

Clinical Commissioning Group (CCG) Governing Body 2019/20 – Part 1

Date of Meeting:	19 July 2019
Agenda Item:	3.3
Subject:	Performance Report
Reporting Officer:	Kuiama Thompson
Aim of Paper:	To provide Governing Body with an NHS Constitution Performance Update

Governance route prior to Governing Body	Meeting Date	Objective/Outcome
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Corporate Governance Committee	Select date of meeting.	Click to Select
Health and Wellbeing Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
System Transformation Committee	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Governing Body Resolution Required:	For Discussion
Recommendation	To discuss CCG current performance against NHS Constitutional standards and support any actions to improve.

Link to Strategic Objectives	Contributes to: (Select Yes or No)
SO1: To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	Yes
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
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Comments (Document should detail how the risk will be mitigated)	There is no overarching risk rating for the performance report. Any risks are detailed within the body of the report
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Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Associate Director of Integrated Commissioning, Karen Kenton
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary
<p>Aim</p> <p>To provide the Governing Body with a summary of current performance against NHS Constitution Performance & Activity measures.</p> <p>The following performance measures are contained within the report:</p> <ul style="list-style-type: none"> • Urgent Care • Referral to Treatment • Cancer • Mental Health (IAPT, EIP & Dementia) • Children's • Delayed Transfers of Care • Diagnostics • Activity

Urgent Care (Accident & Emergency and Ambulance Performance)

Accident & Emergency

Two definitions of A&E performance exist, namely 'Mapped' & 'Commissioned'.

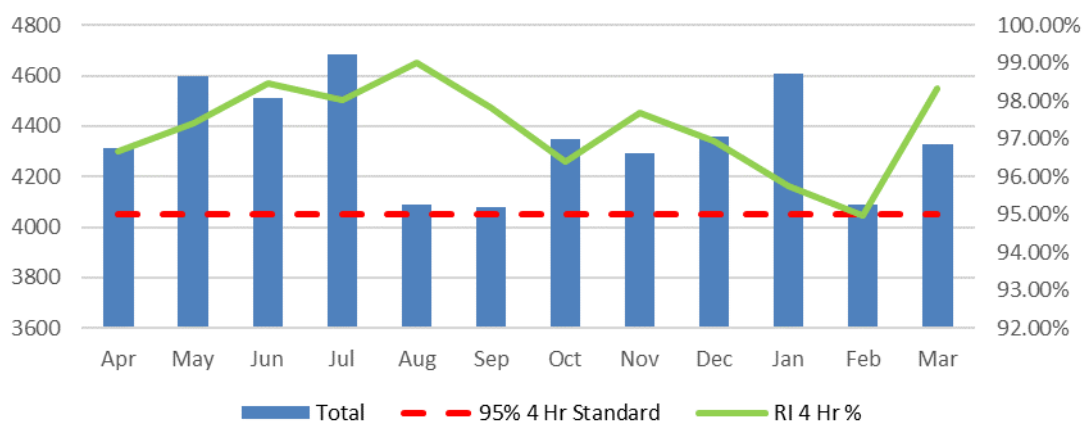
Mapped data reflects a predetermined % allocation of GM A&E providers activity to identify CCG A&E activity.

Commissioned data is the number of attendances a CCG pay for, typically made up of the responsible population.

Main Findings

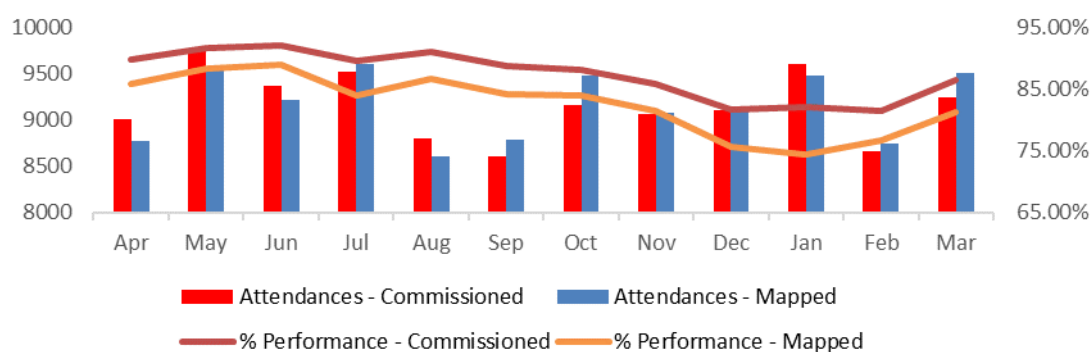
- Rochdale Urgent Care Centre has met the 95% 4-hour national target across the 2018/19 Financial Year. The average performance being 97.29%. March 2019 position is 98.34%. This is an improvement on 2017/18 Financial Year (average 96.61%) and a 1.44% improvement on March 2018.

Rochdale Infirmary Performance 2018-19



- The total number of A&E attendances in 2018/19 for HMR patients saw a 3.42% increase on 2017/18 (109,858 attendances Vs 106,228).

HMR Patients - A&E Performance



- Attendances at Rochdale Infirmary Urgent Care Centre have increased by 2.87% in 2018/19 compared to 2017/18 (52,309 attendances Vs 50,849).
- Nationally, 86.6% of patients were seen within 4 hours in A&E departments in March. 84.6% of patients were seen within 4 hours across the Greater Manchester Health & Social Care Partnership (STP). The 95% standard was last met nationally in July 2015.

Action to Improve

- As part of the NHS Long Term Plan, published in January 2019, NHS England are currently testing changes to access standards in mental health services, cancer care, elective care and urgent and emergency care. These proposals will now be field tested at 8 vanguard sites across England, before wider implementation. At present there are no Greater Manchester hospitals selected to trial the new standards.

The revised standards include:

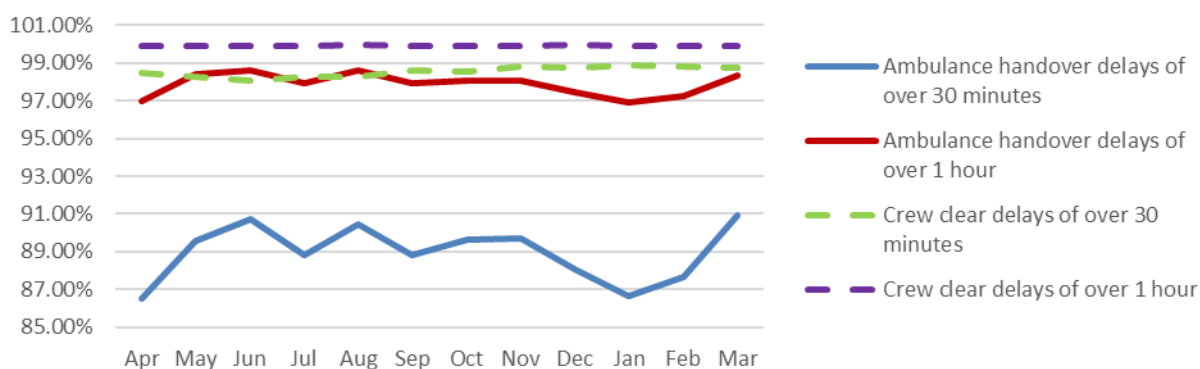
- Time to initial clinical assessment in Emergency Departments and Urgent Treatment Centres (type 1 and 3 A&E departments)
 - Time to emergency treatment for critically ill and injured patients
 - Time in A&E (all A&E departments and mental health equivalents)
 - Utilisation of Same Day Emergency Care
 - Call response standards for 111 and 999
- The development of the Urgent Care plan is on-going.
 - An Urgent Care Delivery Group has now been established and meeting monthly which reports into the Rochdale Urgent Care Board. The Delivery Group has multi-stakeholder attendance, the priority areas for delivery are around:
 - Establishing a single point of access
 - Establishing consistent assessment and triage, and signposting no matter where the patient presents;
 - Reviewing service provision across Rochdale and out of borough with a view to streamlining provision where possible
 - Further actions aimed at maximising HMR activity and reducing pressures on the Urgent Care system include:
 - The Mental Health 'Safe Haven' opened in March 2019 to offer support to those in time of mental health crisis. First monitoring report has been completed.
 - A second HEATT car was mobilised in January 2019. A deep dive analysis is currently taking place to review the impact of the scheme.
 - Completion of the GM Integrated Urgent Care 90-day pilot. A detailed evaluation is due to be released in the middle of July 2019.
 - Proposals for SRG schemes for 2019/20 include:
 - Children's Paediatric Practitioner service

