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TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE MEETING

Date: Wednesday, 4 March 2015

Time: 6.30 pm

Place: Council Chamber, Trafford Town Hall, Talbot Road, Stretford M32 0TH

A G E N D A	PART I	Pages
1.	ATTENDANCES	
	To note attendances, including Officers, and any apologies for absence.	
2.	MINUTES	1 - 4
	To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 3 December 2014.	
3.	DECLARATIONS OF INTEREST	
	Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.	
4.	CENTRAL MANCHESTER FOUNDATION TRUST QUALITY ACCOUNT	To Follow
	To receive a presentation from the Deputy Director of Nursing of Central Manchester Foundation Trust.	
5.	ALCOHOL SERVICES UPDATE	5 - 44
	To consider the report of the Commissioning and Service Development Manager.	
6.	TRAFFORD CLINICAL COMMISSIONING GROUP PERFORMANCE UPDATE	45 - 92
	To receive report from Trafford CCG.	

Health Scrutiny Committee - Wednesday, 4 March 2015

7. **GREATER MANCHESTER INTERIM HEALTH AND WELLBEING BOARD** 93 - 102
- To receive an update on the work of the Greater Manchester Interim Health and Wellbeing Board from the Vice Chairman. The key actions and documents from the meeting on the 13th February are attached.
8. **JOINT HEALTH SCRUTINY COMMITTEE** 103 - 106
- To receive the minutes from the Joint Health Scrutiny Committee meeting 27th January 2015.
9. **BUDGET SCRUTINY REPORT** 107 - 124
- To receive the report form the Democratic and Performance Services Manager.
10. **URGENT BUSINESS (IF ANY)**
- Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.
11. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

TRAILER

THERESA GRANT

Chief Executive

Membership of the Committee

Councillors J. Lloyd (Chairman), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, J. Harding, D. Higgins, K. Procter, B. Shaw, S. Taylor, Mrs. V. Ward and A. Mitchell (ex-Officio)

Further Information

For help, advice and information about this meeting please contact:

Alexander Murray
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Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Tuesday, 24 February 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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HEALTH SCRUTINY COMMITTEE

3 DECEMBER 2014

PRESENT

Councillors J. Lloyd (in the Chair), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, J. Harding, K. Procter, B. Shaw, S. Taylor, Mrs. V. Ward and A. Mitchell (ex-Officio)

In attendance

Diane Eaton	Joint Director for Adults (Social Care)
Peter Forrester	Democratic and Performance Services Manager
Rhys Hughes	Democratic Services Officer

APOLOGIES

Apologies for absence were received from Councillors D. Higgins

25. MINUTES

RESOLVED: That the Minutes of the meeting held on 3 September 2014 be agreed as a correct record and signed by the Chair.

26. DECLARATIONS OF INTEREST

The following declarations of personal interests were reported to the meeting:

Councillor Brophy in relation to her employment within the NHS and membership of the Pennine Acute Hospitals NHS Trust.

Councillor Bruer-Morris in relation to her employment within the NHS.

Councillor Chilton in relation to his employment by General Medical Council.

Councillor Harding in relation to her employment by a mental health charity.

Councillor Lloyd in relation to her employment with the Stroke Association.

Councillor Procter in relation to his wife's employment with Pennine Care NHS Foundation Trust.

Councillor Taylor in relation to her employment within the NHS.

27. INTEGRATED CARE UPDATE

The Joint Director for Adults (Social Care) attended the meeting and provided an update on the implementation of the Integrated Care programme for health and social services. The programme was designed to integrate services through a system of close co-operation and data sharing in order to avoid unnecessary hospital admissions

A Service Delivery Model was outlined which was based on four geographic areas within Trafford, with North, West, South and Central district integrated neighbourhood teams anchored by a 'One Door' 24hr Central Assessment Service consisting of IV therapy, rapid response, an emergency duty team, urgent care, single point of access and hospital teams. The Committee highlighted that the implementation was still in the early stages with benefits not yet being realised.

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In response to questions posed by the Committee, the Joint Director stated that financial savings through the model were targeted at 3.5%, and confirmed the key role that GPs would play in facilitating communication with patients. The Joint Director also shared the Committee's concerns that there were currently insufficient numbers of beds for intermediate care, and stated that addressing the shortage was a high priority.

The Chairman acknowledged that the deflection of patients from Accident & Emergency services would be very difficult until the Integration of Care programme was properly implemented, with all services in place, and that the Committee would need to monitor the impact of this.

RESOLVED:

- 1) That the update be noted;
- 2) That details of how quickly patient information is made available to GPs, and how this will be monitored, be provided to the Committee;
- 3) That a list of pharmacists in Trafford signed up to the Greater Manchester Minor Ailments Scheme be provided to the Committee;
- 4) That further information on the procurement process for the Patient Co-ordination Centre be provided to the Committee;
- 5) That the Committee continue to monitor the impact of the Integration of Care.

28. NORTH WEST AMBULANCE SERVICE RESPONSE PERFORMANCE

The Vice Chairman provided an update from a recent meeting held between a delegation of Health Scrutiny Committee Members and representatives of the North West Ambulance Service (NWAS) on 27th November. This had been the latest in a series of meetings held with NWAS in order to identify potential reasons for relatively slower ambulance response times in Trafford compared with other Greater Manchester boroughs. The Vice Chairman reported that Members were still unsatisfied with the reasons given.

Following a discussion of factors affecting response times and what the Committee could do to improve this, it was agreed that the Committee would write to NWAS setting out their concerns and asking for an action plan to address this.

RESOLVED:

- 1) That the update be noted;
- 2) That a letter setting out the Committee's concerns be sent to NWAS.

29. DISTRICT NURSING IN TRAFFORD

Councillor R. Chilton provided an update from his meeting the previous evening with representatives of Pennine Care NHS Trust's Trafford Division, which had been organised to address concerns raised in relation to the provision of district nursing in Trafford and to explore options by which the Committee could support improvements. The Trust were said to be conducting a joint review of district nursing with Trafford Clinical Commissioning Group, and had indicated that they would be happy to provide rolling feedback from the review.

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Councillor Chilton suggested that Members might be interested in visiting the operational base for district nursing, and Councillors Mrs A. Bruer-Morris and Mrs V. Ward expressed their interest in attending this.

RESOLVED:

- 1) That the update be noted; and
- 2) That a visit be arranged to the district nursing operational base for Trafford at the Meadway Health Centre in Sale.

30. GREATER MANCHESTER HEALTH SCRUTINY COMMITTEE

The Vic Chairman gave an update from the recent Greater Manchester Health Scrutiny Committee meeting held on 26th October. The Healthier Together consultation had now concluded but no decision on the future of the University Hospital of South Manchester was anticipated until after the General Election in May 2015. In the discussion, Members raised concerns about the consultation process.

RESOLVED:

- 1) That the update be noted; and
- 2) That the Healthier Together Post Consultation Reach and Engagement Report be circulated to Members of the Committee.

31. UPDATES ON HEALTH ISSUES

The Democratic and Performance Services Manager gave a brief update of various health issues relevant to the Committee, and directed Members to a series of information papers. These included the Council's response to the Healthier Together consultation, the minutes of the Joint Health Scrutiny Committee meeting on the 2 September 2014 and Trafford CCG's latest performance report.

It was noted that the item on Dignity in Care originally anticipated to be considered at the meeting had been deferred to the Committee's next meeting on 4th March to fit in with the Trafford Health and Wellbeing Board's timescales. Members were also asked to note that the next Joint Health Overview and Scrutiny Committee meeting was scheduled for 27th January.

RESOLVED: That the update be noted.

The meeting commenced at 6.30 pm and finished at 8.15 pm

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: February 2015
Report of: Executive Member for Community Health and Wellbeing

Report Title

Commissioned Alcohol Services and Current Performance Update

Summary

Introduction

The following report is an update to the previous report provided to Committee in September 2014. The report will update the Committee on performance over the six months including updates to the delivery of current commissioned Alcohol services is operating to meet the needs of Trafford residents. The update will seek to provide assurances that services are reflecting the needs of Trafford residents.

Trafford continues to be the only GM area to be better than the England average for Alcohol Treatment Prevalence. However, data for Trafford shows that individuals with alcohol problems experience a higher incidence of ancillary physical and psychological health issues when compared with other GM areas. Trafford still has a cohort of older clients with entrenched issues. This can result in the need for expensive inpatient treatment and therefore requires to be carefully managed.

The Quarterly Strategic Alcohol Steering Group oversees multi-agency activity to deliver Trafford's Alcohol Action Plan. A significant amount of activity has been initiated utilising this plan with successful outcomes, the plan currently contains 22 actions to address issues under the headings of Young People, Health and Wellbeing and Crime and Disorder. At this time there are no areas for concern, 6 actions show amber where future activity is planned.

(Copy Action Plan attached Appendix 1)

Trafford's recent Alcohol Awareness week involved a number of services from within the Council and external providers, for example; Greater Manchester Police, NHS, Greater Manchester Fire and Rescue Service, Youth Services, Safer Communities, Youth Offending Service, Drug and Alcohol providers, DAAT (Drug and Alcohol Action Team) and education. All externally commissioned alcohol services contributed to the provision of activities throughout the week. (A full evaluation can be found at Appendix 2). The recent Dry January initiative has built upon Alcohol Awareness Week, which was supported by a robust Communications Plan to maximise sign up to the initiative.

Recent Changes to Trafford's Alcohol Service Provision

Recent changes have been made to better tailor services toward Trafford's need.

The rationale for this has been –

- To ensure that the best services are provided for the funding available.
- Improve communication between all agencies and the various businesses that provide alcohol services.
- To provide a more easily understood and streamlined pathway for all alcohol services leading to speedy referrals and continuity in effective treatment.
- To enhance services to increase the likelihood of a service user remaining in a recovery programme and working toward abstinence.
- To reduce the amount of alcohol related hospital admissions.

Recent Changes include –

RAID Project

In times of financial austerity, it is recognised that synergies and opportunities for cost savings can accrue via collaborative commissioning. As part of this integrated approach, Trafford has committed some funding as part of the RAID model (Rapid Assessment Interface Discharge).

This funding has led to the employment of 2 x Alcohol Nurses who work from Trafford General and UHSM. In the period from April 14 - Dec 14 the two staff members saw 294 people with alcohol related issues, of these 55 were referred to local alcohol services for bespoke treatment.

It is worth noting that this time period really runs from June as the first two months were taken up with the set-up of the system. Other staff at the two hospitals have picked up confidence in dealing with both mental health and alcohol issues as they work alongside the RAID Nurses.

A report was submitted to SLT on 13th February 2015 for the consideration of future funding for this project. It has been agreed to continue to fund two Alcohol Liaison Nurses for the next financial year.

Community Detoxification

As previously updated the Community Detox Service was remodelled as part of a recent tender exercise.

The service changed on 01/05/14 when GMW NHS took on a new contract with a specific emphasis to enhance the likelihood of sustained abstinence and recovery.

There have been 58 individuals completing detox to date, 57 of which have made the journey across to Phoenix Futures for further support with their recovery. It is expected that the second year of operation will improve on these figures as the service becomes more established and known within the borough.

This has been an increase of 44 (314%) over a similar period, from the previous provider.

Alterations to Service Phoenix Futures – A New Direction

Due to identified under-performance of this service, Phoenix were asked to evaluate how to improve the current offer to clients in order to increase completions and reduce the numbers re-presenting to the service. The document entitled 'A New Direction' made the following changes:

1. Clients can now choose between 4 and 12 weeks of structured treatment – if 4 weeks is chosen, clients enter a holding phase before being referred across to Recovery Support and are then discharged.
2. Clients can be transferred to Community Recovery Service (CRS) if they are still drinking.
3. Individuals will be offered the opportunity of engaging in one-to-one meetings with their key worker, without the need to enter groups.
4. Those who are already abstinent have the opportunity to engage with Recovery Support immediately and access Mutual Aid (Peer Support) and Education, Training and Employment and check-in appointments.

In this way, the service more clearly wraps around the client, providing support in a number of diverse ways in order to maximise the opportunity for sustained recovery.

A new ILLY database is being developed which will be a marked improvement on the limited JANUS system currently in operation at this service, allowing more data to be captured on individuals.

New Alcohol Pathway

Consultation has taken place in order to design and implement a new improved referral pathway for those adults requiring treatment for alcohol issues. This ensures speedy, appropriate and effective treatment with a continuity of care across agencies and service providers.

New Shared Care Protocols

Trafford Council DAAT has facilitated consultation and agreement between health care professionals and treatment providers to ensure that Shared Care Protocols have been introduced for the provision of medication to address alcohol misuse. This ensures that GP's are fully involved with adequate support provided to Trafford residents.

This again will increase the likelihood of a service user remaining in recovery working toward abstinence.

Young Peoples Alcohol Screening Tool

A new alcohol screening questionnaire has been introduced in Trafford for the use of all services who work with and have interaction with young people. Presentations and brief training has been given to a wide variety of agencies in order to ensure that the tool is used to professionalise the process of young people's referrals. The form is now displayed on the Council Website, referrals to the Young Persons Alcohol Service has shown an increase.

Nurture Development / Emerging Horizons

Nurture Development will work with local Trafford communities to deliver ABCD training so they can empower themselves to enact positive change. The Council will work with Emerging Horizons and Nurture Development to maximise use of this one-off funding and ensure a legacy which will inspire others to embrace recovery – as part of this work, regular performance updates are provided to NHS-England.

Trafford Service Provision for Alcohol.

The following section will provide an update to the end of Q3 performance.

GMW (Community Detox and Residential Detoxification)

Target	Actual
200 referrals for community detox (For the year)	85 in the 7 month operating period
70 successful completions (For the year)	58 in the 7 month operating period

There is no data available in relation to the rate of clients' re- entering the system for further treatment within a 6 month period. This is due to a temporary problem with the national DOMES database.

Phoenix Futures Single Point of Contact (SPOC). ARNS (Alcohol Recovery Navigation Service)

This is the major provider of all Alcohol Services across Trafford.

Target	Actual
Referred to service and engage with Recovery plan 378	383 Green to date

Young Peoples Service. (Delivered by Phoenix Futures)

This service caters for people up to the age of 25 years.

Performance April- December 2014

Target	Actual
Conduct prevention sessions 30 per annum	67 to Q3 exceeding target
Referrals received 255	196 to Q3 exceeding target
Successful discharges 95	58 to Q3
Chlamydia Screening 35%	37% to Q3 exceeding target

Local Commissioned Service for Interventions taken by GPs

There is a budget of £40,000 to enable Trafford GPs to conduct what is known as brief or extended interventions for their patients. This process starts with a screening conversation about alcohol consumption. The actual spend at this time is £14,185, a budget saving can therefore be made in this area next year.

Use of Inpatient Detox

Placement	No. of Bed Nights Used
Chapman Barker Unit	77
Smithfield	228
Residential	7 x Clients (all for 12 week stay)
	647

Overall Position / Summary

At the end of Q3 overall performance is positive as less funding has been spent to meet our obligations in relation to alcohol related harm and abuse.

There has been an increase in performance in the following area –

- Community Detoxification.
- The number of successful completions, with clients remaining in service.
- An increase in numbers of those engaging in Community Recovery.

Community based assets and peer led recovery groups are identified as being an increasingly important area to assist individuals achieve long term recovery and abstinence. Strengthening this area will help improve the long term health of individuals and assist to reduce the burden and cost of those who re attend services.

With this in mind the Council intend to conduct a mapping service of existing community resources, looking also to strengthen and support groups that exist and ascertain what other opportunities are available.

Recommendation(s)

The Health Scrutiny Committee note the information included within the report.

Contact person for access to background papers and further information:

Name: Kylie Thornton, Commissioning and Service Development Manager.
Extension: x4776



Trafford Alcohol Strategy

2013 – 2016

Prepared by:	David England
Department:	Drug and Alcohol Action Team
Date:	21 st January 2014

1.0 THE AIM OF THIS STRATEGY

Our aim is for all agencies to work together to recognise the importance and impact of alcohol misuse, to prevent, reduce and tackle the associated harms.

There are three main priorities that have been identified and will be reflected throughout the strategy.

- Young People
- Health and Wellbeing
- Alcohol Related Crime

Alcohol was identified as a high priority issue for the borough in the Joint Health & Wellbeing Strategy (JHWS) and has now become a strategic priority for Trafford's Health and Wellbeing Board and the Safer Trafford Partnership.

This strategy is the overall document which sets out a common understanding and commitment from key stakeholders to tackle alcohol misuse in Trafford. It promotes working together in a planned way.

2.0 UNDERLYING PRINCIPLES TO THE STRATEGY

- Alcohol misuse cannot be tackled in isolation and a co-ordinated partnership approach is essential.
- Agencies must work together to prevent, reduce and tackle the harms associated with alcohol misuse.
- Prevention and early intervention is vital.
- Partners will work together to reduce the impact of alcohol misuse on individuals, families and communities as a whole.

3.0 PREVALENCE OF ALCOHOL MISUSE IN TRAFFORD

- Trafford is the only GM area to be better than the England average for alcohol treatment prevalence.
- The Health profile for Trafford 2013 shows that hospital admissions relating to alcohol are significantly worse than the average for the rest of the country.

- The bulk of the Trafford population (71%) are categorised as low risk drinkers. Almost a quarter of the population (23.8%) are increasingly putting their health at risk through alcohol consumption, a further 4.4% are deemed to be high risk drinkers.
- Alcohol related admissions have continued to rise in Trafford, year on year, since 2002.
- Analysis shows that higher risk drinkers are primarily located in Trafford's areas of deprivation including Partington, Sale Moor, Sale West, Broadheath, Broomwood, Stretford and Old Trafford.
- The Borough also has issues in some of its more affluent areas.
- When compared to a similar area in the North West region and country, Trafford performs poorly for female alcohol specific mortality.
- Trafford's young population is at risk of developing long term alcohol abuse or dependency in their later years. It is clear that as a borough where 21% of young people aged 14 to 17 admit to drinking more than 20 units of alcohol a week and 11% drank at least once a week (Trading Standards Survey, 2013), there must be a strategic approach to reduce these figures.
- The number of injuries caused by alcohol is well documented. The data provided through TIIG (Trauma, Injury & Intelligence Group) indicates that Trafford has a high level of assaults of male 15 – 29 year olds (55% are aged 15-26 and 72.4% are male). Over a 2 year period (2011 and 2012) there were 1400 assault attendances by Trafford residents to Trafford General, MRI and Wythenshawe (UHSM), only 94 (or 6.7%) of these are alcohol-related, this is due to Trafford General not recording alcohol as a factor however, this percentage would be higher if they did use an alcohol marker.
- There are links to the Health and Wellbeing priority of tackling obesity.

4.0 NATIONAL CONTEXT

The Government launched a new Alcohol Strategy in 2012 in which it estimates that alcohol related harm is now costing society £21 billion annually.

<https://www.gov.uk/government/publications/alcohol-strategy>

<http://www.hscic.gov.uk/catalogue/PUB10932/alc-eng-2013-rep.pdf>

The outcomes that are now sought nationally are –

- A change in behavior so that people think it is not acceptable to drink in ways that would cause harm to themselves or others.
- A reduction in the amount of alcohol-fuelled violent crime.
- A reduction in the number of adults drinking above the NHS guidelines.
- A reduction in the number of people “binge drinking.”
- A reduction in the number of alcohol-related deaths.
- A sustained reduction in the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

The means to achieve this include the tactics of –

- Reduce the availability of cheap alcohol whilst targeting irresponsible promotions and marketing.
- New powers given to the Police and Local Authorities to introduce Early Morning Restriction Orders and Late Night Levy’s to tackle issues as they arise in the night time economy.
- All hospitals to share non – confidential information on alcohol- related injuries with the police and local agencies.
- Improve the effectiveness and capacity of specialist treatment; develop local solutions that are tailored to the needs of local communities.
- Promote national social marketing priorities.

5.0 TRAFFORD’S PRIORITIES IN TACKLING ALCOHOL MISUSE

5.1 Young People

- To recognise the needs of and provide support for children and young people at risk of harm from alcohol usage.
- To engage with young people who are using or are at risk of using alcohol and provide specialist advice, interventions and education.

5.2 Health and Wellbeing

- The three year strategic imperative is to reduce the cost both financially and emotionally of the harms to the borough caused through alcohol consumption with an aim to reduce admissions to hospitals.

- To focus on effective multi-agency interventions that begin with GPs, Pharmacists and front line medical and other professional staff and extend throughout all service delivery.

www.infotrafford.org.uk/hwbstrategy

5.3 Crime

- Partners to work together and exchange information in order to better understand the impact that alcohol has on crimes such as violence and public order associated to the night time economy, domestic abuse, sexual assault and anti-social behavior.
- To ensure that there is a robust management of night time economies in Trafford leading to a reduction in crime and the fear of crime. This will help to build strong and vibrant town centre communities.

All priorities are of equal importance and require commitment from all agencies involved. The document is accompanied by a separate action plan located at Appendix 1.

6.0 KEY OBJECTIVES

6.1 Young People

To recognise the needs of and provide support for children and young people at risk of harm from alcohol usage. To engage with young people who are using or are at risk of using alcohol and provide specialist advice, interventions and education.



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- Commissioning to take the role of parents into account when considering young people's consumption. Both in relation to procuring alcohol for children and drinking excessively in the home. Marketing and campaigns to be tailored accordingly.
- Work with young people to encompass sexual health, sexual exploitation and other risky behaviours.

- Services to recognise that there is a transitional age group from 18 – 25 years which requires to be tailored from that of the lower age group.
- To conduct outreach work to engage with the most vulnerable young people. To support initiatives such as Operation Stay Safe.

6.2 Health and Wellbeing

The three year strategic imperative is to reduce the cost both financially and emotionally of the harms to the borough caused through alcohol consumption with an aim to reduce admissions to hospitals. To focus on effective multi-agency interventions that begin with GPs, Pharmacists and front line medical and other professional staff and extend throughout all service delivery.

- Support multi- agency interventions to tackle the repeat presentations to A&E. Target frequent flyers in to A&E via the RAID team.
- Commission provision that is focused on recovery to support people for longer than the current 12 months and ensure the provision of Tier Four Residential and Detoxification programs.
- Work collaboratively with partners to ensure messages relating to drugs/alcohol are promoted across the borough working with the night time economy.
- Promote recovery and abstinence for all those who require it via services and dedicated forums such as recovery communities and social media.
- Target women regarding alcohol-related illnesses such as chronic liver disease via promotion of the early warning signs and how to seek help. Work with GPs to specifically target females between 30 and 45 years of age.

6.3 Crime

Partners to work together and exchange information in order to better understand the impact that alcohol has on crimes such as violence and public order associated to the night time economy, domestic abuse, sexual assault and anti-social behavior. To ensure that there is a robust management of night time economies in Trafford leading to a reduction in crime and the fear of crime. This will help to build strong and vibrant town centre communities.

- To review and utilise a wider data set to enhance our understanding of alcohol related crime including A + E data, recorded crime, TIIG and NWAS data. This will inform activity around violence in the night time economy and domestic abuse.

- Work to be conducted amongst partners within town centres to reduce alcohol – related crime within public houses, nightclubs, takeaways and taxi ranks, including the review of alcohol licensing applications.

7.0 EVIDENCE OF SUCCESS

This strategy will be implemented via a partnership action plan (appendix 1); this plan will be delivered and monitored by the Alcohol Steering Group. Although evidence of success is challenging to measure a set of performance indicators have been developed to assist to track progress and delivery of individual actions.

