

**MEETING:** Governing Body

**Item Number:** 9.1

**DATE:** 29 April 2014

<b>REPORT TITLE:</b>	<b>GM ASSOCIATION OF CCGs: Association Governing Group (AGG)</b>
<b>REPORT AUTHOR:</b>	<b>Chris Duffy, Chair AGG</b>
<b>PRESENTED BY:</b>	<b>Tim Dalton</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>Information</b>
<b>EXECUTIVE SUMMARY</b>	
Summary notes of the meeting held on 1 April 2014 for the Governing Body members to receive for information.	
<b>FURTHER ACTION REQUIRED:</b>	<b>None.</b>

**GM ASSOCIATION OF CCGs: Association Governing Group (AGG) SUMMARY**

**Tuesday 1st April 2014**

**1.30-5.30 pm**

**SALFORD/WORSLEY SUITE, ST JAMES'S HOUSE, SALFORD**

<b>Attendance:</b>	Craig Hall	NHS Wigan Borough CCG <i>for Trish Anderson</i>
	Ivan Bennett	NHS Central Manchester <i>for Mike Eeckelaers</i>
	Wirin Bhatiani	NHS Bolton CCG
	Alan Campbell	NHS Salford CCG
	Julie Daines	NHS Oldham CCG
	Andrea Dayson	GM Association of CCGs
	Chris Duffy ( <b>Chair</b> )	NHS Heywood, Middleton & Rochdale CCG
	Ranjit Gill	NHS Stockport CCG
	Nigel Guest	NHS Trafford CCG
	Warren Heppolette	Greater Manchester LAT
	Alex Heritage	Service Transformation
	Caroline Kurzeja	NHS South Manchester CCG
	Gina Lawrence	NHS Trafford CCG
	Su Long	NHS Bolton CCG
	Abdul Razzaq	Trafford Dpr of Public Health <i>for Wendy Meredith</i>
	Lesley Mort	NHS Heywood, Middleton & Rochdale CCG
	Stuart North	NHS Bury CCG
Kiran Patel	NHS Bury CCG	
Martin Whiting	NHS North Manchester CCG	
Leila Williams	Service Transformation	
<b>Apologies:</b>	Steve Allinson	NHS Tameside & Glossop CCG
	Rob Bellingham	Greater Manchester LAT
	Tim Dalton	NHS Wigan Borough CCG
	Alan Dow	NHS Tameside & Glossop CCG
	Michael Eeckelaers	NHS Central Manchester CCG
	Gaynor Mullins	NHS Stockport CCG
	Jenny Scott	NHS England – specialized Commissioning
	Hamish Stedman	NHS Salford CCG
	Bill Tamkin	NHS South Manchester CCG
	Clare Watson	NHS Tameside & Glossop CCG
	Ian Williamson	NHS Central Manchester CCG
Simon Wotton	NHS North Manchester CCG	
<b>In Attendance:</b>	Andrew Burridge	AGMA
	Kate Ritchie	NHS England
	Raj Jain	GM AHSN
	Donal O'Donoghue	GM AHSN/SCN Senate

## 1. WELCOME & APOLOGIES FOR ABSENCE

## 2. MINUTES OF THE LAST MEETING & REVIEW ACTION LOG

### 2.1 Minutes of the last Meeting: 4.2.14

- The Minutes of the last meeting were accepted as an accurate record.

## 3. STRATEGIC WORK PROGRAMMES

### 3.1 Healthier Together (HT) Updates.

Alex Heritage presented a high level update to inform members of key achievements, timescales, and progress of the Healthier Together programme. The milestone plan is broken down into 9 phases 6 of which contribute to the pre-consultation stages with phase 7 onwards taking us into the consultation phase. The business case will be prepared outlining all possible options which is slightly different than other approaches where the preferred option is noted. A Pre Consultation Business Case (PCBC) has been prepared the length of which has been dictated by the assurance process.

- The politics noted with the forthcoming party political conferences taking place over September and October this year.
- Complexity of purdah noted and advice received to mitigate any risks.
- Gateway Review report was positively received with most areas in amber.
- Further leadership events being arranged
- Concerns noted that the out of hours/community based models need to progress this year as a shadow year.

Leila Williams presented slides which outlined the overall aims and objectives of the programme and the key messages that need to be shared with the public. It describes the HT approach, materials that can be used to support the process and describes what success should look like. This will be useful for CCGs to use locally when describing the HT programme.

#### The AGG noted:

- **The information received was noted as comprehensive and supportive to promote consistent messages**
- **The challenge for COOs to support the community based models which are to be implemented locally across GM**

### 3.2 Health & Social Care Reform

Warren Heppolette presented this item firstly with an overview of a recent presentation to the AGMA Informal Leaders Meeting on 28<sup>th</sup> March. This includes:

- Agreed principles
- Our common Purpose
- Progress since January

- Forward Plan
- Challenges

Need to be mindful that AGMA is considering future governance arrangements as such we need to ensure the AGG is included to the level that supports stronger working partnerships that will enable reform at all levels.

WH will soon be transferring to the Strategic Director role and submitted a 'Discussion Document' to generate a debate relating to enhance the capacity aligned to supported health and social care reform across the city region. There was a recommendation to identify specific areas where capacity can be married, aligned to specific elements of the governance appropriately and encouraged into a 'one team' approach. The paper describes all forums in terms of decision rights and existing governance arrangements. The role of the EAG was questions in terms of membership and title being executive and advisory this is currently being reviewed.

**The AGG:**

- **Noted that the information in the paper was helpful in relation to describing the new role**
- **Agreed to meet with WH on a CCG basis during the initial few months in post**
- **Were supportive of the new role in terms of supporting the alignment of governance and decision making across the health and social care agenda**
- **Agreed that further 'time out' was required for the AGG to agree aims and objectives**

### **3.3 Public Sector Reform (PSR)**

Andrew Burridge attended to update the AGG on current PSR projects lead by the GM Adult Directors of Social Care that have a direct health link/impact.

#### **3.3.1 Work Programme Leavers**

Identifies the need to reduce worklessness culture and encourage proactive measures for return to work. This Includes standards relevant to risk stratify worklessness common issues identified relate to drug, alcohol and mental health links; as such alignment to health services is crucial.

#### **3.3.2 GM Hospital Discharge**

New model of hospital and social care provision which will reorganise existing resources to create new social care teams in every in-scope hospital in GM

#### **3.3.3 Frail Elderly Paramedic Pathfinder**

An evaluation of alternative pathways of care within North West Ambulance Service (NWAS) suggests that ensuring the frail elderly receive the appropriate care in the appropriate setting can reduce the numbers of people being conveyed to Emergency Departments and, as a result, reduce admissions to hospital and other care institutions. NWAS are keen to explore how ambulance crews and social care staff can partner one another and improve relationships.

### 3.3.4 AGMA Strategies

Includes the GM Alcohol Strategy which is being supported by Sandy Berring from Trafford CCG on behalf of GM. This is now ready to be presented to the AGG which AD confirmed sequencing through HOCs/CFOs and AGG.

Members were supportive of the information received particularly as some of this is happening albeit in pilot status across GM there was a feeling that we need to consider a GM basis to reap more efficiencies. Some members also rose concerns of not being aware of the initiatives or whether the AGG is the right forum. AD responded in that all of the PSR initiatives that are linked to health are connected to the infrastructure and as such should be reported back locally by their CCG representatives. The AGG also agreed following Geoff Little's PSR presentation that we would keep PSR progress as part of the AGG update.

#### The AGG:

- **Thanked AB for the updates some of which need further links to local planning**
- **Noted the need to ensure appropriate alignment of the PSR programmes through the AGG forums – AD to lead with AB**

## 4. ASSOCIATION OF GM CCGs

### 4.1 Lead Responsibility Presentation (Stroke Centralisation)

Alan Campbell presented an update to the AGG on the progress on the implementation of the further centralisation of acute stroke services in his capacity of Lead SRO. Kate Ritchie was in attendance as the Stroke Programme Manager.

- Progress since July 2013, when the AGG gave the mandate to proceed with the proposed clinical model.
- All suspected stroke patients will be taken to a hyperacute centre and are only repatriated or discharged once they have received their full hyperacute bundle of care.
- This redesign is intended to improve process indicators in the first 72 hours of care after a stroke as timely hyperacute care is correlated to improved long term functional outcomes and reduced 30 day mortality after stroke.
- Reconfiguration may fail to deliver intended benefits unless the wider range of improvements needed across the whole pathway this includes Early Supported Discharge and Community Stroke Rehabilitation. CCGs are asked to ensure that these elements are being supported locally
- Progress has been made towards agreeing the finances, but costs submitted by hyperacute providers are significantly different and some negotiation is still required by host CCGs
- Current issues are agreeing to the tariffs the principle is to try and simplify the finances of stroke.
- CCG leads from the 3 centres are requested to support this process.
- Governance arrangements established to support implementation are also shared in the paper.

- The Stroke Project Board has wide representation for all 3 centres including the district stroke centres and NWS.
- Issues have been identified in the collection of the acute key performance indicators solutions being sought through CSU.

Concerns raised by RG in terms of agreeing Stockport as the third centre as it continues to fail A/E targets. There was an agreement that A/E performance was to improve if they were to retain hyperacute stroke status. Whilst the performance initially improved this has not been sustained. RG is also concerned that some stroke patients are spending long periods of time in A/E. KR confirmed that the pathway had been improved since November allowing for direct admission to the stroke unit bypassing A/E.

AC reminded members that approving Stockport as the third centre was done so in the full knowledge that there were no other viable alternatives in terms of distance and numbers.

**The AGG:**

- **Noted the progress to date through the lead commissioning responsibilities led by Salford CCG**
- **The AGG agreed to ensure that stroke remains a priority area and to conclude local CCG / provider negotiations in a timely manner.**
- **Noted that an agreed realistic timeframe for implementation is dependent on the resolution of the financial modelling. A planned date for roll out is expected to be defined in the next few weeks but is expected to be between September 2014 – April 2015**

**4.2 Academic Health Science Network (AHSN)**

Raj Jain (Managing Director) and Donal O'Donoghue (Medical Director) presented an overview of the AHSN. The AHSN is a membership organisation of healthcare organisations and HEIs working in partnership with Industry, Local Authorities and other agencies. The HT programme guides GM AHSN activities and GM AHSN is supporting the programme in informatics and vascular health. A key aim is to develop a whole system's approach to CVD by focussing on a small number of highly relevant cross cutting issues which will yield measurable benefits in life expectancy, patient safety and evidence-based care. These will be reducing deaths from cardiovascular disease.

