

MEETING: Governing Body

Item Number: 9.1

DATE: Tuesday 25th October 2016

REPORT TITLE:	Month 06 Performance Report
CORPORATE OBJECTIVE ADDRESSED:	All
REPORT AUTHOR:	Trish Anderson / Mike Tate / Julie Southworth
PRESENTED BY:	Mike Tate
RECOMMENDATIONS/DECISION REQUIRED:	To note the contents of the paper.
<p>EXECUTIVE SUMMARY</p> <p>The 2016/17 performance report includes all CCG performance measures contained within the Delivering The Forward View planning guidance.</p>	
FURTHER ACTION REQUIRED:	
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

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**Wigan Borough
Clinical Commissioning Group**

Performance Report Month 6 2016/17

**Chief Finance Officer
Mike Tate**



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Key Messages

Favourable Trends

18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 95.27% during August.

Diagnostics 6+ Week Waiters: Performance was below (better than) the national standard of 1.00%, currently achieving 0.94% during August.

Healthcare Associated Infections MRSA: There have been no reported cases of MRSA during August.

Healthcare Associated Infections Clostridium Difficile: The number of reported cases during August (6) was equal to plan.

Cancer: All of the cancer indicators achieved standard during August.

IAPT Access Rate: Performance continues to be above the monthly standard (1.25%) achieving 1.41% during June.

IAPT Recovery Rate: June performance was above the standard (50%) achieving 57.14%. This is the first time since August 2015 that the standard has been achieved.

IAPT Waiting Times: June performance is above standard for both 6 and 18 week waiting times. IAPT 6 week waits is reported as 96.63% (standard 75%) and 18 week waits is

Adverse Trends

Note that more detailed Exception Reports are available for each of these indicators, later in the report.

A&E Waits Total Time Within 4 Hours At WWL FT: August performance at Wrightington, Wigan & Leigh FT (WWL FT) is below the 95% target, at 92.04%. A total of 7,353 patients attended A&E in the month, of which 585 did not leave the department within 4 hours.

Ambulance Response Times Across NWAS Area: Performance against all three response times across the North West Ambulance Service (NWAS) area are worse than the national standards in August. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 72.60% and 65.25%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 91.09%.

Ambulance Handover At WWL FT: August performance is above (worse than) plan for both of the ambulance handover indicators. Ambulance Handover >30 minutes is reported as 12.61% (plan 4.10%) and Ambulance Handover >60 minutes is reported as 3.32% (plan 0.40%).

Ambulance Crew Clear At WWL FT: August performance is above (worse than) plan for one of the ambulance crew clear indicators. Ambulance Crew Clear >30 minutes is reported as 0.81% (plan 0.67%).

Early Intervention in Psychosis (EIP) First Treated <2wks: Performance has failed to achieve standard (50%) during August achieving 25.00%. This is the first time in the current financial year where performance has fallen below standard.

Mixed Sex Accommodation: There were two MSA breaches reported in August for Wigan Borough CCG patients. Both breaches occurred at the Royal Bolton Hospital.

18 Weeks RTT 52+ Week Waits: Five patients were reported as waiting in excess of 52 weeks during August.; 4 at UHSM and 1 at Euxton Hall Hospital.

Urgent Care																
Indicators	YTD Plan	YTD Actual	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Trend
A&E Waits: Total Time Within 4 Hours at WWL	95.00%	91.70%	94.07%	96.80%	95.03%	93.27%	93.64%	89.78%	94.08%	93.34%	92.97%	90.31%	93.87%	89.67%	92.04%	
A&E Waits: Trolley Waits > 12 Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ambulance: Red 1 Calls 8 Minute Response	75.00%	73.37%	77.74%	78.40%	75.85%	73.42%	74.94%	69.29%	70.47%	67.34%	76.47%	74.28%	73.06%	70.45%	72.60%	
Ambulance: Red 2 Calls 8 Minute Response	75.00%	65.53%	75.43%	74.87%	72.45%	68.45%	69.48%	63.49%	61.06%	58.88%	67.46%	66.26%	66.20%	62.69%	65.25%	
Ambulance: All Red Calls 19 Minute Response	95.00%	91.16%	95.11%	94.60%	94.08%	91.99%	92.68%	89.85%	88.08%	86.66%	92.01%	91.47%	91.49%	89.81%	91.09%	
Ambulance: Handover > 30 Minutes	4.10%	12.71%	5.65%	4.15%	5.46%	10.11%	9.17%	10.14%	5.66%	10.16%	8.15%	12.88%	10.70%	18.36%	12.61%	
Ambulance: Handover > 60 Minutes	0.40%	3.15%	0.68%	0.54%	0.64%	1.65%	0.99%	1.86%	0.72%	2.22%	1.60%	3.41%	1.74%	5.29%	3.32%	
Ambulance: Crew Clear > 30 Minutes	0.67%	1.00%	0.86%	0.94%	0.43%	0.29%	0.35%	0.82%	0.55%	1.05%	0.93%	1.06%	0.95%	1.25%	0.81%	
Ambulance: Crew Clear > 60 Minutes	0.03%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.05%	0.10%	0.00%	0.05%	0.06%	0.09%	0.00%	

Planned Care																
Indicators	YTD Plan	YTD Actual	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Trend
18W RTT: Incomplete Pathways	92.00%	95.27%	96.59%	96.65%	96.42%	96.37%	96.09%	95.60%	95.91%	96.00%	95.71%	95.54%	95.10%	94.73%	95.27%	
18W RTT: Incomplete Patients Waiting > 52 Weeks	0	7	1	1	3	1	0	0	1	1	0	0	1	1	5	
Diagnostics: 6+ Week Waiters	1.00%	0.92%	0.56%	0.28%	0.60%	0.67%	1.46%	1.22%	0.40%	0.59%	0.59%	0.60%	1.61%	0.86%	0.94%	
Cancelled Operations: Second Time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Indicators	YTD Plan	YTD Actual	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Trend
Cancelled Operations: Not Treated In 28 Days	7.91%	7.18%	8.45%	4.27%	6.67%	2.96%	8.27%	5.48%	6.44%	11.52%	10.42%	3.90%	3.13%	7.59%	7.18%	

Quality Of Care																
Indicators	YTD Plan	YTD Actual	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Trend
Healthcare Associated Infections: MRSA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
MRSA: PIR Assigned To Wigan Borough CCG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Healthcare Associated Infections: Clostridium Difficile	37	42	10	8	9	10	8	5	5	6	7	9	15	5	6	
Clostridium Difficile: Apportioned To WWL	N/A	11	1	3	2	0	2	1	0	0	3	2	4	2	0	
Mixed Sex Accommodation: Breaches	0	4	0	0	0	1	0	2	1	1	1	0	0	1	2	

Cancer																
Indicators	YTD Plan	YTD Actual	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Trend
Seen In 14 Days Of GP Referral	93.00%	98.58%	96.76%	97.53%	98.79%	98.11%	98.80%	98.32%	99.32%	99.08%	98.47%	99.04%	98.67%	98.15%	98.55%	
Breast Symptoms Seen Within 14 Days	93.00%	96.32%	96.55%	98.58%	99.35%	97.54%	99.29%	97.56%	98.29%	96.71%	95.38%	94.66%	95.86%	97.89%	97.71%	
Treatment In 31 Days Of Diagnosis	96.00%	99.00%	95.93%	96.67%	97.99%	95.20%	97.93%	100.00%	97.78%	98.70%	97.96%	98.45%	100.00%	100.00%	98.55%	
Subsequent Surgery Treatment In 31 Days	94.00%	97.25%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.24%	93.10%	100.00%	100.00%	100.00%	
Subsequent Drug Treatment In 31 Days	98.00%	99.48%	100.00%	100.00%	100.00%	100.00%	100.00%	97.14%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	
Subsequent Radiotherapy Treatment In 31 Days	94.00%	99.39%	95.45%	100.00%	97.73%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.22%	100.00%	100.00%	100.00%	
GP Referral To Treatment In 62 Days	85.00%	92.00%	86.05%	85.07%	97.96%	79.49%	88.89%	84.44%	83.67%	88.33%	96.05%	85.42%	90.57%	93.75%	91.53%	
NHS Screening Referral To Treatment In 62 Days	90.00%	100.00%	87.50%	100.00%	84.62%	94.12%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Consultant Upgrade To Treatment In 62 Days	N/A	90.43%	89.74%	86.21%	86.89%	89.13%	97.67%	95.56%	82.00%	96.23%	85.29%	85.37%	93.75%	97.67%	88.37%	
Indicators	YTD Plan	YTD Actual	Next Update	2009	2010	2011	2012	2013	2014	Trend						
One-Year Survival From All Cancers (Age 15+)	68.40%	69.50%	Mar-17	65.32%	66.46%	67.61%	69.20%	69.50%								