- Expanded Decision to Admit provision (D2A)
- Expanded Home IV capacity
- Expanded night sitting capacity
- ITS Transport

- The HMR Safe Haven opened at the end of March 2019 with a soft launch. To the end of May 2019, the Safe Haven has received 61 referrals 3, 19 & 39 referrals in March, April & May respectively.

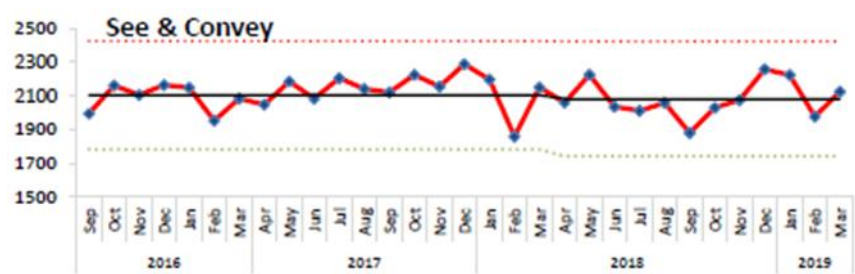
Ambulance

NWAS Handover & Crew Clear Performance

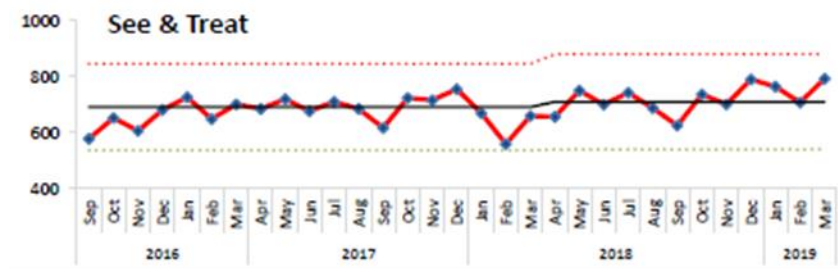


Main Findings

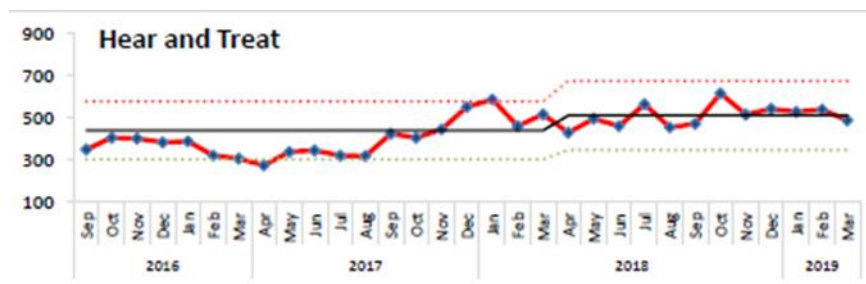
- Turnaround times in March saw the best performance across 2018/19 with an average of 31 minutes and 47 seconds.
- The 2018/19 end of year financial position for NWAS shows a surplus of £2.5m. This is £0.68m better than planned.
- 111 performance in March has shown its strongest position since August 2017. NWAS is in the top third of providers for calls answered in 60 seconds and clinician call back times (ranked 6th nationally).



- See & Treat performance achieved 26.2% in March and 25.1% for the 2018/19 financial year, achieving the 24.3% target.



Performance reached 7.4% in March and 6.3% for the 2018/19 financial year, matching the target (hear and treat).

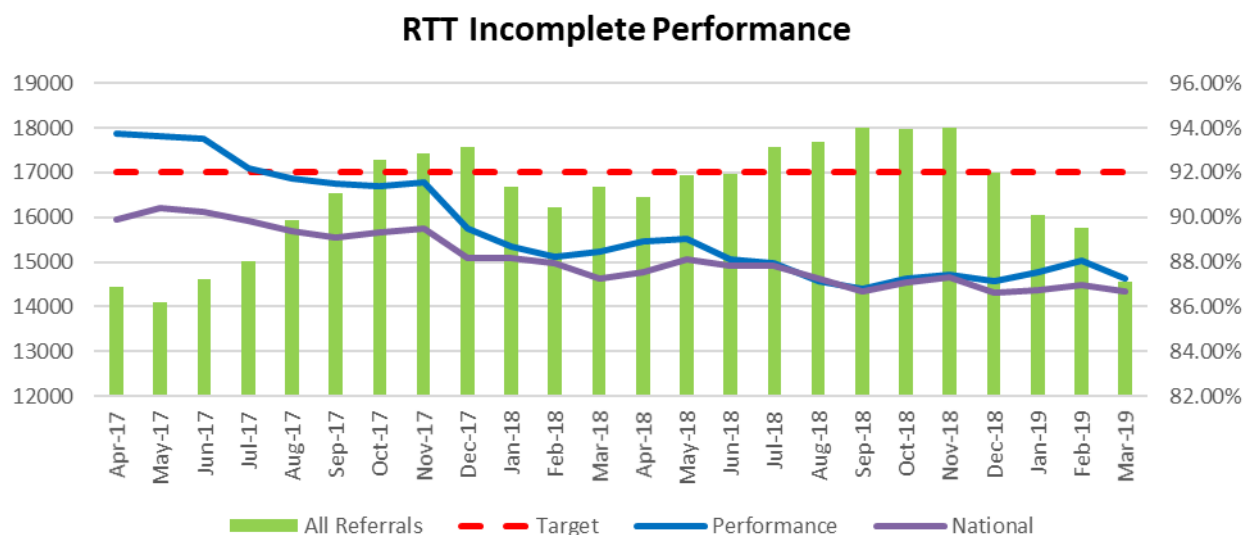


- Complaints for Qtr. 3 2018/19 (latest available) reported a rate of 0.083% - a mid-pack rank position compared with other ambulance trusts (0.099% [highest], 0.051% [lowest]).
- A continued focus on prompt review of incidents has resulted in 86 unscored incidents reported in March, significantly below the 18/19 trajectory.
- PTS activity during March 2019 was 2% (2,836 journeys) below contract baselines.

Actions to Improve

- Ongoing training continues for less experienced Paramedics/EMTs to ensure the best outcomes for patients.
- Additional SRG funding in Oldham to ensure enough capacity is in place to meet surges.