Areas highlighted as priority are Familial Hypercholesterolemia and Atrial Fibrillation. Members noted that in the past FH had been refused in terms of priority and affordability of the proposal but accepted that this was a different approach and would be supportive of reviewing the business case.

The potential joint working projects for Datawell to support the Health was also described further.

**The AGG:**

- **Approved FH and AF as priority areas that would be considered following the review of the proposals submitted**

#### **4.3 Governance Framework and Lead Roles**

AD presented the Governance Framework paper to members for final approval. This has been amended following comments from Chairs and AGG members and more recently through the GP Council. The main issues initially was related to delegated authority this has been replaced by a form of words that reflects the decision making process to allow for some autonomous working through the supporting infrastructure.

AD also presented the draft version of the lead roles matrix and requested for this to be reviewed any additions or alterations to be forwarded to AD for inclusion.

##### **The AGG:**

- **Thanked AD for the support in pulling the governance framework together and approved this as the final version,**
- **The AGG agreed that this should be a live document so that the lead roles can be kept updated and when agreed the AGG aims and ambitions van be added.**

#### **5. CLINICAL WORK PROGRAMMES**

5.1 Specialised Commissioning – deferred to the next meeting information received for information.

#### **6. ANY OTHER BUSINESS**

6.1 Confirmation of Clinical Lead for Specialised Commissioning.

Since the last meeting it was noted that a Clinical Lead was required to represent GM through the Specialist Commissioning North West Oversight Groups. IB has expressed an interest which has been supported through Central Manchester CCG. Members agreed that it was critical that we have GM clinical representation and supported the offer of support from IB.

##### **The AGG:**

- **Agreed that Ivan Bennett represents and acts on behalf of GM in the Specialist Commissioning forums.**

#### **DATE/TIME OF NEXT MEETING**

The next meeting will be held 6 May at St James House 13.30pm – 17.30pm

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**Meeting: WBCCG Governing Body – Open Meeting**

**Item Number: 9.2**

**Date: 29<sup>th</sup> April 2014**

<b>REPORT TITLE:</b>	Month 12 Performance Report 2014
<b>REPORT AUTHOR:</b>	Chris Melling
<b>PRESENTED BY:</b>	Mike Tate
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	To note the contents of the paper.
<p><b>EXECUTIVE SUMMARY</b></p> <p>The dashboard is designed to give the Governing Body an update on how the CCG is performing against its performance targets. The targets are aligned to the NHS England CCG Assurance Framework.</p>	
<b>FURTHER ACTION REQUIRED:</b>	

Wigan Borough CCG Performance Report  
2013/14 CCG Assurance Framework

- Page 2  
• Dashboard & Executive Summary
- Page 3  
• Quality Indicators
- Page 4  
• NHS Constitution Indicators
- Page 5  
• Outcomes Indicators
- Page 6  
• Finance Indicators
- Pages 7 to 16  
• Exception Reports



Mike Tate  
Chief Finance Officer  
April 2014

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Wigan Borough CCG Performance Report  
Dashboard & Executive Summary

1. Providing Local People With Good Quality Care

GREEN / AMBER



3. Improving Health Outcomes For Local People

RED



2. Promoting Patient Rights Under The NHS Constitution

GREEN / AMBER



4. Commissioning Services Within Financial Allocation

GREEN



**Introduction**

The 2013/14 performance report is based on the draft CCG Assurance Framework, against which NHS England will assess CCG performance on a quarterly basis. This uses a balanced scorecard of four key areas, each of which is assessed against a basket of key performance indicators.

**1. Providing Local People With Good Quality Care**

The CCG rating reflects concerns relating to provider quality. Key amongst these are the acute provider in Bolton, who have been flagged as a "quality compliance risk" by Monitor. A second area of concern relates to healthcare acquired infections (HCAI). On a positive note, the number of CDiff infections were better than plan during quarter 3. However, an MRSA infection was assigned to WWL FT during February. Page five of this report details the numbers of MRSA and CDiff infections attributed to the CCG responsible population. The final area of concern is Mixed Sex Accommodation (MSA); both WWL FT and Bolton FT have reported MSA breaches during the last quarter.

**2. Promoting Patient Rights Under The NHS Constitution**

The CCG rating remains at Green/Amber due to three areas of concern. The first is that small numbers of patients are still waiting more than 52 weeks for treatment. Most of these relate to the Trauma & Orthopaedic (T&O) service at WWL FT. The second area of concern is Mixed Sex Accommodation (MSA). WWL FT have reported 6 breaches above zero during the month of February. The final concern is that A&E performance has dropped significantly, and failed to achieve the 95% standard during March. However, full year performance is above the standard, achieving 95.70% for 2013/14.

**3. Improving Health Outcomes For Local People**

If two or more Quality Premium indicators are significantly worse than plan, this results in automatic Red status for the CCG. The number of MRSA and CDiff infections are above full year plan at February, with one MRSA infection being assigned to WWL FT during February. The number of admissions for older people as a result of a hip fractures (a CCG local priority indicator) is above plan in February, as is the year-to-date figure. Admissions for Lower Respiratory Tract Infections in children and young people is also above plan in February, as is the year-to-date figure. The A&E response rate to the Friends & Family test at WWL remains below the national 15% standard.

**4. Commissioning Services Within Financial Allocation**

All primary financial indicators are currently achieving plan. More detail on financial performance can be found in the CCG Finance and QIPP reports.



Providing Local People With Good Quality Care		Current Performance					Performance Trend		
		WWL	Bolton	Salford	Bridgewater	5 Boroughs			
Provider Assessment	Is The Provider Subject To Enforcement Action By The CQC?	No	No	No	No	No		Latest 8 Months	
	Is The Provider Flagged As A "Quality Compliance Risk" By Monitor; or Are There Requirements In Place Around Breaches Of Provider Licence Conditions?	No	Yes	No	No	No		Latest 8 Months	
	Is The Provider Subject To Enforcement Action By The NHS TDA Based On Quality Risk?	No	No	No	No	No		Latest 8 Months	
	Does Feedback From The Friends & Family Test Indicate Any Causes For Concern?	No	No	No	No	No		Latest 8 Months	
	Is The Provider Identified As A Negative Outlier For SHMI Or HSMR?	No	No	No	No	No		Latest 8 Months	
	Are The Number Of MRSA Cases Above Zero In The Last Quarter?	Yes	Yes	No	No	No		Latest 8 Months	
	Are The Number Of CDiff Cases Above Trajectory In The Last Quarter?	Yes	Yes	No	No	No		Latest 8 Months	
	Are The Number Of Mixed Sex Accommodation Breaches Above Zero In The Last Quarter?	Yes	Yes	No	No	No		Latest 8 Months	
	Does The Provider Have Any Unclosed Serious Untoward Incidents (SUIs)?	No	Yes	No	No	Yes		Latest 8 Months	
	Has The Provider Experienced Any Never Events In The Last Quarter?	No	No	No	No	No		Latest 8 Months	
CCG Self Assessment						Current Month	Performance Trend		
Clinical Governance	Does The CCG Have Any Outstanding Conditions Of Authorisation In Place Relating To Clinical Governance?						No		Latest 8 Months
	Does The CCG Have Any Concerns Around Quality Issues Discussed Regularly By The CCG Governing Body?						No		Latest 8 Months
	Does The CCG Have Any Concerns Around The Arrangements In Place To Identify Early Warnings Of A Failing Service?						No		Latest 8 Months
	Does The CCG Have Any Concerns Around The Arrangements In Place To Deal With And Learn From SUIs & Never Events?						No		Latest 8 Months
	Does The CCG Have Any Concerns Around Being An Active Participant In Its Quality Surveillance Group?						No		Latest 8 Months
EPRR	Has The CCG Identified Any Areas Of Concern Relating To The Arrangements In Place For Dealing With An Emergency Event?						No		Latest 8 Months
Winterbourne View	Has The CCG Identified Any Risk To Its Progress Against The Winterbourne View Action Plan?						No		Latest 8 Months