Indicator

- DA1** Number of adult drug users (all drug types) recorded as being in effective treatment.
- DA2** Increase the proportion of ALL drug users who successfully complete treatment and do not represent within 6 months.
- DA3** Increase the number of effective treatment interventions for alcohol misuse.
- DA4** Reduce the rate of increase in hospital admissions per 100,000 for alcohol related harm.
- DA5** Reduce the rate of drug (including alcohol) related hospital admissions.
- DA6** Reduce the number of substance specific hospital admissions of young people.
- DA8** Reduce the number of alcohol related violent crimes.
- DA10** Reduce the percentage of public who perceive drunk or rowdy behavior to be a problem in their area.

The Alcohol Steering Group will meet on a quarterly basis and will be responsible for the delivery, monitoring and evaluation of actions. The group will also report to the Public Health Board and Health and Wellbeing Board on a quarterly basis and as required.....

APPENDIX ONE

Alcohol Strategic Actions 2013 – 2016

LAST UPDATED 19/01/2015

Children and Young People

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Action	Owner	Date to complete	RAG	Progress/comments	Target Indicator
<p>Conduct a local ‘young people’s lifestyle survey’, similar to the old Tell Us Survey. The aim being to survey young people’s attitude and behavior towards multiple topics, such as alcohol (including how young people are accessing), drugs, smoking, diet, Risky Behaviour etc.</p> <p>Young Person up to age 25yrs</p>	<p>Youth Service – Noel Neilan YOS – Sarah Brown Public Health – Lisa Davies</p>	<p>March 2014</p>	<p>G</p>	<p>It was deemed impractical to have a ‘universal’ lifestyle survey.</p> <p>Young People’s views, attitudes and behavior are gauged via.</p> <p>Prevention Screening Tool. YOS Survey. Trading Standards Survey. Internal 6 month reviews with YPs who are clients of Phoenix Futures. PF are visiting schools with Screening Tool. YOS carrying out Scoping exercise to gather YP Views</p>	<p>DA 6</p>
<p>Youth Service work in collaboration with Further Education, in schools and colleges, to raise awareness of associated issues of drug and alcohol misuse.</p>	<p>Youth Service – Noel Neilan Phoenix Futures – Clare Makin School Health Service – Kate Murdoch</p>	<p>March 2014</p>	<p>G</p>	<p>Phoenix Futures have a target around prevention work and deliver prevention groups within schools and colleges.</p>	<p>DA 6</p>

Promote support services for young people, linking with school health service making referrals when appropriate.				<p>Delivered inputs into some schools as part of AAW. <u>Youth Service</u> delivered awareness sessions to school groups. Presentation to year 8 at Lostock collage after Easter. Literature distributed at Trafford Collage. Collaborating with School Nurse to plan partnership working with 16+ students re AA in the autumn.</p> <p>Phoenix Futures now log which schools & years have had the prevention sessions in High Schools and Colleges.</p>	
Ensure a minimum of 20 test purchases per annum. Intelligence driven.	John Owen Trading Standards	March 2014	A	<p>2 test purchase made in period. No sale. Staffing levels have made this a challenge, activity to be reviewed. GM wide YP survey planned for Feb.</p>	DA 10 DA 6
Focus on evidence based early intervention and prevention	Andy Howard, CYPS. Kate Waugh – Substance Misuse	March 2014	G	Utilise NICE Guidance	DA 6

<p>activities across the borough, working closely with key stakeholders such as Children and Young People`s Services, Schools, and Youth Offending.</p>	<p>YOS Clare Makin – Phoenix Young Persons.</p>		<p>Meeting of key stakeholders held on 09/04/14 and 09/05/14. Mapping exercise at each service. Early Intervention. http://mentor-adepis.org/quality-standards-effective-alcohol-drug-education/?utm_source=eshot&utm_medium=email&utm_campaign=Newsletter%20June%202014</p> <ul style="list-style-type: none"> • The four provider services (PF, SN, YOS and YS) to meet together, on a quarterly basis, to discuss / agree integrated approaches around prevention & early intervention (evidence based) re reducing risky behaviours (rather than solely alcohol). To link up and agree an outline of calendar of events with a focus around proactive rather than reactive approaches. RRB advisory forum to be informed on this. • Crucial crew – PF to be linked into this. • The task and finish has completed its work and will 	
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				not meet any more.	
Talkshop initial assessment to include alcohol use.	Youth Service – Noel Neilan	Jan 2014	G	Talkshop already include alcohol use in their assessment with young people. Prevention Screening Tool now utilized.	DA 6
A new screening tool for drug, alcohol and associated issues has been introduced and is to be used by services who are engaging with young people in discussions about substances (e.g. schools, youth service, and outreach workers). This will enable a clear assessment of need and highlight the necessary response.	YOS – Sarah Brown Phoenix Young Persons – Clare Makin CYPS – Andy Howard	Jan 2014	G	Standardized Tool for Assessment is now in place. CM has delivered presentations to GMP and Safer Communities Officers to help facilitate referrals. Electronic version of the form on the Council website. Efforts to be made to place item on GMP divisional orders to increase referrals from GMP.	DA 6

Better use of social media re messages of dangerous alcohol consumption levels, promoting services.	Karen Cooney Communications – Cath Carter	March 2014. Quarterly updates.	A	Establish alcohol page on Council website.	DA 6 DA 8
Raise awareness of risky alcohol consumption. Key events – Alcohol Awareness Week Christmas Valentines Sexual Health Reduce risky behavior campaign.	Dave England Karen Cooney Youth Service – Noel Neilan Health Improvement – Helen Darlington	AAW – Nov 13 Christmas – Dec 13 Dry Jan – Jan 14	G	Awareness raised during key seasonal events, AAW, festive period, valentines ect. In addition events have been held at all six open access Community Youth Centres. Christmas and Valentine’s risky behaviours events held at Talkshop Seasonality planning in place	
Health					
Action	Owner	Date to complete	RAG	Progress/Comment	Target Indicator
Establish RAID pilot to provide a multi-agency interventions to tackle	Ric Taylor, CCG Sandy Bearing CCG	Nov 2013	G	RAID model has now been implemented into local	DA 4 DA 3

<p>persons who are repeat presentations to A&E. Consider implications of RAID service in regards to resources and drop-outs.</p>		<p>– Phase 1 April 2014 – Phase 2</p>		<p>hospitals. 2 Alcohol Workers appointed one each at UHSM & Trafford General. RAID assist Alcohol and Mental Health Services Aim to reduce frequent flyers who present at A+E on 3 or more occasions per year. An effective alcohol referrals pathway has now been established. A Mental Health Worker is now in post in the Partnership Office at Stretford Police Station.</p>	
<p>Target women re alcohol related illness such as chronic liver disease via promotion of early warning signs and how to seek help.</p>	<p>Helen Darlington Liz Clarke</p>	<p>March 2014. Quarterly updates.</p>	<p>G</p>	<p>Update – Alcohol education presentations have been made to GPs, Practice Nurses and Health Care Workers. Over 100</p>	<p>DA 4 DA 3</p>

				<p>practice clinical staff attended between the 3 sessions. A copy of the presentation is to be placed on the GP extranet.</p> <p>This demographic was also targeted during AAW.</p>	
<p>Trafford to develop and implement a Tier Four Framework which will ensure greater choice of provision for clients entering both Residential Rehabilitation and Residential Detoxification Programmes.</p>	Kylie Thornton	<p>March 2014. Quarterly updates.</p>	A	<p>Work is in progress the DAT are currently reviewing M/CRs system. A Tier 4 roadshow was held at Rochdale Town Hall on 07/05/14.</p> <p>Across GM all DAATs have agreed a new service spec for residential and detox. Tender process to commence Feb 2015 and be led by Bolton.</p>	<p>DA 1 DA 2</p>
<p>Develop service specification and tender process for the provision of Alcohol specific programmes.</p>	<p>Sandy Bering Lisa Davies Kylie Thornton</p>	<p>Dec 13</p>	A	<p>Met with RAID and JR (Phoenix). Further meetings arranged to develop pathway from hospital. TP developed draft hospital to home</p>	<p>DA 3</p>
<p>Develop greater links with the RAID pilot and Community Detox.</p>	<p>Ric Taylor Dave England</p>	<p>Dec 13</p>			

	Karen Blunt			detox procedure. New alcohol referral flowchart in place. Review after next shared care meeting (27.01.15) Business Case to be submitted on 09/02/15 to secure Council funding for project.	
Ensure stronger links are developed with the primary care setting to increase the number of practices offering the locally commissioned Service for Alcohol. Increasing brief interventions.	NHS England – Jason Swift Kylie Thornton	Jan 14	G	All surgeries that wished to take part are now signed up.	DA 3
Referrals to be made to the Stronger Families Team where irresponsible drinking or the supply of alcohol to minors is suspected of parents or guardians.	Dave England Paula Whittaker	March 2014	G	Stronger Families will accept appropriate referrals	DA 6 DA 10
Crime					
Action	Owner	Date to complete	RAG	Progress/Comment	Target Indicator
Produce a bi monthly tactical analytical document to enable	Discussions to be held with GMP + Council Partnership and	March 2014	A	Part time Public Health Analyst now in post to	DA 8

intelligence led activity by the Police and partners. Document to include A+E data, NWAS data re ambulance call outs, TIIG data and recorded crime.	Performance. Also with GMFRS-RTAs Darren Wagstaff Analysts Manager. Dave England			assist. There is still not the analytical capacity to produce a bi monthly report.	
Reintroduce monthly tactical Licensing Meetings.	Simon Collister	Nov 2013	G	Now held every month.	DA 8
Intel led Gateway checks + targeted patrolling of hot spot areas.	Simon Collister / GMPTE	Nov 2013	G	Joint visit Council/GMFRS/GMP.	DA 8
Op Airlock to be conducted as directed by the Tactical Licensing Meeting. Only problematic premises to be visited. Multi-agency approach to be utilized as appropriate.	Simon Collister/ Dave England	Nov 2013	G	The Stretford Division GMP have managed to obtain funding to conduct a number of such operations recently.	DA 8
Liaison to be maintained with CCTV Manager to ensure that cameras are correctly sited to maximize public safety in town centres, taxi ranks, Metrolink stations and emerging hot spot locations.	Dave England / Colin Wright	Nov 2013	G	Several CCTV cameras have been re sited of late. Most notably those covering Altricham Interchange. An additional camera has been sited to cover the Warehouse Project.	DA 8 DA 10

Introduce challenge 25 in licensed premises across Trafford.	Graham Levy, Trading Standards	March 2014	G	Challenge 25 is now used in problematic licensed premises or those subject to review.	DA 8 DA 6
Liaise with GMP re notable sporting events and concerts where alcohol sales / drunkenness may be a problem.	Dave England / Simon Collister	On going	G	Major sporting events – DPPO stops drinking on streets – re written Oct legislation changed anti-social behavior. Simon email information to Dave Over 18+ 30 day section 5 since June drunken disorder £40 plus opt to go on course otherwise £80 charge. Joanne in Licensing knows of new legislation	DA 8 DA 10
Liaise with Custody Suite Pendleton re the usage of Conditional Cautions. Look to make referrals for alcohol assessment a stipulation in appropriate cases.	Dave England / Phoenix Futures – Clare Makin & Helen Brewin.	March 2014. Quarterly updates.	A	Phoenix link in with custody suite. YOS – Any YP – names through referral to Phoenix. Jim Liggett and CM are in the process of developing a pathway between GMP and Phoenix Futures Young People’s Service	DA 4

APPENDIX TWO – TARGET DEFINITIONS 2013-16				
Indicator	Description	Definition	Target	Source
DA1	Number of adult drug users (all types) recorded as being in effective treatment	Number of clients engaged with treatment service in comparison with the substance misuse demographics.	Increase	NDTMS
DA2	Increase the proportion of ALL drug users who successfully complete treatment and do not represent within 6 months	Increased percentage of users who leave drug treatment free from dependency who do not then represent to treatment again within six months as a percentage of the total number of clients in treatment.	Increase	NDTMS
DA3	Number of alcohol users recorded as being in effective treatment.	Number of clients engaged with treatment service in comparison with the substance misuse demographics.	Increase	DOME data
DA4	Rate of hospital admissions for alcohol related harm: rate per 100,000	Persons admitted to hospital due to alcohol – specific conditions (all ages, male/female) directly standardised rate per 1000,000 population.	2013-14 Q4	www.lape.org.uk
DA5	Reduce the number of drug related hospital admissions	Number of NHS hospital admissions where there was a primary or secondary diagnosis of drug related mental health and behavioural disorders (ICD-10 Codes F11-F16, F18, F19)	2013-14 Q4	www.lape.org.uk

Indicator	Description	Definition	Target	Source
DA6	Substance specific hospital admissions of young people	Hospital admissions due to substance misuse (age 15-24 years): DSR per 100,000 population	Decrease	www.lape.org.uk
DA8.1	Number of all violent crimes attributable to alcohol	Number of reported violent crimes coded as attributable to alcohol.	Decrease	www.lape.org.uk
DA8.2	Violent crimes attributable to alcohol: Persons, all ages, crude rate per 1000 population	Alcohol – attributable recorded crimes, crude rate per 1,000 population.	Decrease	www.lape.org.uk
DA10	Percentage of public who perceive drunk or rowdy behaviour to be a problem in their area	Public perception of drunken rowdy behaviour at a local neighbourhood level.	Decrease	GMP Quarterly Neighbourhood Survey

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Briefing note Alcohol Awareness Week 17th – 23rd November 2014

It is a mandatory requirement that all councils participate in Alcohol Awareness Week in an effort to raise the public's awareness of safe and sensible drinking. Each year the initiative has a theme, the theme this year was "Facing our alcohol problems, taking back our health and high streets."

The participants in this year's activities in Trafford were the Council Drug and Alcohol Team, Council Communication Team, Phoenix Futures alcohol service providers, GMW alcohol service providers, Youth Offending Service, youth street based Talk Shop Team and partners engaged with Operation Staysafe.

Activity was held under the following headings.

Social Media

There was a daily use of tweets and Facebook; this makes information more accessible for young people.

Communication

News stories were placed in the Messenger Newspaper and on their website.

Posters and leaflets were distributed in public buildings throughout the borough.

Supermarket Visits

Display stalls were set up in Tesco and Sainsbury's supermarkets in Altrincham. Information and advice was given on safe and sensible drinking and the support available.

Visits to Leisure Centres and Gyms

Visits were made to display information and advice in order that members can make informed decisions about their drinking.

Highlighting issues in Hospital premises

Displays were put on with advice given in Trafford General and University Hospital South Manchester, Outpatients Departments.

Work with Young People

The Talk Shop in Sale held a risky behaviours evening.

Phoenix Futures Young Peoples Service held several alcohol awareness sessions for young people. The service caters for those up to the age of 25 years. The service also held a display and advice session at Trafford College.

The Youth Offending Service worked with young people in their service to educate individuals about alcohol harm and associated risks.

Operation Staysafe

This is a multi-agency operation that is held every Friday evening to provide outreach work for young people in public outdoor spaces across the borough. On Friday 21st November the patrols were targeted toward providing alcohol advice to young people found on the street and public parks etc. A total of 66 young people were given advice.

Publicity in GP Surgeries and Pharmacies

The Council Drug and Alcohol Team wrote to the 32 GP Surgeries and 51 Pharmacies in the borough distributing posters and leaflets for them to put on public display.

Display and advice for staff in Trafford Town Hall

A display was put on in The Street at Trafford Town Hall; advice on safe and sensible drinking levels was given at key times.

Summary

Partners provided help and support to raise public awareness of alcohol related issues during the week. Activities held have helped to raise awareness and given the public an opportunity to make informed decisions as to their habits and lifestyle. This drive will continue with the “Dry January” campaign.

The Council DAAT obtained several pull up banners relating to alcohol as part of this initiative. There will be the opportunity to continue to use these props during other health and wellbeing events.

Alcohol Awareness Week 17th – 23rd November 2014

Use of Social Media					
	Tweeted daily with different key alcohol related messages to get people thinking about their alcohol intake				Comments Messages retweeted by health organisation
	Facebook information added on Friday 14 November				1 share, two likes and 227 people reached
	150 A4 Posters and 800 A5 leaflets arrived and were distributed				
Monday 17th	Live Twitter discussion – Council tweeted about this on Monday morning	1 – 3pm	Phoenix Futures		Facebook and Tweets to be utilised throughout the week by Trafford Council. Detail in Comms Plan. PF – Tweeted numerous safer

	<p>Tweeted on Thursday 13 and Friday 14 November prior to start of the week</p> <p>Tweet Monday 17 Nov</p>	<p>Trafford Council is again supporting Alcohol Awareness Week 17-23 November. For more information visit www.trafford.gov.uk/alcohol</p> <p>Alcohol Awareness Week is next week. Think about how much you drink Go to www.trafford.gov.uk/alcohol http://bit.ly/1eC1t78</p> <p>Want to talk about alcohol? Why not join in the Phoenix Future live twitter discussion today between 1-3pm #askphoenixjodie</p>			<p>drinking messages. Had 3 'favourites' and 8 'retweets' during the period and 1 'favourite' and 1 'retweet' after the period</p>
Tuesday 18th	Daily tweet	<p>Alcohol is loaded with calories. Cut back on alcohol, don't let it sneak up on you. Go to www.trafford.gov.uk/alcohol http://bit.ly/1eC1t78</p>			
Wednesday 19th	Daily tweet	<p>Women should not drink more than 2-3 units per day, equivalent to a standard glass of wine. Visit http://bit.ly/1eC1t78</p>			

Thursday 20th	Daily tweet	Check your alcohol levels now, cut down and feel the benefits http://bit.ly/1eC1t78			
Friday 21st	Daily tweet	Enjoy a drink? Remember to pace and space. Sip them and have a glass of water or a soft drink in between Go to http://bit.ly/1eC1t78			
Saturday 22nd	Daily tweet	If you drink every day, have at least 2-3 days a week off the booze and feel the benefits http://bit.ly/1eC1t78			
Sunday 23rd	Daily tweet	Thinking about how much you drink could save your life. For more information go to http://bit.ly/1eC1t78 or www.trafford.gov.uk/alcohol			

Communication					
					Comments
					Separate Communication Plan produced by Cath Carter.
Monday 17th	Press Release issued –				Covered by Sale & Altrincham and Stretford and Urmston Messenger and on their website
	Website banner promoting Alcohol Awareness Week added to front page of website – linked to press release				Front page of website visited by over Links to press release to read more
Tuesday 18th	Daily tweet				
Wednesday 19th	Daily tweet				
Thursday 20th	Daily tweet				
Friday 21st	Daily tweet				
Saturday 22nd	Daily tweet				
Sunday 23rd	Daily tweet				

Visits to Gyms / Health Clubs					
	Location	Numbers of leaflets/ posters/ alcohol measuring cups handed out.	Comments		
Monday 17th					
Tuesday 18th	Pure Gym, Altrincham. Trafford Leisure Centre	PF – AAW material displayed. 50 leaflets/ alcohol measuring cups handed out.			
Wednesday 19th					
Thursday 20th					
Friday 21st					
Saturday 22nd					
Sunday 23rd					

Visits to Off Licenses / Supermarkets					
	Retailer	Retailer	Retailer	Retailer	Comments
Monday 17th					
Tuesday 18th	Tesco Altrincham 10am – 2pm (confirmed) Table provided				Stored visited during hours shown. AAW material displayed. Advice given 75 x hand outs distributed

Wednesday 19th	Sainsbury's Altrincham 10am – 2pm (confirmed) Table provided				Store visited during hours shown. AAW material displayed. Advice given 34 x hand outs distributed.
Thursday 20th					
Friday 21st					
Saturday 22nd					
Sunday 23rd					

Work with Young People					
	Location	Young Persons Engaged	Activities	Comments	
Monday 17th	Talk shop, Sale.		There will be a risky behaviour group in the evening; this will focus on alcohol awareness.		
Tuesday 18th	Phoenix YP Service	2	Group at YP Service to focus on Alcohol Awareness	The theme of the group was around alcohol use. The group is a reading group. A poem linked to alcohol addiction read and explored.	
	Youth Offending Service	6 completed questionnaires	Young person questionnaire to be distributed to raise awareness of alcohol.	6 completed questionnaires, correct answers provided within the YOS waiting area	
Wednesday 19th	Trafford College	.	Drop in – Raise Alcohol Awareness		
	Youth Offending Service	4 young people attended the drop in session.	Drop in session for YOS young people to raise alcohol awareness.	4 young people attended the drop in session and discussed issues around safer drinking.	
Thursday 20th	Phoenix YP Service	2	Group at YP	Trafford fire service	

			Service to focus on Alcohol Awareness	delivered a session to our group of young people, raising awareness around fires within the home whilst under the influence of alcohol.	
Friday 21st	Phoenix YP Outreach Worker –	66	Carry out service/school visits and focus on Alcohol Awareness	4 Phoenix staff and 3 YOS/Youth service staff carried out an outreach session between 3.30-6pm. Alcohol awareness messages discussed with people who were engaged. Phoenix (drug & alcohol treatment services) promoted	
Saturday 22nd					
Sunday 23rd					

Visits to Hospitals					
	Location	Training Input	Liaison with Staff	Leaflets / Posters	Comments
Monday 17th	Trafford General, Outpatients Dept.	Staff from GMW to attend 10am – 2pm		Display also set up in GMW premises, 454 Chester Road waiting room.	Display set up in restaurant and out patients dept. , leaflets given out Plus glasses showing unit measurement. Display and stall created interest in both department Number of people engaged in conversations.
Tuesday 18th	Trafford General, Outpatients Dept.	Staff from GMW to attend 10am – 2pm			As above
Wednesday 19th	Trafford General, Outpatients Dept.	Staff from GMW to attend 10am – 2pm			As above
Thursday 20th					
Friday 21st	Information Stall UHSM	Staff from Phoenix Futures to attend 9am -2pm	PF - A number of hospital staff enquired about the service we offer in Trafford	PF - Approximately 15/ 20 people approached the stall. Units glasses/ leaflets/ key rings were given out.	
Saturday 22nd					
Sunday 23rd					

Operation Stay Safe					
	Participating agencies	Locations attended	Engagement with Young People	Comments	
Friday 21st	Safer Trafford Partnership agencies to participate in a Stay Safe operation.	Sale area West area	36 young people 30 young people	Please see attached debrief report. Awaiting update from the youth service.	

Distribution of material to pharmacies / GPs surgeries					
					Comment
Friday 14 th November	A letter, posters and leaflets were posted to all GPs Surgeries and Pharmacies in Trafford.	32 x GP Surgeries 51 x Pharmacies			Posters and leaflets were posted with a covering letter to all 83 premises.

Raising employee's awareness Trafford.					
					Comment
Monday 17th	Display to be held on "The Street" Trafford Town Hall.	Distribute Drink Aware material to employees at companies within Trafford.			A display was staffed by the Drug and Alcohol Team for one day. Pull up banners and informational material was kept on display for the week

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**NHS TRAFFORD CLINICAL COMMISSIONING GROUP
GOVERNING BODY
24th February 2015**

Title of Report	Performance and Quality Report.
Purpose of the Report	This paper updates the Governing Body on Trafford CCG's performance against the 2014/15 statutory frameworks and the performance of the CCG's main providers, University Hospital South Manchester (UHSM), Central Manchester Foundation Trust (CMFT) and Pennine Care Foundation Trust (PCFT).

Actions Requested	Decision	Discussion	x	Information
Strategic Objectives Supported by the Report	1. Consistently achieving local and national quality standards.			x
	2. Delivering an increasing proportion of services from primary care and community services in an integrated way.			x
	3. Reduce the gap in health outcomes between the most and least deprived communities in Trafford.			x
	4. To be a financial sustainable economy.			

