performance
<b>BCBV14 – Reducing Length of Stay (PAHT)</b>	<p>A Best Value plan is now in place and LOS is a key work stream across the NES. A workshop was held on 25 November, including PAHT, PCFT and NES colleagues to kick start these work streams. The basis of a joint QIPP/CIP plan is now in place and this is due to be reported at the December Unscheduled Care Network Board for final approval.</p>
<b>SRS10 – Delayed transfers of care per 100,000</b>	<p>The Acute Care Commissioning Team will undertake detailed analysis around this as current intelligence does not support the reported position against this indicator.</p>
<b>SRS14 – All first out-patient appointments</b>	<p>GP referrals continue to decrease. This decrease is due to a number of demand management work streams across a range of specialties including ophthalmology, neurosciences, urology, gynaecology, dermatology and rheumatology, the GP referral gateway and ongoing peer review of referrals.</p> <p>A consultant to consultant referral protocol has been developed and agreed with PAHT, early indications are that this is leading to a 10% decrease in referrals.</p>
<b>NP09_3 – Childhood obesity rates – children in year 6 recorded as obese.</b>	<p>Partner agencies across the borough in a multitude of settings are implementing a “Healthy Lifestyle” matrix of service interventions for both children and families. Each of these services detail how many children or carers and parents they are able to reach during the course of the intervention. Some of these are pilots and some are short or long term schemes.</p> <p>A short evaluation report for some of the interventions will be available at the end of quarter 3.</p>
<b>SQU06_1 – Quality Stroke Care: 90% of time on a stroke unit</b>	<p>See <i>main report – Section 2.12</i></p> <p>PAHT are very close to achieving the target for stroke patients spending 90% of their time on a stroke unit. They achieved 79.7% in October against a target of 80%. However, only 76.5% was achieved for NHSMR.</p>

	<p>PAHT have an action plan in place and have now ring fenced 2 beds in the stroke unit for emergency stroke patients to ensure that these are for stroke care and not used for medical outliers. A task group has been initiated and has met twice and work is ongoing. In addition NESHMR have arranged a meeting for mid December with the lead stroke consultant at PAHT to determine the pathway issues contributing to this poor performance for HMR.</p>
<p><b>SQU09 – Patients receiving primary dental services &lt;24 months</b></p>	<p>The PCT position in relation to access to dentistry has slightly improved since January 11 from 55.99% to 56.30% as at Aug 11 (percentage of resident population seen in previous 24 months).</p> <p>NICE guidance on recall intervals forms part of the contract monitoring process although vital signs reports indicate that some practices continue to recall patients within 3 to 9 months and where this is evident practices are contacted accordingly.</p> <p>There was a small under delivery of UDA's in 2010/11 and funding has been recovered from any practice that under delivered outside of the 4% tolerance which is applied.</p>
<p><b>SQU12 – Early Access to Maternity Services</b></p>	<p>Performance against this indicator reduced from 76.77% in Quarter 3 to 72.37% in Quarter 4. Quarter 1 data has shown an improvement to 76.3%.</p> <p>Results from auditing GP compliance with the Direct to Midwife pathway shows that to date, 19 out of 24 Rochdale GP practices are using the pathway. 9 out of 15 GP practices in Heywood and Middleton cluster are using the early access to midwifery care pathway.</p> <p>Poor communication between Midwifery service and GPs in relation to pregnant women has been highlighted as an issue. This is now being addressed by Midwifery service by ensuring that midwives send the “booking summary” to the GP.</p> <p>In addition to the D2M pathway it is clear that communication and engagement are also required to achieve the target. A communication plan outline is now in place, however, there is no real ownership of this plan. Joint ownership will be required from PAHT and NESHMR to ensure effective delivery. The next step is to engage with the Head of Midwifery, Community Development Workers, PAHT Communications, Primary Care and NESHMR Communications and Patient and Public Involvement to agree the communication plan and drive it forward. Once this plan is established performance against it will be monitored and reported as part of the recovery process.</p>
<p><b>SQU19_05 – Breastfeeding at 6-8 weeks prevalence</b></p>	<p>Performance against this indicator reduced from 38.6% in Quarter 4 2010/11 to 34.2% in Quarter 1, 2011/12. Quarter 2 data has shown an improvement to 36.1%. A breast feeding initiation recovery plan is in place and the actions contained within it will had a positive influence on the breast feeding prevalence performance. PAHT have agreed to continue the DH funded breast feeding peer support programme from October 2011 to March 2012. A business case is being developed in order to continue this established programme beyond March 2012. The business case sets out the need for a programme to provide support to breast feeding mother across the hospital community interface.</p>
<p><b>SQU21 – Bowel Screening</b></p>	<p>The reported figures reflect the progress against the intended trajectory for age extension of the bowel screening programme to age 75 years for 2011/12. A full recovery plan is in place although it is not expected that age extension in bowel screening will commence until 2011/12.</p>