Promoting Patient Rights Under The NHS Constitution		Period	Organisation Monitored	National Standard	Lower Threshold	Current Performance			Performance Trend	
						Month	Last Qtr	YTD	Trend	
Referral To Treatment Waiting Times	18W RTT: Admitted Pathways	Feb 14	Wigan Borough CCG	90.00%	85.00%	93.21%	93.44%	93.51%		Latest 8 Months
	18W RTT: Non-Admitted Pathways	Feb 14	Wigan Borough CCG	95.00%	90.00%	97.99%	97.74%	97.79%		Latest 8 Months
	18W RTT: Incomplete Pathways	Feb 14	Wigan Borough CCG	92.00%	87.00%	96.59%	95.30%	95.28%		Latest 8 Months
	18W RTT: Patients Waiting Greater Than 52 Weeks	Feb 14	Wigan Borough CCG	0	10	3	6	N/A		Latest 8 Months
Diagnostics	Diagnostic Waits: Within 6 Weeks	Feb 14	Wigan Borough CCG	99.00%	94.00%	99.43%	97.55%	98.32%		Latest 8 Months
A&E	A&E Waits: Total Time In Department Within 4 Hours	Mar 14	WWL FT	95.00%	90.00%	93.68%	92.80%	95.70%		Latest 8 Months
Cancer Waits 2 Weeks	Cancer: Seen Within 14 Days Of An Urgent GP Referral	Feb 14	Wigan Borough CCG	93.00%	88.00%	98.80%	98.76%	98.52%		Latest 8 Months
	Cancer: Breast Symptoms Seen Within 14 Days	Feb 14	Wigan Borough CCG	93.00%	88.00%	96.20%	98.58%	97.08%		Latest 8 Months
Cancer Waits 31 Days	Cancer: Treatment Within 31 Days Of Decision To Treat	Feb 14	Wigan Borough CCG	96.00%	91.00%	99.23%	97.85%	98.40%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Surgery)	Feb 14	Wigan Borough CCG	94.00%	89.00%	100.00%	98.59%	99.61%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Drugs)	Feb 14	Wigan Borough CCG	98.00%	93.00%	100.00%	100.00%	99.58%		Latest 8 Months
	Cancer: Subsequent Treatment In 31 Days (Radiotherapy)	Feb 14	Wigan Borough CCG	94.00%	89.00%	100.00%	98.77%	99.70%		Latest 8 Months
Cancer Waits 62 Days	Cancer: Treatment In 62 Days (GP Referral)	Feb 14	Wigan Borough CCG	85.00%	80.00%	93.18%	86.75%	88.66%		Latest 8 Months
	Cancer: Treatment In 62 Days (NHS Screening Referral)	Feb 14	Wigan Borough CCG	90.00%	85.00%	100.00%	97.30%	95.04%		Latest 8 Months
	Cancer: Treatment In 62 Days (Consultant Upgrade)	Feb 14	Wigan Borough CCG	None	None	94.12%	91.91%	92.86%		Latest 8 Months
Category A Ambulance Calls	Ambulance: Category A (Red 1) 8 Minute Response Time	Feb 14	NWAS	75.00%	70.00%	75.27%	74.35%	75.88%		Latest 8 Months
	Ambulance: Category A (Red 2) 8 Minute Response Time	Feb 14	NWAS	75.00%	70.00%	76.03%	75.52%	77.62%		Latest 8 Months
	Ambulance: Category A 19 Minute Response Time	Feb 14	NWAS	95.00%	90.00%	96.41%	95.03%	95.74%		Latest 8 Months
Mixed Sex	Mixed Sex Accommodation: Breaches	Feb 14	Wigan Borough CCG	0	10	6	1	N/A		Latest 8 Months
Cancellations	Cancelled Operations: Not Treated In 28 Days	Q3 13/14	WWL FT	None	None	N/A	6.67%	6.87%		Latest 8 Quarters
Mental Health	Mental Health: Care Programme Approach	Q3 13/14	Wigan Borough CCG	95.00%	90.00%	N/A	98.33%	96.42%		Latest 8 Quarters



Improving Health Outcomes For Local People		Period	Organisation Monitored	Green Threshold	Amber Threshold	Current Performance			Performance Trend	
						Month	Last Qtr	Year/YTD		
Domain 1: Preventing People From Dying Prematurely	Potential Years Of Life Lost: Amenable To Healthcare <i>National Quality Premium Indicator</i>	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	2,520.80		Latest 4 Years
	Under 75 Mortality Rate: Cardiovascular Disease	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	91.35		Latest 4 Years
	Under 75 Mortality Rate: Respiratory Disease	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	39.03		Latest 4 Years
	Under 75 Mortality Rate: Liver Disease	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	30.21		Latest 4 Years
	Under 75 Mortality Rate: Cancer	2012	Wigan Borough CCG	N/A	N/A	N/A	N/A	141.35		Latest 4 Years
Domain 2: Enhancing Quality Of Life For People With Long Term Conditions	Admissions: Chronic ACS Conditions (All Ages) <i>Component 1 Of The Avoidable Admissions Indicator</i>	Feb 14	Wigan Borough CCG	Plan	5.00%	259	834	3,033		Latest 8 Months
				Actual		217	722	2,640		
	Admissions: Asthma, Diabetes & Epilepsy (C&YP) <i>Component 2 Of The Avoidable Admissions Indicator</i>	Feb 14	Wigan Borough CCG	Plan	5.00%	16	65	232		Latest 8 Months
				Actual		14	83	227		
Long Term Conditions: People In Control Of Condition	Sep 13	Wigan Borough CCG	N/A	N/A	N/A	N/A	70.36%		Latest 5 Surveys	
Dementia: Diagnosis Rate <i>Local Quality Premium Indicator</i>	2012/13	Wigan Borough CCG	N/A	N/A	N/A	N/A	54.26%		Latest 2 Years	
Domain 3: Helping People To Recover From Episodes Of Ill Health	Admissions: Acute ACS Conditions (All Ages) <i>Component 3 Of The Avoidable Admissions Indicator</i>	Feb 14	Wigan Borough CCG	Plan	5.00%	349	1,152	4,181		Latest 8 Months
				Actual		312	972	3,530		
	Admissions: Lower Respiratory Tract Infections (C&YP) <i>Component 4 Of The Avoidable Admissions Indicator</i>	Feb 14	Wigan Borough CCG	Plan	5.00%	14	118	176		Latest 8 Months
			Actual		20	95	185			
Readmissions: 30 Days Of Discharge	Feb 14	Wigan Borough CCG	Plan	5.00%	438	1,442	5,234		Latest 8 Months	
			Actual		432	1,340	5,110			
Avoidable Admissions <i>National Quality Premium Indicator</i>	Feb 14	Wigan Borough CCG	Plan	5.00%	638	2,169	7,622		Latest 8 Months	
			Actual		563	1,872	6,582			
Domain 4: Patient Experience	Friends & Family Test: A&E Response Rate <i>National Quality Premium Indicator</i>	Feb 14	WWL FT	15.00%	10.00%	11.42%	12.85%	10.20%		Latest 8 Months
	Friends & Family Test: Inpatient Response Rate <i>National Quality Premium Indicator</i>	Feb 14	WWL FT	15.00%	10.00%	32.47%	29.05%	26.98%		Latest 8 Months
Domain 5: Treating In A Safe Environment	Healthcare Associated Infections: MRSA <i>National Quality Premium Indicator</i>	Feb 14	Wigan Borough CCG	0	1	1	0	6		Latest 8 Months
	Healthcare Associated Infections: Clostridium Difficile <i>National Quality Premium Indicator</i>	Feb 14	Wigan Borough CCG	Plan	10.00%	8	23	83		Latest 8 Months
			Actual		5	18	101			
Other Indicators	Mental Health: IAPT Treatment Rate	Q2 13/14	Wigan Borough CCG	Plan	1.00%	N/A	2.77%	5.79%		Latest 8 Quarters
				Actual		N/A	3.30%	6.37%		
	Admissions: Chronic ACS Conditions (Adults) <i>Local Quality Premium Indicator</i>	Feb 14	Wigan Borough CCG	Plan	5.00%	243	752	2,822		Latest 8 Months
			Actual		203	637	2,408			
Admissions: Hip Fracture (Age 65+) <i>Local Quality Premium Indicator</i>	Feb 14	Wigan Borough CCG	Plan	5.00%	20	68	247		Latest 8 Months	
			Actual		27	76	293			



Commissioning Services Within Financial Allocation		Period	Organisation Monitored	Green Threshold	Amber / Green	Amber / Red	Red Threshold	Current Month	Performance Trend	
Financial Performance	Underlying Recurrent Surplus	Mar 14	Wigan Borough CCG	2.00%	1.00%	0.00%	< 0.00%	2.00%		Latest 8 Months
	Surplus: Year To Date Performance	Mar 14	Wigan Borough CCG	1.00%	0.80%	0.50%	< 0.50%	1.00%		Latest 8 Months
	Surplus: Full Year Forecast	Mar 14	Wigan Borough CCG	1.00%	0.80%	0.50%	< 0.50%	1.00%		Latest 8 Months
	QIPP: Year To Date Delivery	Mar 14	Wigan Borough CCG	95.00%	80.00%	50.00%	< 50.00%	100.00%		Latest 8 Months
	QIPP: Full Year Forecast	Mar 14	Wigan Borough CCG	95.00%	80.00%	50.00%	< 50.00%	100.00%		Latest 8 Months
	Running Costs Allowance: Within Limit	Mar 14	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months
	Risk Management: Clear Identification & Mitigation	Mar 14	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months
	Non-Recurrent Funds: Managed Within Agreed Processes	Mar 14	Wigan Borough CCG	Yes	N/A	N/A	No	Yes		Latest 8 Months

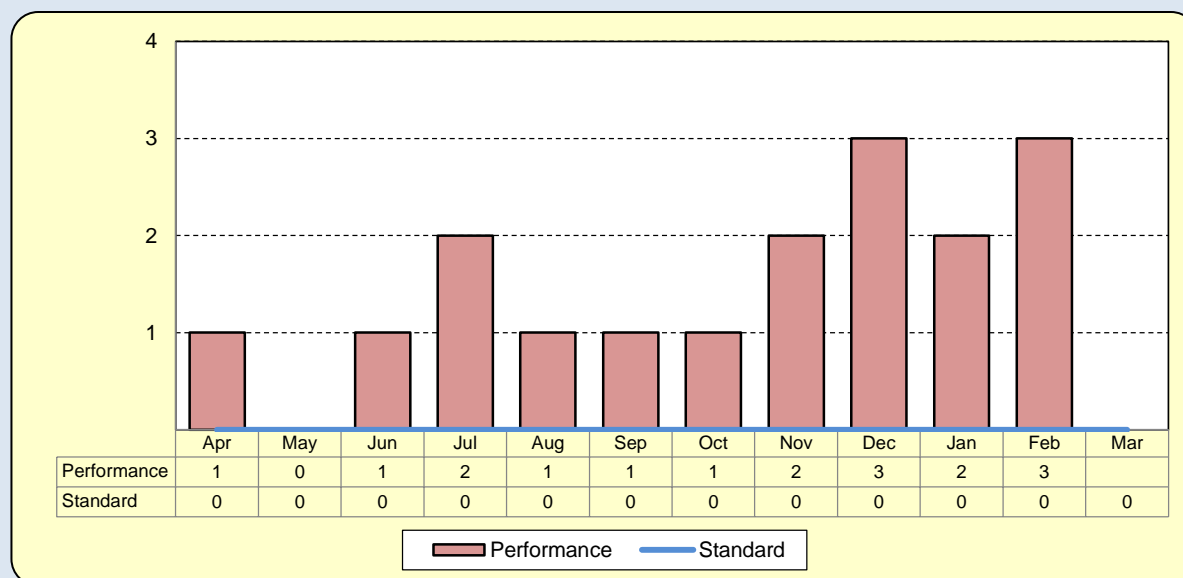
General & Acute Activity	Period	Organisation Monitored	Green Threshold	Amber Threshold	Current Performance			Performance Trend		
					Month	Last Qtr	YTD			
Supporting Activity Indicators	First Outpatient Attendances	Feb 14	Wigan Borough CCG	Plan	5.00%	9,002	27,129	97,604		Latest 8 Months
				Actual		8,155	26,453	95,180		
	Inpatient Admissions: Elective	Feb 14	Wigan Borough CCG	Plan	5.00%	4,925	13,968	51,293		Latest 8 Months
				Actual		3,958	11,903	43,999		
	Inpatient Admissions: Non-Elective	Feb 14	Wigan Borough CCG	Plan	5.00%	2,936	9,003	33,227		Latest 8 Months
				Actual		2,519	8,312	30,299		
	A&E Attendances	Mar 14	WWL FT	Plan	5.00%	8,218	23,398	93,690		Latest 8 Months
				Actual		7,913	22,110	89,836		