Recommendations	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> Note the issues raised in relation to performance. Endorse the actions being taken to improve performance and consider any further actions they would like the Performance and Quality Team to take.
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Discussion history prior to the Governing Body	N/A
Financial Implications	Provider contractual targets may attract a financial penalty. Delivery of CQUINs will attract a financial reward. Failure to achieve Quality Premium indicators will result in non-payment.
Risk Implications	There is a risk some targets will not be delivered.
Equality Impact Assessment	N/A
Communications	N/A

Issues	
Public Engagement Summary	N/A
Prepared by	Deanne Yates Senior Performance Manager Zoe Mellon, Performance Lead. Kate Provan, Quality Lead.
Responsible Director	Michelle Irvine, Associate Director of Performance and Quality.

1.0 INTRODUCTION AND BACKGROUND

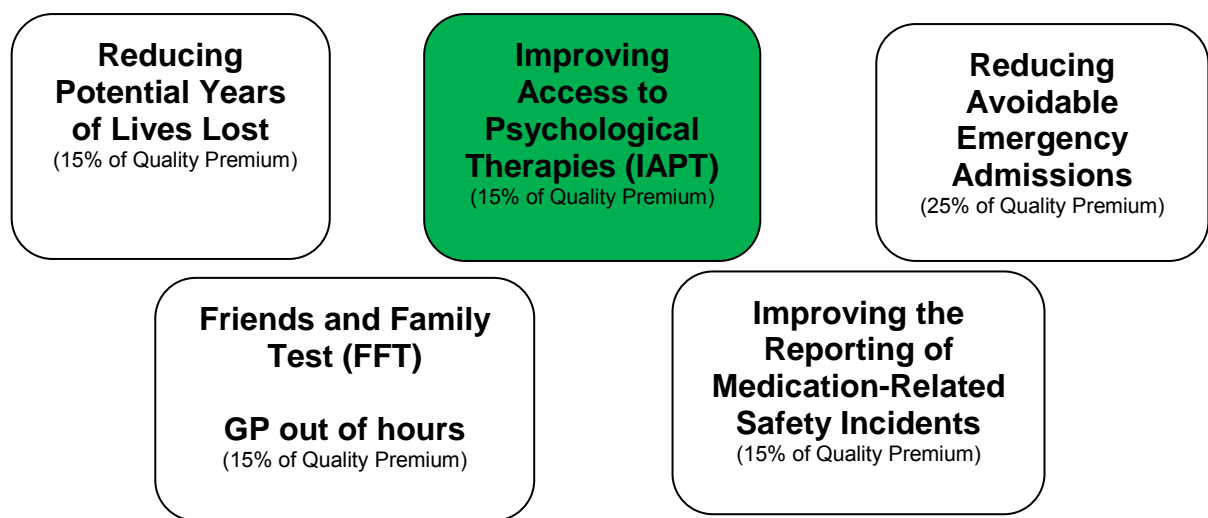
1.1 This paper updates the Governing Body on Trafford CCG's performance against the 2014/15 statutory frameworks and the performance of the CCG's main providers, University Hospital South Manchester (UHSM), Central Manchester Foundation Trust (CMFT) and Pennine Care Foundation Trust (PCFT). The following performance scorecards are attached:

- Quality Premium (Appendix A)
- Everyone Counts (Appendix B)
- UHSM Contract Key Performance Indicators (Appendix C)
- CMFT Contract Key Performance Indicators (Appendix D)
- PCFT Contract Key Performance Indicators (Appendix E)

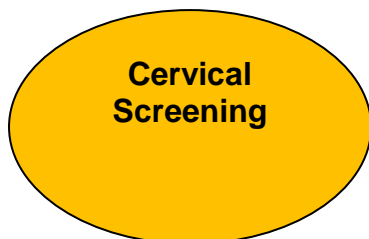
2.0 QUALITY PREMIUM

2.1 Below is an assessment of the CCG's performance against the 2014/15 Quality Premium indicators as at the end of November 2014. Data is available for six of the ten indicators.

2.2 For achieving all the performance targets the CCG will receive a payment of £1,126,000.



ONE LOCAL MEASURE



(15% of Quality Premium)

FOUR NHS CONSTITUTION REQUIREMENTS



(25% of Quality Premium is reduced for failure to achieve each of these)

3.0 PERFORMANCE HOT SPOTS

3.1 This section of the report sets out those performance areas causing concern and the actions being undertaken to address them.

3.2 Pages 6 to 13 relate CCG performance, the areas covered in this report are:

- Dementia diagnosis
- Healthcare acquired infections – C-Diff
- Ambulance response times
- Diagnostic waiting times
- Access to A&E
- Over 52 weeks

3.3 Pages 14 to 20 relate to performance at UHSM, the areas covered in this report are:

- Ambulance handover
- Access to A&E
- Access to diagnostic tests
- Cancelled ops – binding date within 28 days
- Complaints
- Stoke Care

3.4 Pages 21 to 28 relate to CMFT, the areas covered in this report are:

- Ambulance handover
- Access to A&E
- Access to diagnostic tests
- Cancer 62 day – from screening services
- Stroke services
- Pharmacy

3.4 The exception reports are followed by an update on the high risk areas relating to PCFT, these are:

- Contractual Compliance
- Ear Care
- Urgent and Intermediate Care Services
- Pulmonary Rehab

DOMAIN / STRATEGIC PRIORITY

Measures: **Dementia**

Indicator Name: **Estimated diagnosis rate for people with dementia - (ii)**

* Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
51.2%	67.2%	59.4%	56.4%	Improved	Achieve	Medium	None Identified at CCG level

Issue

The NHS is committed to improving the ability of people living with dementia to cope with symptoms through improving access to services, treatment, care and support.

In order to achieve this, the CCG is working to ensure that by the end of 2014/15, 67% of people living with dementia are correctly diagnosed and recorded on GP registers.

In December 2014, the CCG achieved 59.4% (YTD 56.4%).

Performance in this area is showing signs of improvement but is still short of the year-end target of 67%

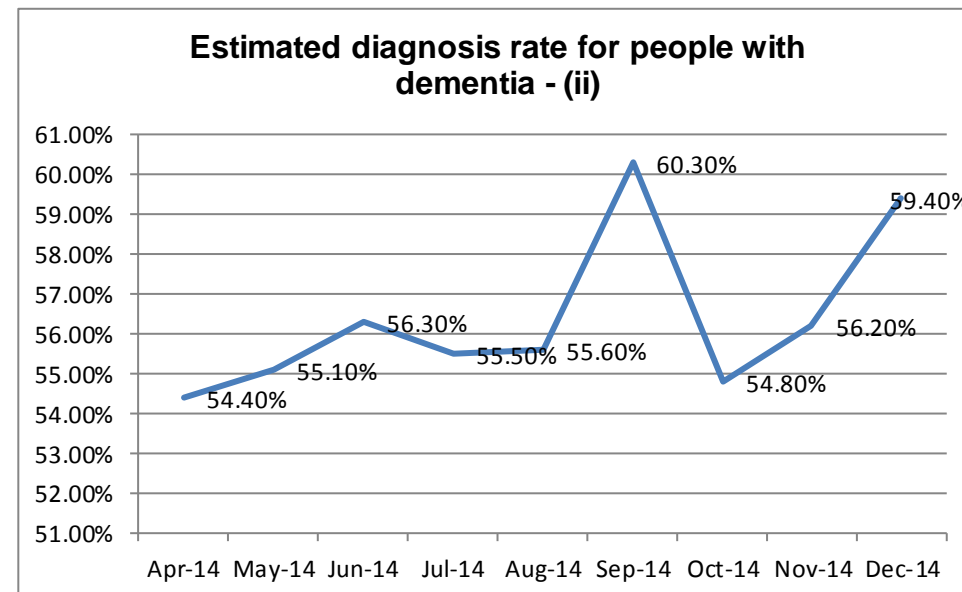
Risks

No significant risks have been identified.

Action Plan

The CCG has:

- Encouraged GPs and other professionals to identify patients with dementia and refer through the Memory Team (GMW) in an appropriate and timely manner.
- Re-commissioned the Memory Service to have its emphasis on being a Memory Assessment Service.
- Undertaken a cleansing exercise of the GP practice dementia registers cleansing in line with best practice guidance.



- Undertaken a LEAN review of the service to resolve the continuing problem whereby the service continues to receive and accept more referrals each month than they manage to make a final diagnosis.

Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Mental Health
Lead Organisation:	TCCG	Performance & Quality Lead:	Mike Carr

DOMAIN / STRATEGIC PRIORITY

Measures: **HCAI**

Indicator Name: **Healthcare acquired infection (HCAI) measure (clostridium difficile infections) - All Cases**

* Good performance is Lower than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
56	59	7	53	Worse	Fail	High	None Identified at CCG level

Issue

The NHS has a national ceiling for C-Diff cases attributed to CCGs.

In December, 7 cases of C. Diff have been attributed to the CCG, this brings the year to date position to 53 cases against an annual maximum trajectory of 59.

Risks

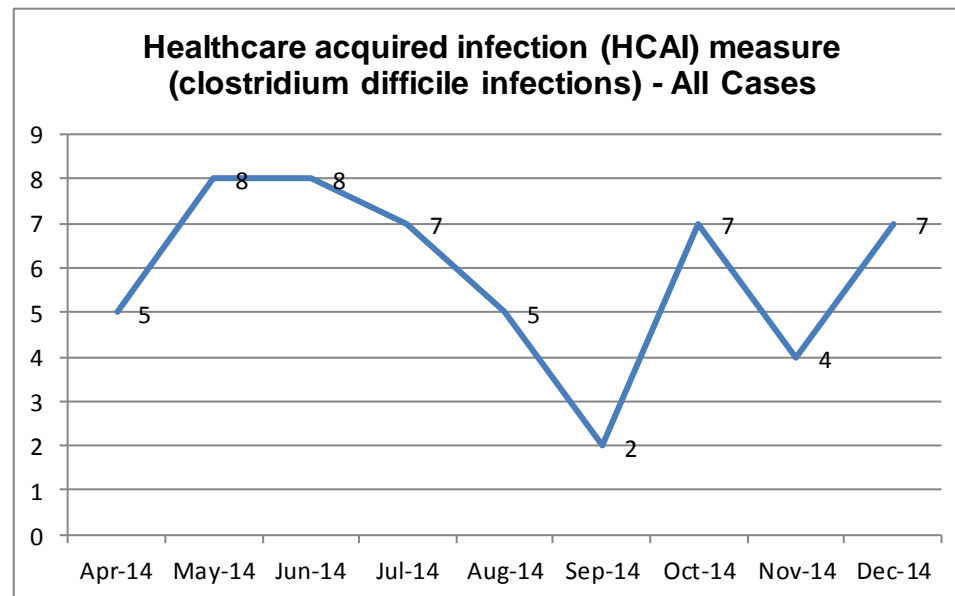
At provider level, all cases are subject to a Post Infection Review (PIR) and only those cases resulting from a 'lapse of care' are monitored against the national maximum trajectory. At this time, there is no process at CCG level for determining those cases that are due to lapses of care.

Public Health England (PHE) is assured by the infection control practices in place at local providers.

Action Plan

The following actions will be put in place to respond to this issue:

- The Performance and Quality team will continue to monitor the number of cases.
- Further work to improve community reporting by PHE will hopefully enable the CCG lapses of care to be reported in the future.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Public Health
Lead Organisation:	TCCG	Performance & Quality Lead:	Zoe Mellon

DOMAIN / STRATEGIC PRIORITY

Measures: **Ambulance Clinical Quality**
 Indicator Name: **Ambulance clinical quality - Category A (Red 1) 8 minute response time**
 * Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
75.9%	75.0%	59.0%	69.9%	Worse	Fail	High	-25% of Quality Premium

I Issue
 The North West Ambulance Service (NWAS) is required to respond to 75% of red 1calls within 8 minutes.

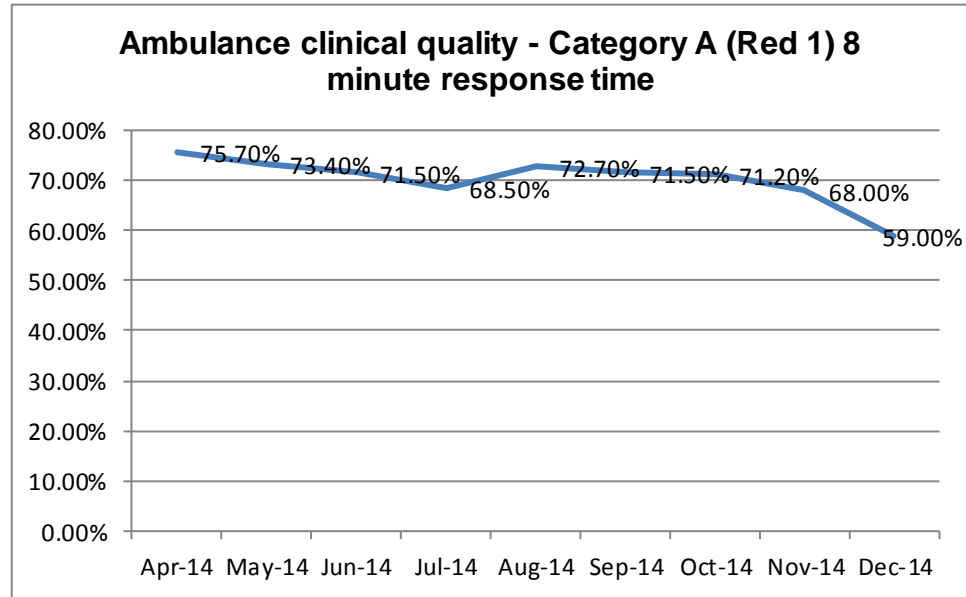
Response rates in December were 59.0%, with YTD of 69.9% which shows the pressures within the service over the winter period has impacted upon the service to Trafford CCG residents.

Risks
 The CCG will lose 25% of their quality premium if NWAS response rates for red 1calls are below 75% in 2014/15.

During this year, NWAS has seen higher than planned activity levels. This has put increasing demand on the service and has compromised its ability to achieve performance.

There is a downward trend in performance.

- Action Plan**
- The recovery plan focusses on maximising the amount of capacity available, and deploying this in the most appropriate way. Service changes include - changing protocols for health care professional referrals, frequent caller schemes and GP navigation/deflection pilots.
 - NWAS de-escalated from REAP 4 (where they've been since September) to REAP 3 in late January. This reflects a move in activity towards more seasonal norm levels.



- South West and London ambulance services are to undertake a pilot throughout February and March aimed at reducing the number of wasted ambulance journeys by allowing dispatchers an additional 120 seconds to better evaluate the caller's requirements. Research has shown that when dispatchers are given more time to assess calls, fewer ambulances are dispatched unnecessarily. Currently 20% of ambulances are cancelled before reaching the scene.

Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Blackpool CCG
Lead Organisation:	TCCG	Performance & Quality Lead:	Jason Hughes

DOMAIN / STRATEGIC PRIORITY

Measures: **Ambulance Clinical Quality**
 Indicator Name: **Ambulance clinical quality - Category A (Red 2) 8 minute response time**
 * Good performance is Higher than target *

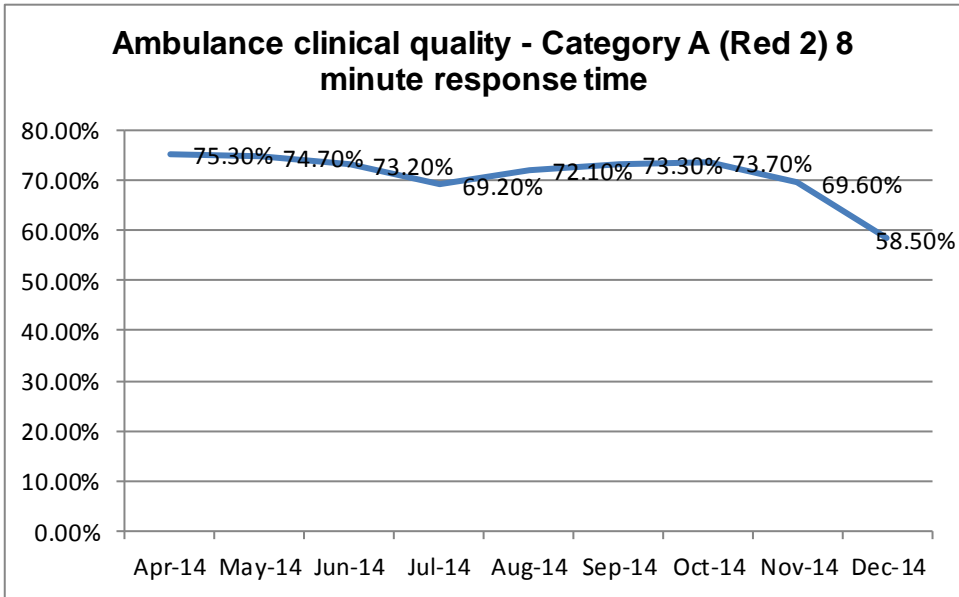
2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
77.4%	75.0%	58.5%	70.8%	Worse	Fail	High	None Identified at CCG level

Issue
 The North West Ambulance Service (NWAS) is required to respond to 75% of red 2 calls within 8 minutes.

Response rates in December deteriorated again to a year low of 58.5%, however the recovery plan is still a crucial step in improving the performance of this indicator.

Risk
 During this year, NWAS has seen higher than planned activity levels. This has put increasing demand on the service and has compromised its ability to achieve performance. The Trust has been unable to secure additional staff.

Action Plan
 Described in previous exception report



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Blackpool CCG
Lead Organisation:	TCCG	Performance & Quality Lead:	Jason Hughes

DOMAIN / STRATEGIC PRIORITY

Measures: **Ambulance Clinical Quality**
 Indicator Name: **Ambulance clinical quality - Category A 19 minute transportation time**
 * Good performance is Higher than target *

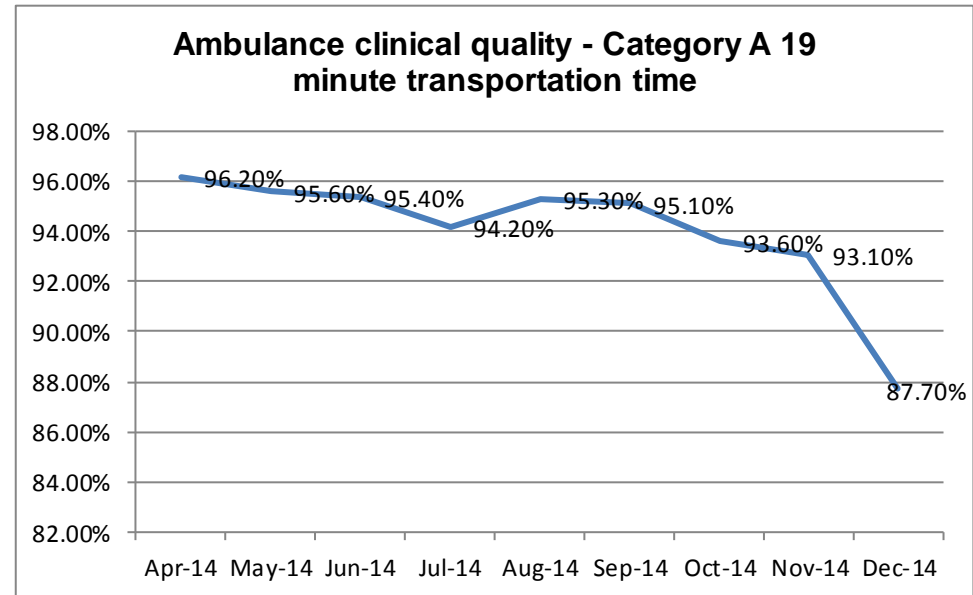
2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Choose an item.
96.3%	95.0%	87.7%	93.8%	Worse	Fail	High	None Identified at CCG level

Issue
 NWS are working to ensure that 95% of vehicles are available to convey at the scene of a Category A incident within 19 minutes.

Risk
 During this year, NWS has seen higher than planned activity levels. This has put increasing demand on the service and has compromised its ability to achieve performance.

The Trust has been unable to secure additional staff.

Action Plan
 Described in previous exception report.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Blackpool CCG
Lead Organisation:	TCCG	Performance & Quality Lead:	Jason Hughes

DOMAIN / STRATEGIC PRIORITY

Measures: **Diagnostic Test Waiting Times**
 Indicator Name: **Diagnostic test waiting times**
 * Good performance is Lower than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
0.4%	1.0%	2.1%	1.1%	Worse	Fail	High	None Identified at CCG level

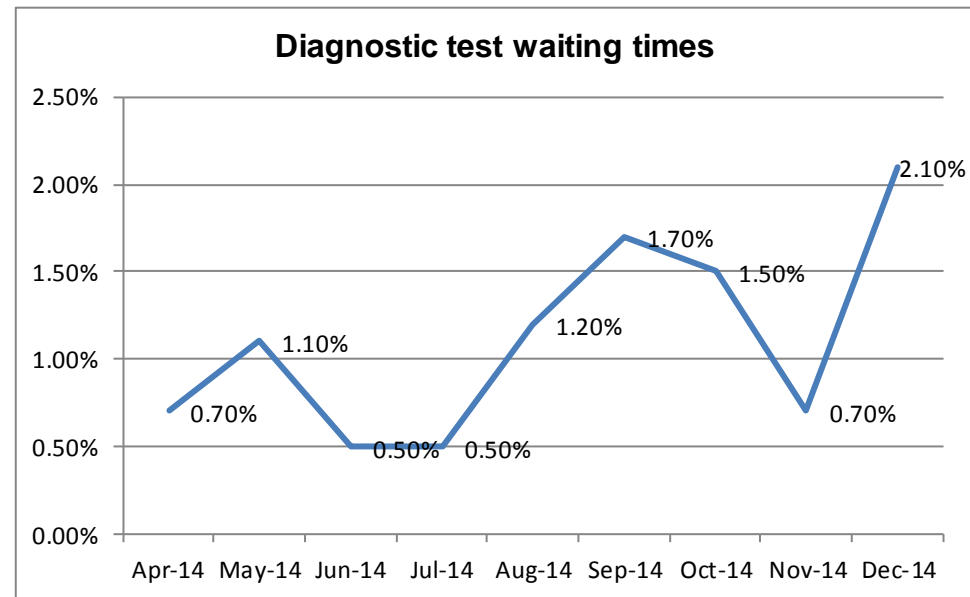
Issue
 Providers are required to ensure that only 1% of patients referred for diagnostic tests wait in excess of 6 weeks. At the end of December performance had deteriorated to 2.1%, but there has been an action plan put in place by UHSM which should demonstrate an improvement over Q4.

Risks
 The number of patients waiting more than 6 weeks at the end of December are in total 95 the majority which were in the following tests:
 Peripheral Neurophysiology – 48 (of which 13 are waiting more than 13 weeks
 Gastroscopy – 8
 Colonoscopy – 12
 Flexi sigmoidoscopy – 15

The main area of concern is waiting times for neurophysiology testing, a service commissioned at UHSM from Salford Royal FT.