Referral to Treatment

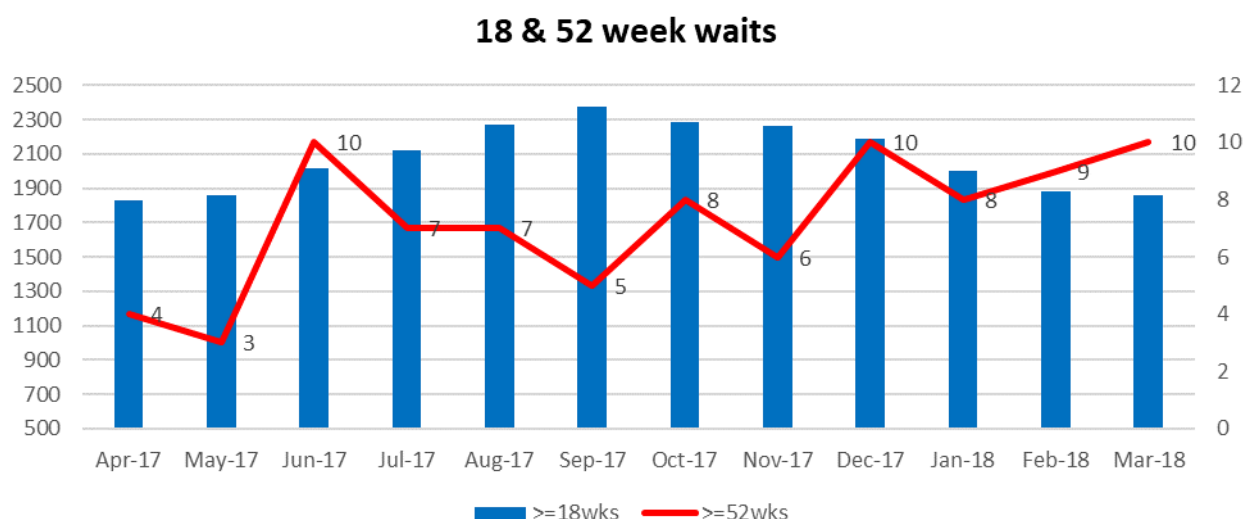


Main Findings

- At the end of March 2019, 87.24% of Rochdale patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% national standard. The national position at the end of March 2019 is 86.7%.
- The number of RTT patients waiting to start treatment at March 2019 has seen a 19.1% reduction from the November 2018 position, where the number of patients waiting to start treatment was at its highest since RTT collections began.
- The total number of patients waiting for treatment at the end of March has reduced to 14,556, 2,124 less patients waiting than in March 2018, therefore meeting the nationally mandated target.
- Significant waiting lists reductions in Gastroenterology (31%), General Surgery (25%), Ophthalmology (18%), Trauma & Orthopaedics (52%) since the November 2018 position.
- The top 5 waiting list speciality pressures, for people waiting over 18 weeks in March are:
 - Gastroenterology
 - Gynaecology
 - Ophthalmology
 - Trauma & Orthopaedics
 - Urology
- Ten patients were waiting over 52 weeks as at March 2019, all under the care of Pennine Acute. There have been 87 breaches (not individual patients) across the financial year.

Actions to Improve

Waiting Lists



- The CCG has seen improvement in both non-admitted performance and a reduction in the number of open pathways. The CCG has not met the 92% target during 18/19. Work is ongoing with NES and PAHT to improve performance in 19/20.
- Commissioners continue to review the IECP model. The review will:
 - Look in detail at patient pathways and the triage process
 - Look in detail at the IECP model and areas of activity.
- Commissioners and the provider are actively reviewing the IECP pathways, with a view to improving the triaging process and ensuring patients receive their care in the most appropriate place, at the right time. This will reduce the number of appointments offered in a secondary care setting, with more treatment in community and primary care.
- Conducting a full system review of our planned care services in partnership with providers to inform future commissioning intentions to ensure that patients receive timely and quality services and that we manage system pressures and performance. There may be scope to build in a process of triage for other clinical specialties which are outside the current IECP process, which will offer the same opportunities to reduce secondary care activity.
- Commissioners have recently led a workshop on MSK with clinicians and providers. The findings from this workshop have now been formulated into a proposal for a single referral point of access for all patients with MSK conditions, which will speed up the referral process and ensure patients are treated in the most appropriate place dependant on their clinical need.
- Following the recent workshop on PAIN with clinicians and providers, commissioners are currently reviewing PAIN activity, spend & patient experience.
- The Telephone Advice and Guidance service allowing GPs to contact specialists immediately for patient specific advice now covers the following specialties: Cardiology, Diabetes and Endocrinology, Gastroenterology, Gynaecology, Haematology, Neurology, Paediatrics, Renal Medicine, Urology and Dermatology (tele-dermatology with image sharing).
- Mental Health Medication Advice and Respiratory Medicine lines will be added in July.

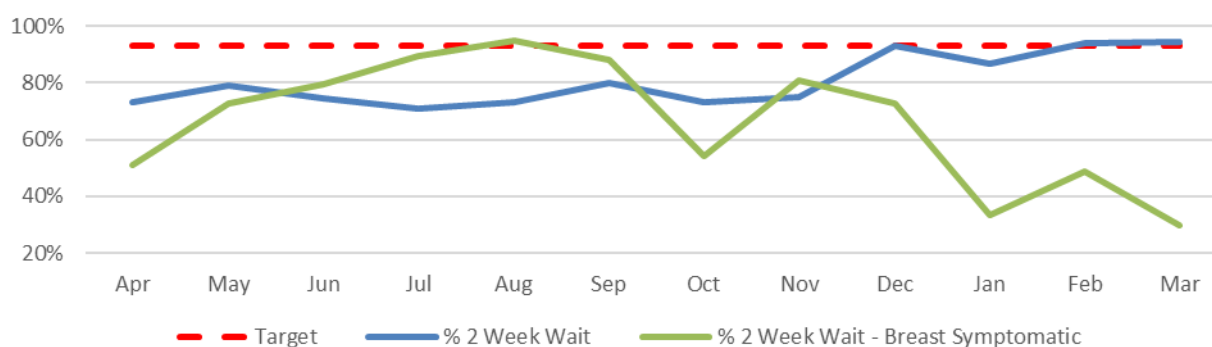
- To date, there have been 509 answered calls over the service, with over half the calls resulting in the patient avoiding at least a first out-patient appointment. Based on recorded outcomes, 51% of calls result in a referral being avoided, 5% in an admission being avoided and 15% with extra diagnostics being advised. Only 27% of calls are resulting in a referral being advised with a further 1% resulting in an admission being advised.
- 34 out of 36 Practices have now used the service. We are continuing to focus on engagement work with GPs to embed the service within their normal working day.

52 Week Breaches

- Commissioners are working with our main provider Pennine Acute to validate patient waiting list data through the Elective Care Tactical Meeting and performance packs, including patients waiting over 18 weeks. Commissioners have developed a template to identify patients waiting over 40 weeks. Commissioners are working with providers to ensure that the template is an effective way of providing assurance.

Cancer

2 Week Wait & 2 Week Wait Breast Symptomatic



Main Findings

2 Week Wait

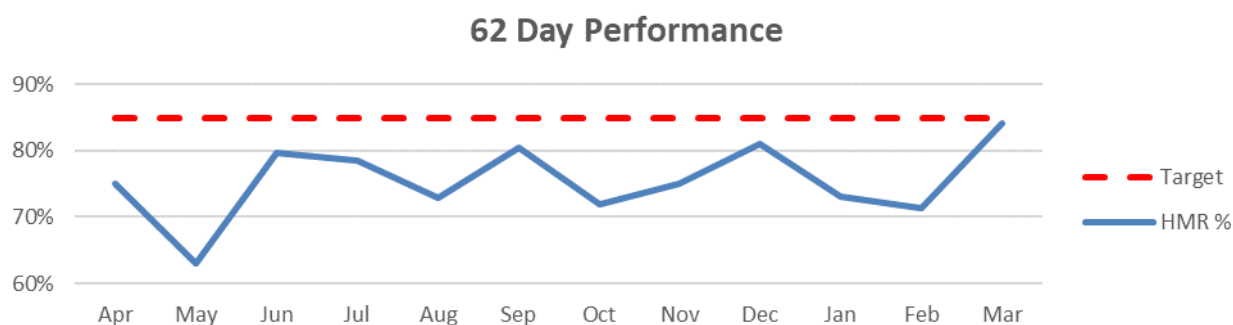
- Continued improvement in March 2019 for the 2-week waiting standard with 94.7% of people referred being seen within the 2-week standard of 93% – the second consecutive month this standard has been achieved for Rochdale patients in 2018/19. Year to date, 80.69% of patients referred have been seen within the 2-week timeframe.
Failing performance throughout the year has been a result of increased demand on the service and temporary gaps in the workforce. Cancer trackers and cancer navigators are now employed with further recruitment on-going. A dedicated training programme is in place for these roles which includes an understanding of key performance measures/areas and the prioritisation of urgent referrals
- 794 patients were seen within 2 weeks in March 2019 at PAHT, the highest total in 2018/19.