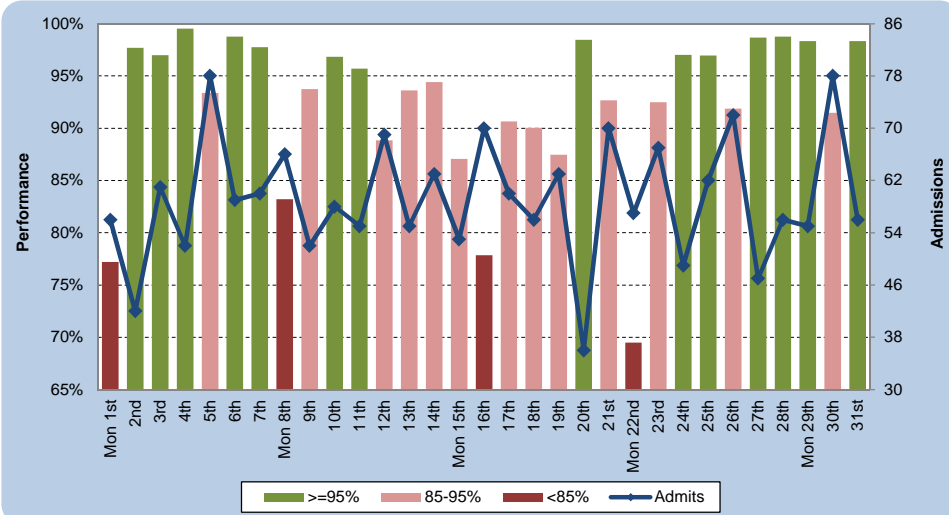
Mental Health																
Indicators	YTD Plan	YTD Actual	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Trend
Dementia Diagnosis Rate	66.70%	68.68%	70.40%	71.15%	71.15%	71.39%	71.55%	71.03%	70.85%	70.15%	68.59%	68.44%	68.35%	68.76%	68.68%	
IAPT: Access Rate	3.75%	4.15%	0.75%	1.26%	1.62%	1.27%	1.01%	1.47%	1.38%	1.42%	1.44%	1.30%	1.41%			
IAPT: Recovery Rate	50.00%	50.19%	52.78%	49.23%	45.07%	45.16%	43.75%	43.21%	49.00%	48.62%	47.42%	46.51%	57.14%			
IAPT: 6 Week Waits	75.00%	96.06%	38.46%	60.00%	72.73%	76.12%	85.51%	87.36%	93.20%	95.61%	95.05%	96.63%	96.63%			
IAPT: 18 Week Waits	95.00%	100.00%	94.87%	97.14%	97.40%	97.01%	98.55%	96.55%	99.03%	99.12%	100.00%	100.00%	100.00%			
Psychosis: First Treated <2 Weeks	50.00%	66.67%					0.00%	66.67%	77.78%	50.00%	83.33%	62.50%	75.00%	75.00%	25.00%	
Indicators	YTD Plan	YTD Actual	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Trend
Care Programme Approach: 7 Day Follow-Up	95.00%	95.60%	97.34%	93.72%	98.33%	95.67%	95.58%	96.19%	92.59%	92.27%	96.89%	97.35%	94.86%	95.79%	96.50%	

Acute Activity																
Indicators		YTD	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Trend
Outpatient: Acute First Attendances	Plan	46,093									9,189	8,703	9,520	8,985	9,696	
	Actual	47,361	8,772	10,130	9,831	9,842	9,020	9,089	9,641	9,500	9,164	9,652	9,859	9,038	9,594	
Outpatient: Acute Follow-Up Attendances	Plan	92,876									19,726	17,878	20,087	17,050	18,135	
	Actual	97,563	18,433	21,731	20,881	20,654	18,817	19,941	20,615	19,933	19,124	19,332	20,374	18,712	19,925	
Inpatient: Acute Elective Admissions	Plan	19,761									3,855	3,817	4,149	3,894	4,046	
	Actual	20,823	3,860	4,221	4,160	4,193	3,942	4,060	4,294	4,239	4,221	3,967	4,338	4,098	4,168	
Inpatient: Acute Non-Elective Admissions	Plan	12,395									2,567	2,532	2,588	2,424	2,284	
	Actual	13,019	2,574	2,717	2,625	2,726	2,821	2,669	2,598	2,863	2,549	2,520	2,575	2,754	2,620	
A&E: Attendances (Excluding Planned)	Plan	61,528									12,059	12,306	12,163	12,701	12,299	
	Actual	61,826	12,324	12,330	12,539	12,160	12,128	12,371	11,849	13,242	11,931	12,925	12,033	12,938	11,999	

** Data source: Unify tNR data.

Supporting Activity																
Indicators		YTD	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Trend
Diagnostics: Endoscopy Tests	Plan	6,148									1,122	1,276	1,267	1,230	1,253	
	Actual	6,050	1,143	1,223	1,227	1,122	1,050	1,183	1,373	1,351	1,255	1,113	1,266	1,260	1,156	
Diagnostics: Non-Endoscopy Tests	Plan	53,464									11,008	10,865	10,787	10,019	10,785	
	Actual	55,846	9,887	11,216	11,173	10,966	10,428	10,785	10,874	11,221	11,413	10,712	11,538	10,778	11,405	
Cancer: First Seen Following GP Referral	Plan	3,500									700	600	700	700	800	
	Actual	4,087	679	768	746	688	749	656	730	869	720	833	826	809	898	
Cancer: First Treatments Following GP Referral	Plan	280									60	40	60	60	60	
	Actual	300	43	67	49	39	54	45	49	60	76	48	53	64	59	
18W RTT: Admitted Treatments	Plan	9,210									1,850	1,710	1,960	1,850	1,840	
	Actual	9,104	1,723	2,005	1,822	1,876	1,707	1,761	1,806	1,791	1,796	1,694	1,981	1,745	1,888	
18W RTT: Non-Admitted Treatments	Plan	27,260									5,280	5,120	5,720	5,400	5,740	
	Actual	28,617	5,197	6,150	6,296	6,294	5,705	5,422	5,572	5,668	5,579	5,631	5,894	5,511	6,002	

WWL FT A&E Daily Performance & Admissions: August 2016



Performance / Senior Leader Comments

August Performance: 92.04%
(Standard 95.00%)

2015/16 YTD
97.17%

2016/17 YTD
91.70%

Issue:

August performance at WWL FT is below the 95% target, at 92.04%. A total of 7,353 patients attended A&E in the month, of which 585 did not leave the department within 4 hours.

Aspiration:

1. To improve the A&E 4 hour performance.
2. To improve patient flow through the AAA (Ambulatory Assessment Area) unit.
3. To improve discharge planning.

Action:

The CCG Urgent Care Team are monitoring A&E performance through the SROG (System Resilience Operations Group) weekly meetings. This is then reported back into the joint monthly SRG/SROG meeting. Discussions are underway to discuss the increase in admissions and will be discussed at the next SRG. Currently, the Urgent Care lead at the CCG is providing on-site system management to help improve patient flow and discharge planning. The IDT have ensured the medical optimised list remains under 15 by COP each day.