## Appendix 4



### NHS North of England performance overview - September 2011 report

PCT	Overall	RTT admitted 95 <sup>th</sup> percentile	62 day Cancer	C-diff	A&E 4 hour wait	Mixed Sex accommodation	Ambulance Cat A	Stroke
Calderdale PCT	●	●	●	●	●	●	●	●
Newcastle PCT	●	●	●	●	●	●	●	●
North Tyneside PCT	●	●	●	●	●	●	●	●
South Tyneside PCT	●	●	●	●	●	●	●	●
Warrington PCT	●	●	●	●	●	●	●	●
Blackpool PCT	●	●	●	●	●	●	●	●
Central Lancashire PCT	●	●	●	●	●	●	●	●
Middlesbrough PCT	●	●	●	●	●	●	●	●

### NHS North of England performance overview - September 2011 report

PCT	Overall	RTT admitted 95 <sup>th</sup> percentile	62 day Cancer	C-diff	A&E 4 hour wait	Mixed Sex accommodation	Ambulance Cat A	Stroke
East Lancashire tPCT	●	●	●	●	●	●	●	●
Redcar & Cleveland PCT	●	●	●	●	●	●	●	●
Blackburn with Darwen Care trust	●	●	●	●	●	●	●	●
County Durham PCT	●	●	●	●	●	●	●	●
Doncaster PCT	●	●	●	●	●	●	●	●
Gateshead PCT	●	●	●	●	●	●	●	●
Hartlepool PCT	●	●	●	●	●	●	●	●
Hull tPCT	●	●	●	●	●	●	●	●
Sunderland tPCT	●	●	●	●	●	●	●	●
Liverpool PCT	●	●	●	●	●	●	●	●
North East Lincolnshire Care Trust	●	●	●	●	●	●	●	●
North Lincolnshire PCT	●	●	●	●	●	●	●	●
Salford PCT	●	●	●	●	●	●	●	●
Sheffield PCT	●	●	●	●	●	●	●	●
Cumbria tPCT	●	●	●	●	●	●	●	●
Darlington PCT	●	●	●	●	●	●	●	●
Trafford PCT	●	●	●	●	●	●	●	●

### NHS North of England performance overview - September 2011 report

PCT Cluster	Overall	RTT admitted 95 <sup>th</sup> percentile	62 day Cancer	C-diff	A&E 4 hour wait	Mixed Sex accommodation	Ambulance Cat A	Stroke
East Riding of Yorkshire PCT	●	●	●	●	●	●	●	●
Knowsley PCT	●	●	●	●	●	●	●	●
North Yorkshire and York PCT	●	●	●	●	●	●	●	●
Northumberland Care Trust	●	●	●	●	●	●	●	●
Rotherham PCT	●	●	●	●	●	●	●	●
Wakefield District PCT	●	●	●	●	●	●	●	●
Barnsley PCT	●	●	●	●	●	●	●	●
Halton and St Helens PCT	●	●	●	●	●	●	●	●
Manchester PCT	●	●	●	●	●	●	●	●
Sefton PCT	●	●	●	●	●	●	●	●
Stockton-On-Tees tPCT	●	●	●	●	●	●	●	●
Bassetlaw PCT	●	●	●	●	●	●	●	●
North Lancashire tPCT	●	●	●	●	●	●	●	●