2 Week Wait – Breast Symptomatic

- Trend in performance continues to decline. March 2019 performance dropping to 30%, the lowest position in the financial year.
- Pennine Acute (24 breaches) and Bolton (2 breaches) underperformance is continuing to contribute towards the CCG's reduced performance for suspected breast cancer.

62 Day Standard

- Noted increase in performance in March 2019 from the February 2019 position, with 84% of Rochdale patients having their first treatment for cancer within the 62-day timeframe. This is the highest % in the financial year, falling just short of the 85% national target. Significant improvement at Christie Hospital in March 2019 has led to this improvement.
- 84.21% of Rochdale patients receiving treatment at Pennine Acute were seen within the 62-day standard.



Actions to Improve

2 Week Wait & 62day targets

- The CCG has invested in the Northern Care Alliance (NCA) Cancer Recovery Plan. The investment is funding identified service gaps which in turn will improve cancer performance. The NCA Cancer Recovery plan is being monitored internally by the NCA.
- The monthly Elective Care Tactical Group reports at Care Organisation level and speciality level.
- The CCG continues to work with NES colleagues and PAHT on several direct access GP tests prior to referral i.e. CT pancreas, FIT testing. These have gone live from July 1st. The tests are all prevention & early diagnosis interventions. It is expected that by introducing these tests patients will be seen on the most appropriate pathway reducing the amount of consultant to consultant referrals.
- Clinical staff, Navigators and Pathway Trackers have now been recruited.

2 Week Wait – Breast Symptomatic

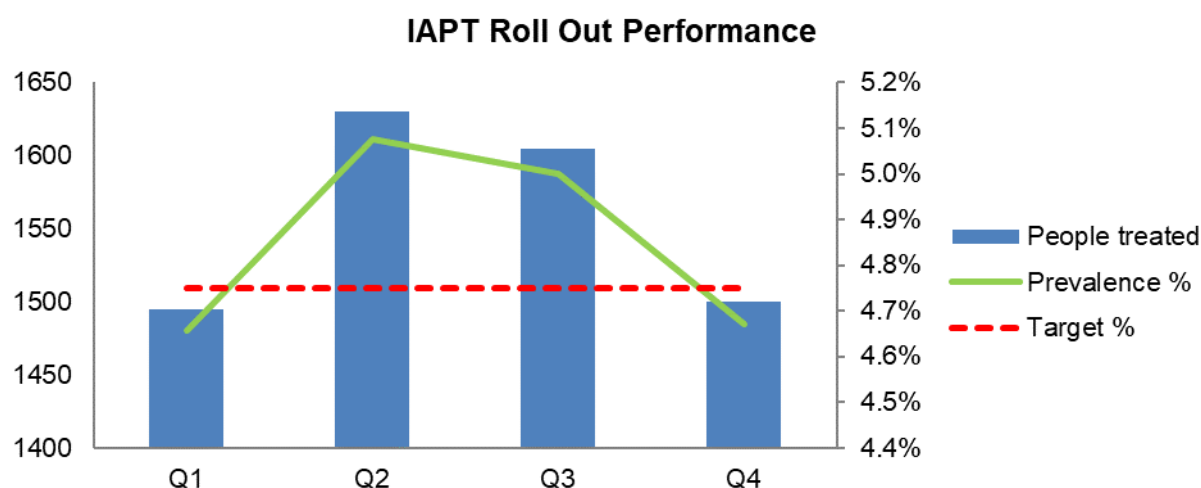
- Vacancy issues have now been addressed. There are no Consultant vacancies in the Breast Department. Additional locum capacity is in place to improve performance.
- Targeting HMR GP Practices to refer locally is expected to have a positive impact on improved performance into 2019/20.

Mental Health & Learning Disability

IAPT

Main Findings

- Thinking Ahead has achieved 70% of its constitutional access and wait time targets in 2018/19.
- Underperformance was noted in February 2019 within Q4 for roll out. January and March both achieved the 19% benchmark. The Year-end position achieved target (19.42%).



- The recovery rate for clients has narrowly failed to achieve the 50% target at year end. All three months in Q4 failed the target, presenting 45.5%, 48.5% and 48.3% respectively for Jan, Feb & Mar.
- The 18-week treatment targets have achieved the target at year end. It should be noted that 'IAPT 18 week finished' failed the target (95%) for the last 4 months of the financial year. Strong performance in the first half of the financial year significantly contributed to the year-end achievement. Quarter 1 2019/20 early indications show achievement of the 95% target.
- The following are average waiting times to access different services, as of 14th May 2019:

Modality	Average (in weeks)	Maximum in weeks	Numbers
Gateway	2	2	6
Wellbeing Screen	1	1	27
Step 2 Treatment	25	25	188
Step 2 Telephone Treatment	29	29	133
E Therapy	7	7	7
Counselling	40	40	298
Counselling Telephone Treatment	14	14	45
CBT	Step 3 14	14	19
	Step 3.5 0	0	0
Psychology	5	5	4
Getting Help	4	4	2

- Gateway – waiting times decreased significantly as has the number of patients
- Wellbeing – waiting times and numbers remain consistent
- Step 2 Treatment - negligible increase in numbers and waiting times
- Telephone Treatment - decrease in numbers, waits decreased by 1 week
- E Therapy – increase in numbers, 7 week waiting times
- Counselling – reduced numbers and waiting times (new therapist in post)
- Telephone Counselling - consistent numbers and waiting times
- CBT – increased
- Psychology – increased waits and numbers
- Getting Help - increased waits and numbers