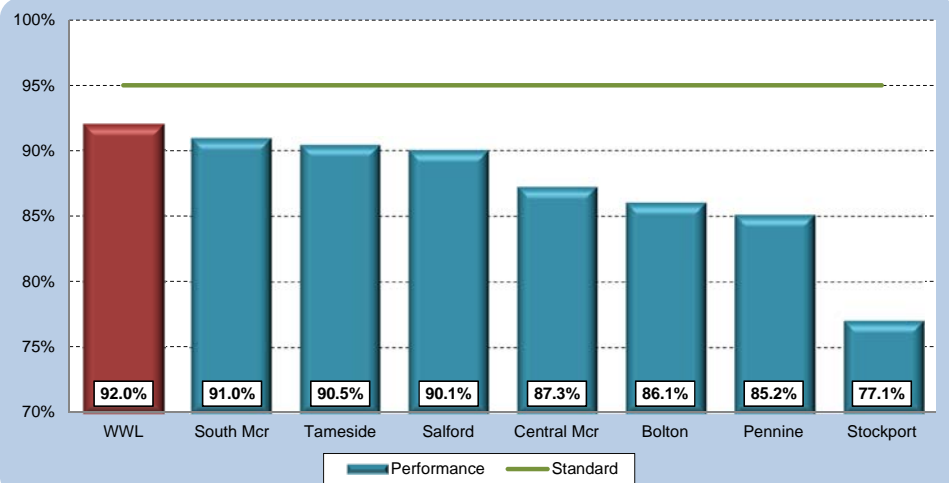
Areas of continued focus are :

1. Ambulatory Assessment Area
2. Implementation of the Discharge to Assess Model
3. NWAS National Targets
4. A&E attendances
5. Pathfinders Activity
6. Out of Area Patients pathways

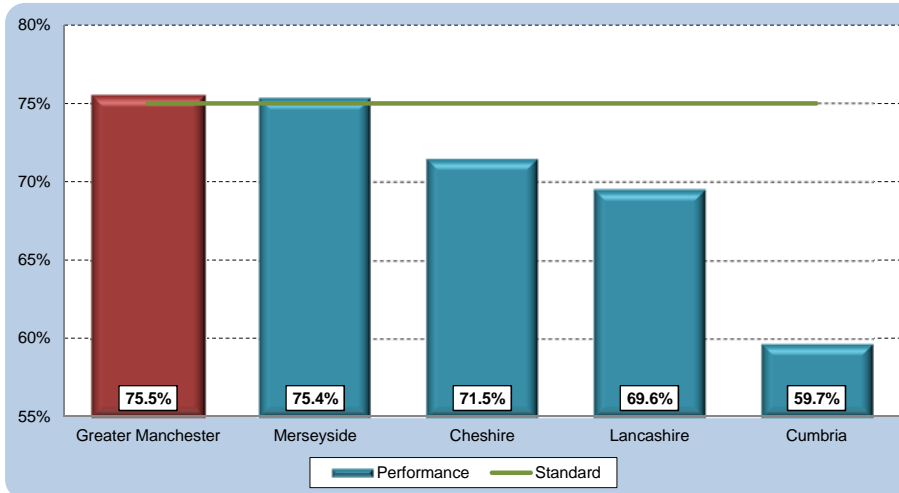
Outcome:

The Medically Optimised list remains under the local agreed target of 15.

Performance By Greater Manchester Provider: August 2016



Performance By County: August 2016



Performance / Senior Leader Comments

August Performance 72.60%
(Standard 75.00%)

2015/16 YTD
77.91%

2016/17 YTD
73.37%

Issue:

Performance for all CCGs is assessed against total NWAS performance. August performance of 72.60% is below the national standard of 75%.

Aspiration:

Achievement of response times within Wigan Borough CCG.

Action:

* High vacancy factor – NWAS are looking at their recruitment and retention procedures. They are actively recruiting internationally to deal with the work force issue. NWAS are increasing the numbers of EMT1 (emergency technicians) courses and have 3 university cohorts starting in the coming months.

* Hospital pressures – there have been 139 accepted divers (full and borderline) so far this year from GM area hospitals. This totals nearly 37 hours where ambulances were required to take patients out of area to a further away emergency department; the impact on Wigan being the loss of resource, either queuing at hospital or committed to transporting a patient to another area.

The CCG attends the monthly GM Ambulance commissioning meeting, where NWAS are challenged each month on performance and activity. GM will be liaising with the lead commissioner, Blackpool CCG, to ensure that plans are in place to improve performance of NWAS from a North West and GM perspective.

The CCG are arranging a local tripartite meeting, with attendance of the CCG, WWL FT and NWAS, to discuss performance. This will also be the arena to discuss ideas to improve performance locally. Improvement in other targets such as handover and crew clear should also enable NWAS to respond to calls more quickly.

The ongoing performance issue with NWAS has been recognised in the Governing Body Assurance Framework, with the risk rating raised from medium risk to high risk. Further escalation has been raised through the Governing Group of Greater Manchester CCGs.

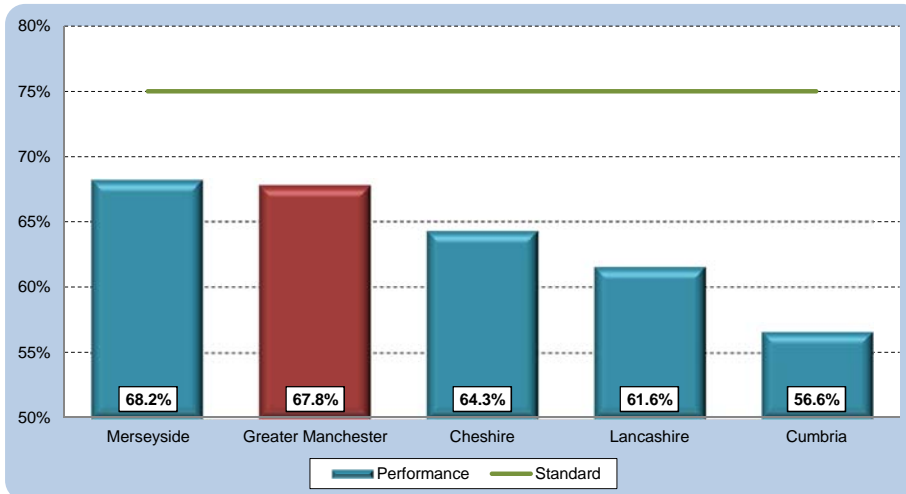
Outcome:

Wigan WBCCG will continue to work with NWAS and GM to achieve response rates in Wigan and GM. The first local NWAS tripartite meeting is now arranged, this is where we will be reviewing all activity and be able to identify causes.

Performance By Greater Manchester CCG: August 2016

CCG	<8 Mins	Total	Performance
NHS South Manchester CCG	37	42	88.1%
NHS Central Manchester CCG	44	53	83.0%
NHS Trafford CCG	40	49	81.6%
NHS North Manchester CCG	104	130	80.0%
NHS Bury CCG	39	49	79.6%
NHS Oldham CCG	63	80	78.8%
NHS Heywood Middleton & Rochdale CCG	61	81	75.3%
NHS Bolton CCG	76	101	75.3%
NHS Stockport CCG	58	80	72.5%
NHS Salford CCG	56	78	71.8%
NHS Tameside and Glossop CCG	58	87	66.7%
NHS Wigan Borough CCG	68	102	66.7%

Performance By County: August 2016



Performance / Senior Leader Comments

August Performance 65.25%
(Standard 75.00%)

2015/16 YTD
76.23%

2016/17 YTD
65.53%

Issue:

Performance for all CCGs is assessed against total NWAS performance. August performance of 65.25% is below the national standard of 75%.

