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Paper	Performance Paper

Aim

The ICB received a performance report in February which raised a number of questions. This paper aims to respond to those questions and also provide a deep dive on outpatients and electives admissions. The following areas are included in the paper;

1. Accident and Emergency
   (i) Frequent Attenders
   (ii) Mental Health
2. Emergency Admissions
   (i) Ambulatory Care
   (ii)Hospital transfers
   (iii)Paediatric by age band
3. Deep Dive Outpatients
4. Deep Dive Elective admissions
5. NHS Constitution indicator comparator

1. Accident and Emergency (A&E)

1i Frequent Attenders

Following on from the previous A&E Deep Dive ICB paper it was has highlighted that in 2017/18 year to date, a patient had attended A&E on 52 occasions in 2017.

In 2016/17 there were 103 patients that attended A&E 13 times or above. To date in 2017/18 64 patients have attended 13 times or more. Of the 97,198 total A&E attendances to date, 1,112 were due to frequent attenders.

How will our transformation plans attempt to help A&E 'frequent flyers' and therefore reduce demand on services?

Focused Care Workers

As part of the Neighbourhoods & Primary Care theme, Focused Care Workers will identify and support the most vulnerable and complex patients within the locality with the aim to ensure appropriate engagement with health and social care partners rather than reliance upon attendance at A&E. Focused Care Workers will engage with those clients identified within the most deprived areas of the locality to ensure reduced demand to areas such as the ambulance service, the police and healthcare services by providing on-going support to manage sometimes complex physical, emotional and mental wellbeing needs. Identification of clients will be carried out through GP referral schemes and multi-disciplinary meets between professionals.

One Systems Approach-paediatrics

As part of the development of the paediatric nurse practitioner clinic Rochdale are in discussion with Greater Manchester regarding the phase two pilot project to look at frequent paediatric attenders to A&E. In partnership with local providers Rochdale will create a Locality based Multi-Disciplinary Hub solution in the locality of Middleton which stems health, social care and voluntary sector intervention. This pilot will be evaluated by Salford University.

1. Accident and Emergency (A&E)

1 ii Mental Health

The number of A&E attendances for mental health conditions in 2017/18 Pennine Acute (PAHT) sites continues to be a concern within regard to the following analysis;

- 57.7% of all Mental Health attendances were discharged with no further treatment or left the department without being treated.
- At Rochdale Infirmary, 51.9% required no further treatment or left before being seen.
- 25% of total attendances were patients aged 20-29, 11% were aged 15-19

Illustrated in the tables below are PAHT A&E Attendances with Mental Health presentations and route of referral from 1st Jan 2017 to 31 Dec 2017.
Activity includes all attendances where Primary diagnosis is Psychiatric conditions or free text includes mention of MH presentation, overdose, suicidal, self-harm.

The below tables identify the discharge and referral method from A&E and questions the appropriateness of attendance, care setting and follow up.

	FGH	NMGH	RI	ROH	Totals
Discharged - no follow up treatment	1,122	306	466	317	2,211
Admitted to hospital bed	346	99	73	200	718
Discharged - follow up treatment by GP	222	83	201	86	592
Referred to other Out-Patient Clinic	14	4	110	128	256
Left Department before being treated	68	29	30	60	187
Left Department having refused treatment	47	21	29	18	115
Referred to other health care professional	5	5	43	2	55
Totals	1,834	550	955	815	4,154

	FGH	NMGH	RI	ROH	Totals
Self-referral	997	314	632	484	2,427
Other	578	173	218	213	1,182
Health care provider: same or other	180	39	30	57	306
General Medical Practitioner	66	19	59	40	184
Educational establishment	4	2	13	17	36
Local authority social services	5	1	2	1	9
Totals	1,834	550	955	815	4,154

Fairfield General Hospital(FGH), North Manchester General Hospital (NMGH, Rochdale Infirmary (RI), Royal Oldham Hospital (ROH)

How will Rochdale's transformation plans attempt to help Mental Health A&E attendances and therefore reduce demand on services?

Living Well Hub (Day) Safe Haven (Night)

As part of the Mental Health Urgent Care Offer, the Living Well Hub will provide a daytime Mental Health face to face offer on a drop in basis for anyone who requires it with a short term introduction which deals with the immediate issue facing an individual and supports them to address that issue. The Safe Haven will offer a night-time out of hours crisis hub aimed at reducing hospital admissions for people presenting at A and E with Mental Health symptoms or in mental health crisis in other parts of the system e.g. police, street triage, social care, emergency duty team. It will offer a café style safe place where people get the support they need in a crisis to address their immediate issues and they can continue going for a time limited period (4 -6 weeks) for support. They can also be signposted from the haven to appropriate out of hospital mental health services for additional support.