18W RTT: Patients Waiting Greater Than 52 Weeks

Exception Report

Trended Monthly Performance



Breach Details: April to February 2014	TFC	Month	Number
Bolton	T&O	April	1
University Hospital Of South Manchester	Cardiothoracic	June	1
University Hospital Of South Manchester	Cardiothoracic	July	1
Wrightington, Wigan & Leigh	T&O	July	1
Wrightington, Wigan & Leigh	Urology	August	1
Wrightington, Wigan & Leigh	Gen. Surgery	September	1
Wrightington, Wigan & Leigh	T&O	October	1
Wrightington, Wigan & Leigh	T&O	November	2
Wrightington, Wigan & Leigh	T&O	December	3
Wrightington, Wigan & Leigh	T&O	January	2
Wrightington, Wigan & Leigh	T&O	February	2
Salford Royal NHS Foundation Trust	T&O	February	1

Performance Comments

A total of three patients have been waiting in excess of 52 weeks at the end of February. This was the ninth consecutive month where at least one patient had been waiting in excess of a year. May is the only month in the current year where such a breach has not been reported.

Of the three patients waiting in excess of 52 weeks, two have been reported by Wrightington, Wigan & Leigh NHS Foundation Trust (WWL FT) and are waiting for treatment in the Trauma and Orthopaedic specialty, and one has been reported by Salford Royal NHS Foundation Trust also in the Trauma and Orthopaedic specialty.

Looking at the number of long waiters waiting beyond six months (26 weeks), the number of such Wigan Borough patients has fallen by 74 to 125 during February. Of these 125 patients, a total of 33 have been waiting over 39 weeks.

The largest absolute number of long waiters is recorded at WWL FT (51), with Central Manchester having the second largest number of long waiters (32).

Long Waiters: February 2014 And Movement on Previous Month	Total Waiters	26+ Weeks	39+ Weeks
Wrightington Wigan & Leigh	10,035 ▲	51 ▼	11 ▼
Bolton	960 ▲	10 ▼	1 ►
Salford Royal	778 ▲	13 ▼	2 ▲
Central Manchester University Hospitals	773 ▲	32 ▼	12 ▲
St Helens & Knowsley	401 ▼	6 ►	2 ►
Other NHS Providers	992 ▼	13 ▼	5 ▼
Independent Providers	733 ▲	0 ►	0 ►
<b>Wigan Borough CCG Total</b>	<b>14,672 ▲</b>	<b>125 ▼</b>	<b>33 ▲</b>



Diagnostic Waits: Within 6 Weeks

Exception Report

Trended Monthly Performance



Performance Comments

February performance of 99.43% has show an improvement on January and is now achieving above the national standard of 99%. This is the second time in this financial year where the standard has been achieved. However, despite this improvement year-to-date performance remains below the standard achieving 98.32%.

The total number of waiters at the end of February was 5,058, with the number of patients waiting more than 6 weeks falling by 89 to 29 during the month.

The tests with the greatest reduction of 6+ week waiters between January and February are:

- Magnetic Resonance Imaging: falling from 50 to 2
- Non-Obstetric Ultrasound: falling from 24 to 1
- Gastroscopy: falling from 20 to 8

WWL are reporting the largest number of over 6 week waiters (22). However, this is a reduction of 79 between January and February.

Performance By Test: February 2014

	6+ Weeks	Waiters	Performance
Magnetic Resonance Imaging	2	998	99.80%
Computed Tomography	1	491	99.80%
Non-Obstetric Ultrasound	1	1,715	99.94%
Barium Enema	0	13	N/A
Dexa Scan	0	162	100.00%
Audiology Assessments	0	363	100.00%
Echocardiography	1	394	99.75%
Electrophysiology	0	0	N/A
Peripheral Neurophys	0	74	N/A
Sleep Studies	0	5	N/A
Urodynamics	0	28	N/A
Colonoscopy	6	234	97.44%
Flexi Sigmoidoscopy	5	84	N/A
Cystoscopy	5	160	96.88%
Gastroscopy	8	337	97.63%
<b>Wigan Borough CCG Total</b>	<b>29</b>	<b>5,058</b>	<b>99.43%</b>

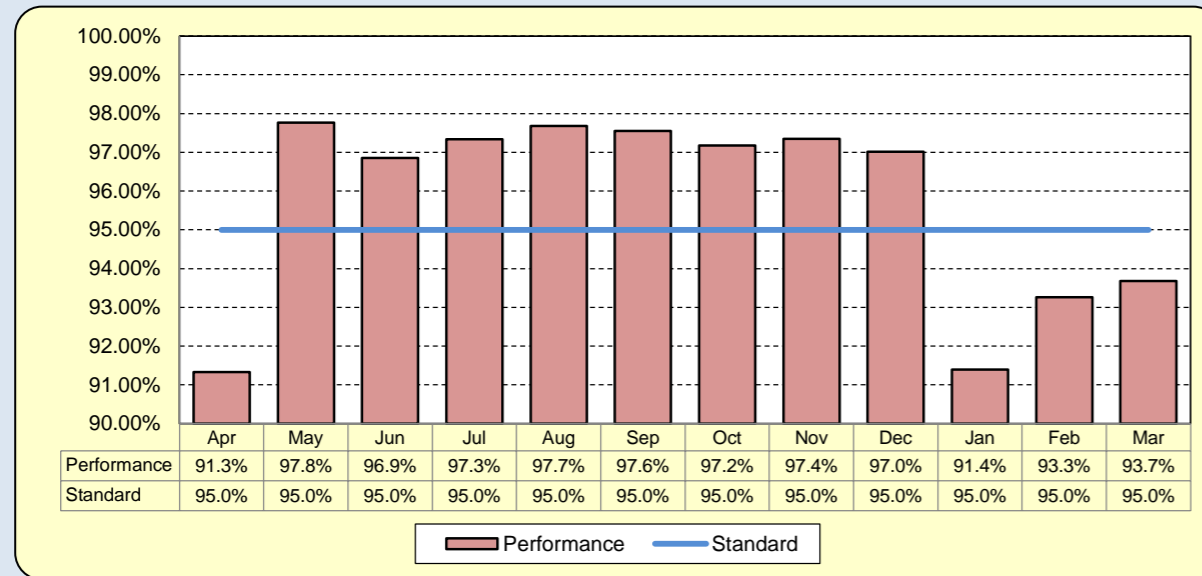
Performance By Provider: February 2014

	6+ Weeks	Waiters	Performance
Wrightington, Wigan & Leigh	22	4,280	99.49%
Bridgewater Community Healthcare	0	101	100.00%
Bolton	2	157	98.73%
Salford Royal	0	106	100.00%
Central Manchester University Hospitals	2	92	N/A
Other NHS Providers	2	213	99.06%
Independent Providers	1	109	99.08%
<b>Wigan Borough CCG Total</b>	<b>29</b>	<b>5,058</b>	<b>99.43%</b>

A&E Waits: Total Time In Department Within 4 Hours

Exception Report

Trended Monthly Performance



WWL A&E Attendances: By Number And Rate Of Admissions

Month	Attendances	Admissions	Admit Rate
April 2013	7,801	1,808	23.18%
May 2013	7,739	1,680	21.71%
June 2013	7,423	1,639	22.08%
July 2013	7,999	1,675	20.94%
August 2013	7,370	1,619	21.97%
September 2013	7,318	1,536	20.99%
October 2013	7,661	1,787	23.33%
November 2013	6,988	1,624	23.24%
December 2013	7,427	1,793	24.14%
January 2014	7,376	1,881	25.50%
February 2014	6,821	1,633	23.94%
March 2014	7,913	2,186	27.63%
<b>WWL Total</b>	<b>89,836</b>	<b>20,861</b>	<b>23.22%</b>

Performance Comments

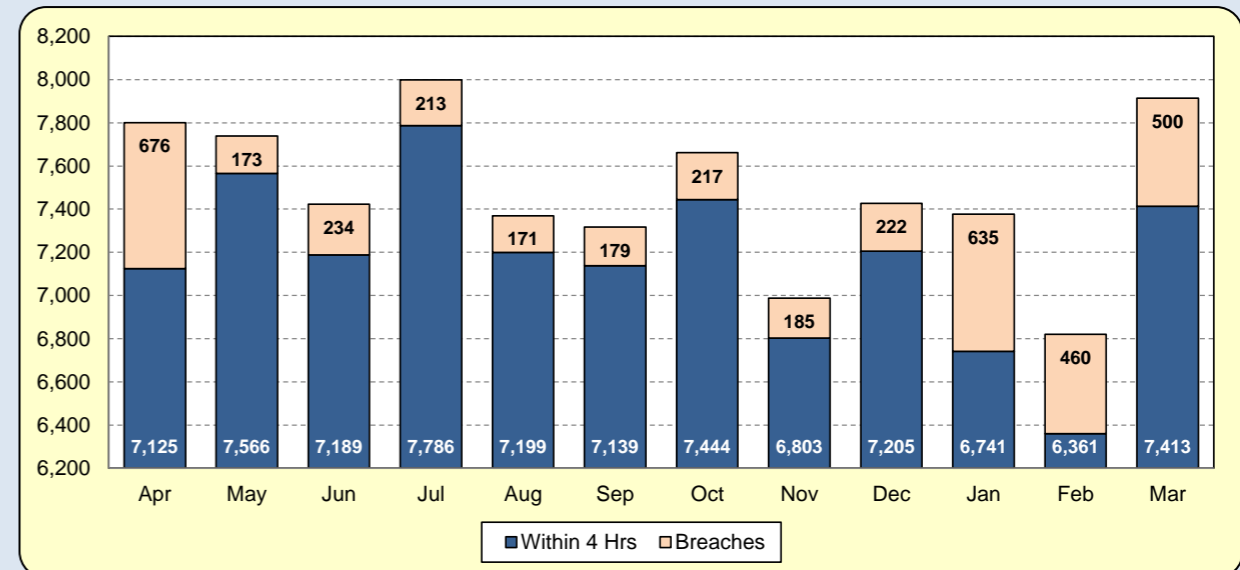
A&E performance at WWL remains below the 95% standard, at 93.7%, in March. This is the fourth time that the standard has been missed in this financial year.