Aspiration:

Achievement of response times within Wigan Borough CCG.

Action:

* High vacancy factor – NWAS are looking at their recruitment and retention procedures. They are actively recruiting internationally to deal with the work force issue. NWAS are increasing the numbers of EMT1 (emergency technicians) courses and have 3 university cohorts starting in the coming months.

* Hospital pressures – there have been 139 accepted divers (full and borderline) so far this year from GM area hospitals. This totals nearly 37 hours where ambulances were required to take patients out of area to a further away emergency department; the impact on Wigan being the loss of resource, either queuing at hospital or committed to transporting a patient to another area.

The CCG attends the monthly GM Ambulance commissioning meeting, where NWAS are challenged each month on performance and activity. GM will be liaising with the lead commissioner, Blackpool CCG, to ensure that plans are in place to improve performance of NWAS from a North West and GM perspective.

The CCG are arranging a local tripartite meeting, with attendance of the CCG, WWL FT and NWAS, to discuss performance. This will also be the arena to discuss ideas to improve performance locally. Improvement in other targets such as handover and crew clear should also enable NWAS to respond to calls more quickly.

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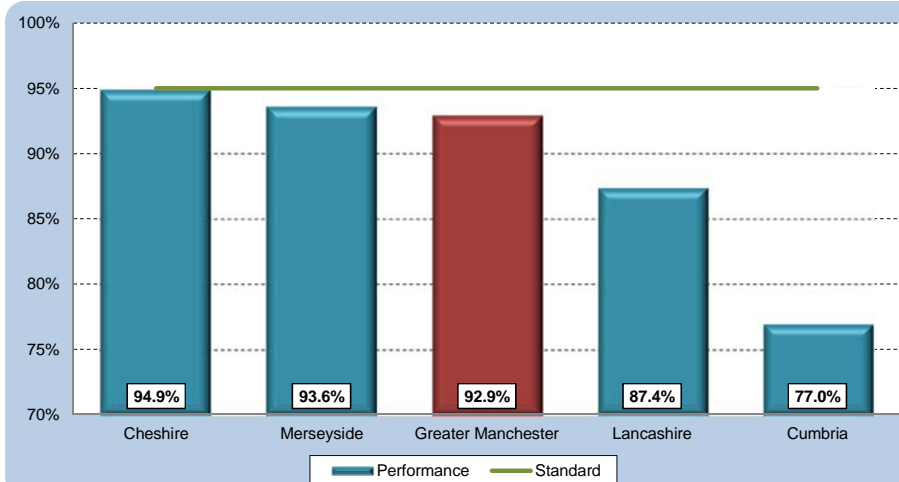
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Performance By Greater Manchester CCG: August 2016

CCG	<8 Mins	Total	Performance
NHS South Manchester CCG	906	1,141	79.4%
NHS North Manchester CCG	1,110	1,456	76.2%
NHS Central Manchester CCG	704	954	73.8%
NHS Oldham CCG	824	1,169	70.5%
NHS Bury CCG	664	999	66.5%
NHS Salford CCG	837	1,268	66.0%
NHS Heywood Middleton & Rochdale CCG	778	1,180	65.9%
NHS Stockport CCG	1,020	1,547	65.9%
NHS Tameside and Glossop CCG	924	1,405	65.8%
NHS Bolton CCG	951	1,490	63.8%
NHS Trafford CCG	635	1,020	62.3%
NHS Wigan Borough CCG	1,028	1,685	61.0%

Performance By County: August 2016



Performance / Senior Leader Comments

August Performance 91.09%
(Standard 95.00%)

2015/16 YTD
95.05%

2016/17 YTD
91.16%

Issue:

Performance for all CCGs is assessed against total NWAS performance. August performance of 91.09% is below the national standard of 95%.

Aspiration:

Achievement of response times within Wigan Borough CCG.

Action:

* High vacancy factor – NWAS are looking at their recruitment and retention procedures. They are actively recruiting internationally to deal with the work force issue. NWAS are increasing the numbers of EMT1 (emergency technicians) courses and have 3 university cohorts starting in the coming months.

* Hospital pressures – there have been 139 accepted divers (full and borderline) so far this year from GM area hospitals. This totals nearly 37 hours where ambulances were required to take patients out of area to a further away emergency department; the impact on Wigan being the loss of resource, either queuing at hospital or committed to transporting a patient to another area.

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The CCG are arranging a local tripartite meeting, with attendance of the CCG, WWL FT and NWAS, to discuss performance. This will also be the arena to discuss ideas to improve performance locally. Improvement in other targets such as handover and crew clear should also enable NWAS to respond to calls more quickly.

The ongoing performance issue with NWAS has been recognised in the Governing Body Assurance Framework, with the risk rating raised from medium risk to high risk. Further escalation has been raised through the Governing Group of Greater Manchester CCGs.

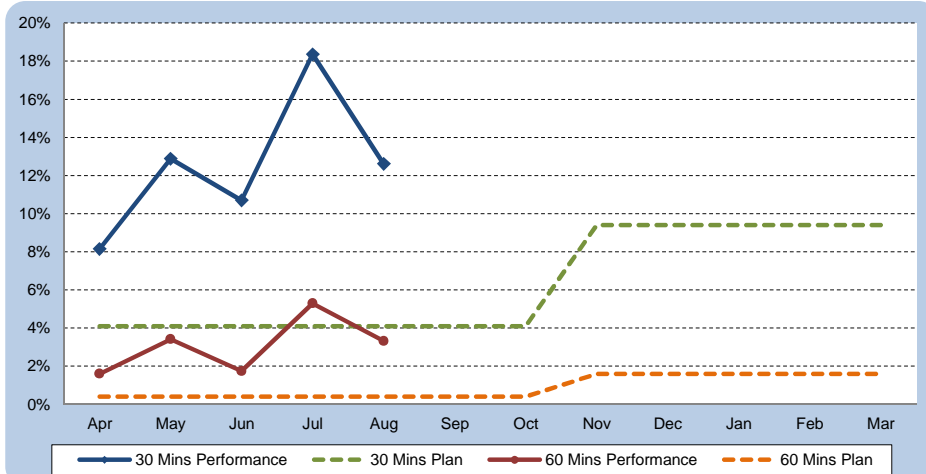
Outcome:

Wigan WBCCG will continue to work with NWAS and GM to achieve response rates in Wigan and GM. The first local NWAS tripartite meeting is now arranged, this is where we will be reviewing all activity and be able to identify causes.

Performance By Greater Manchester CCG: August 2016

CCG	8 Mins	Total	Performance
NHS South Manchester CCG	1,138	1,183	96.2%
NHS Central Manchester CCG	955	1,007	94.8%
NHS North Manchester CCG	1,495	1,586	94.3%
NHS Oldham CCG	1,175	1,249	94.1%
NHS Stockport CCG	1,530	1,627	94.0%
NHS Salford CCG	1,265	1,346	94.0%
NHS Bolton CCG	1,477	1,591	92.8%
NHS Trafford CCG	983	1,069	92.0%
NHS Heywood Middleton & Rochdale CCG	1,152	1,261	91.4%
NHS Tameside and Glossop CCG	1,358	1,492	91.0%
NHS Wigan Borough CCG	1,624	1,787	90.9%
NHS Bury CCG	946	1,048	90.3%

Trended Monthly Performance



Performance / Senior Leader Comments



Issue:

WWL FT performance for August is above (worse than) plan for both Handover delays >30 mins and >60 minutes, at 12.61% and 3.32% respectively. A total of 1,896 arrivals by ambulance were reported at Wigan Infirmary, of which 239 handover delays of longer than 30 minutes and 63 delays of longer than 60 minutes were reported.

Aspiration:

To achieve monthly target for both 30 minutes and 60 minutes for Handover delays,

Action:

The CCG Urgent Care Team are monitoring NWAS performance through the SROG weekly meetings. This is then reported back into the joint monthly SRG/SROG meeting.