### NHS North of England performance overview - September 2011 report

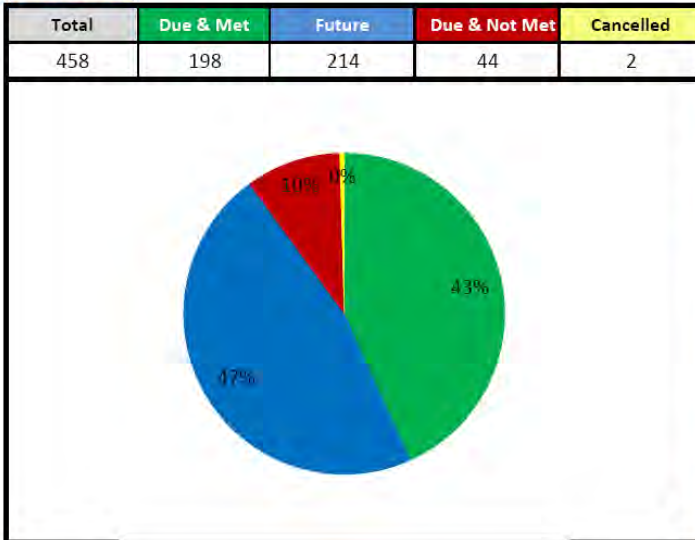
PCT Cluster	Overall	RTT admitted 95 <sup>th</sup> percentile	62 day Cancer	C-diff	A&E 4 hour wait	Mixed Sex accommodation	Ambulance Cat A	Stroke
Western Cheshire PCT	●	●	●	●	●	●	●	●
Bradford and Airedale tPCT	●	●	●	●	●	●	●	●
Heywood, Middleton and Rochdale PCT	●	●	●	●	●	●	●	●
Kirklees PCT	●	●	●	●	●	●	●	●
Bolton PCT	●	●	●	●	●	●	●	●
Ashton, Leigh and Wigan PCT	●	●	●	●	●	●	●	●
Central and Eastern Cheshire PCT	●	●	●	●	●	●	●	●
Leeds PCT	●	●	●	●	●	●	●	●
Stockport PCT	●	●	●	●	●	●	●	●
Wirral PCT	●	●	●	●	●	●	●	●
Tameside and Glossop PCT	●	●	●	●	●	●	●	●
Bury PCT	●	●	●	●	●	●	●	●
Oldham PCT	●	●	●	●	●	●	●	●

# Appendix 5

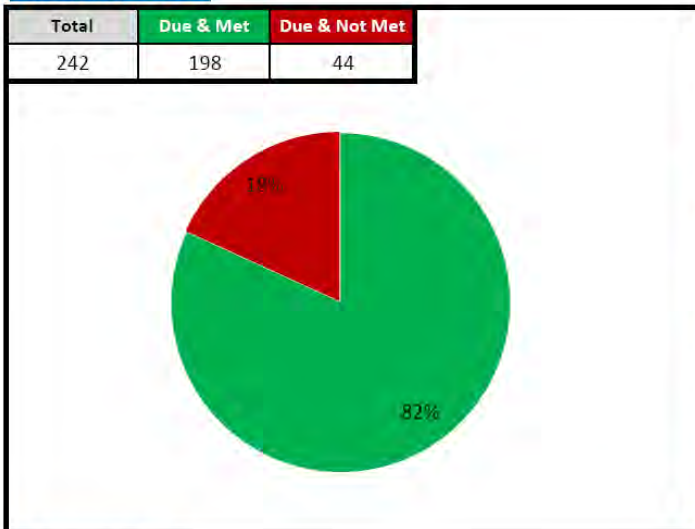
## Strategic & Directorate Objectives 2011/12

### Milestone Stats Report

#### Summary



#### Due Milestones



#### Commentary:

The performance against SO5 is poor. There are a number of reasons for this:

- There are a number of objectives that have been impacted on by organisational change and changing governance structures.
- Delivery of QIPP savings, whilst not meeting the financial milestones originally set, is still on track to deliver.
- Changes in equality legislation since objectives set

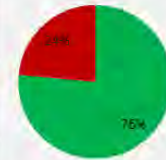
**SO1:** To improve and protect the population's health and well-being and to improve the health of the poorest fastest

Total	Count
Total	121
Due & Met	53
Due & Not Met	6
Future	62
Cancelled	0



**SO2:** Commission high quality safe and effective care

Total	Count
Total	169
Due & Met	65
Due & Not Met	20
Future	82
Cancelled	2



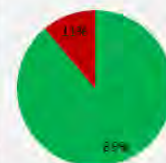
**SO3:** Improved quality and access in primary care services for all sections of the community

Total	Count
Total	96
Due & Met	60
Due & Not Met	2
Future	34
Cancelled	0



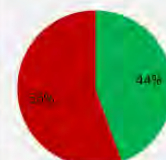
**SO4:** Building an effective and innovative commissioning infrastructure with staff, stakeholders and partners in line with national policy