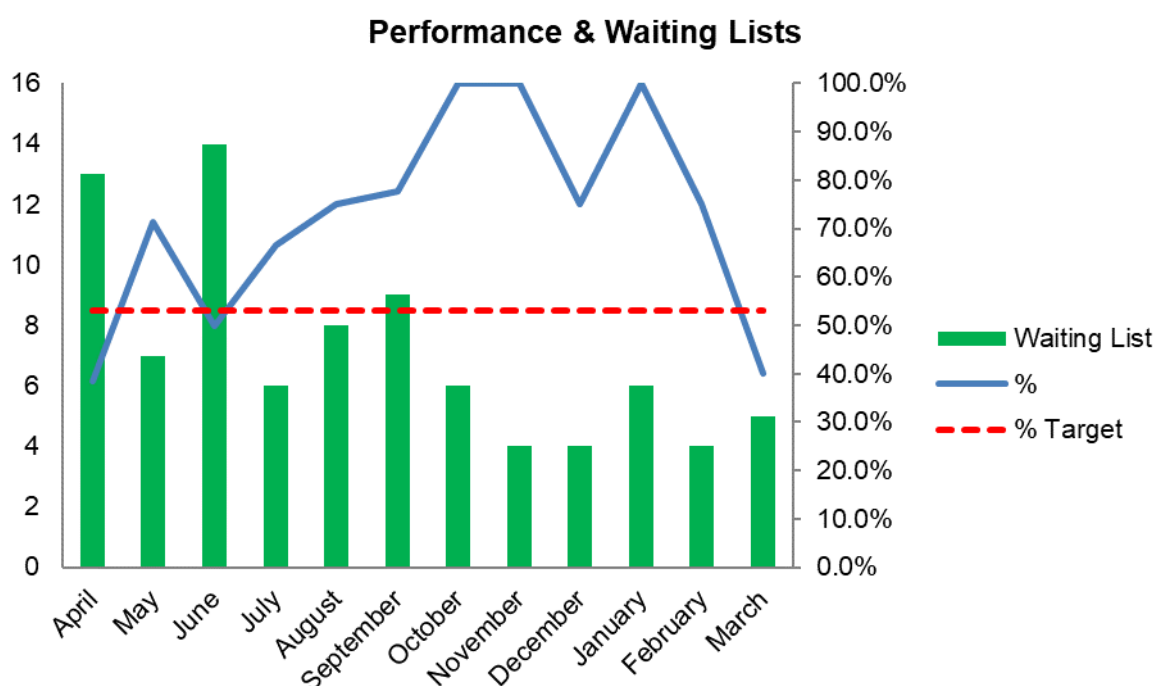
Actions to Improve

- Regular contract meetings are now in place reinforced with informal development and service improvement meetings.
- The CCG continues to invest within IAPT services and has developed additional reporting KPI's around the 2nd appointment element as this is where there are longer waiting times for clients. By introducing a 28-day threshold of 50% and a 90-day target at 75%, unique within GM, and along with the online therapy service 'SilverCloud' now

being offered at this stage, we are expecting to see better outcomes for our patients throughout 19/20. This has now been signed off within the contract. There is an action plan in place with clear trajectories to reduce the waiting list and access treatment within 6 weeks.

- Thinking Ahead is now offering Couple Therapy for Depression. HMR now have 3 counsellors who have completed the taught modules of training and under supervision are delivering therapy. Couple therapy is designed to treat depression in couples where there is also relationship distress. It is appropriate for couples where one or more are diagnosed with depression.
- HMR have now established a BAME steering group and LGBT steering group. These steering groups contain representative staff who meet bi-monthly to discuss training needs and how the service can engage with local communities to help enable isolated populations to access Thinking Ahead treatments and to help promote awareness within the Thinking Ahead service. We hope to continue to expand these steering groups to include client groups such as older adults, etc. It is recognised these groups promote discussion, development of ideas and motivation to see projects through to their end.

Early Intervention in Psychosis



Main Findings

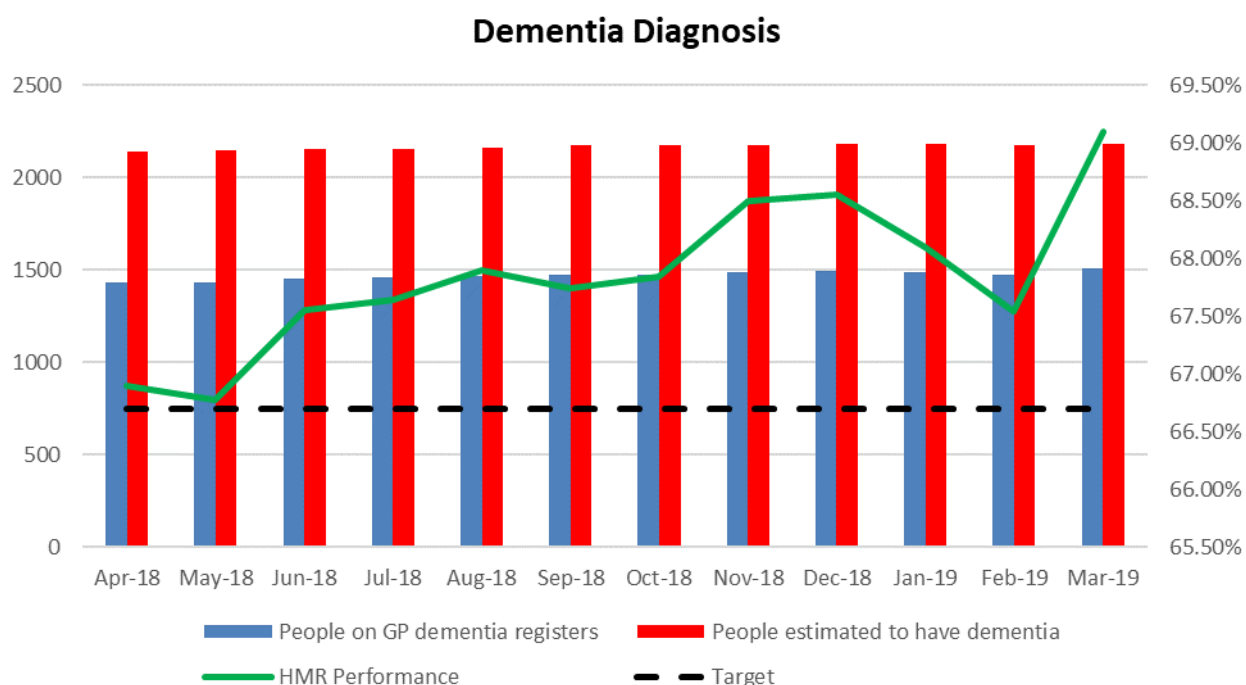
In March 2019, performance for Rochdale clients referred for suspect psychosis included:

- 40% of clients started treatment within 2 weeks in March 19 versus the 53% target. The year end position achieved target at 67%
- 2-week wait assessments for suspected psychosis have remained above the 53% target throughout the year, with only 3/9 months missing target (Apr, Jun & Mar).

- The number of incomplete pathways (clients waiting to be assessed) at the end of March 19 was 5. A significant improvement from April 2018 (13).
- Regular contract and performance meetings continue to take place with the provider, along with regular operational meetings to review the impact of the service improvement plan put in place.
- The CCG has invested additional monies to work towards achievement of level 2 NICE compliance requirements and reduction of worker caseloads.

Dementia

Main Findings



- 1,508 people in Rochdale had a diagnosis of dementia as at 31st March 2019, the highest number in the 2018/19 financial year.
- 69.1% of the 2,181 people aged over 65 estimated to have dementia, have a coded dementia diagnosis. The year-end position shows an overall achievement across the year versus the 66.7% target. It is recognised that HMR has one of the lowest dementia diagnosis rates across the Greater Manchester footprint.

Actions to Improve

- The Dementia partnerships are well established and are working towards key GM principles aligned within our locality.
- Prioritisation of 6 areas to work across 3 years to improve services around

End of life, Underserved population, transport, post diagnostic, lived experience (GM Barometer).

- Future intentions to upskill clinicians within Primary Care and Social care, including non-clinical staff.
- HMR are continuing to work to have a Dementia Friendly accreditation status for the borough, as part of the early onset plans we will focus on internal process for dementia diagnosis.
- The CCG is the 1st in the North West to invest to Dementia Connect, which is a wraparound support for those with dementia and will improve patient pathways and social prescribing.
- HMR will pilot a GM Care Plan developed specifically with patient and carer experience.
- HMR have been asked to talk at the Kings Fund Conference in November to talk about the work being progressed within the borough.
- As part of a GM bid, HMR are reviewing the potential of the Halle Orchestra providing and artist in residence across local care homes, BHH beech ward and The Willows dementia centre.