Discussions are currently being held regarding the transportation of clients who attend Fairfield General (FGH) or Royal Oldham (ROH) in the immediate timeframe. However, over time there would be an assumption that as people become familiar with the offer they would go directly to the living well hub or safe haven rather than going to FGH or ROH.

2i. Ambulatory Care

A significant proportion of adult patients requiring emergency care can be managed safely and appropriately on the same day, either without admission to a hospital bed at all, or admission for only a number of hours. This is achieved by streamlining access to diagnostic services and reorganising the working patterns of emergency care clinicians to be able to provide early decision making and treatment. There is also a need for immediate access to support services in the community to provide robust safety net systems and optimise integrated care. This is particularly important for managing the frail elderly on an ACS Pathway.

Whilst there have previously been issues on counting ACS admissions, particularly at Fairfield, PAHT have resolved this and are now able to provide details of activity where patients have been admitted on the ACS pathway. The tables below show the total PAHT Emergency Admissions by month and year as well as the number of ACS admissions.

2016/17

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Emerg Adm	2,055	1,720	1,672	2,071	1,675	2,101	1,729	1,830	2,297	1,850	1,823	2,304
ACS	341	423	421	423	470	419	441	428	440	466	386	485
ACS as % of all Em Adm	**16.6%**	**24.6%**	**25.2%**	**20.4%**	**28.1%**	**19.9%**	**25.5%**	**23.4%**	**19.2%**	**25.2%**	**21.2%**	**21.1%**

2017/18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Emerg Adm	1,784	1,901	2,264	1,897	2,209	2,045	2,076	2,634	1,993	1,983	2,082	2,505
ACS	488	486	538	563	528	581	614	579	656	622	519	
ACS as % of all Emerg Adm	**27.4%**	**25.6%**	**23.8%**	**29.7%**	**23.9%**	**28.4%**	**29.6%**	**22.0%**	**32.9%**	**31.4%**	**24.9%**	

The proportion of ACS admissions has increased from 22% of all Emergency Admissions in 2016/17 to 27% in 2017/18.

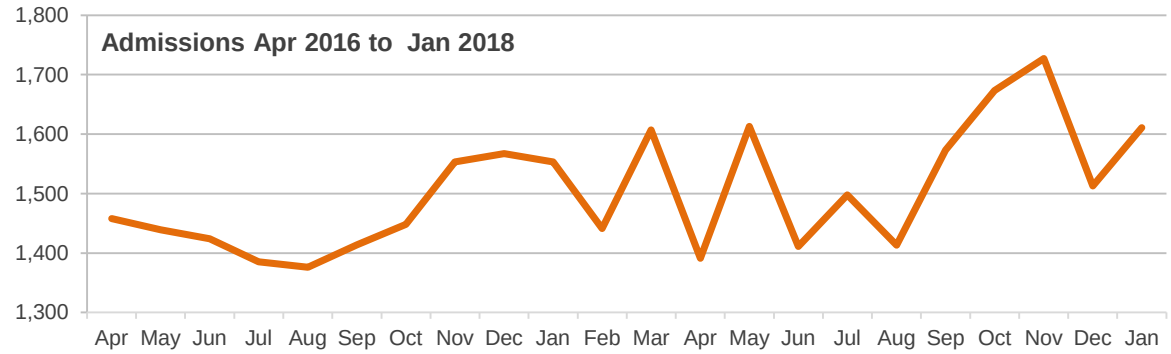
It should be noted that since April 2016, only 6 ACS admissions were referred directly by a GP. All other admissions came through A&E.