Total	Count
Total	17
Due & Met	8
Due & Not Met	1
Future	8
Cancelled	0



**SO5:** Be a high performing organisation and deliver best value within our resources

Total	Count
Total	55
Due & Met	12
Due & Not Met	15
Future	28
Cancelled	0



## Appendix 6

**S01: To improve the population's health and well-being and to improve the health of the poorest fastest** Jane Rossini

Milestone	Due Date	Status	RAG
DO1.2 To engage with the LSPB, partners and communities to identify and tackle the wider determinants of health and well-being		Jane Rossini	
TO1.2.3 To agree and develop a community and neighbourhood model and action plan for the Borough		Wendy Meston	
<i>Comments: Several workstreams are now being aligned which has delayed the project plan completion date but will enhance the work in the longer term. This work has been linked with the Building Success work</i>			
TO1.2.3A Work programme agreed	30/09/2011	Missed Deadline	
DO1.3 To support local people to take responsibility to choose and maintain a healthy lifestyle		Jane Rossini	
TO1.3.10 To design and evaluate a programme of 'Health Chats' (generic brief interventions for health)		Helen Skidmore	
<i>Comments: Scoping &amp; Evaluation framework has missed deadline due to staff availability. Met with Wendy Meston and Shakeela Bano 11/11/11 to develop draft framework which will be submitted to steering group for 5 Dec meeting.</i>			
TO1.3.10A Scoping and evaluation framework completed	28/10/2011	Missed Deadline	
TO1.3.9 Implement prevention plan to reduce the dmf in 5yr olds from 47% with caries experience to 40% & dental GA cases		Ruth Bardsley	
<i>Comments: Draft of fluoride scheme (Supervised toothbrushing in schools) delivered to R Craven CDPH and Wendy Meston with the new OH Spec, addition of reinforcement of fluoride varnish to be delivered by Dental teams, promotion of D/N's to use skills. This is to be included within an engagement event in Feb 11 OHP spec has gone through to Mary Chadwick(November 11) with changes regarding fluoride schemes and Toothbrushing in schools, (No reply as yet)/to deliver to next management meeting. GA Services are part of an overall review, carried out for pennine care following transfer. The report is underway by Rebecca Craven, this will inform future contract arrangements, this will be concluded end of November 11/ beggining of December 11.</i>			
TO1.3.9A Interim report on review of current OHP & GA services completed	31/10/2011	Missed Deadline	
DO1.5 prevent more people from dying prematurely and increase healthy life expectancy		Jane Rossini	
TO1.5.1 To deliver a Borough All Age all cause mortality plan and achieve high performance in AAACM mortality rates		Bernadine O'Sullivan	
<i>Comments: Some finance has been agreed in finance plan but the detail has been very difficult to determine. Currently a wider plan is being developed for other areas and CVD is going ahead as planned.</i>			
TO1.5.1A CVD Finance plan for incremental roll out agreed	31/07/2011	Missed Deadline	
TO1.5.2 To develop and implement a Borough suicide prevention strategy		Shabnam Sardar	
<i>Comments: draft framework complete, meeting to be set for partners to take ownership for their areas.</i>			
TO1.5.2C Draft Strategy produced	31/10/2011	Missed Deadline	
DO1.6 To build a local public health system, implement the transition plan and establish a shadow health and well-being board		Jane Rossini	
TO1.6.2 To establish a transition group and agree and deliver a public health transition plan		Jane Rossini	
<i>Comments: Deadlines have been extended due the delay in policies on HR Concordat and the ACRA formula now expected at the end of Decmeber 2011. The Transition Plan has been written, consulted on and agreed at the HWBB. SHA template for managing the transition of staff , contracts and finances is due in March 2012</i>			
TO1.6.2C Memorandum of Understanding signed off	31/10/2011	Missed Deadline	