Efforts are being made to reduce ambulance attendances at A&E by increasing the use of hear and treat utilisation of the Walk In Centre and Pathfinders. This would, in turn, mean less ambulances to deal with when they do arrive at A&E.

The CCG Urgent Care team are currently setting up the tripartite meeting with the CCG, NWAS and the acute trust, WWL FT, to work together to improve Handover times. The Urgent Care team at the CCG have requested the acute trust to provide root cause analysis for each patient delayed handover over 60 minutes; these will be reviewed each month at the planned meeting.

The Urgent Care lead attends the NWAS GM Lead Commissioners monthly meetings to gain an understanding of what the issues are and to identify improvement plans from our peers across the Greater Manchester area.

The ongoing performance issue with NWAS has been recognised in the Governing Body Assurance Framework, with the risk rating raised from medium risk to high risk. Further escalation has been raised through the Governing Group of Greater Manchester CCGs.

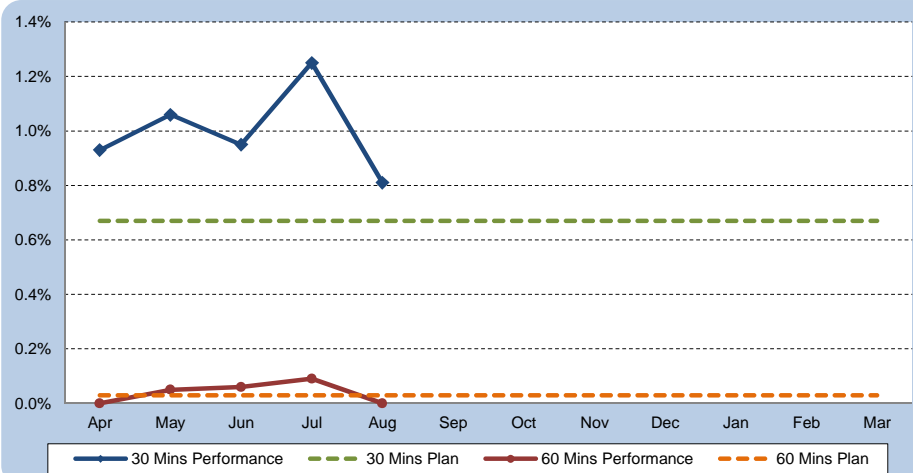
Outcome:

The CCG have now arranged the first of the local NWAS tripartite meetings to discuss PES and PTS. This will be attended by the CCG, WWLFT and NWAS.

Performance By Greater Manchester Hospital: August 2016

Hospital	Arrivals	>30 Mins	Performance	>60 Mins	Performance
Wythenshawe	1,938	31	1.60%	0	0.00%
Fairfield General	1,677	35	2.09%	1	0.06%
Salford Royal	2,227	86	3.86%	8	0.36%
Tameside General	1,807	76	4.21%	4	0.22%
Royal Oldham	2,090	163	7.80%	41	1.96%
Manchester Royal Infirmary	2,121	228	10.75%	55	2.59%
North Manchester General	1,567	181	11.55%	45	2.87%
Royal Bolton	2,132	261	12.24%	88	4.13%
Wigan Infirmary	1,896	239	12.61%	63	3.32%
Stepping Hill	1,650	228	13.82%	62	3.76%
Greater Manchester Total	19,105	1,528	8.00%	367	1.92%

Trended Monthly Performance



Performance / Senior Leader Comments

30 Mins 15/16 YTD: 0.74% → 30 Mins 16/17 YTD: 1.00% 60 Mins 15/16 YTD: 0.02% → 60 Mins 16/17 YTD: 0.04%

Issue:

WWL FT performance for August is above (worse than) plan for Crew Clear delays >30 mins, achieving 0.81%, however performance for Crew Clear delays >60 minutes is below (better than) plan at 0.00%. A total of 1,986 arrivals by ambulance were reported at Wigan Infirmary, of which 16 Crew Clear delays of longer than 30 minutes and 0 delays of longer than 60 minutes were reported.

Aspiration:

To achieve monthly target for both 30 minutes and 60 minutes for Crew Clear delays.

Action:

The CCG Urgent Care team are monitoring NWS performance through the SROG weekly meetings. This is then reported back into the joint monthly SRG/SROG meeting.

The Urgent Care lead attends the NWS GM Lead Commissioners monthly meetings to gain an understanding of what the issues are and to identify improvement plans from our peers across the Greater Manchester area.

The SRG have commissioned the HALO post which works at the front of A&E. This post is dedicated to ensure patients attending by ambulance are appropriate, and to support crews to handover patients to the acute trust staff.

The A&E floor in times of escalation will provide a see and treat service, to release cubicals for those patients needing to be handed over by the NWS crews.

The ongoing performance issue with NWS has been recognised in the Governing Body Assurance Framework, with the risk rating raised from medium risk to high risk. Further escalation has been raised through the Governing Group of Greater Manchester CCGs.

Outcome:

No quantifiable outcomes have yet been identified.

Performance By Greater Manchester Hospital: August 2016

Hospital	Arrivals	>30 Mins	Performance	>60 Mins	Performance
North Manchester General	1,619	11	0.68%	0	0.00%
Wigan Infirmary	1,986	16	0.81%	0	0.00%
Royal Oldham	2,157	19	0.88%	0	0.00%
Manchester Royal Infirmary	2,220	22	0.99%	2	0.09%
Stepping Hill	1,698	20	1.18%	1	0.06%
Tameside General	1,865	25	1.34%	1	0.05%
Salford Royal	2,300	46	2.00%	3	0.13%
Fairfield General	1,748	36	2.06%	1	0.06%
Royal Bolton	2,237	48	2.15%	2	0.09%
Wythenshawe	2,028	48	2.37%	1	0.05%
Greater Manchester Total	19,858	291	1.47%	11	0.06%

Commissioner Benchmarked Performance: August 2016

Greater Manchester Clinical Commissioning Groups	Breaches	Breach Rate
NHS Central Manchester CCG	0	0.0
NHS Oldham CCG	0	0.0
NHS South Manchester CCG	0	0.0
NHS Stockport CCG	0	0.0
NHS Tameside And Glossop CCG	0	0.0
NHS Trafford CCG	0	0.0
NHS Salford CCG	1	0.1
NHS Wigan Borough CCG	2	0.2
NHS Heywood, Middleton And Rochdale CCG	2	0.3
NHS Bury CCG	3	0.6
NHS North Manchester CCG	4	0.7
NHS Bolton CCG	6	0.8
England Total	609	0.4

Provider Benchmarked Performance: August 2016

Greater Manchester NHS Provider Trusts	Breaches	Breach Rate
Central Manchester University Hospitals NHS Foundation Trust	0	0.0
Greater Manchester West Mental Health NHS Foundation Trust	0	0.0
Manchester Mental Health And Social Care Trust	0	0.0
Pennine Care NHS Foundation Trust	0	0.0
Salford Royal NHS Foundation Trust	0	0.0
Stockport NHS Foundation Trust	0	0.0
Tameside Hospital NHS Foundation Trust	0	0.0
The Christie NHS Foundation Trust	0	0.0
University Hospital Of South Manchester NHS Foundation Trust	0	0.0
Wrightington, Wigan And Leigh NHS Foundation Trust	0	0.0
Bolton NHS Foundation Trust	9	1.1
Pennine Acute Hospitals NHS Trust	10	0.6
North of England Total	47	0.1

Performance / Senior Leader Comments

August Performance 2 Breaches
(Standard 0)2015/16 Total
52016/17 YTD
4**Issue:**

There were two Mixed Sex Accommodation (MSA) breaches reported in August for Wigan Borough CCG. Both of the breaches were reported by Bolton NHS Foundation Trust. Reasons for the breaches as provided by Bolton NHS Foundation Trust were that in both cases, the patients were awaiting beds on general medical wards which caused the delay:

*Breach 1 occurred on the ICU from 19/08/16 to 23/08/16. Patient required specialising.
Breach 2 occurred on the HDU from 19/08/16 to 24/08/16.*

Aspiration:

To be assured by Bolton CCG that work is underway to eliminate MSA breaches at Bolton NHS Foundation Trust.