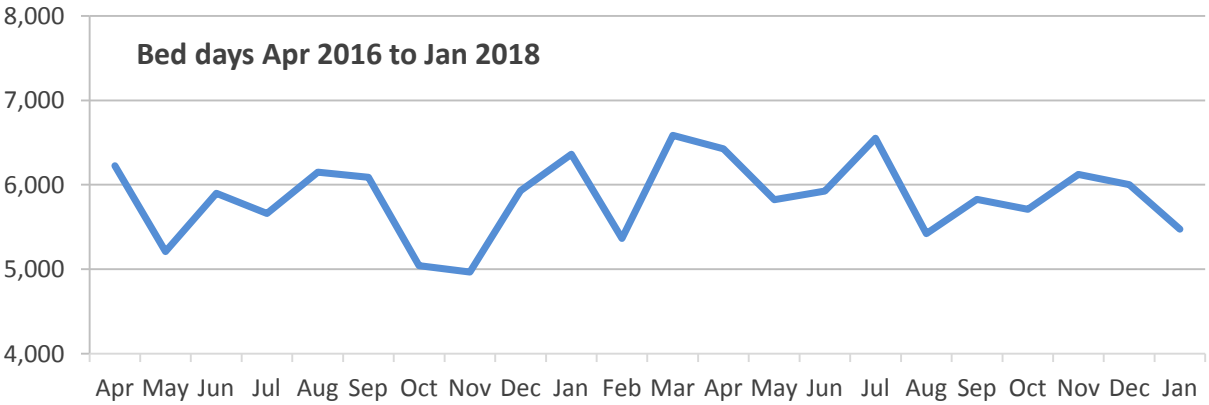
Whilst there is a general increase in Emergency Admissions, the number of zero day length of stays has increased as below:

All Emergency admissions with 0 day length of stay (*up to February 2018)

2015/16	2016/17	2017/18*
7,851	8,923	9,005

The following charts compare Emergency admissions with bed days





In 2017/18 to date, over 85% of ACS admissions had a length of stay up to 3 days. The table below illustrates the percentage of ACS admissions by length of stay.

Year	0 days	1 days	2 days	3 days	4 days	5 days	6 days	7 days	8 to 14 days	15 to 21 days	22 to 28 days	> 4 weeks	Total
2016/17	37.8%	29.4%	11.5%	6.6%	4.1%	2.4%	2.0%	1.3%	3.5%	0.9%	0.3%	0.4%	100.0%
2017/18	40.4%	27.0%	11.0%	6.8%	4.2%	2.8%	1.7%	1.3%	3.6%	0.7%	0.2%	0.1%	100.0%

Work is ongoing to analyse the ACS lengths of stay and the conditions that patients are being admitted with. Whilst ACS admissions are generally intended to be short lengths of stay, preliminary analysis however shows that some patients have started their hospital spell on an ACS pathway but completed their hospital stay elsewhere.

2ii Emergency Admissions (NEL) - transfers

Following on from February ICB further analysis was carried out to establish if hospital to hospital transfers were having any significant impact on NEL activity data.

The transfer of care between hospitals can occur to provide continuation of care, repatriation or for diagnostic testing. Not all hospitals have a full range of diagnostic or treatment equipment and a patient transfer is often arranged to transport a patient from the hospital they are in to another hospital for such medical procedures as CT Scans, MRI's, radiation treatments, dialysis sessions or cardiac diagnostics.

For Heywood, Middleton and Rochdale patients there were 307 transfers in 2016/17 which equates to 1.14% of total NEL admissions. In 2017/18 to date there are 262, which is 0.97% of total NEL.

Rochdale consistently has one the lowest number of inter hospital transfers across Greater Manchester.

2iii Emergency Admissions (NEL) – Paediatric by age band

Following on from February ICB further analysis was carried out after a request to look deeper into age bands for NEL activity. The report highlighted that between the ages of 0-19 an increase has been seen of 3.28% in 2017/18 on the previous year.

The age groups 5-9 and 10-14 saw significant percentage increases with 17.86% and 17.65% respectively.

The method of NEL admissions via A&E for 00-19 increased by 23.88%, with a reduction of those via a GP, other means, transfers and consultant clinics all reduced.

Illustrated below top are the 10 NEL paediatric admissions, with a total of all respiratory conditions.

	2016/2017 Apr to Jan	2017/2018 Apr to Jan	Increase/ decrease
Acute Obstructive Laryngitis [croup]	31	117	86
Acute Upper Respiratory Infection, Unspecified	272	343	71
Unspecified Acute Lower Respiratory Infection	190	238	48
Acute Tonsillitis, Unspecified	258	291	33
Viral Infection, Unspecified	461	511	50
Viral Intestinal Infection, Unspecified	125	130	5
Asthma, Unspecified	138	139	1
Other Low Birth Weight	167	157	-10
Acute Bronchiolitis, Unspecified	345	282	-63
Neonatal Jaundice, Unspecified	482	351	-131
Total respiratory activity	1,375	1,630	255

Whilst Respiratory conditions on the whole have seen significant increase, admission for Acute Obstructive Laryngitis 'croup' has seen a significant increase. This however is not specific to Rochdale. Data from across Greater Manchester activity would suggest that NEL for Croup has increased across the board over the last 12 months. The data below indicates that admission for Croup as a Primary Diagnosis appears to go in yearly cycles as last year was low compared to the previous year. Coding will be investigated to ensure there have been no changes in year that may account for this.