**S02: Commission high quality, safe and effective care**

**Lesley Mort**

Milestone	Due Date	Status	RAG
DO2.1 Implement agreed commissioning strategy action plans			Karen Hurley
TO2.1.3 Ensure progression of mental health PbR is in line with national policy			Adele Wood
<i>Comments: Agreement to add Mental Health Minimum Dataset (MHMDS) to the Greater Manchester Database (Minerva). This agreement is important as this will give us access to data across both the Pennine Care and Greater Manchester footprint. Current version of MHMDS not suitable, it's only a summary and doesn't allow access to individual patient details. This will be important for PbR because we need to check that patients are reviewed on a regular basis to ensure they are allocated to the right cluster. New version of MHMDS dataset to be created in conjunction with CBS.</i>			
TO2.1.3A Achieved access to appropriate data sets for contract monitoring	28/10/2011	Missed Deadline	
DO2.11 Implement service delivery model for an integrated community paediatric service			Karen Kenton
TO2.11.1 Redesign community paediatrics service			Saeeda Hussain
<i>Comments: 2011-12 service specification was completed in early 2011. Following a long delay the provider presented a significantly revised version for inclusion in the contract, without knowledge of, or agreement with the PCT. This was disputed by the PCT and despite considerable effort, there appears to be no resolution in sight. The options are: (i) to present HMR's specification for inclusion in the contract; (ii) to continue to try to reach agreement on the specification; (iii) to focus on the service specification for tender of the whole service.</i>			
TO2.11.1B 2011-12 service specification completed and agreed	30/09/2011	Missed Deadline	
DO2.13 Improve healthcare and healthcare outcomes for people with learning disabilities and their families			Karen Hurley
TO2.13.1 Completion and submission of Learning Disabilities Health Self Assessment			Wendy Naven
<i>Comments:</i>			
TO2.13.1C Validation Process with NHS Northwest complete	15/11/2011	Not Started	
DO2.2 To implement agreed commissioning strategy action plans			Karen Kenton
TO2.2.1 Deliver the agreed actions for 2011-2012 from the CAMHS strategy			Karen Kenton
<i>Comments: Partnership programme of work. 2 out of 3 plans are described and are being delivered on target. The third plan re Tiers 1 &amp; 2 is RMBC led is outstanding and off target. All actions for Q1 &amp; 2 have not therefore not been delivered</i>			
TO2.2.1A Detailed action plans agreed	30/06/2011	Missed Deadline	
TO2.2.1B Q1 & Q2 actions delivered	30/09/2011	Missed Deadline	
TO2.2.2 CAMHS Tier 4 – explore sufficiency of levels of provision commissioned, spot purchasing arrangements and tier 4 pathways (linking to CAMHS QIPP work, as required)			Saeeda Hussain
<i>Comments: The case for change (CAMHS Tier 4 Report) was approved by CCC on 4th November, 2011. The next stage is to assess the feasibility of the proposals, appraise the options and determine what can be implemented locally to improve quality and efficiency in Tier 4 CAMHS.</i>			
TO2.2.2E Commissioning plans developed (following approval)	16/09/2011	Missed Deadline	
TO2.2.2F Commissioning plans implemented	30/09/2011	Missed Deadline	
TO2.2.3 Deliver the agreed actions for 2011-2012 from the Joint Commissioning Strategy for Speech, Language and Communication			Karen Kenton
<i>Comments: Q1 &amp; Q2 actions off target due to capacity within partnership organisations (actions being led by community services and RMBC). Work is due to be presented to project group mid December.</i>			
TO2.2.3B Q1 & Q2 actions delivered	30/09/2011	Missed Deadline	
DO2.3 Implement agreed commissioning strategy action plans			Ian Mello
TO2.3.12 Implement Choose & Book LES to achieve 65%+ utilisation for elective care referrals at HMR			Kate Hudson
<i>Comments: Escalated to S.North in finance re decision for funding of LES at HMR.</i>			
TO2.3.12A C&B LES approved by relevant governance body (ACCT)	31/07/2011	On Hold	
TO2.3.12B LES issued and achieve sign up of all HMR GP practices	31/08/2011	On Hold	
DO2.4 Develop and secure agreement for additional commissioning strategies in 2011/12			Karen Hurley
TO2.4.3 Implementation of the End of Life Care Strategy – promoting high quality care for all adults at the end of life in line with the Operating Framework			Ann Gough
<i>Comments: Cancer Network Work Programme due to be signed off 18/10 then review local priorities. Pennine Care undertaking a pilot to rollout e-learning across a number of services. Due date needs to be extended to 31/3/2012 to enable evaluation. Agreement in place with Pennine Care to recruit EOLC facilitator to fixed term contract. Post to be recruited by end March 2012, keep under review.</i>			
TO2.4.3B Agreed and signed off work streams	30/09/2011	Missed Deadline	
TO2.4.3C Agreed rollout of E-learning	30/09/2011	Missed Deadline	
TO2.4.3F Agreed enhance rollout of EOLC tools in care homes, with allocated network funding to recruit additional facilitator	30/09/2011	Missed Deadline	
TO2.4.6 To develop and implement local plans to deliver operational framework priority for health visiting			Karen Kenton
<i>Comments: Awaiting confirmation of staffing trajectories from SHA - which will inform local planning.</i>			
TO2.4.6B Current capacity reviewed and compared to NW Review findings	31/07/2011	Missed Deadline	
DO2.5 Implement maternity pathway and reduce variance related to pregnancy / birth			Karen Kenton
TO2.5.1 Determine the reasons for antenatal activity variance to identify areas for potential service change			Amanda Fletcher
<i>Comments: The final milestone will be overdue, due to a knock on effect from the delay incurred with the preceding milestone, which remains incomplete. This findings report associated with this milestone is directly dependent on the preceding milestone and its outstanding actions (x 3 audits). Please see comments in preceding milestone (milestone 3) for further detail. Likely timescale for this milestone is now mid-October due to delay in milestone 2 and PM annual leave (3/52).</i>			
TO2.5.1C Investigation of potential anomalies completed	12/08/2011	Missed Deadline	