Action Plan

- Medinet are providing weekend endoscopy lists during January and February 2015 to assist with reducing backlogs
- a nurse consultant has been employed to run evening and weekend sessions. This will address capacity issues experience due to the running of single-sex sessions.
- The service is working to secure further nursing posts
- Due to IT complications, the Unisoft Scheduler will not be in place until late February 2015. Once fully implemented (in March/ April) this system will help improved scheduling
- Waiting list initiatives in Neurophysiology are continuing to be offered until the end of March 2015



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Tim Weedall
Lead Organisation:	TCCG	Performance & Quality Lead:	Zoe Mellon

DOMAIN / STRATEGIC PRIORITY

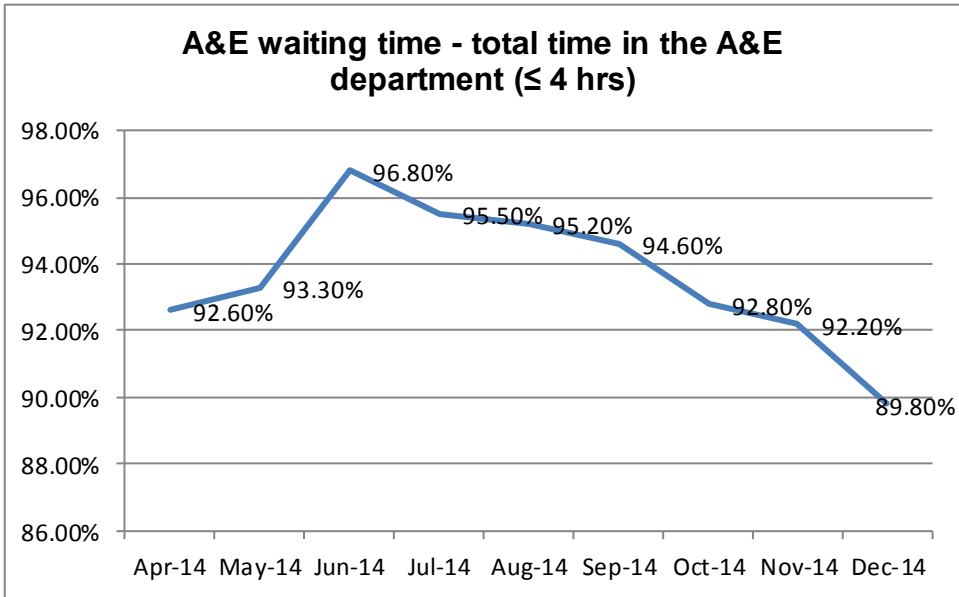
Measures: **A&E Waiting Times**
 Indicator Name: **A&E waiting time - total time in the A&E department**
 * Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
94.9%	95.0%	89.8%	93.6%	Worse	Fail	High	-25% of the CCG Quality Premium

Issue
 95% of patients in A&E should be seen and treated within 4 hours of arrival. By the end of December 2014, CCG year to date performance deteriorated to 93.6% against a target of 95%. The CCG A&E score is calculated using a mapping where a proportion of providers' activity is attributed to a CCG based on historical patient flow
 CCG A&E performance has been adversely affected by under-performance at UHSM and CMFT. Both of these organisations failed to achieve the target in quarter 3.

Risks
 The CCG will lose 25% of their quality premium if the A&E target is not met (over the course of the year).
 As at 16.2.15 Q4 performance was 94.47% at CMFT and 86.8% at UHSM.

Action Plan
 Actions at UHSM and CMFT are described later in this report.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Marion Ross
Lead Organisation:	TCCG	Performance & Quality Lead:	Jason Hughes

DOMAIN / STRATEGIC PRIORITY

Measures: Referral to Treatment

Indicator Name: The number of incomplete pathways greater than 52 weeks for patients on incomplete pathways at the end of the period

* Good performance is Lower than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
3	0	1	1	Worse	Fail	High	None Identified at CCG level

Issue

There is a national Performance requirement to ensure no patient waits in excess of 52 weeks.

At the end of December 2015 there was waiting over 52 weeks on an incomplete pathway.

This patient was discovered during an RTT validation exercise that Tameside Hospital FT has undertaken following the migration of IT systems.

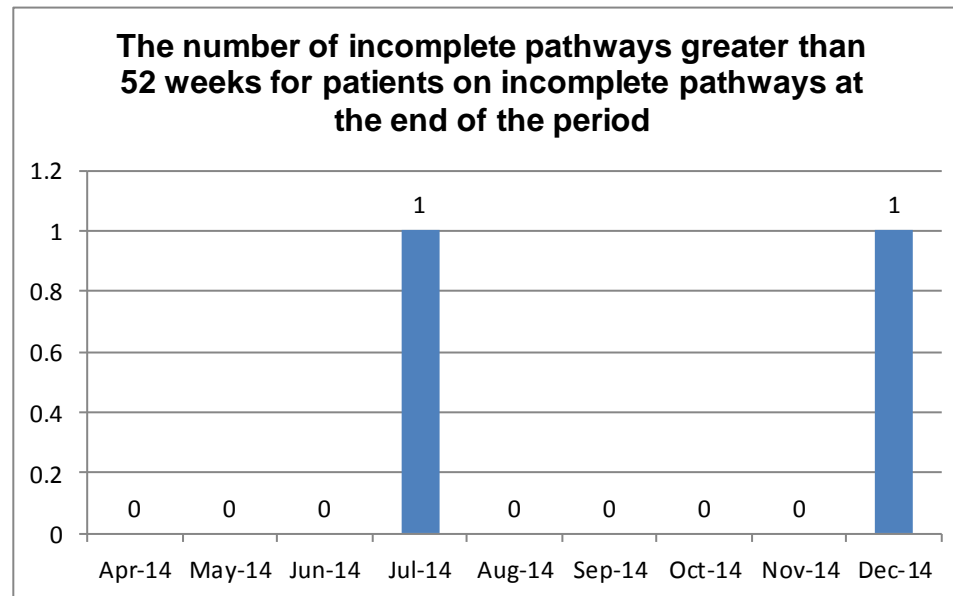
Risks

This patient was on a T&O pathway at Tameside Hospital Foundation Trust. Discussions with T&G CCG are on-going to identify when this patient was treated.

As the Trust undertake further validation it is possible that additional long waiters will be identified.

Action Plan

- The Performance and Quality Improvement team are currently liaising with the Lead CCG for this Trust.



Back on Trajectory by: Tuesday, 31 March 2015

Commissioner Lead: Tim Weedall

Lead Organisation: TCCG

Performance & Quality Lead: Zoe Mellon

OMAIN / STRATEGIC PRIORITY

Measures: **Ambulance**

Indicator Name: **Compliance with Recording Patient Handover between Ambulance and A&E**

* Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
	95.0%	74.0%	81.0%	Worse	Fail	High	None in 2014/15

Issue
Greater Manchester providers are working with NWS, to ensure that ambulance handovers are recorded correctly in 95% of cases and the length of time taken to handover is kept to a minimum.

In December, the Trust recorded 74.0% of ambulance handovers correctly, this is against a target of 95% which is one of lowest in the Greater Manchester footprint. 40 handovers were reported as completed in excess of an hour.

Risks
NWS de-escalated from REAP 4 (where they've been since September) to REAP 3 effective January. This reflects a move in activity towards more seasonal norm levels.

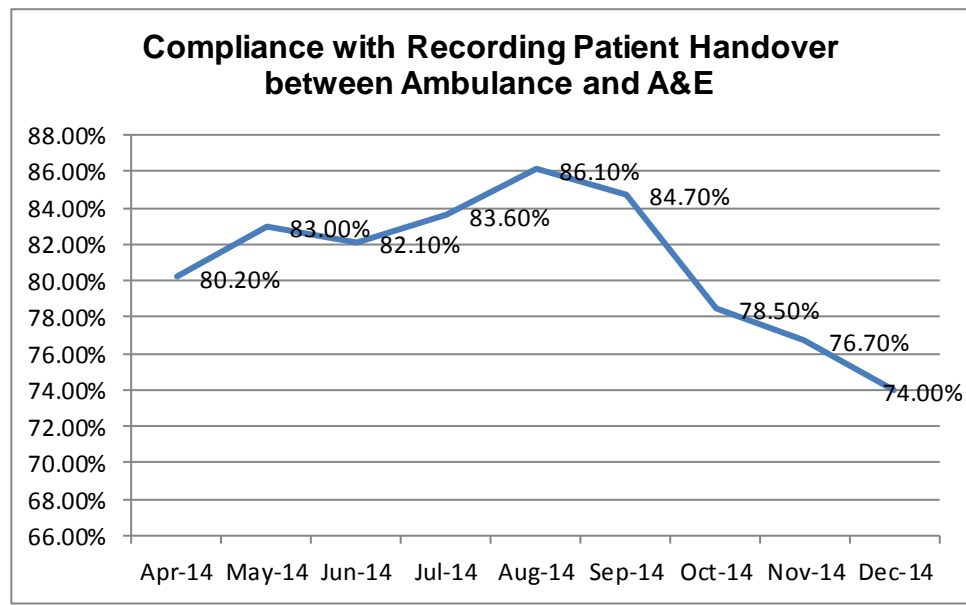
Action Plan
The following actions will be put in place to respond to this issue:

National (NHSE)

- 2 pilots: additional 1-120 seconds prior to clock start for all 999 calls except Red 1
- Developmental work re. R2 codes and response times; and A19 conveyance definitions

North West (Blackpool)

- Incentivising deflection schemes
- Review the inter facility/MH transfers
- Implement the 365 pilot (111 HCP referrals transport)
- Lead on the contract negotiations/CQUIN



GM (urgent care leads)

- GM ambulance commissioning group established
- More comprehensive data to be available - demographics, flows
- ATT / urgent care first response review
- PTS procurement & Acute impact

Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Teresa Emery
Lead Organisation:	UHSM	Performance & Quality Lead:	Jason Hughes

DOMAIN / STRATEGIC PRIORITY

Measures: **A&E Waiting Times**
 Indicator Name: **Percentage of Patients spending 4 hours or less in A&E**
 * Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
	95.0%	85.4%	92.6%	Worse	Fail	High	Penalties are in place for non-delivery each month

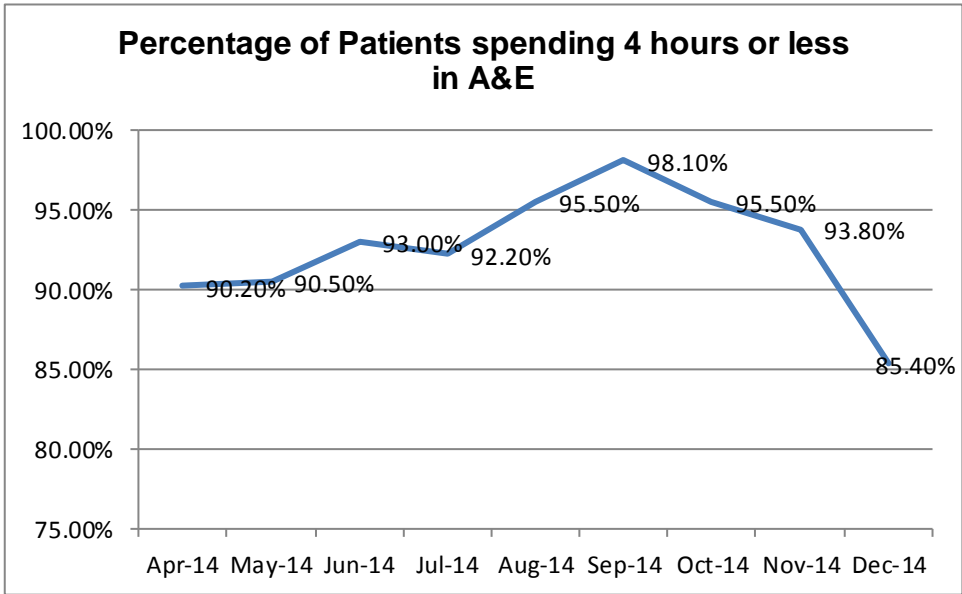
Issue
 95% of patients in A&E should be seen and treated within 4 hours of arrival. In December the performance was 85.4% which is below the threshold and reflects the issues and pressures the Trust experienced during this month. The deteriorating performance of this indicator has impacted upon the Q3 performance.

Risks
 Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold. To the extent that the number of breaches exceeds 8% of A&E attendances in the relevant month, no further consequence will be applied in respect of the month. This equates to £50,000 in December. (unvalidated)

The Trust reported a 12 hour trolley wait in January 2015. The CCG is awaiting the final route cause analysis from the Trust. Following receipt, the CCG will work with the Trust to implement any recommendations as a result of the findings.

Action Plan

- The Trust have put in place a number of actions which are detailed overleaf.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Teresa Emery
Lead Organisation:	UHSM	Performance & Quality Lead:	Jason Hughes

Further Information

A&E Waiting Times at UHSM

The health economy experienced significant problems with demand and acute trusts at full capacity over this period. The impact was an increase in medical outliers, issues with ambulance handover, negative effect on length-of-stay and DTOC and severe pressure on front-door activity with high acuity and an increase in elderly patients.

Action Plan

- continued recruitment to medical, nursing and administrative posts to ensure full establishment to meet increased demand;
- an additional GP has been agreed to improve front-door capacity between 10:00 and 18:00 daily. Four GPs identified to support this initiative who have already or will be starting shortly;
- a medical bed manager is based in AMU to improve flow both in and out of the Unit;
- increasing numbers of patients are going through AMRU with patients being pulled through the ED process who are suitable for ambulatory care;
- introduced within CDU, the Mental Health Assessment Room is managed by MMHSCT to support improved flow for patients that would normally remain in ED;
- additional HCAs are funded through winter monies to support bed management, and in particular, night management;
- enhanced provision for night management has improved patient flow across the Trust in the evening with a positive impact;
- a Home Finder Co-ordinator has been recruited to support the Home Finder Nurse in identifying and supporting patients to move to their preferred home on discharge. This is funded through winter monies but is a role that has had a significant positive impact within the Team and in particular in relating to DTOCs;
- DTOCs have reduced considerably with the Trust achieving its target of 5 DTOCs per CCG consecutively for several days; there has been a slight rise recently but not in the range previously seen during Quarter 3;
- a single point-of-access has been introduced for ward discharges with additional escalation to the head of service. This has seen a rise in 'blocked' or needlessly-delayed discharges, which again has had a positive impact on the CCG DTOCs target for the Trust;
- focus has been directed on greater utilisation of the Discharge Lounge with a push to have greater throughput by 11am each day;
- additional social workers have been recruited to the Discharge Team through winter monies by both Manchester and Trafford CCGs. Split shifts have meant that social worker cover up to 9:30pm each night and weekends 10am to 2pm has seen deflection from ED and early start social-worker assessment;
- Trafford CCG's community services (managed by Pennine Care) have now successfully recruited to their vacant nursing posts that are based within the discharge team; this should now support timely nursing needs assessments for Trafford patients and release UHSM staff from providing that additional support;
- winter monies have been used to purchase additional laptops for social workers to ensure timely report-writing and assessments; and
- small process changes have seen a reduction in duplication in report provision that has had a positive impact on referrals for assessment for Trafford patients.
- Performance and breach validation is undertaken and reported daily and will demonstrate the impact of improvements in these areas. Regular review of performance takes place at weekly UCOG with oversight by UCB fortnightly. Additionally, performance is monitored twice weekly for South and Central Manchester via tactical tele calls with additional monitoring through UCOG weekly and reported up through UCB.

DOMAIN / STRATEGIC PRIORITY

Measures: **Diagnostic Test Waiting Times**

Indicator Name: **The Percentage of Patients waiting 6 weeks or more for a Diagnostic Test (15 Key Diagnostic Tests)**

* Good performance is Lower than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Choose an item.
	1.0%	5.5%	3.7%	Improved	Fail	High	Penalties are in place for non- delivery each month

Issue

Providers are required to ensure that only 1% of patients referred for diagnostic tests wait in excess of 6 weeks. In December performance was 5.5%, which is an improvement from the previous 3 months, but is still above the national standard.

At UHSM, Neurophysiology testing is the main area for concern. The number of patients waiting more than 6 weeks at the end of December were in total 259. The main diagnostics tests affected are:

- Peripheral Neurophysiology – 173 – deteriorated since November
- Gastroscopy – 25 - improved since November
- Colonoscopy – 17- improved since November
- Flexi sigmoidoscopy – 32– deteriorated since November

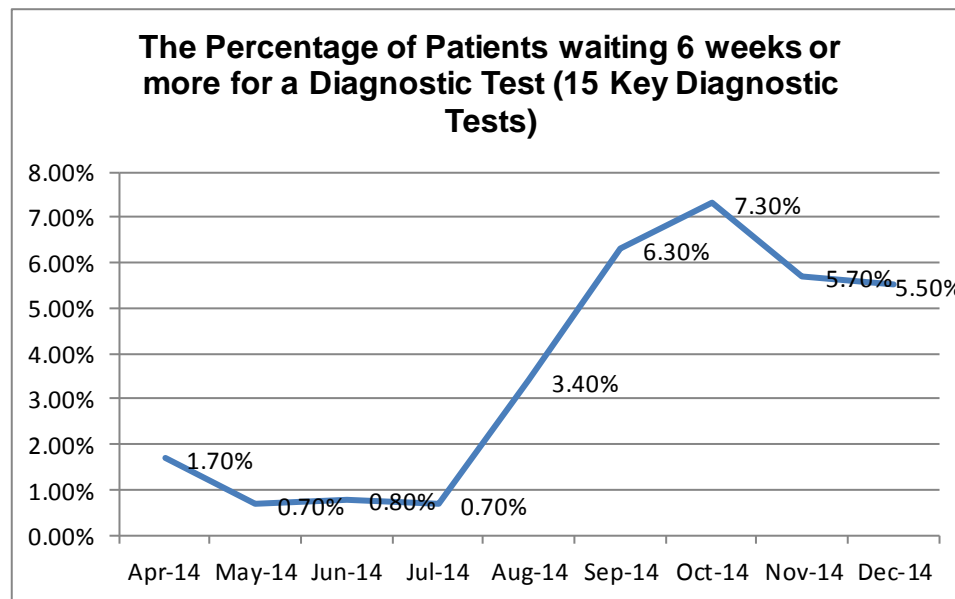
Risks

The potential impact of single sex endoscopy lists which are required as part of JAG accreditation on diagnostics waiting times is currently being assessed, although the Trust has reported that the impact so far has been minimal.

The December, the Penalty applied to the Trust was £43,000.

Action Plan

- A third part provider is running weekend endoscopy lists during January and February to assist with reducing backlogs
- A nurse consultant has been employed to run evening and weekend sessions. This will address capacity issues experienced due to the running of single-sex sessions
- The service is working to secure further nursing posts



Action Plan (cont)

- Due to IT complications, the Unisoft Scheduler will not be in place until late February 2015. Once fully implemented (in March/ April) this system will help improved scheduling
- Waiting list initiatives in Neurophysiology are continuing to be offered until the end of March 2015

Back on Trajectory by: Tuesday, 31 March 2015

Commissioner Lead: Jane Melvin

Lead Organisation: UHSM

Performance & Quality Lead: Zoe Mellon

DOMAIN / STRATEGIC PRIORITY

Measures: **Cancelled Operations**

Indicator Name: **Number of Patients not offered another Binding Date within 28 days of a Cancelled Operation**

* Good performance is Lower than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
	0	5	11	Unchanged	Fail	Medium	Financial penalties are place for non-delivery on a quarterly basis

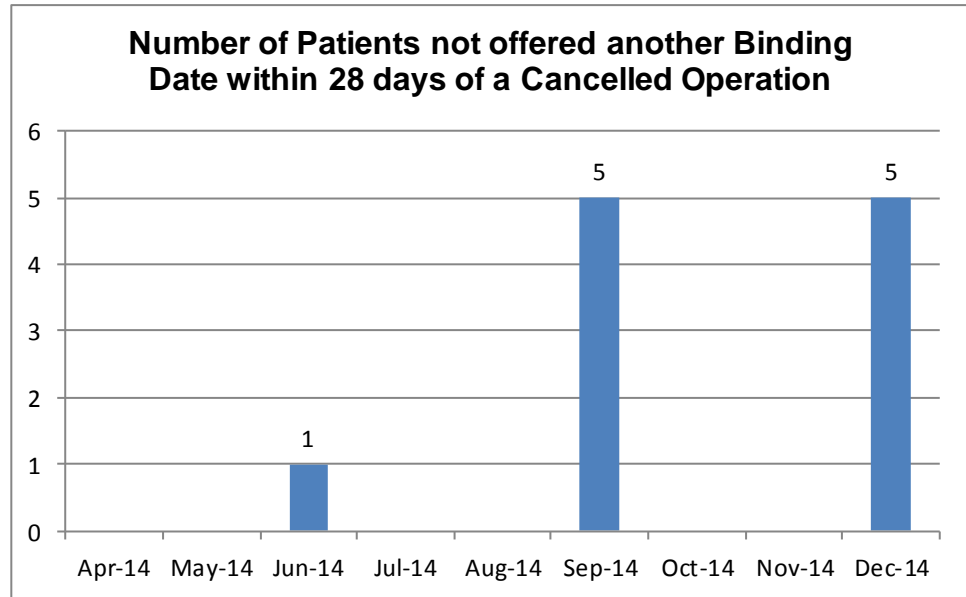
Issue
 The trust endeavours to give all patients cancelled on the day of their surgery a further date within 28 days of the first cancellation.

During December UHSM reported 5 cancelled operations for patients, who were not offered a binding date within 28 day. The Trust is investigating this to find the root cause and will share with the performance and quality team. The YTD figure is 11 so the significant increase for the month of December is of concern, and the resulting analysis will be reviewed and action plan requested from the Trust.

Risks
 Financial penalties apply. Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care.

Action Plan

- The CCG is awaiting the findings of the Trusts internal investigation.
- Each cancelled operation under this indicator definition is recorded and discussed at the weekly operational group meeting and a review of the SOP and escalation procedures is currently under review.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Jane Melvin
Lead Organisation:	UHSM	Performance & Quality Lead:	Zoe Mellon

DOMAIN / STRATEGIC PRIORITY

Measures: **Complaints**
 Indicator Name: **% of complaints responded to within timescale agreed at the outset upon receipt of the complaint with the complainant (“the response period” SI 309, 2009 paragraph 13 (7)) where appropriate.**
 * Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
	90.0%	76.3%	87.0%	Worse	Fail	High	None

Issue
 The CCG has in place a local KPI in relation to complaints, the Trust is required to ensure 90% of complaints are responded to within the timescale agreed with the complainant.

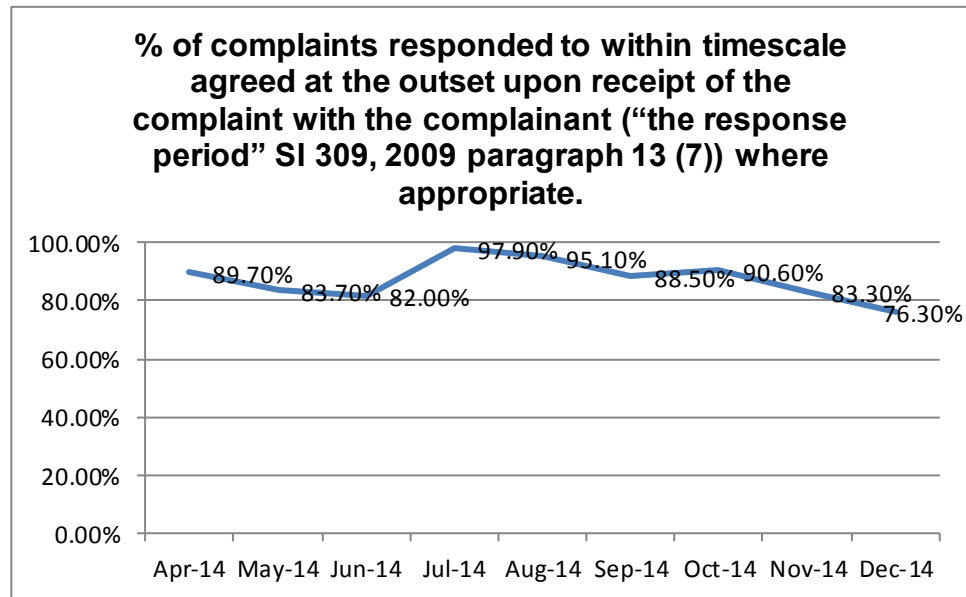
In December 2014, 76.3% of formal complaints were responded to within the time-frame that was agreed with the complainant. Of the fifty-nine complaints that were due to be completed in the month, forty-five were completed on time.