	2013/14	2014/15	2015/16	2016/17	2017/18
NHS BOLTON CCG	145	57	140	65	151
NHS BURY CCG	80	36	70	33	90
NHS MANCHESTER CCG	220	85	219	88	265
NHS HMR CCG	83	41	90	31	117
NHS OLDHAM CCG	87	43	69	38	148
NHS SALFORD CCG	83	43	69	24	69
NHS STOCKPORT CCG	113	53	96	45	144
NHS TAMESIDE AND GLOSSOP CCG	69	49	85	42	105
NHS TRAFFORD CCG	79	22	85	33	85
NHS WIGAN BOROUGH CCG	71	24	77	23	61
Grand Total	1,030	453	1,000	422	1,235

Significant numbers of paediatric NEL are a conversion of A&E attendance to admission to observation and assessment units for a 0 day length of stay. Lack of appropriate paediatric skills within A&E have been acknowledged by PAHT, compounded by workforce challenges within Paediatrics as a whole – a consequence of this is a lack of confidence in identifying and managing clinical risk effectively. Oldham and HMRCCG's have agreed funding to provide a paediatric consultant in Oldham A&E for a twelve month pilot in 18-19 to support assessment of children and young people and avoid unnecessary admission.

Throughout 16/17 the Children's Acute and Ongoing Needs Service delivered Paediatric Nurse Practitioner Clinics within the community to offer care to Children and Young People who had an Urgent Health Care need, but were unable to gain an appointment with their GP. Through the children's theme of the locality plan the paediatric nurse practitioners intervention aims to further extend and develop this project within the context of the Family Services Model. As part of this work and in discussion with the GM paediatric avoidable admissions group HMR are piloting an integrated approach through our locality teams- with the aiming of avoiding both A&E and NEL – in effect piloting a children's 'community hub' approach. Our pilot has three phases (PNP in locality teams, GP led multi-disciplinary teams, acute paediatric role), and we are working in partnership with Salford University and GM to evaluate impact.

3 Deep Dive Outpatients (OP)

An OP attendance is where a patient who attends a hospital for treatment, consultation or minor procedure without staying there overnight, either as a new outpatient or as a follow-up (return) outpatient. Appointments types are face to face and telephone.

The national targets are to reduce OP attendances based on the nationally submitted plans by the Clinical Commissioning Group (CCG). The plans derive from contract negotiations with providers and those set out within the Locality Plan.

Outpatient Conclusions drawn from deep dive analysis

- Total Outpatient attendances have increased by +73.5%, with +1.1% increase in First attendances and +53.6% in Follow Up attendances
- The referrals to OP appointments via a GP has increased significantly with +183.5%(19,216)

Illustrated below are the top 7 reasons treated within an OP settings.

	2016/17	2017/18	Variance	Percentage increase
ENT	6,922	11,034	4,112	59.4%
Trauma & Orthopaedics	20,588	23,795	3,207	15.6%
Diagnostic Imaging	587	3,057	2,470	420.8%
Urology	6,328	8,532	2,204	34.8%
Pain Management	2,518	4,284	1,766	70.1%
Gastroenterology	3,145	4,796	1,651	52.5%
Clinical Haematology	10,692	12,258	1,566	14.6%

Diagnostic imaging, Ear, Nose and Throat (ENT), gastroenterology, urology and Trauma & Orthopaedics (T&O) all relate to unintended consequences of the Integrated Elective Care Pathways (IECP) such as duplicate entry of activity data by BMI Healthcare and Pennine Acute Hospital Trust (PAHT).

Diagnostic imaging is a problematic area and analysis is being undertaken to establish direct access Any Qualified Provider or as part of care pathways.

The increase in 'pain' is being investigated but it is felt at this stage that this could be due to invoicing issues and duplicate counting.

What work is being undertaken within the Rochdale Health and Social Care Locality Plan to reduce and deflect outpatient attendances and avoid admissions?

Integrated Elective Care Pathways (IECP)
Rochdale is already at the forefront of planned care transformation and has undertaken an ambitious system transformation by commissioning IECPs.

To date the IECPs are currently delivering the following. a single entry point with clinical triage for each clinical specialty, to ensure every patient is directed to the most appropriate professional (including allied health professionals) within the most appropriate provider, first time.