Action(s):

Bolton NHS Foundation Trust has shared the Root Cause Analysis reports for both incidents with WBCCG. For both incidents an explanation was provided to the patient/relatives and lessons learned and actions were identified.

Bolton CCG has advised that Bolton NHS Foundation Trust is working on the following to mitigate the risk of further breaches:

- Reviewing internal and external reporting processes.
- Reviewing the Delivering Same Sex Accommodation – Mixed Sex Occurrence Policy in line with the findings of internal and external reporting and implementing national standards for practice.
- On completion of Policy review, ensuring a robust roll out across Bolton NHS FT underpinned by utilising a number of communication routes:
 - Divisional Nurse Director meeting
 - Divisional Governance meeting
 - Better Care Together Newsletter
- Regular liaison, communication and engagement between Bolton NHS FT and Bolton CCG aiming to continually review possible and actual breaches in order to minimise actuals reported.
- Embedding a practice of live monitoring for mixed sex breaches to enable a robust RCA to be undertaken.
- Capturing the experience of the individual patient affected and other patients affected by the breach.
- Reviewing systems and processing in the Ambulatory Care Village to ensure that the Standard Operating Procedures and practice support the elimination of MSA.

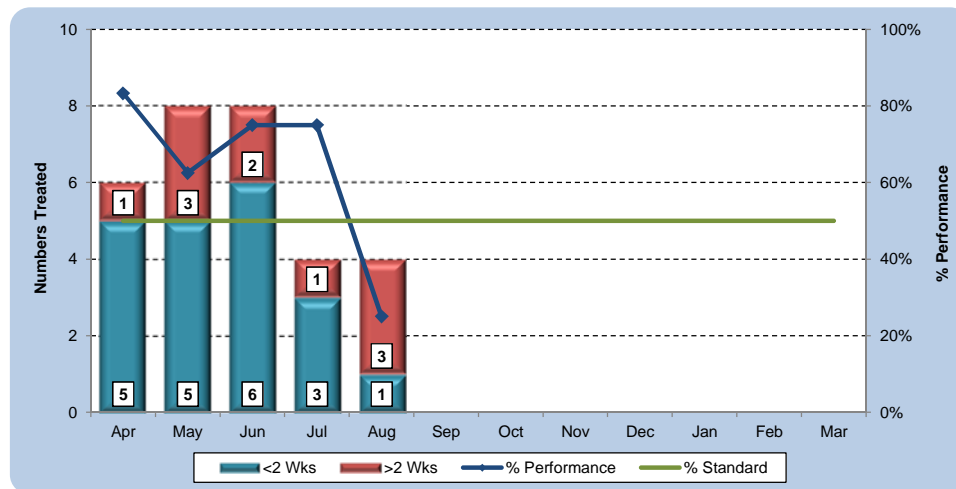
The recent CQC inspection report did not highlight MSA breaches and Bolton NHS FT received an overall rating 'Good'.

Bolton CCG will continue to focus on MSA at the monthly Quality and Performance meeting with Bolton NHS Foundation Trust.

Outcome(s):

Elimination MSA breaches at Bolton NHS Foundation Trust.

Early Intervention In Psychosis: First Treated <2 Weeks



Performance / Senior Leader Comments

First Treated August Performance 25.00% (Standard 50.00%)

First Treated YTD Performance 66.67% (Standard 50.00%)

Issue:

Performance for the number of patients starting treatment within 2 weeks of referral was below the 50.00% standard in August achieving 25.00%. There were a total of 4 patients treated, of which 1 started treatment within 2 weeks of referral.

Aspiration:

Target of 50% should be achieved year to date.

Action(s):

Commissioned Services Team raised with 5 Boroughs Partnership NHS FT (provider) that the national target was not met for August and only achieving 25%. This was not in line with expectation based on the local data received.

Further investigation of the data was requested from the provider and the findings and outcomes have been included below.

Reasons for the breaches had also been requested and initial review of the reasons has identified further queries into the operational and IT process that is currently in place. Further meetings is in place to agree an action plan which will mitigate the risk of not achieving the targets going forward .

There has been ongoing discussions regarding potential investment required due to the national changes in age range which increased from 35 to 65. This increased the activity that the team would expect to be dealing with. The provider has raised concerns regarding lack of workforce will impact on delivery of national standards. A business case has been submitted to the CCG and there is a meeting planned with the provider to discuss what actions can be taken to move this forward.

Outcomes(s):

The provider established that the data submitted to Unify was incorrect as the data was ran too early in the month and showed 25% but should have been 40%. The provider has requested that the return be re-opened for them to update the return and are currently awaiting a response back from Unify. Within the reporting team this return has now been moved to a permanent member of staff and processes are being put in place to ensure that this doesn't happen again.

In addition, weekly local reporting has been updated to reflect true FEP results.

Commissioned Services Team intends to discuss at the next contract meeting, the breaches to ensure that procedures can be put in place to prevent this from happening again.

Performance By Greater Manchester CCG: August 2016

CCG	Treated <2 Wks	Total Treated	Performance
NHS Bolton CCG	18	18	100.00%
NHS Bury CCG	4	4	100.00%
NHS Heywood, Middleton & Rochdale CCG	9	9	100.00%
NHS North Manchester CCG	11	12	91.67%
NHS Central Manchester CCG	24	27	88.89%
NHS South Manchester CCG	6	7	85.71%
NHS Trafford CCG	12	14	85.71%
NHS Salford CCG	7	9	77.78%
NHS Stockport CCG	8	11	72.73%
NHS Tameside & Glossop CCG	2	4	50.00%
NHS Oldham CCG	3	7	42.86%
NHS Wigan Borough CCG	1	4	25.00%
North of England	318	404	78.71%

Glossary Of Performance Indicators

**** Full Definitions for all indicators can be found via the following link:** <https://www.england.nhs.uk/wp-content/uploads/2016/02/technical-definitions.pdf>

Urgent Care

A&E Waits: Total Time Within 4 Hours: Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.

A&E Trolley Waits >12 Hours: Total number of patients who have waited over 12 hours in A&E from decision to admit to admission.

Ambulance: Category A (Red 1) 8 Minute Response Time: Patients presenting conditions that may be immediately life threatening and the most time critical should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

Ambulance: Category A (Red 2) 8 Minute Response Time: Patients presenting conditions that may be life threatening but less time critical than Red 1 should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

Ambulance: Category A 19 Minute Response Time: Patients presenting conditions that may be immediately life threatening should receive an ambulance response at the scene within 19 minutes irrespective of location in 95% of cases.

Ambulance Handover >30 Minutes: Percentage of handover delays of longer than 30 minutes. Handover should be fully completed and the patients physically transferred onto hospital apparatus. Ambulance apparatus must have been returned, enabling the ambulance crew to leave the department.

Ambulance Handover >60 Minutes: Percentage of handover delays of longer than 60 minutes. Handover should be fully completed and the patients physically transferred onto hospital apparatus. Ambulance apparatus must have been returned, enabling the ambulance crew to leave the department.

Ambulance Crew Clear Delays >30 Minutes: Percentage of crew clear delays of longer than 30 minutes. Time at which crew/vehicle should be ready for the next call.

Ambulance Crew Clear Delays >60 Minutes: Percentage of crew clear delays of longer than 60 minutes. Time at which crew/vehicle should be ready for the next call.

Planned Care

18W Referral To Treatment (RTT) Incomplete Pathways: Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period. Operational standards state that the percentage of incomplete pathways within 18 weeks should equal or exceed 92%.

18W Referral To Treatment (RTT) Incomplete Pathways Waiting >52 weeks: The number of incomplete pathways greater than 52 weeks for patients on incomplete pathways at the end of the period.