There have also been staffing issues within the Patient Experience Team which are now resolved.

Risks
 Performance had improved but in recent months has been on a downward trend which is affecting the YTD achievements.

Action Plan
 The following actions will be put in place to respond to this issue:

- monthly divisional performance reviews are in place with the Executive Team monitoring performance
- the monthly complaints investigation training is continuing and will be re-advertised to ensure that all complaint responders attend
- the Patient Experience Matron is undertaking a LEAN project in respect of dissatisfied complainants with the aim of improving performance
- Patient Experience Team is up to full complement in January 2015



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Kate Provan
Lead Organisation:	UHSM	Performance & Quality Lead:	Kate Provan

DOMAIN / STRATEGIC PRIORITY

Measures: **Stroke**
 Indicator Name: **Quality stroke care - patients who spend at least 90% of their inpatient stay on a stroke unit**
 * Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
	80.0%	76.5%	73.3%	Worse	Fail	Medium	£100 financial penalty per breach

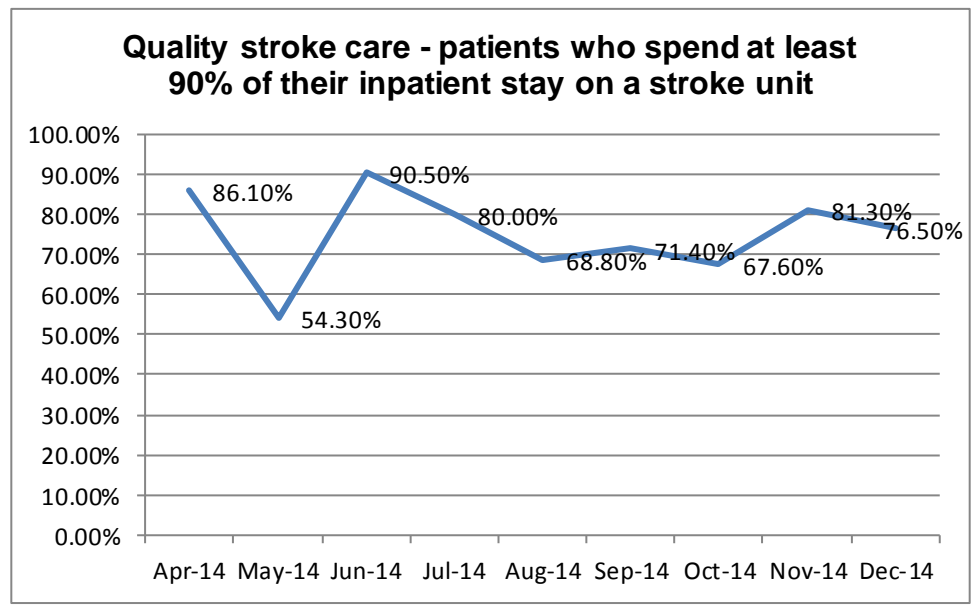
Issue
 In December, following a stroke 76.5% of patients spent 90% of their hospital stay on the Stroke Unit.

Risks
 £100 financial penalty per breach below threshold.
 During busy periods, the trust is unable to ring fence stroke beds for patients admitted following a stroke.

Delivery of the stroke performance standards often mirrors overall ED performance as patients wait longer to be seen in ED and bed availability is variable due to non-stroke patients being lodged onto the Stroke Unit.

Action Plan
 The Trust has:

- re-issue the Stroke Bed Escalation Policy to reduce utilisation of stroke beds for non-stroke patients
- increased utilisation of the Wellington Unit to maximise use of ward F15 for new stroke admissions.
- The new GM stroke model is due to go live in April 2015.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Jane Melvin
Lead Organisation:	UHSM	Performance & Quality Lead:	Sarah Griffiths

Section4 - CMFT Exception Reports

DOMAIN / STRATEGIC PRIORITY

Measures: **Ambulance**

Indicator Name: **Compliance with Recording Patient Handover between Ambulance and A&E**

* Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
80.7%	95.0%	78.0%	80.8%	Worse	Fail	High	None in 2014/15

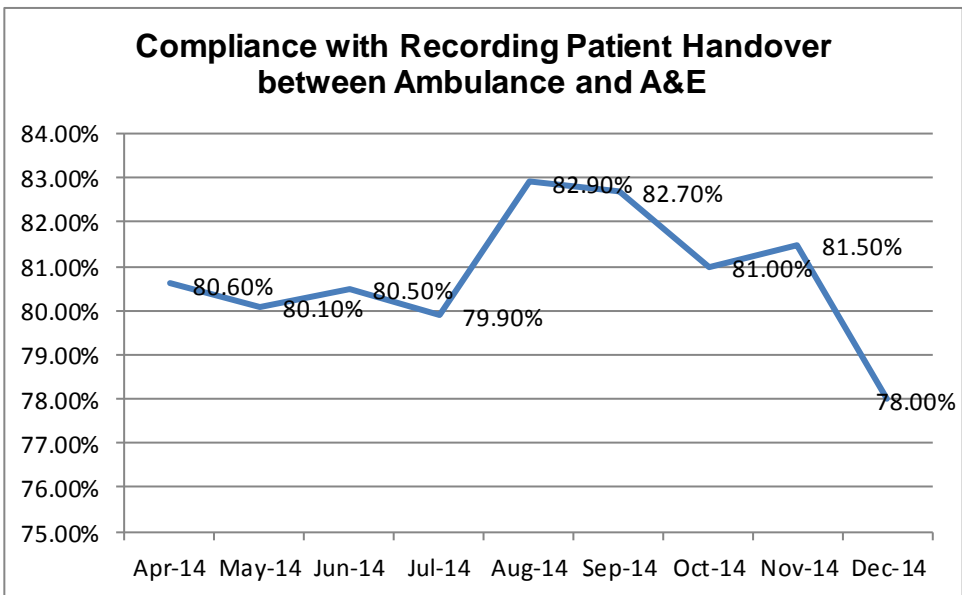
Issue
Greater Manchester providers are working with NWAS, to ensure that ambulance handovers are recorded correctly in 95% of cases and the length of time taken to handover is kept to a minimum.

In December, the Trust recorded 78.0% of ambulance handovers correctly; this is against a target of 95%. 197 handovers were completed in excess of an hour.

Risks
The Trust is working with the CCG and NWAS to understand whether the 95% target is realistic, Trusts across GM have plateaued in the area of 80%.

Action Plan
The following actions have been put in place to respond to this issue:

- The Trust has identified a lead manager to ensure the recording of ambulance handover times is accurate.
- The Trust has work directly with NWAS to identify those patients whose handovers are in excess of 60 minutes. A route cause analysis (RCA) is completed for this group of patients and key themes shared at the System resilience Group (SRG).
- The Performance and Quality Team has prioritised this as an area requiring performance improvement and will be working with the Trust.



Back on Trajectory by:	31 st March 2015	Commissioner Lead:	Blackpool CCG
Lead Organisation:	CMFT	Performance & Quality Lead:	Jason Hughes

Section4 - CMFT Exception Reports

DOMAIN / STRATEGIC PRIORITY

Measures: **A&E Waiting Times**
 Indicator Name: **Percentage of Patients spending 4 hours or less in A&E**
 * Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
95.1%	95.0%	91.2%	93.9%	Worse	Fail	High	Contractual penalties apply

Issue
 Providers are to ensure that 95% of patients arriving at A&E are seen and treated within 4 hours.

The urgent care system at CMFT has been under extreme pressure. Analysis suggests that performance has been affected by a range of factors, including:

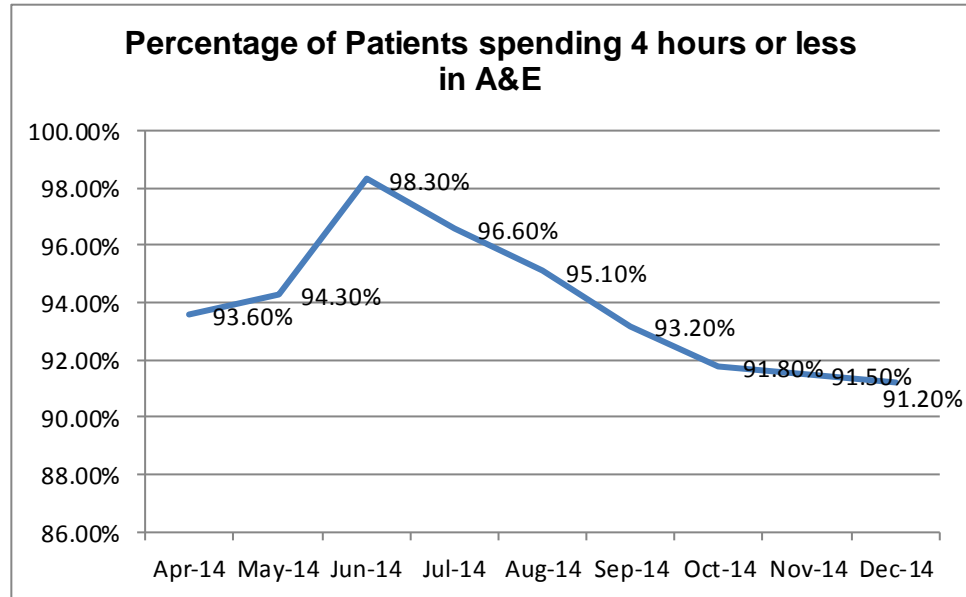
- High attendances. Trust-wide higher A&E attendances.
- High acuity of attendees. The MRI has seen a 9.7% rise in red and amber care groups, when compared to the same period in 2013.
- Rising ambulance presentations. Ambulance arrivals at the MRI increased by approximately 2.8%.
- Increasing emergency admissions. Trust wide (when adjusted for the Trafford new deal model), emergency admissions have been approximately 10.3% higher

CMFT Failed Quarter 3 with performance of 91.52%

Risks
 Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold. To the extent that the number of breaches exceeds 8% of A&E attendances in the relevant month, no further consequence will be applied in respect of the month.

Action Plan
 The following actions have been put in place to respond to this issue:

- A trajectory for recovery during Q4 has been developed and shared as part of the tri-partite meeting held in December with the Trusts and CCG. It is heavily reliant on extra capacity which can be provided physically but clinical nurse recruitment will be the key challenge.



Action Plan (continued)

- The CCG and Trust have agreed to step up the Urgent Care Operation Group Meeting (Health Economy Group) to weekly and the CCG has representation on MRI's Winter Group meeting.
- The Trust has recently undertaken a "perfect week" exercise (described in more detail overleaf). The key finding will be shared with the CCG.

Back on Trajectory by:	31 st March 2015	Commissioner Lead:	Stef Cain
Lead Organisation:	CMFT	Performance & Quality Lead:	Jason Hughes

PERFECT WEEK – Thursday 5th February 2015 to Wednesday 11th February 2015

The trust is currently facing significant operational difficulties across the MRI caused by a significant increase in the demand for acute care. The increase in demand has resulted in high occupancy rates, high and sustained escalation, patients in the “wrong” beds not best placed to deal with their health issues, crowding in assessment units, longer lengths of stay and cancellations for elective surgery. All of these issues are detrimental to the excellent care and safety that we strive to provide for our patients; they also add further pressure on our staff, which if not contained will have a lasting and damaging effect on morale.

What is the Perfect Week?

It is aimed at addressing issues that prevent the Trust from providing excellent care and ensuring safety for our patients e.g. pressure on our staff. The Trust will implement an initiative (“Perfect Week”) to generate energy for change by doing things differently to support “patient flow” and consequently improve patient experience, safety and staff engagement.

Why are they doing this?

The purpose of this is to extend senior medical review to ensure that each MRI ward has a daily consultant ward round and afternoon board round to ensure that:

- Patients are able to get to the next step in their journey more quickly
 - Patients are more likely to be admitted to the appropriate ward
 - Delays in transferring to an inpatient bed will be reduced
 - Non-clinical inter-ward transfers will be reduced
 - Systems will be less frustrating and confusing for patients, relatives and carers
 - Less time in hospital means less risk of harm
 - Increase in overall and timeliness of discharge
- Why is improving patient flow important for staff?**
- Lower bed occupancy is required to enable patient flow
 - The aim is to have no (or significantly less) outliers (patients in the wrong specialty wards)
 - Patients should benefit from improved care received in a timely manner in the right environment
 - Patients should benefit from a well-planned, timely discharge
 - Staff will benefit from being able to provide patients with the specialist care for their needs
 - Staff will have all the information they need to ensure care is delivered appropriately
 - Staff will be able to deliver real time, accurate information to the Command Centre
 - The Trust will benefit from meaningful information enabling capacity to be effectively managed.

The main aims of the week are to:

- Allow clinical staff more time to focus on clinical duties
- Enable support services to provide a rapid response to clinical departments
- Recalibrate (or reset) the system
- Benefit from improved patient flow throughout the MRI
- Free up capacity earlier in the day (to prevent bottlenecks)
- Test some of the new measures introduced through the winter plan such as Ambulatory Emergency Care, discharge lounge, new escalation policy and command centre, 5 steps to discharge processes and transfer between the MRI and Trafford sites.

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Section4 - CMFT Exception Reports

DOMAIN / STRATEGIC PRIORITY

Measures: **Diagnostic Test Waiting Times**

Indicator Name: **The Percentage of Patients waiting 6 weeks or more for a Diagnostic Test (15 Key Diagnostic Tests)**

* Good performance is Lower than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
1.5%	1.0%	1.5%	2.0%	Unchanged	Achieve	Medium	£200 per breach above the tolerance

Issue

Providers are required to ensure that no more than 1% of patients are waiting in excess of 6 weeks for diagnostic tests when a snapshot of those waiting is taken at the end of every month.

In December, 1.5% of patients were waiting over 6 weeks for diagnostic tests. This was, in the main, due to excessive waits in children's services.

Tests that breached in the month are;

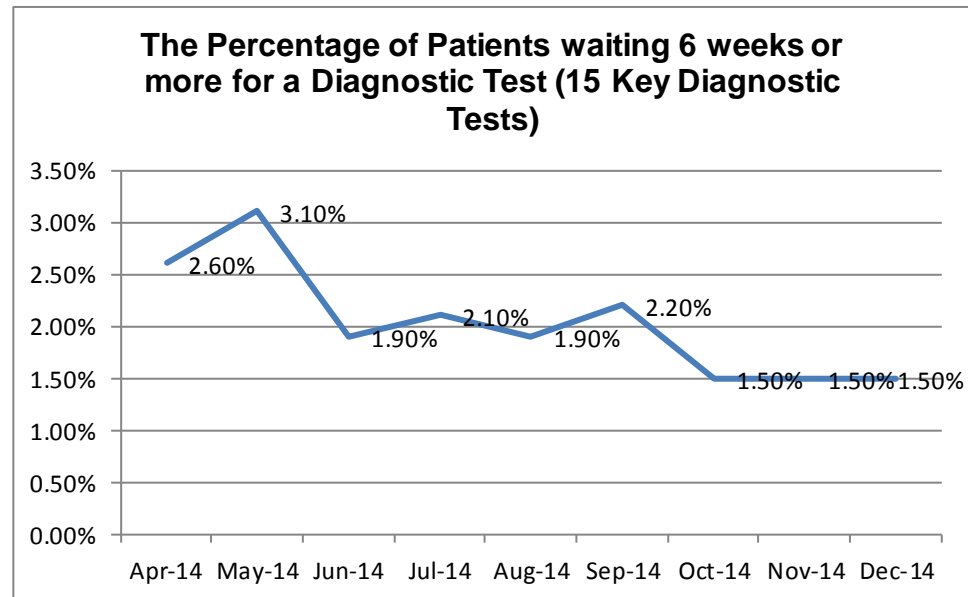
- MRI – 1.1%
- Urodynamics – 15.0%
- Colonoscopy – 11.5%
- Cystoscopy – 22.1%
- Gastroscopy – 5.9%

Risks

Where the number of breaches in the month exceeds the tolerance permitted by the threshold, a financial penalty of £200 per breach is incurred by the Trust.

Action Plan

Recovery plans are in place the Trust is to confirm the date this will be back on track by the end of January 2015.



Back on Trajectory by:	31 st February 2015	Commissioner Lead:	Sarah Fletcher
Lead Organisation:	CMFT	Performance & Quality Lead:	Zoe Mellon

Section4 - CMFT Exception Reports

DOMAIN / STRATEGIC PRIORITY

Measures: **Cancer 62 day waits**

Indicator Name: **Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of Referral from an NHS Cancer Screening Service**

* Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Nov-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
90.4%	90.0%	33.3%	77.5%	Worse	Fail	Medium	£1000 per breach (quarterly)

Issue
 The Trust is required to ensure that 90% of patients on a cancer pathway, referred from screening services receive their first definitive treatment within 62 days.

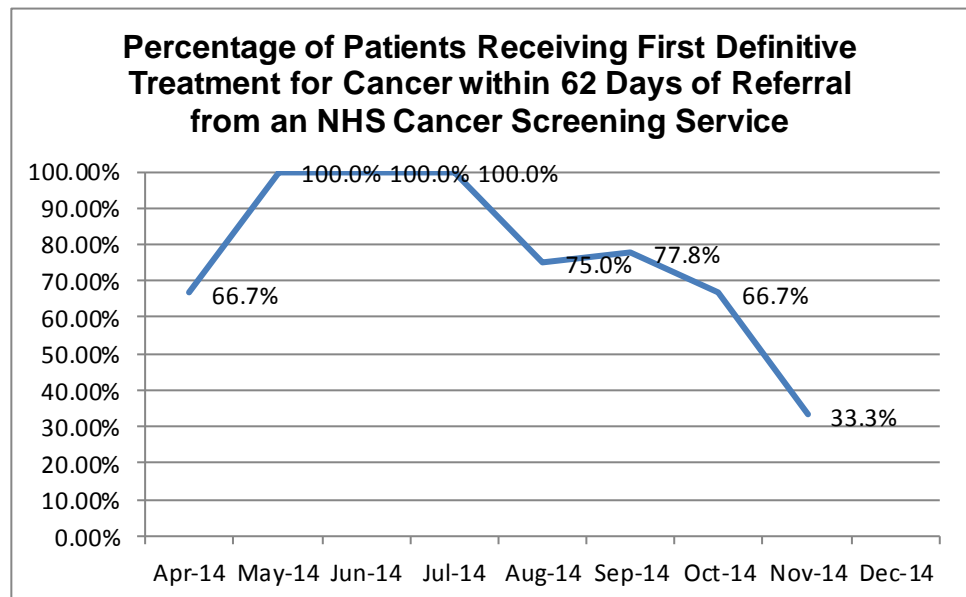
For November, the Trust performance was 33.3%; this was due to a single breach.

The reason for the breach was because the patient was referred out from CMFT to UHSM on day 34. The patient was deferred at one MDT at UHSM because they didn't have the histology; it was then found to be inconclusive at the next MDT. The patient then went into a redo scope but this histology was also not conclusive. Unfortunately UHSM could then not fit the patient in for surgery until after the breach date - the positive histology only came after surgery.

Risks
 The Trust will be fined £1,000 for each breach above that threshold on a quarterly basis.

Action Plan
 The following actions will be put in place to respond to this issue:

- A more in-depth performance monitoring tool is under development which will allow the CCG to have access to more comprehensive data relating to breaches. This will include the length of time patients wait for their treatment and the reasons for breaches.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	City Wide
Lead Organisation:	CMFT	Performance & Quality Lead:	Zoe Mellon

Section4 - CMFT Exception Reports

DOMAIN / STRATEGIC PRIORITY

Measures: **Stroke**
 Indicator Name: **Quality stroke care - patients who spend at least 90% of their inpatient stay on a stroke unit**
 * Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Nov-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
82.7%	80.0%	61.3%	70.2%	Worse	Fail	High	£100 financial penalty per breach.

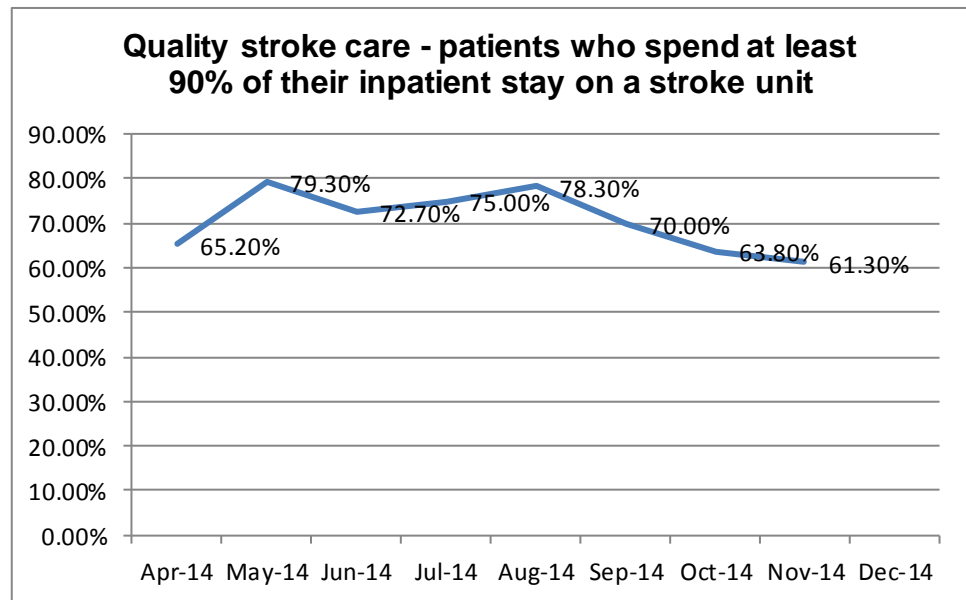
Issue
 Providers are required to ensure at least 80% of patients admitted to hospital following a stroke spend 90% of their stay on a stroke ward.

In November the Trust achieved 61.3% against the 80% target. Of a total of 31 patients 19 spent at least 90% of their inpatient stay on a stroke unit.

Risks
 £100 financial penalty per breach below threshold.
 During busy periods, the trust is unable to ring fence stroke beds for patients admitted following a stroke.

Action Plan
 The following actions will be put in place to respond to this issue:

- CMFT is working with partner providers to understand the operational implications of the new Greater Manchester (GM) model, and to develop appropriate clinical protocols within the new model, for example for those who experience inpatient strokes.
- The new GM stroke model is due to go live in April 2015, and this will have a significant impact on the flow of patients across Greater Manchester. This has the potential to improve how and when patients access the stroke units at CMFT, and this will be kept under close review once the new model goes live.
- A CQUIN has been developed to incentivised improvements to the service.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Sarah Fletcher
Lead Organisation:	CMFT	Performance & Quality Lead:	Sarah Griffiths

Section4 - CMFT Exception Reports

DOMAIN / STRATEGIC PRIORITY

Measures: **Stroke**

Indicator Name: **Quality stroke care - proportion of high risk TIA cases investigated and treated within 24 hours**

* Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
55.9%	60.0%	40.0%	50.0%	Worse	Achieve	Medium	£100 financial penalty per breach.