Children's

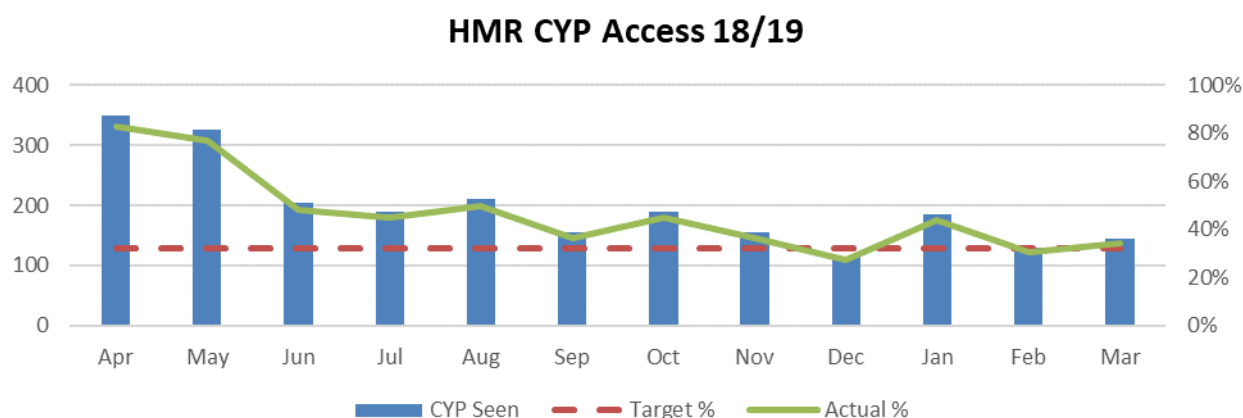
Eating Disorders (ED)

Main Findings

CYP ED 4-week routine

- The 95% target has been achieved at year end, hitting 95% over the course of the financial year. There was 1 breach reported in December (Q3). The numerator and denominator to measure the indicator deals in small numbers, therefore 1 breach can have a big impact on success or failure.

Children and Young People (CYP) MH Prevalence



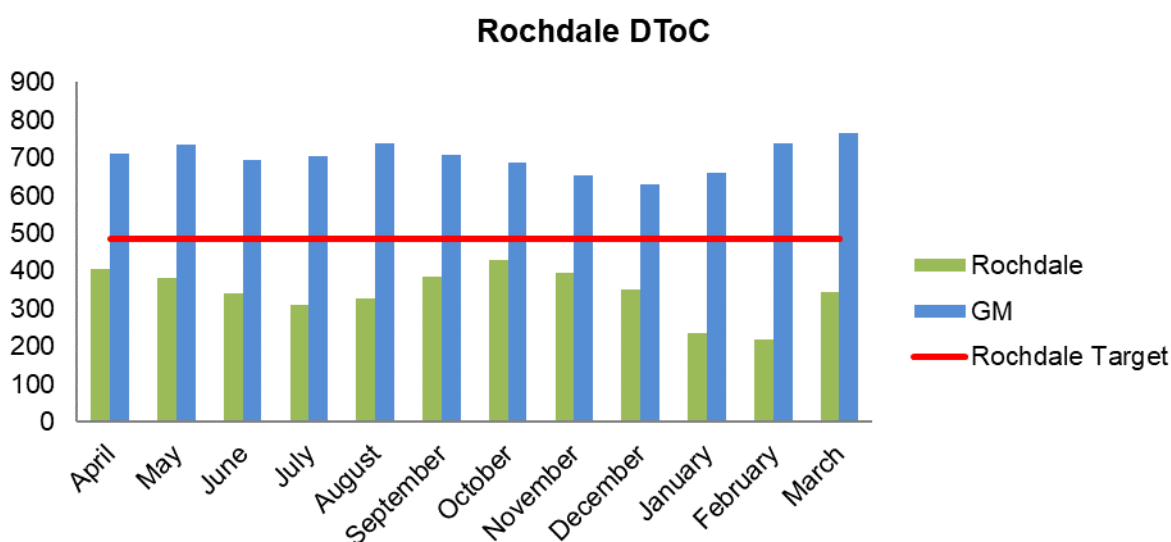
Main Findings

- Rochdale has consistently performed above the national target of improving access to children and young people's mental health services. In 2018/19 the national target is 32% of individual

children estimated to have a diagnosable mental health condition. At March 2019 HMR performance is 34%.

- The trend has seen a reduction over the course of the financial year. Performance will need to improve to continue to meet the performance improvements expected over the next two years. The trajectory for March 2021 is to achieve 35%.

Delayed Transfers of Care



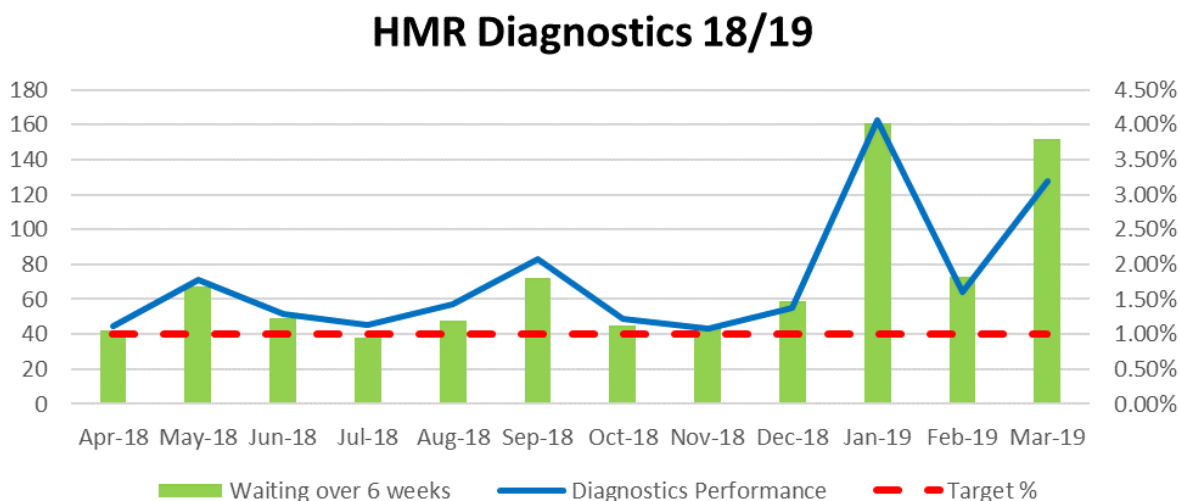
Main Findings

- There were 346 total delayed days in March 2019. This is 141 days under the national (and local) target set for Rochdale (487 delayed days per month). The target is to see a reduction in delayed transfers across each month.
- During the financial year 2018/19, Rochdale performance is 2nd best across the Greater Manchester footprint.
- The main reason for delays in March was 'Further non-acute residential care' which accounted for 111 days.
- 191 days in March were attributed to Pennine Acute, 151 attributed to Pennine Care and 4 attributed to Cheshire & Wirral Partnership.
- 191 days are attributed to an Acute setting, 155 to non-acute.

Actions to Improve

- Pennine Care are now providing detail on each delayed discharge in the contract performance reports.

Diagnosics



Main Findings

- HMR has not achieved the diagnostic standard for the last twelve months and has seen a large increase from January 2019 in the Diagnostic Test Waiting Time standard. This is mainly due to issues in MRI/CT scans at Pennine Acute.
- In January 2019, an increase in demand for MRI & CT scans coincided with a capital replacement scheme to commission 3 new CT scanners across the NES, which have been installed and commissioned concurrently. Although a mobile CT is placed on each site to ensure service continuity, these scanners cannot be used for the full range of examinations (putting pressure on the other scanners), and they also take up the pad ordinarily available to install mobile services in the event of capacity and demand pressures. A recovery plan to improve performance in MRI and CT scans is in place at PAHT.
- The Trust continues to fail the required performance into April 2019, where performance stands at 94.6% for the multilateral contract. The target has failed due to diagnostic imaging with a combination of increased demand led by the Trust plans for improving cancer performance and reduced levels of non-core capacity. Capacity has also been affected by the replacement of three scanners at the Fairfield site.