**S02: Commission high quality, safe and effective care**

**Lesley Mort**

	Milestone	Due Date	Status	RAG
	TO2.5.1D Findings report completed	20/08/2011	Missed Deadline	
DO2.6	Implement continuing health care process in HMR and support the development of a shared service programme across Greater Manchester			Mark Gibbons
	TO2.6.1 Establish NWCCA commissioning Framework for care homes			Mark Gibbons
	<i>Comments: National Legal challenge by care home association has delayed entire project</i>			
	TO2.6.1B Contracts established with approved providers	31/07/2011	Missed Deadline	
	TO2.6.1C Commissioning system in place	31/08/2011	Missed Deadline	
DO2.6.2	Establish NWCCA commissioning framework for domiciliary providers			Mark Gibbons
	<i>Comments: Current SHA project has limited funds that may not extend to carrying out this element of the project</i>			
	TO2.6.2B Contracts established with approved providers	31/10/2011	Missed Deadline	
	TO2.6.2C Commissioning system in place	31/10/2011	Missed Deadline	
DO2.8	Implement Healthy Futures and Making It Better programmes and other agreed reconfigurations			Ian Mello
	TO2.8.1 Ensure high quality provision of Rheumatology Services across the Borough, treating patients closer to home where appropriate – HF consultation			Charlotte Booth
	<i>Comments: Community based clinic will progress with the remainder of the HF reconfiguration rather than seperately due to no consultation.</i>			
	TO2.8.1D PAHT clinic delivered from HMR LIFT facilities	30/09/2011	Cancelled	

**S03: Improved quality and access in primary care services for all sections of the community**

**Lesley Mort**

	Milestone	Due Date	Status	RAG
DO3.5	Implement CQC registration process for GPs		Susan Savage	
TO3.5.1	Agree a CQC registration implementation support plan in partnership with Primary Care		Deborah Hunter	
<i>Comments: DH deferred CQC reg for GPs until 2013</i>				
TO3.5.1B	In partnership with primary care colleagues, meet with GPs and Practice Managers to discuss support required	31/08/2011	On Hold	
TO3.5.1C	Draft a plan, consult and gain approval from Quality Committee on 11th October 2011	11/10/2011	On Hold	

**S04: Building and effective and innovative commissioning infrastructure with staff, stakeholders and partners in line with the national policy**

**Lesley Mort**

	Milestone	Due Date	Status	RAG
DO4.4	Support the development and implementation of joint commission arrangements for children			Karen Kenton
TO4.4.2	Agree a joint commissioning framework for adults			Josephine Purcell
<i>Comments: Part of transition plan</i>				
TO4.4.2A	Project plan for work to commence agreed by stakeholders	31/10/2011	Missed Deadline	