However, performance for the whole year (April to March) is above the standard, achieving 95.7%.

Average daily attendances during March is 255.3, and is above the yearly average (246.1).

The rate of admissions during March is showing an increase from 23.94% to 27.63% between February and March. The rate is above the average (23.22%) and is comfortably the highest admission rate of the year.

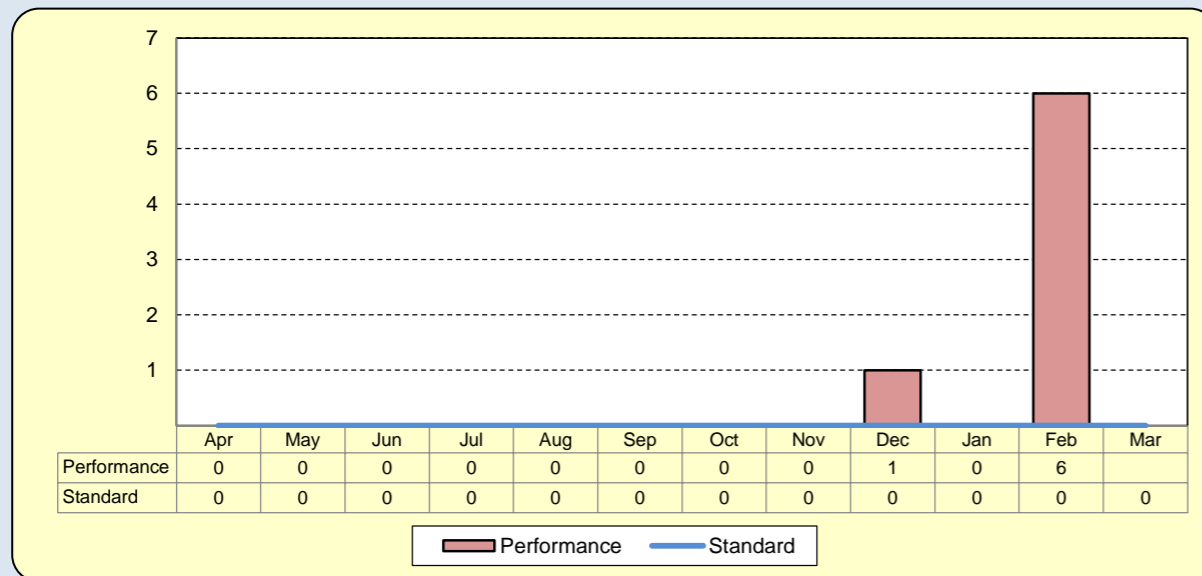
WWL A&E Attendances: By Within 4 Hours And Breaches



Mixed Sex Accomodation

Exception Report

Trended Monthly Performance



Performance Comments

A total of 6 Mixed Sex Accommodation breaches have been reported in February. This is the second month where breaches have been reported in the current financial year.

All of the 6 breaches have been reported by Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) and all occurred at the Royal Albert Edward Infirmary.

WWL attributed each of the breaches to emergency pressures/bed escalation issues.

Provider Benchmarked Performance: February 2014

Greater Manchester NHS Provider Trusts	Breaches	Breach Rate
Bolton NHS Foundation Trust	2	0.2
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 Acute Hospitals NHS 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	3	0.4
Wrightington, Wigan And Leigh NHS Foundation Trust	7	0.9

<b>Greater Manchester Total</b>	<b>12</b>	<b>1.5</b>
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Commissioner Benchmarked Performance: February 2014

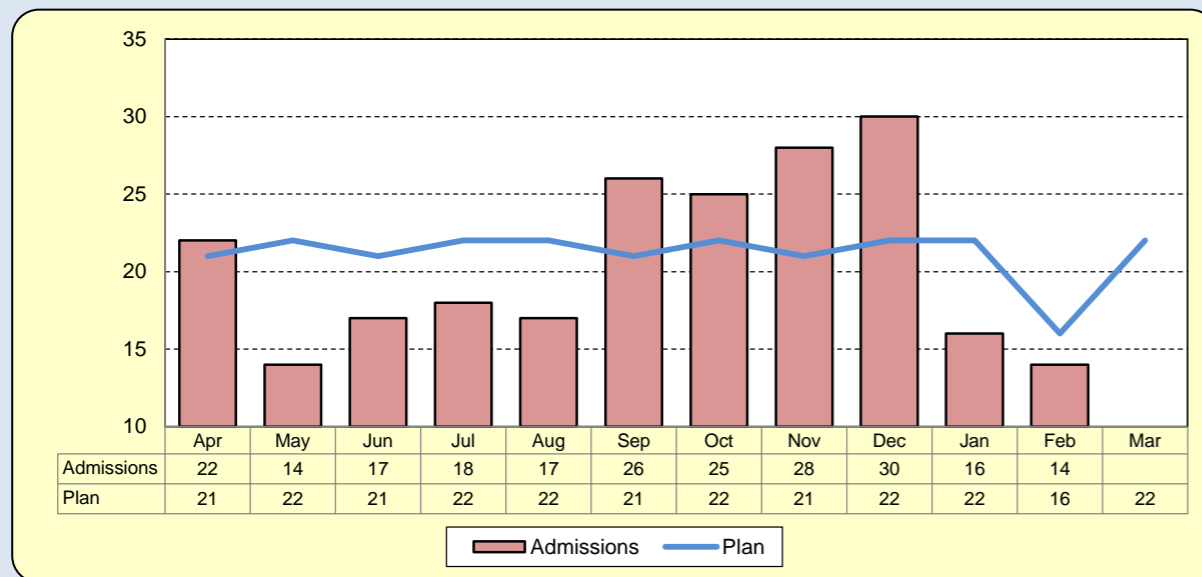
Greater Manchester Clinical Commissioning Groups	Breaches	Breach Rate
NHS Bolton CCG	1	0.1
NHS Bury CCG	1	0.2
NHS Central Manchester CCG	0	0.0
NHS Heywood, Middleton And Rochdale CCG	0	0.0
NHS North Manchester CCG	0	0.0
NHS Oldham CCG	0	0.0
NHS Salford CCG	0	0.0
NHS South Manchester CCG	1	0.2
NHS Stockport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

<b>England Total</b>	<b>273</b>	<b>0.2</b>
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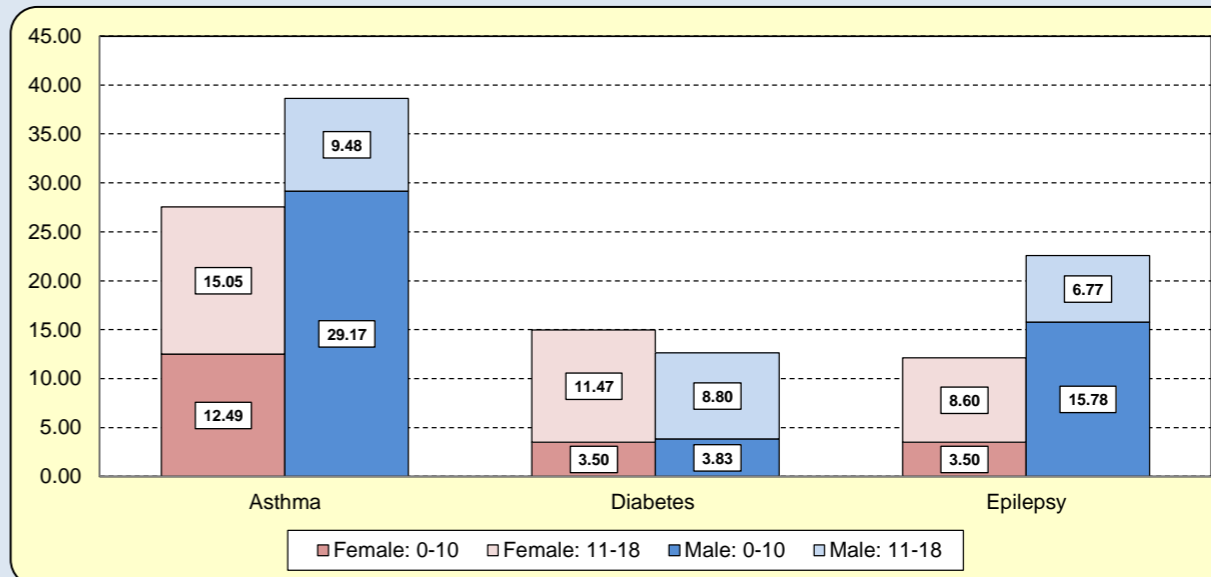
Admissions: Asthma, Diabetes & Epilepsy (C&YP)

Exception Report

Trended Monthly Admissions



Admission Rate Per 10k By Gender, Age Band and Condition: April to February 2014



Performance Comments

February performance of 14 admissions is below plan by 2; this is the second consecutive month that plan has been achieved. The year to date performance of 227 is also below plan.

The majority of year-to-date admissions relate to Asthma (121), with the highest proportion occurring in males aged 0-10yrs (61). The remaining proportions are shared between females aged 0-10yrs (25), females aged 11-18yrs (21) and males aged 11-18yrs (14). This said, the number of admissions has fallen from 142 to 121 between 2012/13 and 2013/14.

In contrast, the number of year-to-date admissions as a result of Epilepsy has increased from 47 to 62 between 2012/13 and 2013/14. The highest proportion once again occurs in males aged 0-10yrs (33). The remaining proportions are shared between females aged 0-10yrs (7), males aged 11-18yrs (10) and females aged 11-18yrs (12).