Diagnostics 6+ Week Waiters: Percentage of patients waiting 6 weeks or more for a diagnostic test should be less than 1%.

Urgent Operations Cancelled For A Second Time: Number of urgent operations that are cancelled by the trust for non-clinical reasons which have already been previously cancelled once for non-clinical reasons.

Cancelled Operations Not Treated In 28 Days: Percentage of patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons. Patients should be offered another binding date with 28 days, or the patient's treatment to be funded at the time and hospital of their choice. If after 28 days of a last minute cancellation the patient has not been treated then a breach is recorded.

Glossary Of Performance Indicators

Quality Of Care

Healthcare Associated Infections MRSA: Total number of cases of Methicillin-resistant Staphylococcus aureus (MRSA) by CCG.

MRSA: PIR Assigned To Wigan Borough CCG: Number of MRSA cases assigned to Wigan Borough CCG.

Healthcare Associated Infections: Clostridium Difficile: Total number of infections for patients aged 2 years and over by CCG.

Clostridium Difficile: Apportioned To WWL: Number of infections for patients aged 2 years and over apportioned to Wrightington Wigan & Leigh NHS Foundation Trust.

Mixed Sex Accommodation (MSA) Breaches: All providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. The number of occurrences of unjustified mixing in relation to sleeping accommodation (breaches) must be reported for each patient affected.

Cancer

Cancer: Seen Within 14 Days Of An Urgent GP Referral: Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer.

Cancer: Breast Symptoms Seen Within 14 Days: Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected.

Cancer: Treatment Within 31 Days of Decision To Treat: Percentage of patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis (measured from 'date of decision to treat').

Cancer : Subsequent Surgery Treatment In 31 Days: Percentage of patients receiving subsequent surgery within a maximum waiting time of 31 days, including patients with recurrent cancer.

Cancer : Subsequent Drug Treatment In 31 Days: Percentage of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a maximum waiting time of 31 days, including patients with recurrent cancer.

Cancer : Subsequent Radiotherapy Treatment In 31 Days: Percentage of patients receiving subsequent/adjuvant radiotherapy treatment within a maximum waiting time of 31 days, including patients with recurrent cancer.

Cancer: GP Referral To Treatment In 62 Days: Percentage of patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer (All Cancers).

Cancer: NHS Screening Referral To Treatment In 62 Days: Percentage of patients receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service for suspected cancer (All cancers).

Cancer: Consultant Upgrade To Treatment In 62 Days: Percentage of patients receiving first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status.

One Year Survival From All Cancers: One-year net survival (%) from all cancers (aged 15-99 yrs).

Mental Health

Dementia Diagnosis Rate: Measures the number of people diagnosed (people on the dementia register) against the dementia prevalence rates published in Dementia UK report (2007).

Improving Access To Psychological Therapies (IAPT) Access Rate: Proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies.

Improving Access To Psychological Therapies (IAPT) Recovery Rate: The proportion of people who complete treatment who are moving to recovery.

Improving Access To Psychological Therapies (IAPT) 6 & 18 Week Waiting Times (Finishing Treatment): The proportion of people that wait 6/18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Psychosis: First Treated < 2 Weeks: National standard states that 50% of people experiencing first episode psychosis will be treated within 2 weeks of referral.

Mental Health: Care Programme Approach (CPA): Proportion of patients on CPA discharged from inpatient care to their place of residence, must be followed up within 7 days of discharge.

Glossary Of Performance Indicators

Headline Activity

Outpatient Acute First Attendances: Total number of all specific acute consultant-led first outpatient attendances.

Outpatient Acute Follow-Up Attendances: The total number of specific acute consultant-led subsequent attendance appointments.

Inpatient Admissions: Acute Elective: Total number of all specific acute elective spells (ordinary + daycase).

Inpatient Admissions: Acute Non-Elective: Total number of specific acute non-elective spells in a month.

Accident & Emergency: Attendances (Types 1 -3) All Providers: Total number of attendances at Accident & Emergency departments types 1-3.

Supporting Activity

Diagnostics: Endoscopy Tests: The number of **Endoscopy** diagnostic tests/procedures carried out during the month in question.

Diagnostics: Non-Endoscopy Tests: The number of diagnostic tests/procedures (**excluding Endoscopy**) carried out during the month in question.

Cancer: First Seen Following GP Referral: Number of patients first seen in the reporting period, following an urgent GP referral for suspected cancer.

Cancer: First Treatments Following GP Referrals: Number of patients receiving first definitive treatment for cancer in the reporting period, following an urgent GP referral for suspected cancer.

18W RTT Completed Admitted Pathways: The number of completed admitted Referral to Treatment (RTT) pathways in the reporting period.

18W RTT Completed Non-Admitted Pathways: The number of completed non-admitted Referral to Treatment (RTT) pathways in the reporting period.

Note:

Specific Acute = Total activity minus Maternity, Mental Health & Learning Disabilities

MEETING: Governing Body

Item Number: 9.3

DATE: 25 October 2016

REPORT TITLE:	Greater Manchester Health and Social Care Strategic Partnership Board Minutes
CORPORATE OBJECTIVE ADDRESSED:	All corporate objectives are met
REPORT AUTHOR:	Lord Peter Smith
PRESENTED BY:	Dr Tim Dalton
RECOMMENDATIONS/DECISION REQUIRED:	Receive
EXECUTIVE SUMMARY	
<p>The Governing Body are asked to receive the minutes of the Greater Manchester Health and Social Care Strategic Partnership Board Minutes held on the 26 August 2016 for information.</p>	
FURTHER ACTION REQUIRED:	None
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

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GM HEALTH & SOCIAL CARE STRATEGIC PARTNERSHIP BOARD

MINUTES OF THE MEETING HELD ON 26 AUGUST 2016

3

Bolton CCG	Wirin Bhatiani
Bolton Council	Councillor Cliff Morris Councillor Ebrahim Adia Margaret Asquith
Bolton NHS Foundation Trust	Jackie Bene
Bridgewater Community Healthcare FT	Dorothy Whitaker
Bury Council	Councillor Rishi Shori Mike Owen
Bury CCG	Stuart North
Central Manchester CCG	Ian Williamson
Central Manchester FT	Darren Banks Steve Mycio
Christie NHS Foundation Trust	Roger Spencer
GMCA	Andrew Lightfoot Liz Treacy
GMCVO	Alex Whinnom
GMFRA	Tommy Judge
GM H&SC Partnership Team	Rob Bellingham Warren Heppolette Geoff Little Rob Meaden Jon Rouse Sarah Senior Wendy Meredith

GM Interim Mayor	Tony Lloyd
GMIST	Julie Connor Lindsay Dunn
GM Transformation Team	Paul Wood
Healthwatch GM Network	Jack Firth
Heywood, Middleton & Rochdale CCG	Chris Duffy Simon Wooton
Manchester CC	Councillor Richard Leese Howard Bernstein Carol Culley
North Manchester CCG	Mike Greenwood
Oldham Council	Councillor Jean Stretton Carolyn Wilkins
Oldham CCG	Denis Gizzi
Pennine Acute	David Dalton
Pennine Care NHS Foundation Trust	Michael McCourt
Primary Care Advisory Group (GP's) Chair LMC's	Tracey Vell
Rochdale BC	Councillor Richard Farnell Steve Rumbelow
Salford CC	Mayor Paul Dennett Jim Taylor
Salford CCG	Anthony Hassall Tom Tasker
Salford Royal NHS Foundation Trust	Chris Brookes Jim Potter
South Manchester CCG	Caroline Kurzeja
Stockport CCG	Mark Chidgey

Stockport MBC	Councillor Alexander Ganotis Eamonn Boylan
Stockport NHS Foundation Trust	Ann Barnes
Tameside MBC	Councillor Kieran Quinn Steven Pleasant
Tameside NHS Foundation Trust	Paul Connellan Giles Wilmore
Trafford Council	Councillor Sean Anstee Theresa Grant
Trafford CCG	Nigel Guest Gina Lawrence
UHSM	Barry Clare
Wigan Council	Councillor Peter Smith (In the Chair) Donna Hall
Wigan CCG	Tim Dalton

SPB 82/16 WELCOME AND APOLOGIES

Apologies were received as follows;

Simon Barber, Andrew Foster, Harry Holden, Karen James, Su Long, Gaynor Mullins, Richard Mundon, Christine Outram, Dharmesh Patel and Colin Scales.