**S05: Be a high performing Locality Board and deliver best value within resources.**

	Milestone	Due Date	Status	RAG
DO5.2	Deliver Statutory Duties			Josephine Purcell
TO5.2.1	Delivery of the Single Equality Scheme (SES) and Action Plan 2010-2013			Samina Arfan
	<i>Comments: .This milestone was created prior to the new legislation and NHS policy direction for Equality. Work is in progress to implement the changes and for Equality Objectives and the annual Plan to be in place for April 2012 this will replace the SES.</i>			
	TO5.2.1H Actions delivered across all SES Aims for Quarter 1	12/09/2011	Missed Deadline	
	TO5.2.1I Actions delivered across all SES Aims for Quarter 2	12/09/2011	Missed Deadline	
DO5.3	Delivery of QIPP Programme			Izhar Chaudhary
TO5.3.1	Develop and implement Best Value (QIPP) plans. Monitor and report performance of all Best Value Plans. Undertake service evaluations to establish poor or inefficient services.			Izhar Chaudhary
	<i>Comments: The PCT is on track to deliver its overall financial duties. Where individual QIPP schemes are not delivering the PCT has contingencies in place to meet any potential shortfall.</i>			
	TO5.3.1A 4,958K savings delivered in Q1	30/06/2011	Missed Deadline	
	TO5.3.1B 1,849K savings delivered in Q2	30/09/2011	Missed Deadline	
DO5.4	Drive organisational performance to deliver agreed targets and objectives			Sandra Croasdale
TO5.4.1	Establish appropriate performance reporting structures in line with GM governance arrangements.			Sandra Croasdale
	<i>Comments: This work has been delayed in an attempt to include Quality, Cost and Delivery in one performance report.</i>			
	TO5.4.1B Performance framework agreed	31/10/2011	On Hold	
	TO5.4.1C Performance reporting agreed for locality board, PBC ops, Cluster Board	30/09/2011	Missed Deadline	
TO5.4.3	Driving down risk as appropriate by robust implementation of risk management strategy.			John Walters
	<i>Comments: Process completed for red risks - requires maintenance input on an ongoing basis. Some progress made on amber risks - those associated with the Assurance Framework. Other amber risk to be reviewed.</i>			
	TO5.4.3B Amber risks are appropriately written and graded, with action plans in place.	31/10/2011	Missed Deadline	
TO5.4.4	Review and update workplace risk assessments			John Walters
	<i>Comments: Development of manager briefing behind schedule - recovery plan agreed to develop by end of November.</i>			
	TO5.4.4A Risk assessment briefing for managers and teams complete	31/08/2011	Not Started	
	TO5.4.4B Support RAs as requested by managers	31/10/2011	Not Started	
TO5.4.5	Performance manage Mental Health SUI's			John Walters
	<i>Comments: Performance management of MH SUIs has commenced. Incident Management Reporting and Investigation Policy is being modified to incorporate PCFT SUI performance management. Revised Policy to be submitted for Quality Committee meeting 13-12-11. Liaising with PCFT on alignment with PCFT policy.</i>			
	TO5.4.5A HMR and PCFT policy aligned	31/08/2011	Missed Deadline	
DO5.5	Ensure effective monitoring frameworks are in place that provide assurance on provider performance and drive improvements			Susan Savage
TO5.5.1	Develop and implement a PCT / PCFT community contract quality monitoring system			Deborah Hunter
	<i>Comments: Quality schedule drafted. Further work required to agree across HMR, Bury &amp; Oldham. Still within timeframe for contractual agreements.</i>			
	TO5.5.1B Agree quality schedule	31/10/2011	Missed Deadline	
DO5.6	Establish locality board governance and accountability framework			Josephine Purcell
TO5.6.1	Agree and sign off fully worked up governance arrangements in relation to Greater Manchester Cluster Board			Josephine Purcell
	<i>Comments: Governance framework agreed - scheme of delegation to be completed</i>			
	TO5.6.1A Agree fully signed off terms of reference for the Locality Board and sub-committees	31/07/2011	Missed Deadline	
	TO5.6.1B Agree fully signed off corporate governance framework for NSHMR	30/09/2011	Missed Deadline	
DO5.7	Develop a Commissioning for Quality framework			Susan Savage
TO5.7.1	Develop a quality framework in partnership with GPCC			Susan Savage
	<i>Comments: Delay due to time taken to agree CCG configuration. Outline has been presented to Quality Committee. Will progress imminently once Quality Lead for CCG has been identified</i>			
	TO5.7.1A Agree content of framework with GPCC	31/07/2011	On Hold	
	TO5.7.1B Present framework to Quality Committee for approval	31/10/2011	On Hold	