- standardised evidence-based pathways and operating protocols across providers, to streamline and reduce variation in patient care
- risk stratification co-designed by clinical teams
- one stop shop diagnostics and treatment where clinically appropriate, using a reduced tariff
- Direct transfer of patients between providers at the same point in the pathway, preventing waste through duplicated diagnostics and outpatient appointments and enabling direct surgical listing
- co-production and patient involvement in decisions about their care
- Enhanced and rapid recovery pathways to reduce length of stay where surgery is on an inpatient basis.

Rochdale are also taking action to reduce avoidable demand for elective care through Advice and Guidance and taking system-wide action to reduce procedures of limited clinical value.

Integrated Neighbourhood Teams

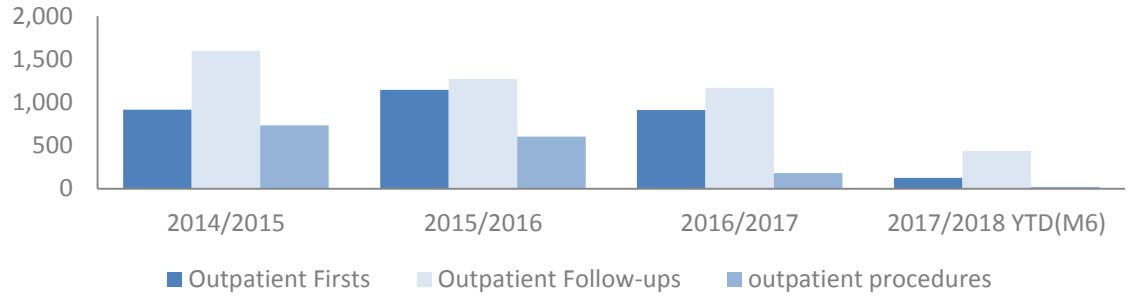
The Integrated Neighbourhood vision is to support neighbourhoods to deliver asset rich, high quality and connected services which look after the adult neighbourhood population to support all to have improved outcomes, prosperity and wellbeing.

The respiratory and falls projects will enable patients to be better managed within the community and therefore could results in fewer outpatient referrals and activity.

Pain Services

The pain project involves the mobilisation of a new community pain service, using a self-care model, and the movement of suitable patients from our existing acute- and medical-based pain service to the new community pain service.

Despite the evidence that this project is achieving clear deflections and cost savings as seen below, there is still a long way to go in the move towards a bio-psycho-social approach to pain management in the borough.



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The future of pain services will results in far less non-evidence based pain procedures due to offering a more holistic approach to pain management, managed in community and primary care settings

4. Deep Dive Elective Admission's (EL)

An Elective Admission (EL) is an admission that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider. The period that the patient has to wait for admission depends on the demand on hospital resources and the facilities available to meet this demand.

A day case is an elective admission whereby a patient requires a bed (though not overnight) and is done under the care of a doctor, dentist or nurse (as the consultant's representative.)

An ordinary admission is an elective admission whereby a patient is expected to require a bed for at least one night, including those who for whatever reason, do not stay overnight.

The national targets are to reduce EL based on the nationally submitted plans by the Clinical Commissioning Group (CCG). The plans derive from contract negotiations with providers and those set out within the Locality Plan.

Elective Admissions Conclusions drawn from deep dive analysis

- Elective Admission's for Rochdale patients in the period January to December increased by 3.79% compared to the same period in 2016/17.
- Between 2016/17 and 2017/18 Day Cases increased by 5.93% but Ordinary Elective Admissions decreased by 7.8%
- Day Cases makes up 86.1% (25,400) of all elective activity in 2017/18 and the other 13.9% (4,102) are Ordinary Elective Admissions.

- Children's(aged 0-19) admissions decreased by 4.33%
- The aged groups 20-64 and 65+ increased by 4.78% and 33.9% respectively

- In 2017/18 the most frequently preformed procedure in an elective daycase setting was Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy, with 1660 admissions.
- In 2017/18 the most frequent ordinary elective admissions were prosthetic replacement of knee joint using cement and prosthetic replacement of hip joint using cement.

- The primary diagnosis with the largest increase when comparing 2016/17 to 2017/18 was Anaemia, with 175 more EL admissions.
- Cataracts, unspecified was the most recorded primary diagnosis for all EL with 1,110 admissions in 2017/18 but this is a 160 admission reduction on the same period in 2016/17 this was the largest reduction out of all the primary diagnosis.
- Other primary diagnosis that saw significant reductions between 2016/17 and 2017/18 were; Lumb And Other Intervertebral Disc Disorders With Radiculopathy, Other Specified Intervertebral Disc Degeneration, Other Spondylosis, Other Specified Intervertebral Disc Displacement, and Diaphragmatic Hernia Without Obstruction Or Gangrene.