SPB 83/16 MINUTES OF THE MEETING HELD 29 JULY 2016

The minutes from the meeting held on 29 July 2016 were submitted for consideration.

RESOLVED/-

To approve the minutes of the meeting held on 29 July 2016 as a correct record.

SPB 84/16 CHIEF OFFICER REPORT

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership, provided an update on the programme of work since the last meeting including a summary of the key work streams.

An update was provided on the appointments made to his Executive Team: Nicky O'Connor, Chief Operating Officer and Steve Wilson Executive Lead for Finance will take up their positions on 1 October 2016. Dr Richard Preece, Executive Lead for Quality will be in post in September.

The process to recruit to the Executive Lead posts of Population Health and Commissioning and Strategy and System Development has begun and appointments will be made in early September. Richard Jones has taken up his position as Executive Director of Adult Social Care and will be supported by Tim Griffiths from September.

The Investment Agreement for Transformation Funding with Salford and Stockport is in the progress of being developed. In light of the first applications to the Transformation Fund, it has been necessary to review the process and a report will be provided to the Board at the next meeting which will highlight lessons learned.

As the work of the Partnership is moving from planning to implementation phase, two reports will be brought before the next Executive and Board meetings for consideration and approval. The first report will review the core governance arrangements and refine and strengthen the infrastructure focusing on quality and improvement and performance in the system. A further report will address capacity requirements to deliver the Partnership agenda.

The Board has previously agreed the establishment of an Urgent and Emergency Care taskforce. Jon Rouse confirmed that he will Chair this along with Chris Brookes as Clinical Deputy and Steven Pleasant as Executive Deputy. The immediate work of the taskforce will be to assess the assistance required for local systems in particular in Stockport and South Manchester and the ongoing support in relation to Pennine Acute.

RESOLVED /-

To note the update provided.

SPB 85/16 PENNINE IMPROVEMENT PLAN

As Chair of the Improvement Board, Jon Rouse introduced and provided an overview on the progress to date on the Pennine Improvement Plan. He explained that following the CQC inspection and findings, a further diagnostic undertaken by Salford has resulted in combined action across the whole system to make the necessary and significant improvements.

Pennine Acute NHS Trust (PAHT) is currently in a period of stabilisation which will translate into a journey of transformation and has the capability of going beyond the recommendations of the CQC report.

He expressed his pleasure at the level of response and the resources offered from partners across GM in support of the needs and in recognition of the work required of Sir David Dalton's team. On behalf of the Board, Jon Rouse thanked and offered appreciation of the work of Sir David Dalton and his team and the leadership that Salford is providing.

It was commented that examples of good practice in services provided across Pennine exist and it must be recognised how hard the staff continue to work. Providing staff with the leadership they deserve to ensure they have capacity and confidence to fulfil their roles has been welcomed by those working across the sites in particular by staff at North Manchester General Hospital.

Sir David Dalton provided the Board with a presentation of the Pennine Acute Trusts Stabilisation and Improvement Plan. A summary of the CQC ratings for services across all sites was highlighted along with further additional identified risks to patient care and safety following the Salford Royal diagnostic. Both identified significant issues however there are some exemplar services across the largest non-teaching Trust in the country.

The CQC overall rating was 'Inadequate' and they advised on 77 'must do' and a further 144 'should do' recommendations that address the concerns raised. The observations and outcomes of both have been framed into themes that concentrate on those fragile services where there is a high degree of inability to provide reliable services. There is a focus on consistent quality and safety, the implementation of new risk and governance arrangements and an emphasis on operations and performance to improve patient flow. There is a requirement to support the workforce and make changes to the leadership.

The Health and Social Care Partnership, in conjunction with NHS Improvement (NHSI), have established an Improvement Board Chaired by Jon Rouse, which meets weekly to identify solutions to monitor progress and to identify sustainable solutions. So far £9m of investment has been secured to stabilise services.

The areas identified that require immediate stabilisation are:

- North Manchester General Hospital (NMGH) Urgent Care
- Maternity
- Paediatric
- Royal Oldham Hospital (ROH) Critical Care

The approach and systems developed at Salford Royal that focus on quality improvement and have an impact on patient safety are being implemented to improve at scale and pace.

The improvement plan is ambitious and there will be discussions with staff to work towards a proposal of saving a thousand lives over a three year period in order to have real impact. This will place the Trust within the top 20% of organisations in the country if achieved.

There have been changes made to leadership arrangements already to address capacity which will have the capability to improve performance. Recruitment for additional staff has taken place for the period April - June and further additional staffing resources have been identified.

There are good examples of best practice that exist in the Trust. Three services identified are:

- North Manchester Integrated Care.
- HMR Integrated Provider Partnership.
- The Oasis Unit, Rochdale – a bespoke facility for those who have an acute medical condition and are also living with dementia.

The improvement and sustainability of the Trust is aligned with the strategic intent of GM Partnership and particular attention is being paid to Theme 3 – Standardising Acute and Specialist Care.

The North East Sector Transformation Plan is being progressed and managed by an established leadership group that is independently chaired and includes representatives from Local Authorities, CCG's and all providers. A Transformation Fund proposal is targeted for the end of September 2016 and an agreement to develop a single commissioning framework is being developed to execute service transformation. Delivery of transformation results have been summarised into key themes in order to deliver the requirements at scale and enable better care.

Stuart North, Bury CCG welcomed the approach to stabilise services and offered active support and explained that CCG's and Local Authorities in Bury, Rochdale and Oldham recognise the need to join up and simplify commissioning procedures across Pennine Acute Trust and are committed to agreeing appropriate arrangements by the end of September.

Mike Greenwood, North Manchester CCG re-iterated support for the plan and explained that his team will be working diligently with all partners to assist the future success of Pennine Acute Trust.

Councillor Richard Leese welcomed the developments with particular regard to additional recruitment and asked about the possibility of the transfer of staff from Stepping Hill Hospital who, in the last couple of months have announced that they will be significantly reducing the workforce. Anne Barnes, Chief Executive Stockport NHS Trust confirmed that those redundancies would be from support staff rather than clinical and agreed that it would be beneficial if appropriate for those individuals to be redeployed within the system across GM.

Donna Hall, Chief Executive Wigan MBC raised the issue of workforce planning and questioned if this was moving quickly enough. Jon Rouse explained that workforce planning is underway under the leadership of Andrew Foster and a range of senior people who are working towards developing a workforce plan addressing priorities with regard to capacity and flexibility of the health and social care system across GM.

The accountability of those who were on the Board at the Trust was highlighted and Sir David Dalton confirmed that in agreement NHSI, there will be a review of arrangements that were operating at the Board in light of the findings of CQC to determine the extent to which there were any failings at this level that resulted in the CQC findings.

Lord Peter Smith thanked Sir David Dalton for the presentation and the work that is being done to stabilise the Trust and reminded Board members this is a system approach and the requirements of the Partnership to bring about the changes in performance required.

RESOLVED/-

To note the presentation.

NEXT MEETING DATES

Future meetings of the Strategic Partnership Board are arranged as follows:

Friday 30 September 2016

Friday 28 October 2016

Friday 25 November 2016

Friday 16 December 2016

Friday 27 January 2017

Friday 24 February 2017

Friday 31 March 2017

Friday 28 April 2017

Friday 26 May 2017

Friday 30 June 2017