The lowest number of year-to-date admissions relate to Diabetes (44), with the highest proportion occurring in females aged 11-18yrs (16). The remaining proportions are shared between males aged 11-18yrs (13), females aged 0-10yrs (7) and males aged 0-10yrs (8). The number of Diabetes admissions is similar to that seen in 2012/13.

Year-On-Year Admissions By Condition: April to February 2014

Condition	2012/13	2013/14	Variance
Asthma	142	121	21
Diabetes	47	44	3
Epilepsy	47	62	(15)
<b>Wigan Borough CCG Total</b>	<b>236</b>	<b>227</b>	<b>9</b>

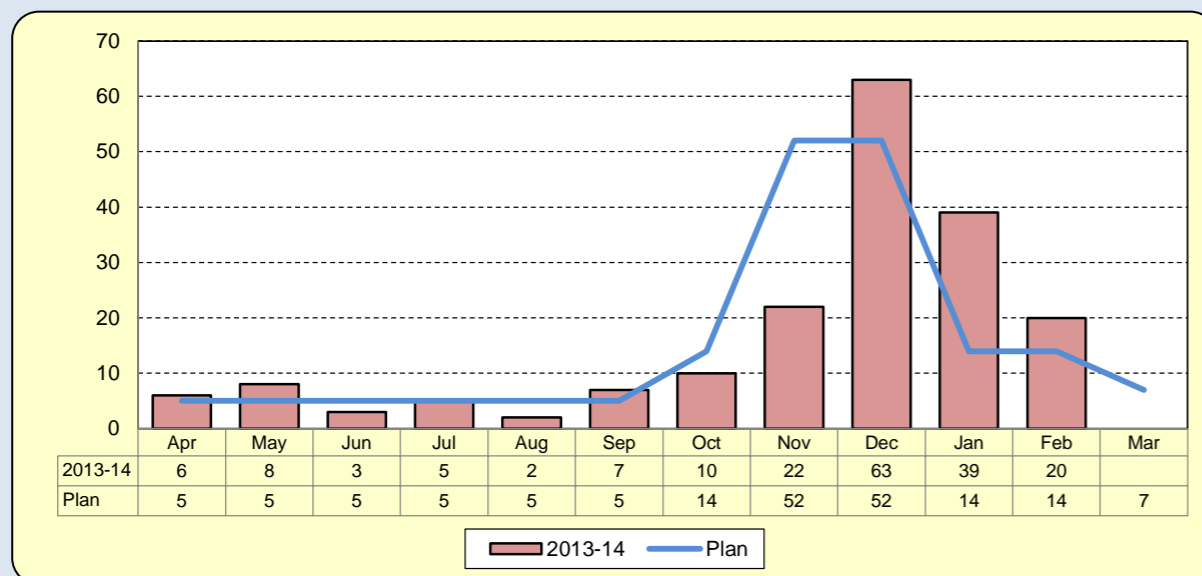
Admission Rate By CCG Locality: April to February 2014

CCG Locality	Admissions	List Size	Rate Per 10k
Patient Focus	23	10,466	21.98
Atherleigh	23	9,571	24.03
TABA	35	11,358	30.82
United League Consortium	34	10,156	33.48
North Wigan	45	11,328	39.72
Wigan Commissioning Consortium	67	16,770	39.95

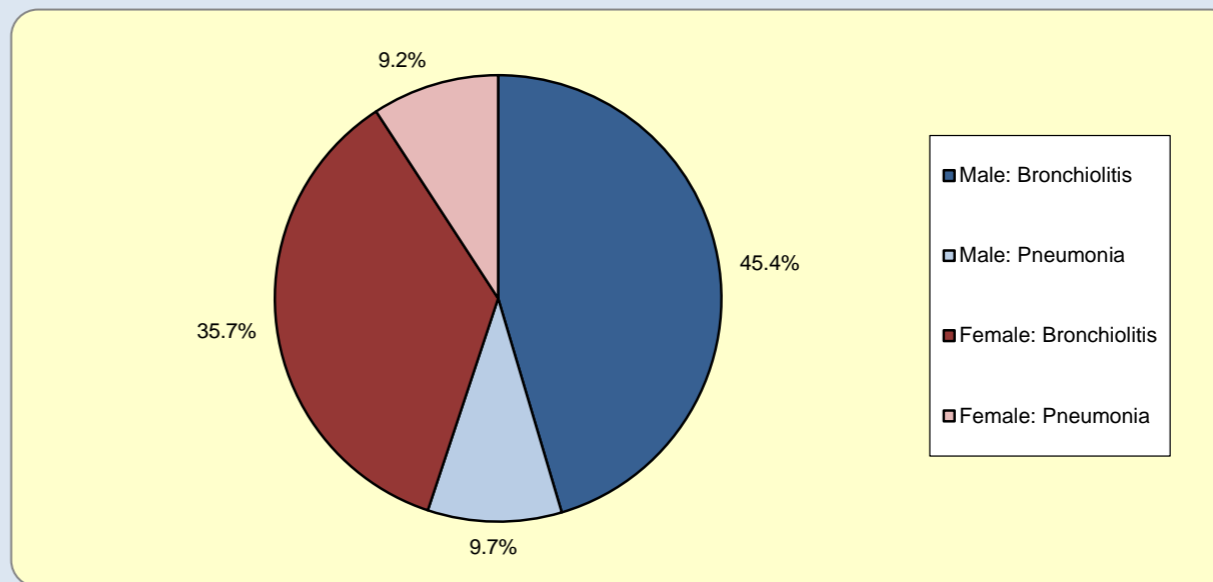
Emergency Admissions: Children with Lower Respiratory Tract Infections

Exception Report

Trended Monthly Admissions



Proportion Of Admissions By Condition & Gender: April to February 2014



Performance Comments

February performance is above plan by 6, with the number of admissions during February totaling 20.

The largest number of admissions during February relate to Bronchiolitis (14) with the remainder for Pneumonia (6).

The highest proportion of year-to-date (April to February) admissions relate to Bronchiolitis (81.1%), with males having a higher share of these admissions. The remaining 19.1% of admissions are for Pneumonia; this condition has a more equal male/female split.

The number of year-on-year admissions for the period April to February shows a slight reduction in Pneumonia from 41 to 35. By contrast, there is an increase in Bronchiolitis admissions from 134 to 150.

Year-On-Year Admissions By Condition: April to February 2014

Condition	2012/13	2013/14	Variance
Bronchiolitis	134	150	(16)
Pneumonia	41	35	4
<b>Wigan Borough CCG Total</b>	<b>175</b>	<b>185</b>	<b>(12)</b>

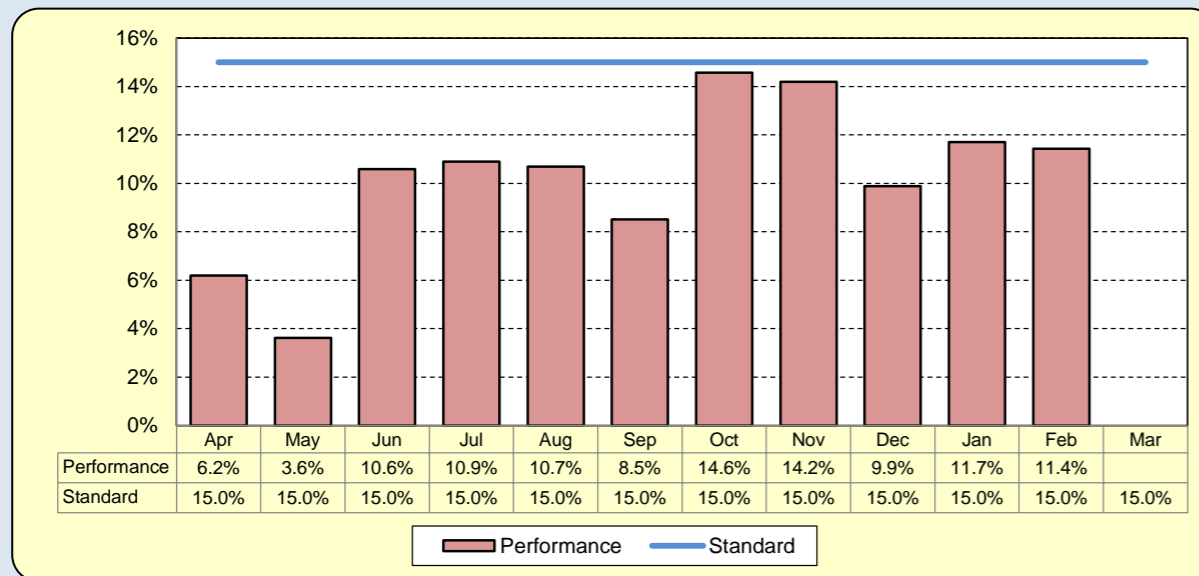
Admission Rate By CCG Locality: April to February 2014

CCG Locality	Admissions	List Size	Rate Per 10k
Atherleigh	22	9,571	22.99
United League Consortium	24	10,156	23.63
Patient Focus	25	10,466	23.89
North Wigan	28	11,328	24.72
Wigan Commissioning Consortium	47	16,770	28.03
TABA	37	11,358	32.58
Unknown	2	N/A	N/A

Friends & Family Test: A&E Response Rate At WWL

Exception Report

Trended Monthly Performance



GM Benchmarks: February 2014	Responses	Eligible	Performance
Salford Royal NHS Foundation Trust	1,010	3,515	28.73%
Pennine Acute Hospitals NHS Trust	2,809	10,328	27.20%
Stockport NHS Foundation Trust	837	3,607	23.20%
Central Manchester University Hospital	1,717	8,349	20.57%
University Hospital South Manchester	518	3,689	14.04%
Tameside Hospital NHS Foundation Trust	447	3,504	12.76%
Wrightington, Wigan & Leigh NHS Found Trust	488	4,272	11.42%
Bolton NHS Foundation Trust	450	4,587	9.81%

Performance Comments

WWL performance during February has dropped slightly to 11.42% and continues to remain below the national standard of 15%. A total of 4,272 patients were eligible to respond to the Friends & Family questionnaire, of which 488 supplied a response.

Four Trusts within Greater Manchester achieved performance above the national standard, with Salford achieving the highest response rate (28.7%). WWL have the second lowest rate of the Greater Manchester trusts (11.4%) with Bolton being the lowest (9.8%).