What work is being undertaken within the Rochdale Health and Social Care Locality Plan to reduce and deflect attendances and avoid admissions?

Detailed below are Locality Plan interventions that were developed based on original analysis and knowledge. The deep dive has uncovered some new areas of concern and a mapping exercise is taking place to ensure interventions within the Locality Plan will address current activity and performance issues.

Cancer Pathways

The cancer pathways has a number of initiatives that aims to develop new approaches to aid earlier diagnosis of cancer and improve the care of people who are living with and beyond cancer and reduce NEL admissions.

A meeting took place with Greater Manchester Cancer Network where it was confirmed that there was no additional funding available for cancer services. Despite this set back the Rochdale Cancer Pathways programme is going to forge ahead with the local community cancer support model however this may require some amendments as the GM work progresses.

Work is underway to deliver.

- Patients currently delayed through lack of patient tracking/co-ordination through hospitals
- Prevention – many initiatives are working on the improvement of lot of work on cancer screening. Working with NHSE reps and Public Health.
- Straight to test (CT scan) is a programme where people with symptoms or suspected pancreatic cancer are sent straight for a CT scan from first contact rather than being referred to a specialist.
- Work is being carried out with PAHT's Cancer Manager and Performance Team to identity where we can collect more up to date information on patient diagnosis stage 1 and 2.
- From 1 April, roll out of the community cancer support service for people living with and beyond cancer. This service will sit within the LCO and provide patients with the confidence and understating to manage their own symptoms effectively, to prevent going into crisis.

- Across GM, Rochdale is currently looking at upper and lower Gastro Intestinal pathways, as currently there are long waiting lists for patients and need to understand an improvement for early diagnosis at a NE sector level.
- FIT testing (Faecal Immunochemical Test) aims to provide a more robust and accurate testing in order to detect and diagnose cancer faster. HMR are about to sign up 1 year pilot funded by GM cancer

The HMR Cancer Pathways programme is aligned to the GM wide cancer plan and leads are actively involved in on-going discussions.

Integrated Elective Care Pathways (IECP)
IECP is being delivered in partnership with 4 local providers, BMI Highfield, GP Care Services, Care UK / INHealth and PAHT as the lead provider. All working to transform services in the following specialities: Gynaecology, Urology, Endoscopy, Orthopaedics and ENT. The IECPs and will deliver:

- a single entry point with clinical triage for each clinical specialty, to ensure every patient is directed to the most appropriate professional (including allied health professionals) within the most appropriate provider, first time
- standardised evidence-based pathways and operating protocols across providers, to streamline and reduce variation in patient care
- risk stratification co-designed by clinical teams
- one stop shop diagnostics and treatment where clinically appropriate, using a reduced tariff
- Direct transfer of patients between providers at the same point in the pathway, preventing waste through duplicated diagnostics and outpatient appointments and enabling direct surgical listing
- co-production and patient involvement in decisions about their care
- enhanced and rapid recovery pathways to reduce length of stay where surgery is on an inpatient basis.

Plans to implement the above will help to address the difficulties in achieving the Referral to Treatment (RTT) targets. Stronger alliances in integrated partnerships will reduce duplication when patients are transferred across providers which will decrease outpatient appointments and diagnostic tests. It should also result in an improvement in patient waiting times from the management in demand, improved self-management and education for patients and a reduction in avoidable diagnostic investigations because appropriate primary care tests have not been undertaken before a referral was accepted by a planned care service

Long Term Acute
Improving care for people with long-term conditions must involve a shift away from a reactive, disease-focused, fragmented model of care towards one that is more proactive, holistic and preventive, in which people with long-term conditions are encouraged to play a central role in managing their own care.
Personalised care planning, where clinicians and patients work together using a collaborative process of shared decision-making to agree goals, identify support needs, develop and implement action plans, and monitor progress needs to commence in primary care, supported by INTs and continue through to hospital based care as part of a continuous process rather than a one-off event.

- Cardiology
- Respiratory / thoracic
- MSK
- Kidney Care
- Diabetes
- Gastroenterology
- Neurology

Planned initiative to move diagnostics from an acute setting back into the community at a reduced tariff.