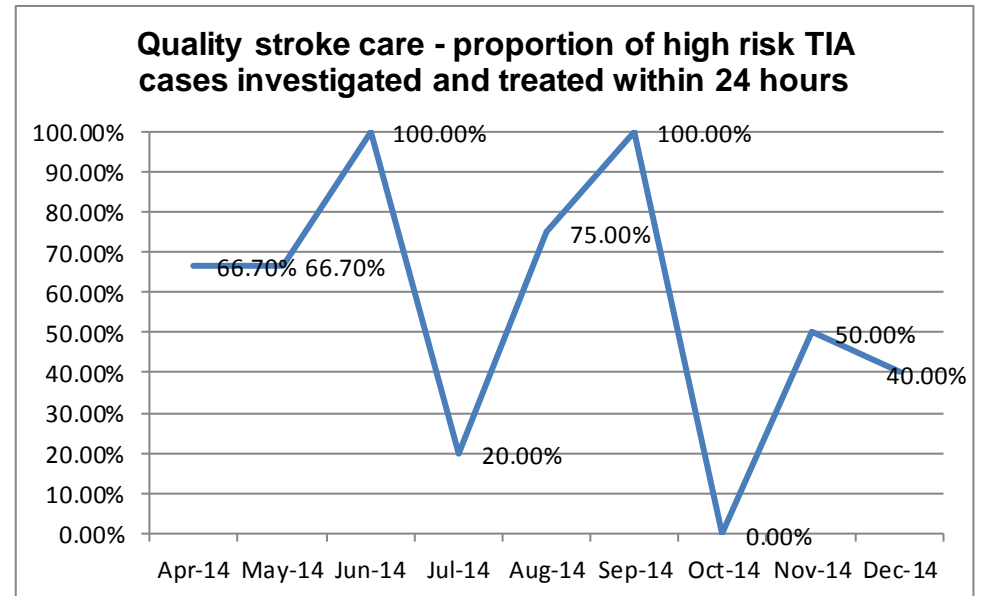
Issue
Providers are to ensure all high risk TIA patients have access to the service within 24 hours of diagnosis.

In December there were 4 out of 10 reported cases, not seen within the standard.

Risks
£100 financial penalty per breach below threshold.

Action Plan
The following actions will be put in place to respond to this issue:

- The CCG is working with CMFT to develop a discreet piece of work to improve the management of high risk TIAs at the Trust. The intention is to progress this work in Q4 of 2014/15, with a view to increasing the proportion of cases which are treated in an outpatient setting and within 24 hours.
- CMFT is working with partner providers to understand the operational implications of the new model, and to develop appropriate clinical protocols within the new model, for example for those who experience inpatient strokes.



Back on Trajectory by:	Tuesday, 31 March 2015	Commissioner Lead:	Sarah Fletcher
Lead Organisation:	CMFT	Performance & Quality Lead:	Sarah Griffiths

Section4 - CMFT Exception Reports

DOMAIN / STRATEGIC PRIORITY

Measures: **Pharmacy**

Indicator Name: **All patients on wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 24 hours of admission and have the following data recorded on admission: (Where no 24 hour pharmacy, locally agree timeframe)**

- A list of all medicines currently prescribed inc OTC (if known)
- Dose, frequency, formulation and route of all medicines listed
- Known allergies and any recorded intolerances

* Good performance is Higher than target *

2013/14 Value	2014/15 Target	Actual Dec-14	Actual YTD	Direction of travel	Forecast	Risk	Financial Consequences
N/A	95.0%	81.6%	71.6%	Improved	Fail	High	No financial consequences

Issue

95 % of patients on wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 24 hours of admission.

In December was 81.6% and year to date performance at 71.6%

Risks

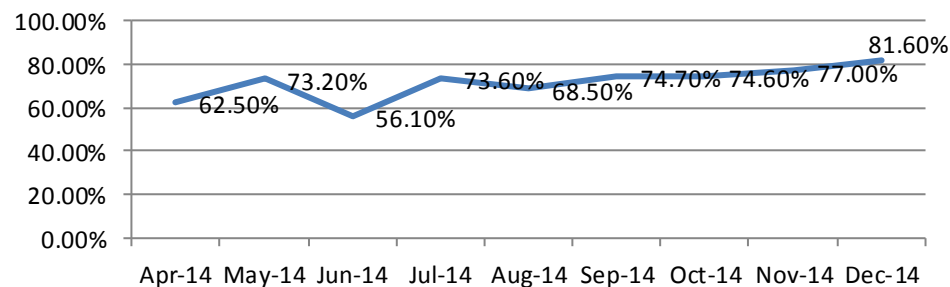
It is seen as highly unlikely that the trust will achieve this indicator as they have only achieved above 80% on one occasion this year.

Action Plan

The following actions will be put in place to respond to this issue:

- The trust is looking at developing a trajectory for 2015/16 that will help the work towards the 95% target in the coming year.

All patients on wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 24 hours of admission and have the following data recorded on admission: (Where no 24 hour pharmacy, locally agree timeframe)
- A list of all medicines



Back on Trajectory by:	TBC	Commissioner Lead:	TBC
Lead Organisation:	CMFT	Performance & Quality Lead:	Kate Provan

4.0 PENNINE CARE FOUNDATION TRUST (PCFT) – TRAFFORD COMMUNITY SERVICES

4.1 PCFT has reported a number of under-performing areas. The main areas of concern are outlined below.

Mandatory Training

4.2 PCFT has put in place a robust action plan to increase the number of staff undertaking mandatory training and ensure this is reported correctly. There has been a steady improvement.

4.3 The CCG has asked for a review of the action plan to ensure that full compliance is achieved by the end of quarter 4.

Ear Care

4.4 Patient appointment within 2 weeks of referral – 88% of patients referred to the ear care service was seen within 2 weeks against a target of 95%.

4.5 This represents a significant and reflects the additional investment made in this service.

Urgent and Intermediate Care Services

4.6 The service is undertaking a review of patients on their caseload who were admitted to hospital. This will be shared with the CCG when it is completed.

4.7 The service is reporting 74% of patients referred to District Nursing are contacted within 3 days against a target of 80%. Moving forward, the service has developed management reports to ensure backlogs do not build up in future. The service and the CCG are undertaking a review of this service. Good data quality is vital in facilitating capacity and demand analysis.

4.8 The service will also benefit from the roll-out of the single point of access central booking system. This service model will improve compliance with the Trust's access policy and triage protocols.

Pulmonary Rehabilitation

4.9 No patients are seen within 8 weeks of referral and 59% of patients are completing the course against a target of 70%. There are currently:

- 122 Patients waiting over 18 weeks
- DNA rate of 9.3
- Service Cancellations 0.4%

4.10 The provider has been given additional funding to recruit additional staff on a

non-recurring basis to address the backlog. There should see a slow but steady rise in activity over the next month as patients go through assessment and into classes.

4.11 The CCG has asked for an evaluation of the success of the classes. This will be shared with the Board when it has been received.

4.12 A review of the respiratory pathway will be taking place in April.

5.0 QUALITY RISKS AND CONCERNS - UHSM AND CMFT

5.1 This section provides the governing body with an update on the main quality concerns at UHSM and CMFT.

UHSM - Care Quality Commission Intelligent Monitoring Report

Issue:

5.2 The publication of the CQC IMR in December 2014 (where UHSM remained at a Band 2) and other quality concerns (such as the two never events reported in quarter 3) led SMCCG and TCCG met with UHSM to discuss quality and seek further assurances in relation to the areas identified as risks both in the CQC IMR and by the CCG. Areas where UHSM is an outlier in relation to mortality were identified within this report and discussed.

Assurance:

5.3 Following on from this, a single item risk summit was called on the 19th of January 2015. At this meeting the CCG had the opportunity to comment on the action plan that UHSM had developed and request further assurances in relation to areas of concern.

5.4 It was agreed at this meeting that UHSM would update the CQC IMR action plan to ensure that it included all of the areas of risk as identified at this meeting.

5.5 UHSM engaged positively in this process and have produced a detailed action plan in relation to the CQC IMR and the other concerns identified.

Action:

5.6 As agreed at the single item risk summit the CCG is to attend UHSM's Quality Assurance Committee where the action plan will be updated on regular basis.

5.6 The first meeting of the UHSM Quality Assurance Committee that the CCG will attend is on the 20th of February 2015. The SMCCG Clinical Lead for Quality and Performance and SMCCG/ TCCG Associate Director of Performance and Quality are intending to attend this.

5.7 This will be reported on and updated on at the Quality and Performance Committee until all actions have been completed.

Serious incidents involving liaison at UHSM between UHSM and mental health providers

Issue:

- 5.8 In the last 2-3 months there have been a series of high profile inquests that have highlighted concerns in relation to the interface of UHSM with providers of mental health services within the hospital setting.
- 5.9 These inquests have been in relation to patients who died in 2009, 2012 and 2013.
- 5.10 UHSM and providers of mental health services within the provider have been issued with a prevention of future deaths report (PFD). These reports replaced what was known as the Rule 43s issued by the coroner that were issued following an inquest. Unlike the Rule 43s these PFDs can be issued at any stage of the inquest process.
- 5.11 This PFD was issued mainly in response to concerns in relation to the interface of UHSM with providers of mental health services within the hospital setting.

Assurance:

- 5.12 UHSM is facilitating a meeting between themselves, providers of mental health services and the CCG in response to this PFD with the aim of developing a joint action plan.

Action:

- 5.13 The Performance and Quality Team are undertaking a review of the historic serious incidents to support this. A further update will be provided to board following the meeting at UHSM in respect of this issue
- 5.14 This section provides the governing body with an update on the main quality concerns at CMFT.

CMFT - Care Quality Commission Intelligent Monitoring Report

Issue:

- 5.15 CMFT remain at Band 4 in respect of the CQC IMR.

Assurance:

- 5.16 The CCG have received an action plan in relation to this.

Action:

- 5.17 This will be reported on and updated on at the Quality and Performance Committee until all actions have been completed.

6.0 RECOMMENDATION

- 6.1 The Governing Body is asked to note the issues raised in relation to performance and quality.

2014-15: Everyone Counts Scorecard - Trafford CCG

Performance Reporting Month: Feb-2015

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
					Target	Actual	Period Used															
																						Q1 14-15
EA1	Potential Years of Life Lost (PYLL)	Potential years of life lost (PYLL) from causes considered amenable to healthcare	2205.40	2083.14				Due Sep 15														
EA2	Long Term Conditions	Health-related quality of life for people with long-term conditions	53.2%	75.1%				Due Sep 15														
EA3	Mental Health Measures	IAPT Roll-Out	14.7%	15.0%	9.0%	9.6%	YTD			3.5%			3.0%				3.1%				YTD Fig is sum of quarters	
EA4	Emergency Admissions	Composite measure on emergency admissions	2293.70	1996.40						Due Jan 15												
EA4(i)	Emergency Admissions	Composite measure on emergency admissions - (*LOCAL DATA*)	New	1,996																		
EA5	Patient Experience of Hospital Care	Patient experience of hospital care - 'Poor' patient experience of inpatient care	Not Avail.	130.34				See note >													National publication timetable is not yet available. No local in-year data is available.	
EA6a	Friends and Family Test	Friends and Family Test Score: CMFT (Combined)	68			65	Latest Month		65	64	66	68	68	62	67	66	65				Publication date for national targets has not been released.	
EA6b	Friends and Family Test	Friends and Family Test Score: UHSM (Combined)	64			71	Latest Month		69	72	71	72	75	77	77	75	71				Publication date for national targets has not been released.	
EA6d	Friends and Family Test	Response Rate: CMFT (Combined)	23.6%			21.9%	Latest Month		19.2%	19.9%	27.5%	25.2%	26.2%	24.8%	24.4%	24.3%	21.9%				Publication date for national targets has not been released.	
EA6e	Friends and Family Test	Response Rate: UHSM (Combined)	23.3%			28.6%	Latest Month		23.9%	26.8%	23.6%	25.9%	27.3%	27.4%	30.9%	28.6%	28.6%				Publication date for national targets has not been released.	
EA6g	Friends and Family Test	Friends and Family Test Score: CMFT (A&E)	64			61	Latest Month		61	60	63	66	65	59	64	63	61				Publication date for national targets has not been released.	
EA6h	Friends and Family Test	Friends and Family Test Score: CMFT (Inpatient)	80			73	Latest Month		75	76	71	69	73	71	72	71	73				Publication date for national targets has not been released.	
EA6s	Friends and Family Test	Friends and Family Test Score: CMFT (Maternity)	New			68	Latest Month		80	74	77	78	71	80	75	81	68				Awaiting national guidance on roll-out and target methodology.	
EA6i	Friends and Family Test	Friends and Family Test Score: UHSM (A&E)	47			58	Latest Month		53	58	56	50	58	66	64	63	58				Publication date for national targets has not been released.	
EA6j	Friends and Family Test	Friends and Family Test Score: UHSM (Inpatient)	77			78	Latest Month		80	80	81	82	82	82	82	81	78				Publication date for national targets has not been released.	
EA6t	Friends and Family Test	Friends and Family Test Score: UHSM (Maternity)	New			92	Latest Month		92	91	89	88	87	87	93	91	92				Awaiting national guidance on roll-out and target methodology.	
EA6k	Friends and Family Test	Response Rate: CMFT (A&E)	21.7%	20.0%	17.5%	19.6%	Latest Month		19.2%	19.4%	23.3%	20.7%	23.3%	24.2%	23.0%	21.7%	19.6%					
EA6l	Friends and Family Test	Response Rate: CMFT (Inpatient)	30.5%	30.0%	27.5%	34.2%	Latest Month		20.2%	23.2%	48.1%	44.1%	39.5%	32.0%	35.0%	35.1%	34.2%					
EA6v	Friends and Family Test	Response Rate: CMFT (Maternity)	New			11.4%	Latest Month		15.5%	14.3%	10.7%	15.5%	18.9%	11.4%	7.4%	19.7%	11.4%				Awaiting national guidance on roll-out and target methodology.	
EA6m	Friends and Family Test	Response Rate: UHSM (A&E)	17.2%	20.0%	17.5%	20.6%	Latest Month		17.6%	17.3%	16.1%	14.3%	13.4%	15.7%	18.6%	20.2%	20.6%					
EA6n	Friends and Family Test	Response Rate: UHSM (Inpatient)	32.4%	30.0%	27.5%	40.3%	Latest Month		33.2%	42.2%	36.5%	43.7%	47.2%	45.0%	48.3%	40.1%	40.3%					

2014-15: Everyone Counts Scorecard - Trafford CCG

Performance Reporting Month: Feb-2015

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
					Target	Actual	Period Used														
					Q1 14-15																
EA6w	Friends and Family Test	Response Rate: UHSM (Maternity)	New			20.9%	Latest Month		24.4%	22.5%	14.6%	20.1%	30.8%	16.8%	20.8%	26.9%	20.9%				Awaiting national guidance on roll-out and target methodology.
EA7i	Patient Experience of Primary Care	Poor patient experience of GP Services	3.5%	4.4%				Due Jul 15													National publication date is not yet available.
EA7ii	Patient Experience of Primary Care	Poor patient experience of GP Out of Hours	13.9%	4.4%				Due Jul 15													National publication date is not yet available.
EA7ii(L)	Patient Experience of Primary Care	Poor patient experience of GP Out of Hours - (*LOCAL DATA*)	New	4.4%				See note >													Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
EA8	Patient Safety Measure	Hospital deaths attributable to problems in care	New					See note >													Indicator under development
EA9a	Patient Safety Measure	Improving the reporting of medication-related safety incidents (CMFT)	New	2.5%	2.5%						8.1%			4.5%							
EA9b	Patient Safety Measure	Improving the reporting of medication-related safety incidents (UHSM)	New	5.0%																	
EAS1(i)	Dementia	Estimated diagnosis rate for people with dementia - (i)	51.2%	67.2%	67.2%									60.0%	54.9%	56.2%	59.4%				HSCIC Data
EAS1(ii)	Dementia	Estimated diagnosis rate for people with dementia - (ii)	51.2%	67.2%	67.2%	56.4%	YTD		54.4%	55.1%	56.3%	55.5%	55.6%	60.3%	54.8%	56.2%	59.4%				Data sourced from Primary Care Web Tool Dementia Calculator
EAS2	Mental Health Measure	IAPT Recovery Rate	49.0%	50.0%	50.0%	59.0%	YTD				60.3%			57.6%							Data due 16 Feb
EAS3	Re-ablement Measure	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	New	78.3%				Due Sep 15													
EAS4a	HCAI	Healthcare acquired infection (HCAI) measure (MRSA) - AVOIDABLE	0	0	0	0	YTD		0	0	0	0	0	0	0	0	0				Assigned cases only
EAS4b	HCAI	Healthcare acquired infection (HCAI) measure (MRSA) - UNAVOIDABLE	New	0	0	0	YTD		0	0	0	0	0	0	0	0	0				
EAS5	HCAI	Healthcare acquired infection (HCAI) measure (clostridium difficile infections) - All Cases	New	59	46	53	YTD		5	8	8	7	5	2	7	4	7				
EB6	Cancer 2 Week Waits	All cancer two week wait	97.4%	93.0%	93.0%	95.7%	YTD		96.3%	96.8%	94.4%	96.6%	94.0%	96.3%	96.1%	95.1%	95.5%				
EB7	Cancer 2 Week Waits	Two week wait for breast symptoms (where cancer was not initially suspected)	98.4%	93.0%	93.0%	97.7%	YTD		100.0%	95.4%	99.0%	97.5%	96.3%	97.5%	96.9%	98.0%	99.0%				
EB8	Cancer 31 Day Waits	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')	98.9%	96.0%	96.0%	99.0%	YTD		98.9%	98.5%	100.0%	100.0%	97.7%	97.6%	100.0%	99.0%	98.7%				
EB9	Cancer 31 Day Waits	31-day standard for subsequent cancer treatments-surgery	97.6%	94.0%	94.0%	98.5%	YTD		94.4%	100.0%	100.0%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%				
EB10	Cancer 31 Day Waits	31-day standard for subsequent cancer treatments-anti cancer drug regimens	100.0%	98.0%	98.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
EB11	Cancer 31 Day Waits	31-day standard for subsequent cancer treatments-radiotherapy	99.3%	94.0%	94.0%	99.5%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%				
EB12	Cancer 62 Day Waits	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	87.5%	85.0%	85.0%	90.2%	YTD		91.7%	84.4%	86.8%	93.8%	95.5%	85.7%	85.7%	96.2%	87.1%				

2014-15: Everyone Counts Scorecard - Trafford CCG

Performance Reporting Month: Feb-2015

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
					Target	Actual	Period Used															
					Q1 14-15																	Q2 14-15
EB13	Cancer 62 Day Waits	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	95.9%	90.0%	90.0%	98.6%	YTD		91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
EB14	Cancer 62 Day Waits	Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	89.9%	85.0%	85.0%	92.3%	YTD		100.0%	87.5%	88.9%	93.3%	84.6%	83.3%	100.0%	100.0%	93.8%					
EB15i	Ambulance Clinical Quality	Ambulance clinical quality - Category A (Red 1) 8 minute response time	75.9%	75.0%	75.0%	69.9%	YTD		75.7%	73.4%	71.5%	68.5%	72.7%	71.5%	71.2%	68.0%	59.0%					
EB15ii	Ambulance Clinical Quality	Ambulance clinical quality - Category A (Red 2) 8 minute response time	77.4%	75.0%	75.0%	70.8%	YTD		75.3%	74.7%	73.2%	69.2%	72.1%	73.3%	73.7%	69.6%	58.5%					
EB16	Ambulance Clinical Quality	Ambulance clinical quality - Category A 19 minute transportation time	96.3%	95.0%	95.0%	93.8%	YTD		96.2%	95.6%	95.4%	94.2%	95.3%	95.1%	93.6%	93.1%	87.7%					
EB1	Referral to Treatment	The percentage of admitted pathways within 18 weeks for admitted patients whose clocks stopped during the period on an adjusted basis	93.4%	90.0%	90.0%	92.5%	YTD		93.7%	93.3%	91.8%	91.8%	92.1%	92.7%	92.4%	90.9%	93.7%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Neurology	New	90.0%	90.0%	50.0%	YTD									50.0%						
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Trauma & Orthopaedics	New	90.0%	90.0%	88.4%	YTD		89.6%	91.0%	87.8%	86.5%	88.5%	89.1%	89.0%	85.2%	89.6%					
EB2	Referral to Treatment	The percentage of non-admitted pathways within 18 weeks for non-admitted patients whose clocks stopped during the period	97.6%	95.0%	95.0%	96.5%	YTD		96.8%	96.6%	97.6%	96.7%	97.1%	96.2%	95.7%	95.6%	97.1%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Thoracic Medicine	New	95.0%	95.0%	96.7%	YTD		99.1%	96.5%	98.6%	97.7%	100.0%	97.6%	96.6%	92.5%	93.4%					
EB3	Referral to Treatment	The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	94.8%	92.0%	92.0%	94.7%	Latest Month		94.4%	94.9%	95.1%	94.9%	94.9%	94.7%	94.5%	94.9%	94.7%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Incomplete Pathways: SPECIALTY LEVEL - General Surgery	New	92.0%	92.0%	91.9%	Latest Month		92.9%	93.7%	94.0%	93.6%	93.8%	94.3%	93.3%	93.1%	91.9%					
EB4	Diagnostic Test Waiting Times	Diagnostic test waiting times	0.4%	1.0%	1.0%	1.1%	YTD		0.7%	1.1%	0.5%	0.5%	1.2%	1.7%	1.5%	0.7%	2.1%					
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - PERIPHERAL_NEUROPHYS	New	1.0%	1.0%	15.9%	YTD		8.0%	1.9%	No activity	2.0%	23.9%	23.2%	16.5%	0.0%	38.1%					
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - SLEEP_STUDIES	New	1.0%	1.0%	12.3%	YTD		5.0%	11.1%	0.0%	0.0%	25.0%	14.3%	16.7%	0.0%	40.0%					
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - URODYNAMICS	New	1.0%	1.0%	6.9%	YTD		4.3%	4.5%	0.0%	9.1%	0.0%	9.4%	18.5%	5.6%	4.0%					
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - COLONOSCOPY	New	1.0%	1.0%	8.8%	YTD		4.3%	5.7%	7.2%	5.4%	10.3%	15.3%	13.0%	6.1%	8.2%					
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - FLEXI_SIGMOIDOSCOPY	New	1.0%	1.0%	4.1%	YTD		0.0%	0.0%	0.0%	0.0%	2.6%	7.4%	6.2%	3.8%	10.2%					
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - CYSTOSCOPY	New	1.0%	1.0%	4.7%	YTD		5.1%	2.3%	3.7%	0.0%	7.4%	13.3%	7.3%	4.8%	3.0%					
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - GASTROSCOPY	New	1.0%	1.0%	6.7%	YTD		5.3%	3.8%	1.4%	2.6%	5.7%	14.9%	11.0%	7.3%	5.5%					
EB5	A&E Waiting Times	A&E waiting time - total time in the A&E department (≤ 4 hrs)	94.9%	95.0%	95.0%	93.4%	YTD		92.6%	93.3%	96.8%	95.5%	95.2%	94.6%	92.8%	92.2%	89.8%	91.1%				

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Performance Reporting Month: Feb-2015

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
					Target	Actual	Period Used															
					Q1 14-15																	Q2 14-15
EBS1	Mixed Sex Accommodation	Mixed Sex Accommodation (MSA) Breaches	0.08	0.00	0.00	0.00	YTD		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
EBS3	Mental Health Measures	Care Programme Approach (CPA): The proportion of people under adult mental illness specialities on CPA	98.3%	95.0%	95.0%	97.4%	YTD				96.7%			98.2%								
EBS4a	Referral to Treatment	The number of admitted pathways greater than 52 weeks for admitted patients whose clocks stopped during the period on an un-adjusted basis	11	0	0	3	YTD		1	1	0	1	0	0	0	0	0					
EBS4b	Referral to Treatment	The number of non-admitted pathways greater than 52 weeks for non-admitted patients whose clocks stopped during the period	2	0	0	1	YTD		0	0	0	1	0	0	0	0	0					
EBS4c	Referral to Treatment	The number of incomplete pathways greater than 52 weeks for patients on incomplete pathways at the end of the period	3	0	0	1	YTD		0	0	0	1	0	0	0	0	1					
EBS5	Trolley Waits in A&E	Trolley waits in A&E	New	0	0	0	YTD		0	0	0	0	0	0	0	0	0					
EBS6	Cancelled Operations	Urgent operations cancelled for a second time	New	0	0	0	YTD		0	0	0	0	0		0	0	0					