Actions to Improve

- Duplicate referral issues affecting performance continue to be analysed.
- A recovery plan is ongoing looking to improve performance in the following areas:
 - Conversion of routine capacity as necessary and appropriate to prevent delays where possible to In-patient, Urgent and UCR cases.
 - Capacity efficiency created by utilising appointment cancellations and allocating where possible to UCR/Urgent cases.

- Mobile MR Services are being scheduled where possible.
- Plan additional MR capacity with InHealth
- The 'secondary' CT scanners at TROH and NMGH have been opened at weekends and in the evenings to provide additional CT capacity.

Activity

Review of Year-End position – 2018/19

At the end of the year, the operating plan is showing:

- Referrals and outpatients are close to achieving plan, with reductions in activity
- There has been a slight increase in elective admissions (planned admissions) of 1.8% against plan (568 admissions).
- There is a shift in elective activity from ordinary admissions to day-cases. This is a positive change where patients are treated as day cases rather than staying in hospital overnight
- The areas with the largest increases in activity are urgent care:
 - Attendances at A&E have seen an increase of 7.5% against plan
 - Non-elective admissions (unplanned admissions) have seen an increase of 5.7% against plan

Referrals

- The CCG now has a clearer understanding on the referral position after resolving data quality issues
- Overall, referrals are showing a decrease against plan of -5.2%
- Referrals from GP Practices have reduced but not as substantially as other North East Sector CCGs.
- "Other" referrals, which include referrals between consultants, have remained at similar levels to 2017-18.
- Consultant Connect (a referral advice service for GPs) has deflected small amounts of activity and more GP practices are adopting the service
- The Consultant Connect service will be expanded to include all specialities and more GP practices need to utilise the service
- A new patient level referral dataset is in development with Pennine Acute. This will allow the CCG to track a patient's care pathway and see which GP practices are referring high numbers of patients

Outpatients

- Most of the duplicate outpatient records have now been removed from the SUS data
- Pennine Acute are still exploring over 5,000 InHealth records to determine if they are duplicates. A further re-submission may be necessary, but this is unlikely to change the year-end position
- Both first and follow up outpatient appointments are close to plan, with slight reductions

Elective Admissions (Day-Cases and Ordinary admissions)

- The increase in activity is being driven by the increases in Gastroenterology day-cases. The aim is to reduce the number of patients breaching the cancer 2 week wait. In 2018-19, Gastroenterology and Colorectal had an increase of 1,369 Day Cases compared to the previous year.
- The above activity has driven an improvement in waiting list performance
- Elective activity was high in January, February and March to reduce the overall waiting list and meet the March 2018 position

Non-Elective

There was a significant jump in variance to plan for non-elective admissions in the last quarter. This is partly due to the high level of the deflections added to the plan. These were based on the initial Investment Agreement and these deflections have since been revised and agreed with the Local Care Organisation.

The other reason for the variance to plan is substantial growth in activity for both children's and working age adults in the last quarter of the year.

- Children's
 - Admissions saw a 16% increase in the last quarter, coinciding with a 9% increase in A&E attendances
 - The highest growth is at Royal Oldham and North Manchester via the paediatric assessment and observation units
 - 29% of the admissions in 2018-19 are for respiratory conditions
- Adults
 - Admissions increased 7% in the last quarter
 - Cardiac admissions and circulatory admissions are much higher this year along with urinary tract diseases
 - Significant increase in 0 length of stay admissions – 17% growth at Fairfield, North Manchester and Royal Oldham
- Older People
 - There has been no growth in emergency admissions for elderly people
 - This is a positive outcome if you compare this activity to increases in children's and working age adults. Transformation is clearly working in this area.

Although the number of admissions has increased, there has been a significant reduction in bed days (-4%) in 2018-19.