Developing a more holistic approach will enable better management of LTCs and will reduce the number of appointments that individuals will need to attend and reduce the variation in providers.

By improving pathways, and services through a single point of access, there will be a reduction in outpatient activity through patients being seen in the right place, first time.

Early diagnosis and treatment and effective signposting will also contribute to the reduction in demand on planned care.

The pain project involves the mobilisation of a new community pain service, using a self-care model, and the movement of suitable patients from our existing acute- and medical-based pain service to the new community pain service.

5. NHS Constitution indicator comparator

Illustrated in Appendix A are the national constitutional targets with a comparison of Rochdale performance across Greater Manchester and England, where available.

Outlier areas when compared with GM or failing national targets are;

- Referral to treatment incomplete 18 weeks and 52 day breaches
- Cancer 62 day waits
- Cancer 62 day consultant upgrades
- 62-day wait for first treatment following referral from a NHS cancer screening service
- Dementia diagnosis rates
- Psychosis treated with a NICE approved care package within two weeks of referral

Appendix A: NHS Constitution indicator comparator

ICB are requested to note the contents of the performance and activity report and provide feedback as appropriate.

Performance Indicator Heat Map comparator

Contained within the scorecard below is the current Rochdale, Greater Manchester (GM) CCGs and where available England performance position. The first column is the RAG rating against national target and the sedondary RAG rating is using a heat map to display performance against GM CCGs.

	National Standard /Target	RAG-national target	Rochdale	GM Comparator									National Performance
				NHS Bolton CCG	NHS Bury CCG	NHS Manchester CCG	NHS Oldham CCG	NHS Salford CCG	NHS Stockport CCG	NHS Tameside and Glossop CCG	NHS Trafford CCG	NHS Wigan Borough CCG	
A&E													
A&E waiting times – total time in the A&E department - 4hrs	90%	⊗	78.3%	77.0%	78.3%	79.1%	78.9%	81.0%	71.9%	88.2%	81.7%	80.4%	85.1%
A&E -time 12 hours	0	⊗	2	5	2	0	2	0	52	0	0	0	1,043
RTT													
Incomplete RTT	92%	⊗	88.7%	88.7%	89.1%	90.0%	90.8%	92.6%	91.3%	92.0%	91.0%	93.7%	88.2%
Number of new RTT pathways (clock starts)	No Standard		8,582	8,750	5,877	16,616	8,773	8,851	10,002	7,491	7,107	10,312	
No of 52 week referral to treatment pathways	0	⊗	4	3	0	4	1	3	2	2	0	1	
The incomplete RTT target, mandated by the Government, sets out to achieve all patients who are referred should have been waiting no more than 18 weeks for required treatment. For our patients who are referred to Pennine Acute, delays have been experienced across 2017/18 in certain specialties, namely Trauma & Orthopaedics, General Surgery, Gastro, Urology and Gynaecology in line with the increased demand and waiting list sizes highlighted in Table 2. The Trust is currently working on recovery plans across the failing specialities to ensure future performance is maintained and waiting times are reduced. Recovery plans include detail on actions the Trust is taking to improve performance, such as sub-contracting other providers for additional capacity, as well as internal mitigations such as using locum staff, additional outpatient clinics and theatre lists, and with additional theatre capacity being established at the Fairfield Site. Notably, NHS England have removed the 92% target for 2018/19, with a focus being put on the waiting list measures. The 52 week referral to treatment pathways highlights the total number of patients who have waited over 52 weeks from their initial referral. 3 HMR patients are awaiting plastic surgery at Manchester University Hospitals, whilst 1 patient is awaiting treatment classified as 'Other' under Leeds Teaching Hospitals. Root cause analysis investigations are requested from the provider organisation for any HMR CCG patients to ensure patient safety is not compromised and that a date for treatment has been confirmed. In 2018/19, NHS England have stated that CCG's must plan to halve their number of people waiting over 52 weeks for treatment.												
Cancer													
Cancer two week waits	93%	✓	93.18%	96.99%	93.97%	93.28%	91.81%	97.05%	96.47%	95.94%	94.71%	96.00%	93.86%
Two week wait for breast symptoms	93%	⊗	90.70%	81.13%	91.84%	92.75%	92.98%	89.36%	99.23%	90.12%	96.59%	95.65%	91.93%
Cancer 31 day waits	96%	✓	96.77%	97.39%	96.43%	97.63%	95.92%	98.77%	100.00%	98.75%	96.19%	98.18%	96.42%
31-day standard for subsequent cancer treatments - anti cancer drug regimens	94%	✓	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.97%
31-day standard for subsequent cancer treatments – radiotherapy	98%	⊗	96.97%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	100.00%	100.00%	96.11%
31-day standard for subsequent cancer treatments-surgery	94%	✓	95.24%	100.00%	84.21%	100.00%	84.21%	100.00%	100.00%	100.00%	87.50%	97.06%	93.59%
Cancer 62 day waits	85%	⊗	79.59%	88.68%	76.09%	75.64%	79.59%	80.43%	84.48%	86.11%	73.47%	90.00%	80.94%
62-day wait for first treatment following referral from a NHS cancer screening service	90%	⊗	80.00%	100.00%	57.14%	100.00%	91.67%	100.00%	100.00%	100.00%	100.00%	100.00%	87.82%
62-day wait for first treatment for cancer following a consultant's decision to upgrade the patient's priority	No Standard		70.00%	87.50%	78.57%	84.21%	80.00%	77.78%	84.62%	73.08%	92.59%	97.92%	86.07%
The 62-day wait for first treatment following a Consultant decision to upgrade a patients priority aims to treat patients who will not have initially been referred urgently for suspected cancer by their GP or NHS Cancer Screening service. Whilst actual patients referred for upgrade are low, each breach is detailed within monthly performance reports from Pennine Acute, with further details available via the Open Exeter Cancer Waiting Times system. Reasons for delays in January include complex case issues, late referrals to the Christie Hospital and patients unavailable for treatment													
Mental Health & Learning Disability													
IAPT roll-out	16.8%	⊗	12.5%	11.2%	15.2%	36.3%	15.9%	19.8%	23.0%	18.0%	9.0%	15.0%	
IAPT recovery rate	50%	✓	53.6%	57.1%	53.1%	34.2%	53.6%	45.5%	52.3%	46.2%	54.5%	50.8%	
IAPT 6 week finished	75%	⊗	75.0%	95.5%	84.8%	59.0%	89.3%	73.3%	93.8%	84.6%	85.3%	100.0%	
IAPT 6 week first	75%	✓	85.1%	90.0%	95.1%	67.5%	92.9%	74.5%	95.1%	94.8%	81.3%	100.0%	
IAPT 18 week finished	95%	✓	96.4%	100.0%	100.0%	94.0%	100.0%	93.3%	100.0%	96.2%	100.0%	100.0%	