2014-15: Full Set of KPIs Scorecard - UHSM

Reporting Month: Feb-2015

Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
CB_A15a	HCAI	Overall Number of Cases of MRSA Bacteraemia - AVOIDABLE	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
CB_A15b	HCAI	Overall Number of Cases of MRSA Bacteraemia - UNAVOIDABLE	0	0	1	YTD	0	0	0	0	1	0	0	0	0					
CB_A16a	HCAI	Number of Cases of C. Difficile Caused by Lapse in Care - NHS Patients	39	26	7	YTD	1	0	0	1	0	1	4	0						Dec 14 awaiting verification
CB_A16b	HCAI	Overall Number of Cases of C. Difficile - NHS Patients	See Note		35	YTD	3	2	4	4	3	3	8	3	5					Targets not applicable
CB_A16c	HCAI	Number of Cases of C. Difficile Caused by Lapse in Care - in Intermediate Care	4	3	0	YTD	0	0	0	0	0	0	0	0	0					
CB_A16d	HCAI	Number of Cases of C. Difficile - in Intermediate Care (UNAVOIDABLE)	TBC	0	3	YTD	0	0	1	0	2	0	0	0	0					
CB_B1	Referral to Treatment	The Percentage within 18 weeks for Completed Admitted RTT Pathways	90.0%	90.0%	91.5%	YTD	91.9%	91.7%	90.0%	91.3%	91.0%	90.1%	92.3%	93.4%	92.0%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Cardiology	90.0%	90.0%	81.2%	YTD	80.7%	81.0%	87.9%	80.9%	77.7%	74.9%	79.4%	88.7%	80.8%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - General Surgery	90.0%	90.0%	84.4%	YTD	83.3%	84.4%	80.5%	83.1%	87.7%	83.5%	88.2%	86.0%	84.1%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Trauma & Orthopaedics	90.0%	90.0%	82.5%	YTD	84.6%	79.6%	74.7%	81.3%	83.4%	82.4%	85.6%	83.9%	86.4%					
CB_B2	Referral to Treatment	The Percentage within 18 weeks for Completed Non-Admitted RTT Pathways	95.0%	95.0%	96.2%	YTD	97.2%	97.0%	97.5%	96.8%	96.9%	95.5%	95.9%	95.0%	95.4%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Gastroenterology	95.0%	95.0%	92.7%	YTD	86.6%	95.2%	95.2%	92.7%	97.2%	93.4%	93.4%	86.8%	94.0%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Thoracic Medicine	95.0%	95.0%	91.4%	YTD	92.9%	94.7%	94.6%	92.4%	94.0%	89.3%	93.2%	86.9%	88.7%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Trauma & Orthopaedics	95.0%	95.0%	91.8%	YTD	89.9%	90.8%	95.1%	93.2%	95.7%	89.0%	88.0%	91.1%	94.6%					
CB_B3	Referral to Treatment	The Percentage within 18 weeks for Incomplete RTT Pathways	92.0%	92.0%	94.6%	YTD	95.3%	95.1%	95.4%	95.0%	95.2%	95.6%	95.0%	94.9%	94.6%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Incomplete Pathways: SPECIALTY LEVEL - General Surgery	92.0%	92.0%	91.1%	YTD	91.0%	90.9%	92.9%	93.1%	93.3%	92.6%	92.1%	91.5%	91.1%					
CB_S6c	Referral to Treatment	The Number of RTT Pathways > 52 weeks for Incomplete Pathways	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
CB_S7a	Ambulance Handover Time	Ambulance Handover Delays of over 30 minutes - Wythenshawe Hosp	0	0	828	YTD	131	92	72	79	53	40	93	65	203					Change of Historic Performance due to a review of our methodology
CB_S7b	Ambulance Handover Time	Ambulance Handover Delays of over 1 hour - Wythenshawe Hosp	0	0	142	YTD	32	23	17	7	5	1	13	4	40					Change of Historic Performance due to a review of our methodology
NWA1	Ambulance	Compliance with Recording Patient Handover between Ambulance and A&E	95.0%	95.0%	81.0%	YTD	80.2%	83.0%	82.1%	83.6%	86.1%	84.7%	78.5%	76.7%	74.0%					Change of Historic Performance due to a review of our methodology
CB_B5	A&E Waiting Times	Percentage of Patients spending 4 hours or less in A&E	95.0%	95.0%	92.6%	YTD	90.2%	90.5%	93.0%	92.2%	95.5%	98.1%	95.5%	93.8%	85.4%					Monthly reported figure has reverted to in-month (used to be YTD)
CB_B5Q	A&E Waiting Times	Percentage of Patients spending 4 hours or less in A&E	95.0%	95.0%	93.2%	YTD			91.3%			95.2%			91.5%					
CB_S9	Trolley Waits in A&E	Number of Patients who have waited over 12 hours in A&E from Decision to Admit to Admission	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
CB_S10	Cancelled Operations	Number of Urgent Operations Cancelled for a Second Time	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
CB_B4	Diagnostic Test Waiting Times	The Percentage of Patients waiting 6 weeks or more for a Diagnostic Test (15 Key Diagnostic Tests)	1.0%	1.0%	3.7%	YTD	1.7%	0.7%	0.8%	0.7%	3.4%	6.3%	7.3%	5.7%	5.5%					
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - DEXA_SCAN	1.0%	1.0%	1.1%	YTD	1.0%	0.6%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - PERIPHERAL_NEUROPHYS	1.0%	1.0%	33.8%	YTD	24.0%	6.0%	2.5%	8.6%	42.1%	43.2%	36.1%	47.9%	53.2%					
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - SLEEP_STUDIES	1.0%	1.0%	3.8%	YTD	9.5%	5.9%	0.0%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%					
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - URODYNAMICS	1.0%	1.0%	3.5%	YTD	6.7%	3.1%	3.3%	0.0%	0.0%	4.2%	6.4%	0.0%	6.7%					

2014-15: Full Set of KPIs Scorecard - UHSM

Reporting Month: Feb-2015

Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - COLONOSCOPY	1.0%	1.0%	13.5%	YTD		4.8%	3.7%	0.0%	2.4%	12.7%	25.9%	32.0%	14.5%	8.0%				
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - FLEXI_SIGMOIDOSCOPY	1.0%	1.0%	12.3%	YTD		0.0%	0.0%	1.0%	2.0%	10.9%	17.1%	23.9%	14.8%	22.3%				
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - CYSTOSCOPY	1.0%	1.0%	13.5%	YTD		12.9%	4.7%	10.7%	0.0%	16.7%	19.1%	20.9%	14.8%	16.0%				
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - GASTROSCOPY	1.0%	1.0%	13.4%	YTD		3.1%	2.4%	0.9%	2.3%	3.7%	30.1%	34.5%	21.7%	10.8%				
CB_B17a	Mixed Sex Accommodation	MSA Breach Number	0	0	0	YTD		0	0	0	0	0	0	0	0	0				
CB_B6	Cancer 2 Week Waits	Percentage of Patients seen within two weeks of an urgent GP Referral for Suspected Cancer	93.0%	93.0%	96.9%	YTD		97.1%	97.1%	96.2%	96.2%	96.9%	96.6%	98.2%	97.1%					
CB_B6Q	Cancer 2 Week Waits	Percentage of Patients seen within two weeks of an urgent GP Referral for Suspected Cancer	93.0%	93.0%	96.8%	YTD				96.8%										
CB_B7	Cancer 2 Week Waits	Evaluation/Investigation of "Breast Symptoms" seen within 14 Days	93.0%	93.0%	97.2%	YTD		99.4%	97.6%	96.9%	96.2%	97.3%	95.5%	97.5%	97.0%					
CB_B7Q	Cancer 2 Week Waits	Evaluation/Investigation of "Breast Symptoms" seen within 14 Days	93.0%	93.0%	98.0%	YTD				98.0%										
CB_B8	Cancer 31 Day Waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 31 days of a Cancer Diagnosis	96.0%	96.0%	98.5%	YTD		99.5%	98.6%	98.0%	97.7%	98.4%	98.5%	99.0%	98.1%					
CB_B8Q	Cancer 31 Day Waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 31 days of a Cancer Diagnosis	96.0%	96.0%	98.7%	YTD				98.7%										
CB_B9	Cancer 31 Day Waits	Percentage of Patients Receiving Subsequent Surgery within a maximum Waiting Time of 31 Days	94.0%	94.0%	98.0%	YTD		98.0%	100.0%	100.0%	93.3%	97.3%	100.0%	97.6%						
CB_B9Q	Cancer 31 Day Waits	Percentage of Patients Receiving Subsequent Surgery within a maximum Waiting Time of 31 Days	94.0%	94.0%	99.1%	YTD				99.1%										
CB_B10	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Anti-Cancer Drug Regimen within a maximum Waiting Time of 31 Days	98.0%	98.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
CB_B10Q	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Anti-Cancer Drug Regimen within a maximum Waiting Time of 31 Days	98.0%	98.0%	100.0%	YTD				100.0%										
CB_B11	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Radiotherapy Treatment within a maximum Waiting Time of 31 Days	94.0%	94.0%	n/a	YTD		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a					
CB_B11Q	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Radiotherapy Treatment within a maximum Waiting Time of 31 Days	94.0%	94.0%	n/a	YTD				n/a			n/a							
CB_B12	Cancer 62 day waits	Percentage of Patients receiving first definitive treatment for Cancer within 62 Days of an Urgent GP Referral for Suspected Cancer	85.0%	85.0%	86.4%	YTD		90.8%	91.1%	82.9%	85.2%	92.3%	80.0%	79.2%	91.1%					Data taken from 62 day Cancer Waiting Time Standard Performance Report
CB_B12Q	Cancer 62 day waits	Percentage of Patients receiving first definitive treatment for Cancer within 62 Days of an Urgent GP Referral for Suspected Cancer	85.0%	85.0%	86.1%	YTD				88.2%			85.6%							
CB_B13	Cancer 62 day waits	Percentage of Patients receiving first definitive treatment for Cancer within 62 Days of Referral from an NHS Cancer Screening Centre	90.0%	90.0%	99.3%	YTD		98.5%	100.0%	100.0%	100.0%	100.0%	97.9%	97.6%	100.0%					
CB_B13Q	Cancer 62 day waits	Percentage of Patients receiving first definitive treatment for Cancer within 62 Days of Referral from an NHS Cancer Screening Centre	90.0%	90.0%	99.5%	YTD				99.5%			99.5%							
CB_B14	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of a Consultant Decision to Upgrade	85.0%	85.0%	86.0%	YTD		90.5%	86.0%	84.4%	73.7%	83.3%	84.6%	93.3%	93.4%					
CB_B14Q	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of a Consultant Decision to Upgrade	85.0%	85.0%	83.1%	YTD				86.5%			80.1%							
CB_B18	Cancelled Operations	Number of Patients not offered another Binding Date within 28 days of a Cancelled Operation	0	0	11	YTD				1			5			5				
D05	Complaints	% of complaints responded to within timescale agreed at the outset upon receipt of the complaint with the complainant ("the response period") (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)	90.0%	90.0%	87.0%	YTD		89.7%	83.7%	82.0%	97.9%	95.1%	88.5%	90.6%	83.3%	76.3%				
No Ref01	VTE	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE	95.0%	95.0%	95.4%	YTD		95.1%	95.2%	95.2%	95.2%	95.2%	95.1%	96.3%	95.7%	95.8%				
LTC2	LTCs	Screening of patients with LTCs for anxiety/depression - COPD patients	B/Line Yr		49.6%	YTD		44.4%	40.3%	50.0%	36.1%	78.6%	57.9%	46.9%	59.5%	69.2%				
LTC3	LTCs	Self Care for Patients with LTCs - COPD patients	B/Line Yr		100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
RHB1	Readmissions	Readmissions within 28 days - COPD patients	B/Line Yr		9.9%	YTD		9.1%	15.0%	12.5%	11.1%	10.3%	11.1%	11.8%	7.7%	4.8%				Issue discussed re significant change before these figures can be considered

2014-15: Full Set of KPIs Scorecard - UHSM

Reporting Month: Feb-2015

Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
RHB3	Readmissions	No Admissions to hospital within 91 days of Referral - COPD patients	B/Line Yr		1.5%	YTD		0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	UHSM raised and discussed issues with Zoe Mellon
EXP2	Community Appointments	Wait from Referral to First community Assessment - 2 patient cohorts	B/Line Yr		3.20	YTD		3.10	3.10	3.50	See comme									Physio clinic has ceased. As a result we are identifying a new speciality to include in it's
STP1	Community: DNA	% Did not attend (DNA) rate for all clinic based appointments - 2 patient cohorts	B/Line Yr		28.5%	YTD		25.4%	25.0%	33.6%	See comme									Physio clinic has ceased. As a result we are identifying a new speciality to include in it's
STP2	Community: CNA	% Could not access (CNA) rate for all home based visits - 2 patient cohorts	B/Line Yr		2.8%	YTD		2.6%	3.0%	2.8%	See comme									Physio clinic has ceased. As a result we are identifying a new speciality to include in it's
GM05	Discharge Summaries	Discharge letters are to be received by the patients or within 24 hours of discharge (via GM ECC)		100.0%																
GM06	Stroke	Quality stroke care - patients who spend at least 90% of their inpatient stay on a stroke unit		80.0%	80.0%	73.3%	YTD	86.1%	54.3%	90.5%	80.0%	68.8%	71.4%	67.6%	81.3%	76.5%				
GM07	Stroke	Quality stroke care - proportion of patients arriving in a designated stroke bed within 4 hours of arrival		60.0%	60.0%	67.4%	YTD	75.0%	44.4%	90.9%	88.2%	67.9%	80.0%	65.0%	53.3%	75.0%				
GM08	Stroke	Quality stroke care - proportion of high risk TIA cases investigated and treated within 24 hours		60.0%	60.0%	71.5%	YTD	100.0%	90.0%	60.7%	71.4%	57.9%	80.0%	88.2%	54.5%	61.1%				
GM09a	Maternity	% Women who have seen a midwife or a maternity healthcare professional by 12 weeks and 6 days of pregnancy		90.0%	90.0%	94.9%	YTD	94.5%	95.6%	93.4%	90.2%	93.5%	97.0%	99.8%	93.8%	96.5%				
GM13	Pharmacy	All patients of wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 24 hours of admission		70.0%	70.0%	73.8%	YTD			74.9%			74.6%			71.9%				
GM14	Pharmacy	All patients of wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 48 hours of admission		75.0%	75.0%	81.1%	YTD			96.5%			81.0%			78.3%				
D06	Complaints	% of complaints acknowledged in 3 working days of the day following receipt of the complaint		90.0%	90.0%	96.2%	YTD			90.2%			97.9%			96.2%				
D07	Complaints	% of complaints where, following investigation, an action plan has been put in place, acted upon, completed within an agreed timescale		90.0%		None to report	YTD			None to			None to			None to				
D09	Delayed Transfers	Delayed transfers of care (lost bed days/nights) to be kept to a minimum level - NHS Only	TBC		3,799	YTD		334	343	381	530	460	369	341	334	707				NB - Report: Number of Days; NHS Only; Acute+Non-Acute
D02	Pharmacy	Evidence of a strategy to bring arrangements for homecare medicines in line with nationally agreed best practice	Yes	Yes	Yes	YTD							Yes			Yes				Awaiting further clarification from the CCG/CSU
D03	Pharmacy	Continue to improve compliance with provision of shared care protocols for amber drugs (amber drugs as defined in the CCG/CSU)	Yes	Yes		YTD										Yes				Awaiting further clarification from the CCG/CSU
No Ref02	Formulary	Formulary published	Yes	Yes		YTD														
No Ref03	Duty of Candour	Duty of Candour	0	0	0	YTD		0	0	0	0	0	0	0	0	0				
No Ref04	NHS Number	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS		99.0%	99.0%	99.7%	YTD	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.3%				
No Ref05	NHS Number	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS		95.0%	95.0%	98.2%	YTD	98.1%	98.2%	98.0%	98.0%	97.9%	98.2%	98.3%	98.4%	98.2%				
E02	Choose & Book	Slot Issues	B/Line Yr																	Available via the Choose & Book website. CCGs to retrieve themselves.
E09	UM Review	Perfect Week																		Review complete. Awaiting final report.
E10	UM Review	Ward Based Point Prevalence																		Review complete. Awaiting final report.
QA5.1	Friends and Family Test	FFT Score - A&E			58	Latest Month		53	58	56	50	58	66	64	63	58				
QA5.2	Friends and Family Test	FFT Score - Inpatient			78	Latest Month		80	80	81	82	82	82	82	81	78				
QA5.3	Friends and Family Test	FFT Score - Outpatient																		
QA5.4	Friends and Family Test	FFT Score - Daycase																		
QA5.5	Friends and Family Test	FFT Score - Maternity - Birth (Qu.2)			92	Latest Month		92	91	89	88	87	87	93	91	92				
QA5.6	Friends and Family Test	FFT Response Rate - A&E	20.0%	17.5%	20.6%	Latest Month		17.6%	17.3%	16.1%	14.3%	13.4%	15.7%	18.6%	20.2%	20.6%				

Reporting Month: Feb-2015

Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
						Q1 14-15														
QA5.7	Friends and Family Test	FFT Response Rate - Inpatient	30.0%	27.5%	40.3%	Latest Month		33.2%	42.2%	36.5%	43.7%	47.2%	45.0%	48.3%	40.1%	40.3%				
QA5.8	Friends and Family Test	FFT Response Rate - Outpatient																		
QA5.9	Friends and Family Test	FFT Response Rate - Daycase																		
QA5.10	Friends and Family Test	FFT Response Rate - Maternity - Birth (Qu.2)			20.9%	Latest Month		24.4%	22.5%	14.6%	20.1%	30.8%	16.8%	20.8%	26.9%	20.9%				

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Reporting Month: Feb-2015

Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
CB_A15a	HCAI	Overall Number of Cases of MRSA Bacteraemia - AVOIDABLE	0	0	3	YTD	1	0	1	0	0	1	0	0	0					
CB_A15b	HCAI	Overall Number of Cases of MRSA Bacteraemia - UNAVOIDABLE	0	0	2	YTD	0	1	0	0	0	0	0	0	1	0				
CB_A16a	HCAI	Number of Cases of C. Difficile Caused by Lapse in Care - NHS Patients	66	50	4	YTD	0	0	1	2	0	1	0	0	0					
CB_A16b	HCAI	Overall Number of Cases of C. Difficile - NHS Patients	See Note		55	YTD	6	8	4	7	13	6	2	4	5					Targets not applicable
CB_B1	Referral to Treatment	The Percentage within 18 weeks for Completed Admitted RTT Pathways	90.0%	90.0%	90.4%	YTD	91.0%	90.7%	90.9%	90.2%	90.0%	90.1%	91.1%	87.6%	92.4%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Other	90.0%	90.0%	85.2%	YTD	86.7%	86.3%	84.1%	84.4%	81.8%	85.1%	87.4%	80.8%	90.1%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Trauma & Orthopaedics	90.0%	90.0%	89.6%	YTD	90.9%	91.0%	91.6%	91.9%	92.5%	88.0%	90.4%	80.4%	93.7%					
CB_B2	Referral to Treatment	The Percentage within 18 weeks for Completed Non-Admitted RTT Pathways	95.0%	95.0%	95.4%	YTD	95.3%	95.8%	96.4%	95.9%	95.9%	95.3%	95.1%	93.6%	95.6%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Other	95.0%	95.0%	92.1%	YTD	91.0%	92.9%	93.8%	93.5%	93.0%	91.7%	92.2%	88.7%	92.0%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Plastic Surgery	95.0%	95.0%	91.5%	YTD	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	70.6%	100.0%					
CB_B3	Referral to Treatment	The Percentage within 18 weeks for Incomplete RTT Pathways	92.0%	92.0%	92.0%	YTD	92.5%	93.1%	92.8%	92.1%	92.0%	92.1%	92.0%	92.1%	92.0%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Incomplete Pathways: SPECIALTY LEVEL - Gynaecology	92.0%	92.0%	91.1%	YTD	94.3%	94.7%	94.0%	93.2%	92.7%	92.8%	92.2%	91.5%	91.1%					
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Incomplete Pathways: SPECIALTY LEVEL - Other	92.0%	92.0%	88.8%	YTD	90.0%	90.7%	90.3%	89.2%	88.8%	88.9%	88.8%	89.5%	88.8%					
CB_S6c	Referral to Treatment	The Number of RTT Pathways > 52 weeks for Incomplete Pathways	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
RTT7	Referral to Treatment	The Number of RTT Pathways > 46 weeks for Incomplete Pathways	0	0	401	YTD	82	82	54	44	49	33	30	27						
CB_S7a	Ambulance Handover Time	Ambulance Handover Delays of over 30 minutes - MRI	0	0	1,855	YTD	152	159	45	94	134	217	299	307	448					
CB_S7b	Ambulance Handover Time	Ambulance Handover Delays of over 1 hour - MRI	0	0	590	YTD	47	37	3	14	17	70	94	111	197					
CB_S7a	Ambulance Handover Time	Ambulance Handover Delays of over 30 minutes - TGH	0	0	1	YTD	0	1	0	0	0	0	0	0	0					
CB_S7b	Ambulance Handover Time	Ambulance Handover Delays of over 1 hour - TGH	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
NWA1	Ambulance	Compliance with Recording Patient Handover between Ambulance and A&E	95.0%	95.0%	80.8%	YTD	80.6%	80.1%	80.5%	79.9%	82.9%	82.7%	81.0%	81.5%	78.0%					
CB_B5	A&E Waiting Times	Percentage of Patients spending 4 hours or less in A&E	95.0%	95.0%	93.9%	YTD	93.6%	94.3%	98.3%	96.6%	95.1%	93.2%	91.8%	91.5%	91.2%					Monthly reported figure has reverted to in-month (used to be YTD)
CB_B5Q	A&E Waiting Times	Percentage of Patients spending 4 hours or less in A&E	95.0%	95.0%	93.9%	YTD			95.3%			95.1%			91.5%					
CB_S9	Trolley Waits in A&E	Number of Patients who have waited over 12 hours in A&E from Decision to Admit to Admission	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
CB_S10	Cancelled Operations	Number of Urgent Operations Cancelled for a Second Time	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
CB_B4	Diagnostic Test Waiting Times	The Percentage of Patients waiting 6 weeks or more for a Diagnostic Test (15 Key Diagnostic Tests)	1.0%	1.0%	2.0%	YTD	2.6%	3.1%	1.9%	2.1%	1.9%	2.2%	1.5%	1.5%	1.5%					
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - MRI	1.0%	1.0%	2.3%	YTD	4.8%	5.1%	2.6%	2.7%	1.0%	1.0%	1.1%	0.7%	1.1%					Published data
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - ELECTROPHYSIOLOGY	1.0%	1.0%	41.7%	YTD	100.0%	50.0%	100.0%	50.0%	n/a	0.0%	n/a	0.0%	0.0%					Published data
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - SLEEP_STUDIES	1.0%	1.0%	1.1%	YTD	1.6%	1.1%	1.5%	2.7%	2.2%	0.0%	0.0%	0.0%	0.0%					Published data
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - URODYNAMICS	1.0%	1.0%	16.7%	YTD	0.0%	6.7%	6.7%	14.3%	29.4%	24.2%	29.2%	14.3%	15.0%					Published data