In an attempt to understand the difference in rates between the top two achieving trusts and WWL, a comparison was made between the different modes of response collections.

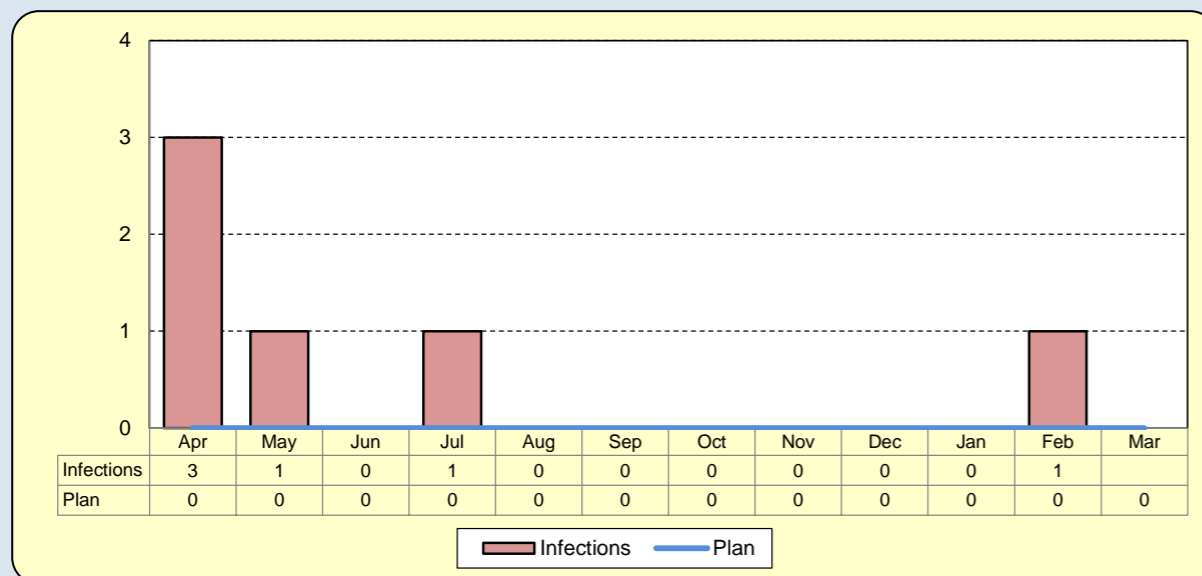
The best performing trust is Salford, which uses a combination of SMS, text and smartphone technology, as well as a telephone survey. Pennine's primary mode did not fall into any of the standard national categories. However, reference to their website suggests the use of handheld electronic devices or fixed survey machines. In contrast, WWL used mainly paper/postcard at point of discharge as their mode of collection.

Mode Of Collection: February 2014	Salford	Pennine	WWL
SMS/Text/Smartphone App	663	0	0
Electronic Tablet/Kiosk: Point Of Discharge	0	0	0
Paper/Postcard: Point Of Discharge	0	86	487
Paper Survey: Sent To Patients Home	0	0	0
Telephone Survey: Once Patient Is Home	347	0	0
Online Survey: Once Patient Is Home	0	1	1
Other	0	2,722	0
<b>Total</b>	<b>1,010</b>	<b>2,809</b>	<b>488</b>

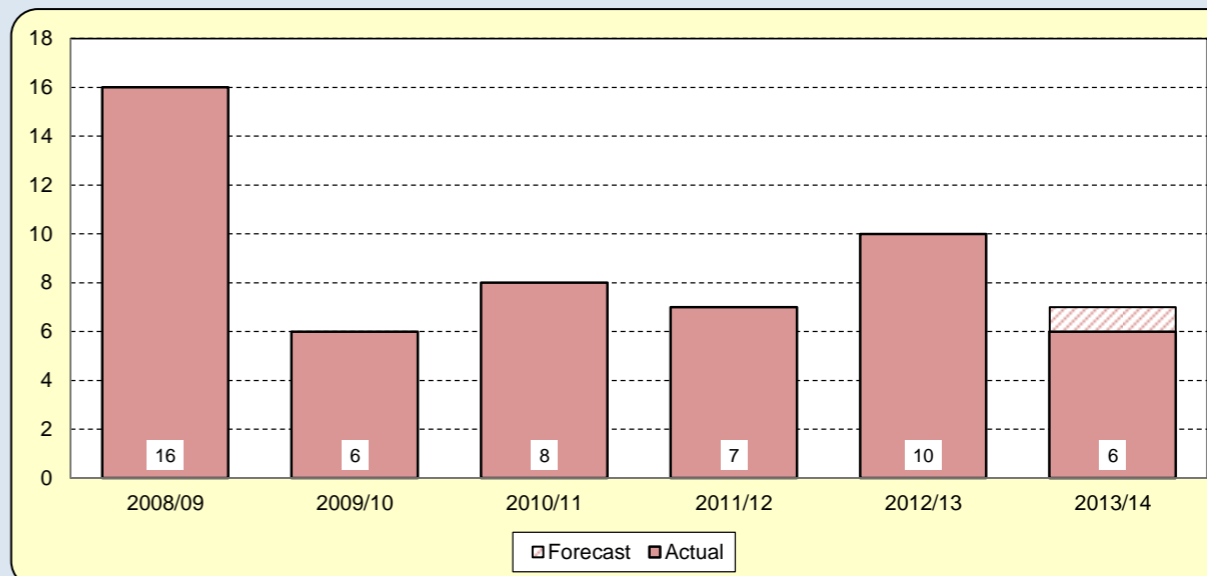
Healthcare Associated Infections: Methicillin-Resistant Staphylococcus Aureus (MRSA)

Exception Report

Trended Monthly Infections



Trended Annual Infections & Current Year Projection



Performance Comments

There has been 1 MRSA infection reported during the month of February 2014. This infection was reported by Wrightington, Wigan and Leigh, and was assigned to the hospital.

The number of year to date infections (April to February) now totals 6.

The majority of year to date infections were reported by Wrightington, Wigan and Leigh (5), of which 4 were assigned to community sources and 1 to the hospital.

The remaining 1 year to date infection was reported by Warrington & Halton; this infection was assigned to the hospital.

Infections By Reporting Provider & Assignment: February 2014

Reporting Provider	Hospital	Community	Total
Wrightington, Wigan & Leigh	1	0	1
Bolton	0	0	0
Salford Royal	0	0	0
Other NHS Providers	0	0	0
<b>Wigan Borough CCG Total</b>	<b>1</b>	<b>0</b>	<b>1</b>

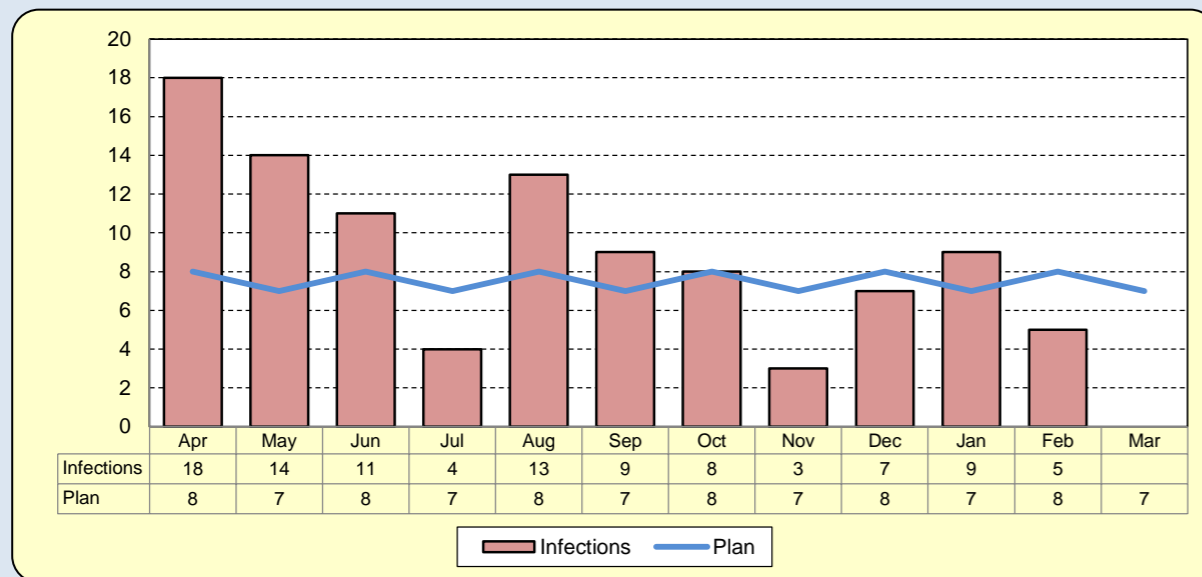
Infections By Reporting Provider & Assignment: April to February 2014

Reporting Provider	Hospital	Community	Total
Wrightington, Wigan & Leigh	1	4	5
Bolton	0	0	0
Salford Royal	0	0	0
Other NHS Providers	1	0	1
<b>Wigan Borough CCG Total</b>	<b>2</b>	<b>4</b>	<b>6</b>

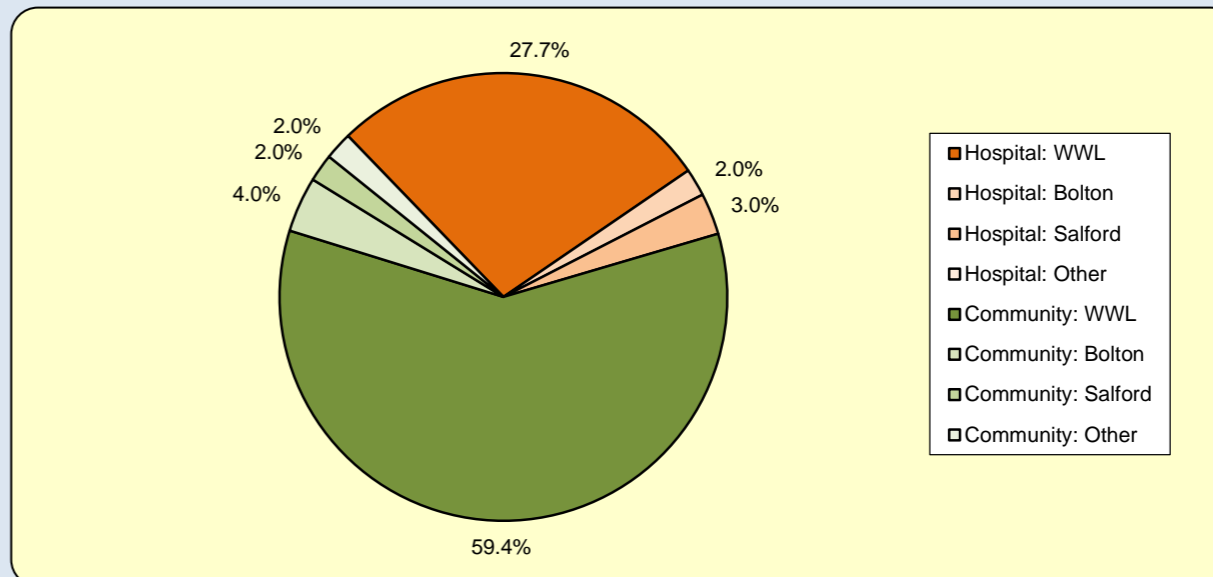
Healthcare Associated Infections: Clostridium Difficile

Exception Report

Trended Monthly Infections



Proportion Of Infections By Assignment & Reporting Provider: April to February 2014



Performance Comments

February performance of 5 Clostridium Difficile infections is below plan by 3. The year-to-date figure of 101 infections remains above plan by 18, and is above the full year threshold of 90.