	National Standard /Target	RAG-national target	Rochdale	GM Comparator									National Performance
				NHS Bolton CCG	NHS Bury CCG	NHS Manchester CCG	NHS Oldham CCG	NHS Salford CCG	NHS Stockport CCG	NHS Tameside and Glossop CCG	NHS Trafford CCG	NHS Wigan Borough CCG	
IAPT 18 week first	95%	✓	98.5%	98.3%	100.0%	97.4%	98.8%	97.2%	100.0%	100.0%	100.0%	100.0%	
Estimated diagnosis rate for people with dementia	67%	✓	67.1%	77.7%	86.6%	76.1%	79.2%	87.2%	72.6%	81.5%	74.7%	71.1%	
Psychosis treated with a NICE approved care package within two weeks of referral	50%		16.7%	92.3%	16.7%	63.6%	0.0%	83.3%	50.0%	50.0%	100.0%	100.0%	
The latest reported data for Dementia diagnosis (January 2018) shows achievement at 67.1%. This indicates sustained delivery across the year with 67.39% diagnosis rate against a 66.7% target. Dementia remains a high strategic priority for the CCG. Work to improve the diagnosis rate performance is on-going including work to improve Dementia diagnosis coding at GP practice level and developments within the Dementia pathway.													
Delayed Transfers of Care													
Total Delayed Transfers (Days)	Reduction	✓	337	1,297	913	2,134	270	547	1,046	804	1,094	656	909
Diagnostics													
Diagnostics Test Wait Times	1%	✗	1.5%	7.7%	1.5%	2.0%	1.8%	3.5%	0.7%	1.1%	3.0%	1.6%	2.3%
E-Referrals													
NHS e-Referral Service (e-RS) Utilisation Coverage	100%	✓	126%	78%	83%	83%	99%	106%	61%	27%	62%	65%	62%
Primary Care Extended Access													
Extended access (evening and weekends) at GP services	100%	✗	83.3%	12.0%	82.8%	83.0%	83.7%	11.1%	15.0%	84.2%	3.1%	95.1%	32.5%

Activity data not included where a comparison cannot be used.