Appendix A: Performance Scorecard 2018/19

	2017/18 Year End	April	May	June	July	August	September	October	November	December	January	February	March	YTD	2018/19 Target
		Q1			Q2			Q3			Q4				
A&E															
All HMR Patients, All Trust - A&E waiting times – total time in the A&E department - 4hrs - Mapped	83.60%	85.79%	88.26%	88.87%	84.01%	86.74%	84.19%	83.96%	81.49%	75.67%	74.40%	76.69%	81.28%	85.42%	90%
All HMR Patients, All Trust - A&E waiting times – total time in the A&E department - 4hrs - Commissioned	83.60%	89.78%	91.64%	92.10%	89.51%	90.90%	88.65%	88.15%	85.75%	81.70%	82.06%	81.38%	86.46%	89.58%	90%
A&E waiting times – total time in the A&E department - 4hrs - All PAHT	82.30%	85.81%	88.33%	88.88%	83.95%	86.67%	84.15%	84.04%	81.40%	75.43%	74.25%	76.61%	81.20%	85.41%	95%
A&E -time 12 hours (Pennine Acute Only)	110	1	0	3	1	2	1	2	9	5	0	0	0	24	0
Total A&E Attendances (Excluding Planned Follow-Up Attendances)	106,351	9,002	9,745	9,371	9,525	8,792	8,599	9,163	9,059	9,104	9,596	8,662	9,240	109,858	102,314
RTT															
Number of completed non-admitted RTT pathways	75,870	5,430	5,542	5,195	5,598	5,695	5,013	5,229	5,618	4,644	5,957	5,136	5,203	64,260	76996
Number of completed admitted RTT pathways	13,604	1,111	1,043	1,084	1,075	925	916	1,122	1,084	917	1,165	1,244	1,270	12,956	11514
Commissioner - Incomplete RTT pathways performance (patients waiting to start treatment)	91.08%	88.90%	89.02%	88.10%	87.94%	87.15%	86.78%	87.26%	87.43%	87.14%	87.5%	88.06%	87.24%	87.70%	88.5%
Pennine Acute - Incomplete RTT pathways performance (patients waiting to start treatment)	90.30%	88.25%	88.41%	87.16%	87.02%	85.76%	85.68%	86.55%	86.59%	86.68%	87.09%	87.41%	86.92%	86.94%	92%
Total Incomplete RTT Pathways (Waiting List)	16,680	16,447	16,934	16,962	17,560	17,692	17,990	17,965	17,999	16,992	16,046	15,749	14,556	14,556	<16680
Number of new RTT pathways (clock starts)	103,131	8,466	9,147	8,412	8,893	8,692	7,882	8,884	9,151	7,199	8,658	8,165	7,847	101,396	104476
No of 52 week referral to treatment pathways	3	4	3	10	7	7	5	8	6	10	8	9	10	10	0
Cancer															
Cancer two week waits	89.88%	73.12%	78.97%	74.76%	71.09%	73.33%	79.86%	73.03%	75.06%	92.92%	86.59%	94.11%	94.68%	80.69%	93%
Two week wait for breast symptoms	91.51%	50.85%	72.55%	79.41%	89.58%	94.74%	88.24%	54.29%	80.77%	72.88%	33.33%	48.57%	29.73%	66.27%	93%
Cancer 31 day waits	97.45%	97.65%	97.89%	95.70%	99.02%	98.96%	96.51%	96.97%	94.34%	95.77%	100.00%	96.43%	98.63%	97.29%	96%
31-day standard for subsequent cancer treatments - anti cancer drug regimens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98%
31-day standard for subsequent cancer treatments – radiotherapy	99.45%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94%
31-day standard for subsequent cancer treatments-surgery	97.24%	92.31%	94.12%	91.67%	88.24%	100.00%	92.86%	84.62%	100.00%	100.00%	87.50%	100.00%	100.00%	94.23%	94%
Cancer 62 day waits	82.11%	75.00%	62.96%	79.63%	80.00%	72.92%	80.39%	72.00%	75.00%	80.95%	73.08%	71.43%	76.32%	74.83%	85%
62-day wait for first treatment following referral from a NHS cancer screening service	90.41%	81.82%	87.50%	66.67%	85.71%	100.00%	100.00%	75.00%	71.43%	100.00%	83.33%	66.67%	100.00%	83.72%	90%
62-day wait for first treatment for cancer following a consultant's decision to upgrade the patient's priority	77.88%	70.00%	81.82%	72.73%	89.47%	85.00%	58.82%	77.78%	88.46%	84.62%	85.71%	81.82%	52.63%	78.00%	No Standard
NWAS															
Ambulance handover delays of over 30 minutes	84.88%	86.53%	89.58%	90.70%	88.83%	90.43%	88.82%	89.64%	89.73%	88.05%	86.67%	87.69%	90.91%	89.0%	30 minutes
Ambulance handover delays of over 1 hour	95.82%	96.95%	98.41%	98.61%	97.93%	98.59%	97.92%	98.06%	98.09%	97.48%	96.94%	97.25%	98.35%	97.9%	1 hour
Crew clear delays of over 30 minutes	98.48%	98.49%	98.27%	98.06%	98.24%	98.24%	98.62%	98.53%	98.79%	98.74%	98.85%	98.80%	98.71%	98.5%	30 minutes
Crew clear delays of over 1 hour	99.88%	99.91%	99.92%	99.91%	99.91%	99.93%	99.91%	99.91%	99.93%	99.94%	99.92%	99.93%	99.92%	99.9%	1 hour
Ambulances - Proportion of calls closed by telephone advice	-	4.82%	4.84%	5.14%	5.44%	5.75%	5.65%	6.83%	7.19%	7.45%	7.57%	7.13%	7.43%	6.3%	11%
Ambulances - Proportion of incidents managed without need for transport to A&E	32.83%	23.45%	24.54%	24.96%	24.94%	24.39%	24.68%	24.54%	24.84%	26.24%	25.43%	26.04%	26.21%	25.0%	40.80%
Mental Health and Learning Disability															
IAPT roll-out	14.00%	16.46%	19.27%	20.20%	20.58%	19.45%	20.95%	20.76%	22.63%	16.65%	19.27%	17.58%	19.27%	19.42%	19.00%
IAPT recovery rate	49.22%	45.00%	47.83%	40.74%	44.83%	48.57%	51.72%	51.28%	52.78%	55.56%	45.45%	48.48%	48.28%	48.61%	50%
IAPT 6 week finished	84.26%	75.00%	84.00%	77.78%	80.65%	86.11%	83.33%	87.50%	88.89%	88.89%	87.88%	87.88%	90.00%	85.33%	75%
IAPT 6 week first	84.74%	90.91%	93.20%	94.44%	94.55%	95.19%	91.96%	90.99%	93.39%	95.51%	91.26%	88.30%	95.15%	92.94%	75%
IAPT 18 week finished	97.53%	100.00%	100.00%	92.59%	96.77%	97.22%	96.67%	97.50%	97.22%	92.59%	93.94%	93.94%	93.33%	95.92%	95%
IAPT 18 week first	98.89%	96.59%	97.09%	96.30%	96.36%	97.12%	96.43%	96.40%	96.69%	98.88%	98.06%	98.94%	99.03%	97.27%	95%
IAPT 28 Day Waits - 2nd Appointment	15.59%	6.90%	15.91%	9.09%	21.21%	20.00%	16.00%	38.64%	35.00%	24.00%	21.28%	37.21%	14.29%	22.42%	Local RAG
IAPT 90 Day Waits - 2nd Appointment	41.02%	31.03%	45.45%	33.33%	42.42%	46.67%	42.00%	52.27%	55.00%	48.00%	57.45%	62.79%	50.00%	47.98%	Local RAG

Appendix A: Performance Scorecard 2018/19

	2017/18 Year End	April	May	June	July	August	September	October	November	December	January	February	March	YTD	2018/19 Target
		Q1			Q2			Q3			Q4				
Estimated diagnosis rate for people with dementia	67.34%	66.89%	66.77%	67.55%	67.64%	67.90%	67.74%	67.85%	68.50%	68.55%	68.10%	67.54%	69.10%	67.85%	66.70%
Psychosis treated with a NICE approved care package within two weeks of referral	15.73%	38.46%	71.43%	50.00%	66.67%	75.00%	77.78%	100.00%	100.00%	75.00%	100.00%	75.00%	40.00%	67.44%	53%
Childrens															
The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment.	100%	100%			100%			88%			100%			95%	95%
The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment.	100%	0.00%			No Cases			No Cases			100.00%			66.67%	95%
Percentage of children waiting less than 18 weeks for a wheelchair	85.25%	83.7%			92.30%			95.56%			78.60%			87.60%	92%
CYP: Total number of individual children and young people receiving treatment from an NHS-funded community mental health service	35.3%	6.9%	6.4%	4.0%	3.7%	4.1%	3.0%	3.7%	3.0%	2.3%	3.6%	2.6%	2.9%	46.3%	32% Annually or 2.7% per month
Delayed Transfer of Care															
Delayed Transfers of care per 100,000 population (attributable to mental health)	3407	406	383	341	310	328	384	428	396	352	235	217	346	4126	
Diagnostic															
Diagnostic test waiting times	1.74%	1.12%	1.77%	1.29%	1.13%	1.43%	2.08%	1.21%	1.09%	1.38%	4.06%	1.60%	3.20%	1.82%	<1%
Personal Health Budgets															
Personal Health Budgets	1089	436			563			743			822			822	Q1, 430, Q2 440, Q3
Activity															
Total Referrals made for a First Outpatient Appointment (G&A)	96,089	8,209	8,535	7,922	8,350	8,194	7,314	8,459	7,762	6,301	7,808	6,950	7,756	93,560	97,054
Total GP Referrals made for a First Outpatient Appointment (G&A)	55,448	5,455	5,597	5,228	5,513	5,370	4,709	5,480	5,274	3,971	4,918	4,360	5,047	60,922	55,741
Total Other Referrals made for a First Outpatient Appointment (G&A)	40,641	2,754	2,938	2,694	2,837	2,824	2,605	2,979	2,488	2,330	2,890	2,590	2,709	32,638	41,313
Consultant Led First Outpatient Attendances (Specific Acute)	91,134	7,240	8,004	7,475	7,615	6,939	6,430	7,568	7,875	6,553	7,528	7,011	7,021	87,259	94,815
Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	158,880	12,917	13,709	13,810	13,763	13,401	12,644	14,514	14,030	11,156	13,738	12,975	12,508	159,165	166,051
Total Elective Spells (Specific Acute)	33,141	2702	2774	2776	2879	2712	2630	3032	3062	2620	2897	2921	2806	33,811	32,066
Total Ordinary Elective Spells (Specific Acute)	4,484	360	366	349	380	333	341	387	356	284	272	378	402	4,208	4,456
Total Day Case Elective Spells (Specific Acute)	28,657	2342	2408	2427	2499	2379	2289	2645	2706	2336	2625	2543	2404	29,603	27,610
Total Non-Elective Spells (Specific Acute)	29,951	2534	2696	2462	2445	2564	2390	2735	2666	2678	2803	2527	2823	31,323	29,318
Total Non-Elective Admissions - 0 LoS	28,657	937	987	869	850	923	844	1033	1051	981	1011	909	1030	11,425	10,382
Total Non-Elective Admissions - +1 LoS	29,951	1597	1709	1593	1595	1641	1546	1702	1615	1697	1792	1618	1793	19,898	18,936