During February, 2 infections were assigned to community sources and 3 assigned to the hospital. As a result, 67% (68/101) of year-to-date infections have been assigned to community sources and 33% (33/101) to hospitals.

The majority of infections for the period April to February 2014 were reported by Wrightington, Wigan & Leigh (88/101), with the remaining 13 shared between Bolton, Salford, Christie and Royal Brompton & Harefield hospitals.

Infections By Reporting Provider & Assignment: February 2014

Reporting Provider	Hospital	Community	Total
Wrightington, Wigan & Leigh	1	2	3
Bolton	1	0	1
Salford Royal	1	0	1
Other NHS Providers	0	0	0
<b>Wigan Borough CCG Total</b>	<b>3</b>	<b>2</b>	<b>5</b>

Infections By Reporting Provider & Assignment: April to February 2014

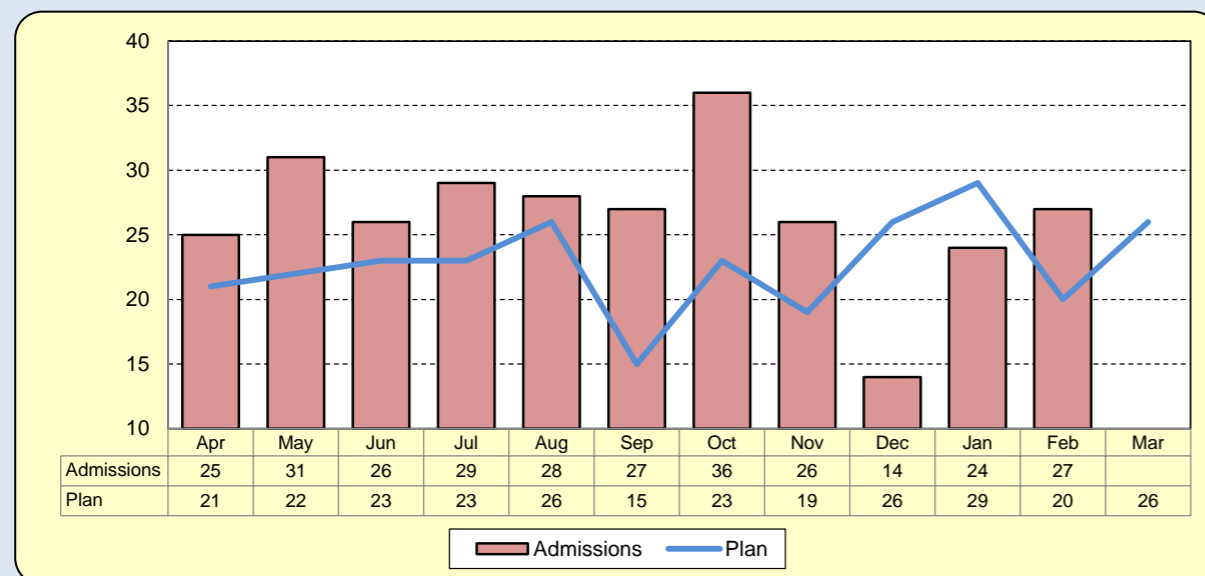
Reporting Provider	Hospital	Community	Total
Wrightington, Wigan & Leigh	28	60	88
Bolton	2	4	6
Salford Royal	3	2	5
Other NHS Providers	0	2	2
<b>Wigan Borough CCG Total</b>	<b>33</b>	<b>68</b>	<b>101</b>



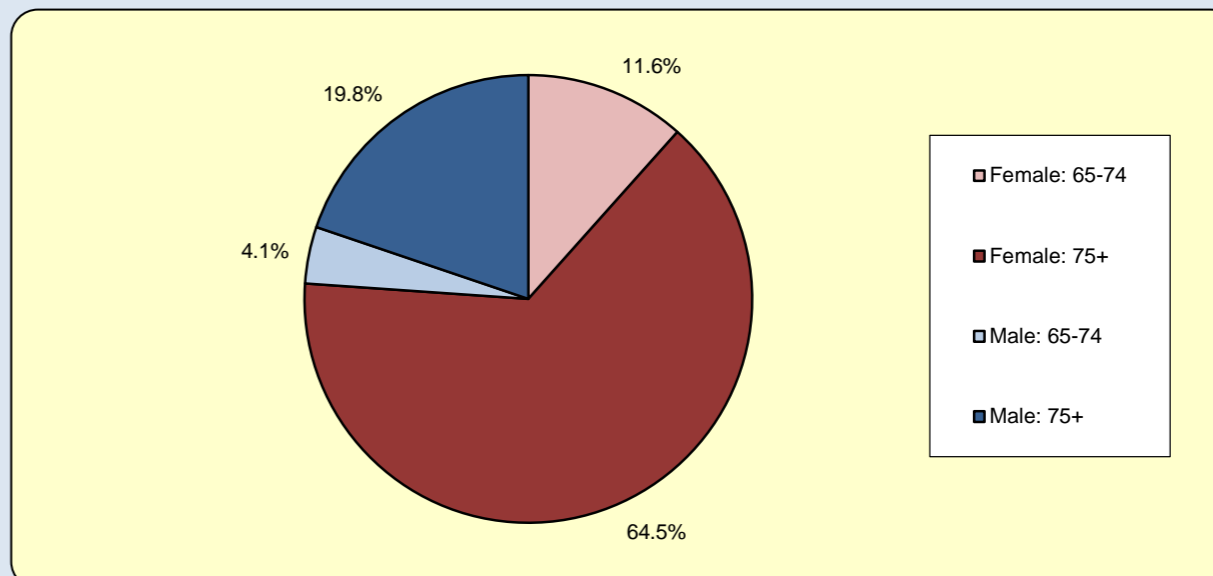
Hip Fracture Admissions: Age 65+

Exception Report

Trended Monthly Admissions



Proportion Of Admissions By Gender & Age Band: April to February 2014



Performance Comments

February performance of 27 admissions is above plan by 7. Year-to-date performance of 293 remains above plan by 46.

The majority of year-to-date admissions relate to females aged 75+ (64.5%). The second highest proportion of year-to-date admissions relates to males aged 75+ (19.8%), with the remaining proportion shared between males (4.1%) and females (11.6%) aged 65-74.

Year-on-year analysis by primary diagnosis highlights that Fracture Of Neck Of Femur has the largest increase in admissions (19). Petrochanteric Fracture is showing an increase of 14 and Subtrochanteric Fracture an increase of 1.

Admission rates per 10k patients reveal fairly wide variances from the highest (Wigan Commissioning Consortium) to lowest (TABA) locality. However, it is recognised that absolute numbers at locality level are relatively low.

Year-On-Year Admissions By Diagnosis: April to February 2014

Primary Diagnosis	2012/13	2013/14	Variance
S720: Fracture Of Neck Of Femur	149	168	(19)
S721: Petrochanteric Fracture	95	109	(14)
S722: Subtrochanteric Fracture	15	16	(1)
<b>Wigan Borough CCG Total</b>	<b>259</b>	<b>293</b>	<b>(34)</b>

Admission Rate By CCG Locality: April to February 2014

CCG Locality	Admissions	List Size	Rate Per 10k
TABA	32	8,296	38.57
North Wigan	43	10,499	40.96
Patient Focus	43	8,875	48.45
United League Consortium	43	7,458	57.66
Atherleigh	47	8,061	58.31
Wigan Commissioning Consortium	84	13,813	60.81

Appendix B: Report & Dashboard Guidance

Corporate Dashboard: RAAG Rating Methodology

<p><b>Objective 1: Outcomes</b> GREEN: All relevant indicators on track for achievement of Quality Premium. AMBER / GREEN: Not all indicators on track for achievement of the Quality Premium. AMBER / RED: At least one indicator statistically significantly off track for achievement of the Quality Premium. RED: More than one indicator statistically significantly off track for achievement of the Quality Premium.</p>
<p><b>Objective 2: Quality</b> GREEN: All "No" responses. AMBER / GREEN: One or more "Yes" responses, but action plan in place that successfully mitigates patient risk. AMBER / RED: One or more "Yes" responses and no action plan in place or plan does not successfully mitigate patient risk. RED: Enforcement action is being undertaken by the CQC, Monitor or TDA and the CCG is not engaged in proportionate action planning to address patient risk.</p>
<p><b>Objective 3: NHS Constitution</b> GREEN: No indicators rated "Red". AMBER / GREEN: No indicator rated "Red", but future concerns. AMBER / RED: One indicator rated "Red". RED: Two or more indicators rated "Red".</p>
<p><b>Objective 4: Finance</b> An overall GREEN rating can only be achieved if all primary indicators are individually rated "Green". 2 or more "Red" primary indicators would lead to a overall red rating. Over-riding rule: A qualified audit opinion would lead to an overall RED rating.</p>