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Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - COLONOSCOPY	1.0%	1.0%	16.6%	YTD	8.9%	16.0%	26.5%	19.7%	34.4%	22.1%	9.2%	11.3%	11.5%					Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - FLEXI_SIGMOIDOSCOPY	1.0%	1.0%	1.5%	YTD	0.7%	0.0%	1.7%	0.7%	2.8%	3.2%	2.0%	2.3%	0.5%					Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - CYSTOSCOPY	1.0%	1.0%	18.4%	YTD	16.7%	15.0%	7.3%	12.5%	13.8%	29.6%	27.0%	21.5%	22.1%					Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - GASTROSCOPY	1.0%	1.0%	11.3%	YTD	15.3%	17.0%	11.9%	10.1%	15.3%	12.9%	6.7%	8.9%	5.9%					Published data
CB_B17a	Mixed Sex Accommodation	MSA Breach Number	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
CB_B6	Cancer 2 Week Waits	Percentage of Patients seen within two weeks of an urgent GP Referral for Suspected Cancer	93.0%	93.0%	94.6%	YTD	94.3%	95.0%	94.5%	96.3%	95.7%	94.0%	93.6%	93.0%						
CB_B6Q	Cancer 2 Week Waits	Percentage of Patients seen within two weeks of an urgent GP Referral for Suspected Cancer	93.0%	93.0%	95.0%	YTD			94.6%			95.3%								
CB_B8	Cancer 31 Day Waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 31 days of a Cancer Diagnosis	96.0%	96.0%	97.6%	YTD	97.5%	97.5%	97.5%	96.8%	98.0%	97.1%	97.2%	99.0%						
CB_B8Q	Cancer 31 Day Waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 31 days of a Cancer Diagnosis	96.0%	96.0%	97.4%	YTD			97.5%			97.4%								
CB_B9	Cancer 31 Day Waits	Percentage of Patients Receiving Subsequent Surgery within a maximum Waiting Time of 31 Days	94.0%	94.0%	98.2%	YTD	94.1%	100.0%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%						
CB_B9Q	Cancer 31 Day Waits	Percentage of Patients Receiving Subsequent Surgery within a maximum Waiting Time of 31 Days	94.0%	94.0%	97.6%	YTD			97.8%			97.4%								
CB_B10	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Anti-Cancer Drug Regimen within a maximum Waiting Time of 31 Days	98.0%	98.0%	100.0%	YTD	100.0%	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						No activity reported for May14
CB_B10Q	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Anti-Cancer Drug Regimen within a maximum Waiting Time of 31 Days	98.0%	98.0%	100.0%	YTD			100.0%			100.0%								
CB_B11	Cancer 31 Day Waits	Radiotherapy Treatment within a maximum Waiting Time of 31 Days	94.0%		n/a	YTD	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a						No activity reported to date
CB_B11Q	Cancer 31 Day Waits	Radiotherapy Treatment within a maximum Waiting Time of 31 Days	94.0%		n/a	YTD			n/a			n/a								
CB_B12	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of an Urgent GP Referral for Suspected Cancer	85.0%	85.0%	83.8%	YTD	85.9%	69.3%	77.3%	89.1%	86.3%	89.4%	87.9%							Data taken from 62 day Cancer Waiting Time Standard Performance Report
CB_B12Q	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of an Urgent GP Referral for Suspected Cancer	85.0%	85.0%	85.1%	YTD			80.5%			89.2%								
CB_B13	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of Referral from an NHS Cancer Screening Centre	90.0%	90.0%	77.5%	YTD	66.7%	100.0%	100.0%	100.0%	75.0%	77.8%	66.7%	33.3%						
CB_B13Q	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of Referral from an NHS Cancer Screening Centre	90.0%	90.0%	83.9%	YTD			85.7%			82.4%								
CB_B14	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of a Consultant Decision to Upgrade	85.0%	85.0%	92.4%	YTD	100.0%	95.8%	94.3%	84.2%	92.0%	85.4%	93.3%	97.4%						
CB_B14Q	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of a Consultant Decision to Upgrade	85.0%	85.0%	91.3%	YTD			96.7%			86.5%								
CB_B18	Cancelled Operations	Number of Patients not offered another Binding Date within 28 days of a Cancelled Operation	0	0	1	YTD	0	1	0	0	0	0	0	0						May14 = 1 Breach
D05	Complaints	% of complaints responded to within timescale agreed at the outset upon receipt of the complaint with the complainant ("the response time")	90.0%																	
No Ref01	VTE	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE	95.0%	95.0%	96.0%	YTD	95.8%	96.0%	96.2%	95.8%	95.9%	96.5%	95.9%	95.8%	95.5%					
RHB1	Readmissions	Readmissions within 28 days - Stroke patients	B/Line Yr																	
RHB3	Readmissions	No Admissions to hospital within 91 days of Referral - COPD patients	B/Line Yr																	
EXP2	Community Appointments	Wait from Referral to First community Assessment - COPD & Physiotherapy Patients	B/Line Yr																	
STP1	Community: DNA	% Did not attend (DNA) rate for all clinic based appointments - COPD & Physiotherapy Patients	B/Line Yr																	COPD patients seen in Gen Med clinic - unable to split out for this measure
STP2	Community: CNA	% Could not access (CNA) rate for all home based visits - COPD & Physiotherapy Patients	B/Line Yr																	COPD patients seen in Gen Med clinic - unable to split out for this measure

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Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
GM05	Discharge Summaries	Discharge Letters are to be received by the patients or within 24 hours of discharge (via GM ECC)	100.0%																	
GM06	Stroke	Quality stroke care - patients who spend at least 90% of their inpatient stay on a stroke unit	80.0%	80.0%	70.2%	YTD	65.2%	79.3%	72.7%	75.0%	78.3%	70.0%	63.8%	61.3%						Central Stroke Team's Dec. figs not yet available
GM07	Stroke	Quality stroke care - proportion of patients arriving in a designated stroke bed within 4 hours of arrival	60.0%	60.0%	43.4%	YTD	28.6%	37.5%	35.7%	28.6%	83.3%	50.0%	44.4%	80.0%						Central Stroke Team's Dec. figs not yet available
GM08	Stroke	Quality stroke care - proportion of high risk TIA cases investigated and treated within 24 hours	60.0%	60.0%	50.0%	YTD	66.7%	66.7%	100.0%	20.0%	75.0%	100.0%	0.0%	50.0%	40.0%					
GM09a	Maternity	% Women who have seen a midwife or a maternity healthcare professional by 12 weeks and 6 days of pregnancy	90.0%	90.0%	76.4%	YTD	76.5%	77.7%	77.3%	79.1%	79.1%	72.6%	75.2%	75.0%	75.1%					
GM09b	Maternity	% women (who present within 12 weeks) who have seen a midwife or a maternity healthcare professional by 12 weeks and 6 days of pregnancy	90.0%	90.0%	95.8%	YTD	95.2%	95.5%	97.3%	97.3%	96.2%	93.9%	96.7%	95.4%	94.5%					
GM13	Pharmacy	All patients on wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 24 hours of admission	95.0%	95.0%	71.6%	YTD	62.5%	73.2%	56.1%	73.6%	68.5%	74.7%	74.6%	77.0%	81.6%					
D06	Complaints	% of complaints acknowledged in 3 working days of the day following receipt of the complaint	90.0%																	
D07	Complaints	% of complaints where, following investigation, an action plan has been put in place, acted upon, completed within an agreed timescale	90.0%																	
D09	Delayed Transfers	Delayed transfers of care (lost bed days/nights) to be kept to a minimum level - NHS Only	TBC		1,739	YTD	122	113	179	131	308	496	390							
No Ref02	Formulary	Formulary published	Yes	Yes		YTD														
No Ref03	Duty of Candour	Duty of Candour	0	0	0	YTD	0	0	0	0	0	0	0	0						
No Ref04	NHS Number	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	99.0%																	
No Ref05	NHS Number	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS	95.0%																	
E02	Choose & Book	Slot Issues	B/Line Yr		21.6%	YTD	16.8%	16.6%	19.4%	25.7%	23.4%	23.6%	25.5%							
E09	UM Review	Zero Day Length of Stay Review: Adults																		Review complete. Awaiting final report.
E10	UM Review	Zero Day Length of Stay Review: Children																		Review complete. Awaiting final report.
QA5.1	Friends and Family Test	FFT Score - A&E			61	Latest Month	61	60	63	66	65	59	64	63	61					
QA5.2	Friends and Family Test	FFT Score - Inpatient			73	Latest Month	75	76	71	69	73	71	72	71	73					
QA5.3	Friends and Family Test	FFT Score - Outpatient																		
QA5.4	Friends and Family Test	FFT Score - Daycase																		
QA5.5	Friends and Family Test	FFT Score - Maternity - Birth (Qu.2)			68	Latest Month	80	74	77	78	71	80	75	81	68					
QA5.6	Friends and Family Test	FFT Response Rate - A&E	20.0%	17.5%	19.6%	Latest Month	19.2%	19.4%	23.3%	20.7%	23.3%	24.2%	23.0%	21.7%	19.6%					
QA5.7	Friends and Family Test	FFT Response Rate - Inpatient	30.0%	27.5%	34.2%	Latest Month	20.2%	23.2%	48.1%	44.1%	39.5%	32.0%	35.0%	35.1%	34.2%					
QA5.8	Friends and Family Test	FFT Response Rate - Outpatient																		
QA5.9	Friends and Family Test	FFT Response Rate - Daycase																		
QA5.10	Friends and Family Test	FFT Response Rate - Maternity - Birth (Qu.2)			11.4%	Latest Month	15.5%	14.3%	10.7%	15.5%	18.9%	11.4%	7.4%	19.7%	11.4%					

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Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
						Q1 14-15														
CB_B2	Referral to Treatment	The Percentage within 18 weeks for Completed Non-Admitted RTT Pathways	95.0%	95.0%	100.0%	YTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
CB_B3	Referral to Treatment	The Percentage within 18 weeks for Incomplete RTT Pathways	92.0%	92.0%	100.0%	YTD	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
CB_S6c	Referral to Treatment	The Number of RTT Pathways > 52 weeks for Incomplete Pathways	0	0			0	0	0	0	0	0	0	0	0					
H03	Complaints	% of complaints responded to within timescale agreed at the outset upon receipt of the complaint with the complainant ("the timescale" shall be 100% of the agreed timescale)	90.0%	90.0%	100.0%	YTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
H04	Complaints	% of complaints acknowledged in 3 working days of the day following receipt of the complaint	90.0%	90.0%	100.0%	YTD			100.0%			100.0%			100.0%					
H05	Complaints	% of complaints where, following investigation, an action plan has been put in place, acted upon, completed within an agreed timescale and agreed back to the complainant	90.0%	90.0%	100.0%	YTD			100.0%			42.9%								
No Ref02	Formulary	Formulary published	Yes																	
No Ref03	Duty of Candour	Duty of Candour	0	0	0	YTD	0	0	0	0	0	0	0	0	0					
AS49	Overarching	KPI Compliance	80.0%	80.0%	85.3%	YTD	88.9%	88.9%	100.0%	81.8%	81.8%	81.8%	81.8%	72.7%	90.9%					
UE15	Overarching KPI (Funded Urgent, IV & Enhanced)	Quality - Proportion of patients on an active urgent, IV and Enhanced Care Service caseload whose non-elective admission is from the service, the service for admission has been evaluated	90.0%	90.0%	100.0%	YTD			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
RHB4	Venous Leg ulcers Healing	The percentage of venous leg ulcer wounds that have healed at 24 weeks from the start of treatment.	70.0%	70.0%	92.5%	YTD	90.9%	95.0%	93.8%	78.6%	N/A	93.8%	100.0%	100.0%	87.0%					
GM03	Children & Families	% Breastfeeding status recorded	95.0%	95.0%	97.0%	YTD			96.7%			96.0%			98.3%					
GM04	Children & Families	% Fully or partially breastfed	54.0%	54.0%	54.2%	YTD			54.4%			54.6%			53.6%					
GM08	Health Visitors	Number HVs (WTE)	51	51			52	51	50	51	50	50	53	53	53					
GM09	Harm free Care	Number of Grade 2+ pressure ulcer	TBC		0	YTD	0	0	0	0	0	0	0	0	0					(Rate per 1000)
GM15	Dementia	% Dementia case notes with carer views	93.0%	93.0%	100.0%	YTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
GM16	Children & Families	% Given advice re Healthy vitamin supplementation	80.0%	80.0%	82.0%	YTD			82.0%			79.9%			84.3%					
GM30	Children & Families	% New mothers with an assessment postnatal depression	95.0%	95.0%	94.0%	YTD	89.8%	95.6%	92.5%	91.4%	92.8%	94.1%	97.7%	94.8%	97.5%					
GM32	Children & Families	% Looked after children 0-5 yr with twice yearly assessments	90.0%	90.0%	87.5%	YTD			92.9%			94.4%			77.5%					
GM33	Children & Families	% Looked after children 5 yr+ with annual assessments	90.0%	90.0%	97.1%	YTD			97.5%			95.7%			98.0%					
GM11 - T	Training	% eligible staff completing mandatory adult protection training	95.0%	90.0%	93.6%	YTD			91.7%			95.7%			93.4%					
GM12-T	Training	% eligible staff completing domestic abuse training	90.0%	90.0%	83.4%	YTD			86.4%			75.8%			91.0%					
GM13-T	Training	% eligible staff completing mandatory infection control training	90.0%	90.0%	84.2%	YTD			56.4%			93.4%			96.1%					
GM14-T	Training	% eligible staff completing basic level dementia awareness training	90.0%	90.0%	72.5%	YTD			67.7%			60.8%			88.6%					
GM29-T	Training	% eligible staff receiving health promotion training	90.0%	90.0%	90.5%	YTD			91.5%			90.3%			89.8%					
GM34-T	Training	% eligible staff completing mandatory child protection training	90.0%	90.0%	85.2%	YTD			89.3%			84.2%			82.2%					
GM27	Making every contact count	% Adults / children assessed for nutritional requirements	65.0%		66.4%	YTD	66.4%													
AS01	CNRT	Patients whose first treatment appointment is within 6 weeks for routine patients from referrals	90.0%	90.0%	86.5%	YTD	73.0%	86.1%	90.0%	87.5%	86.7%	88.6%	92.1%	93.1%	79.2%					
AS02	CNRT	Urgent referrals whose first treatment appointment is within 2 weeks for from receipt of referral	90.0%	90.0%	93.3%	YTD	100.0%	78.6%	94.4%	100.0%	83.3%	95.0%	100.0%	100.0%	80.0%					

2014-15: Full Set of KPIs Scorecard - PCFT

Reporting Month: Feb-2015

Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
						Q1 14-15														
AS03	CNRT	Patients for whom reason for referral is captured	80.0%	80.0%	95.3%	YTD		97.3%	94.3%	90.6%	96.6%	83.8%	98.3%	96.4%	100.0%	98.4%				
AS04	Community Rehabilitation	Patients whose first contact with a therapist is within 1 working day for urgent referrals	80.0%	80.0%	96.5%	YTD		96.8%	96.5%	98.4%	98.3%	100.0%	95.9%	97.6%	94.3%	90.4%				
AS05	Community Rehabilitation	Patients whose first contact with a therapist is within 10 working day for routine referrals	80.0%	80.0%	80.2%	YTD		68.4%	79.8%	73.2%	79.4%	81.8%	83.0%	84.4%	88.1%	89.1%				
AS06	Community Rehabilitation	Patients for whom the reason for referral is captured	80.0%	80.0%	97.0%	YTD		98.6%	98.6%	95.8%	98.4%	97.0%	95.0%	98.9%	98.8%	92.4%				
AS07	Continenence	Urgent patients whose first attendance is within 10 working days from receipt of referral	80.0%	80.0%	97.8%	YTD		91.7%	100.0%	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%				
AS08	Continenence	Reason for referral including main diagnosis is capture	80.0%	80.0%	96.5%	YTD		97.2%	94.2%	96.1%	96.4%	96.9%	95.5%	96.0%	100.0%	97.8%				
AS10	District Nurse	Patients whose first contact is within 5 working days for routine and non-urgent patients from referral excluding those with a	80.0%	80.0%	77.2%	YTD		80.4%	81.5%	77.6%	78.4%	78.6%	73.8%	72.0%	78.5%	74.2%				
AS11	District Nurse	Reason for referral including main diagnosis is captured	80.0%	80.0%	95.9%	YTD		94.1%	96.2%	95.9%	97.1%	95.2%	96.8%	95.5%	97.1%	95.2%				
AS12	Ear Care	Patients whose first appointment is within 2 weeks of referral	95.0%	95.0%	61.6%	YTD		68.1%	70.7%	48.1%	46.9%	68.5%	51.5%	57.6%	57.9%	88.3%				
AS13	Ear Care	Percentage of patients for whom the intervention is captured	90.0%	90.0%	89.3%	YTD		81.2%	94.0%	91.4%	89.2%	93.4%	91.7%	88.4%	88.6%	86.2%				
AS14	Ear Care	Percentage of GP practices that access the service	80.0%	80.0%	96.9%	YTD		94.4%	97.2%	97.2%	97.2%	97.2%	97.2%	97.2%	97.2%	97.2%				
AS15	MSK	Patients whose first attendance is within 18 weeks from referral	100.0%	100.0%	99.5%	YTD		98.4%	99.2%	100.0%	99.7%	99.4%	99.8%	99.6%	100.0%	100.0%				
AS16	MSK	Patients for whom the reason for referral is captured- body part	80.0%	80.0%	95.7%	YTD		95.5%	96.0%	96.2%	95.8%	95.9%	94.7%	96.3%	94.9%	95.6%				
AS17	Nutrition & Dietetics	Patients whose first attendance is within 6 weeks from receipt of referral	80.0%	80.0%	76.5%	YTD		82.1%	77.5%	83.9%	73.2%	68.1%	66.4%	73.7%	81.7%	84.5%				
AS18	Nutrition & Dietetics	Patients for whom the reason for referral is captured	80.0%	80.0%	95.6%	YTD		97.0%	91.8%	93.5%	96.9%	98.1%	92.4%	95.3%	99.3%	97.9%				
AS19	Nutrition & Dietetics	Percentage of GP practices that access the service	80.0%	80.0%	96.9%	YTD		94.4%	97.2%	97.2%	97.2%	97.2%	97.2%	97.2%	97.2%	97.2%				
AS20	OSRC	Assessment is within 7 days for urgent appointments	80.0%	80.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
AS21	OSRC	Assessment is within 56 days for routine appointments	80.0%	80.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
AS24	OSRC	Patients who receive their equipment within 7 days for community referrals	90.0%	90.0%	98.1%	YTD		98.1%	97.9%	99.3%	98.1%	98.6%	97.7%	97.4%	97.5%	98.1%				
AS25	Phlebotomy	Patients for whom category is allocated (HV, anti-coag, primary care) including clinic contacts	90.0%	90.0%	97.4%	YTD		99.1%	99.3%	98.1%	97.8%	97.3%	93.5%	97.3%	97.6%	97.2%				
AS26	Pulmonary Rehabilitation	Patients whose first attendance at a course is within 8 weeks from referral	90.0%	90.0%	1.8%	YTD		0.0%	0.0%	0.0%	3.8%	7.7%	0.0%	0.0%	8.3%	0.0%				
AS27	Pulmonary Rehabilitation	Patients for whom the type of attendance (group vs. 1:1 vs. telephone) contact is captured	90.0%	90.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
AS28	Pulmonary Rehabilitation	Patients who complete 80% of the course	70.0%	70.0%	59.1%	YTD		53.3%	100.0%	62.1%	28.6%	53.3%	42.9%	63.6%	60.0%	58.8%				
AS29	SPC Services	Patients whose first contact is within 3 days for specialist palliative care nurses from receipt of referral	80.0%	80.0%	55.7%	YTD		40.0%	52.1%	76.6%	43.9%	55.6%	53.1%	67.3%	63.2%	76.0%				
AS30	SPC Services	Patients for whom the reason for referral is captured	90.0%	90.0%	98.5%	YTD		98.1%	100.0%	98.1%	100.0%	100.0%	100.0%	98.1%	94.6%	96.7%				
AS31	SWMS	Referrals acknowledged and processed within 3 working days of referral receipt	95.0%	95.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
AS32	SWMS	Individuals to be offered a programme of intervention within 4 weeks of referral.	90.0%	90.0%	97.8%	YTD		100.0%	95.7%	100.0%	100.0%	92.9%	94.4%	100.0%	94.4%	100.0%				
AS35	SWMS	Clients have an initial weight, blood pressure and BMI recorded	100.0%	100.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
AS36	SWMS	Clients completing the programme having weight, blood pressure and BMI recorded	100.0%	100.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				

2014-15: Full Set of KPIs Scorecard - PCFT

Reporting Month: Feb-2015

Code	Measures	Indicators	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
						Q1 14-15														
AS37	SWMS	Clients that have co-morbidity & drug therapy status (where appropriate) recorded pre & post treatment	100.0%	100.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
AS41	SWMS	Patients who drop out of the service following the start of the lifestyle programme	60.0%	60.0%	11.3%	YTD		20.0%	20.0%	16.7%	0.0%	0.0%	20.0%	0.0%	0.0%	14.3%				
AS42	Tissue Viability	% patients assessed within 25 working days from receipt of referral	90.0%	90.0%	90.1%	YTD		83.3%	100.0%	100.0%	72.2%	80.0%	87.0%	90.3%	95.5%	97.0%				
AS43	Tissue Viability	% GP practices that access the service	80.0%	60.0%	86.1%	Latest Month		25.0%	50.0%	58.3%	66.7%	75.0%	77.8%	80.6%	80.6%	86.1%				
AS44	SALT Adults	Patients for whom the reason for referral is captured	90.0%	90.0%	96.9%	YTD		92.5%	96.0%	100.0%	96.0%	95.0%	98.1%	98.3%	100.0%	96.0%				
AS46	SALT Adults	First assessment is completed within 1 week for routine dysphagia	90.0%	90.0%	97.4%	YTD		N/A	N/A	N/A	N/A	N/A	100.0%	100.0%	85.7%	100.0%				Change to KPI, now measures URGENT only referrals
UE16	Heart Failure	Routine patients whose first attendance is within 28 days from referral	80.0%	80.0%	85.0%	YTD		100.0%	68.8%	97.2%	89.5%	70.6%	55.6%	94.1%	84.6%	84.6%				
UE17	Heart Failure	Urgent patients whose first attendance is within 7 days from referral	80.0%	80.0%	66.7%	YTD		N/A	N/A	100.0%	N/A	100.0%	0.0%	N/A	N/A	N/A				
UE18	Heart Failure	Patients for whom the intervention is captured (titration of drugs, education, care planning)	90.0%	90.0%	94.8%	YTD		100.0%	94.0%	100.0%	93.9%	81.0%	95.4%	97.3%	95.7%	95.8%				
UE19	Heart Failure	Percentage of GP practices that access the service	80.0%	80.0%	72.8%	YTD		36.1%	55.6%	72.2%	72.2%	77.8%	83.3%	83.3%	86.1%	88.9%				
CY01	CAHMS	First contact with CAMHS worker is within the same working day for emergency self harm referrals	90.0%	90.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A				
CY02	CAHMS	Contact with CAMHS worker is within 9 days for urgent referrals/self harm follow ups	90.0%	90.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
CY03	CAHMS	All referrals of looked after children scoring 18 pts or more on SDQ are dealt with appropriately by a CAMHS worker.	100.0%	100.0%	100.0%	YTD				100.0%			100.0%			100.0%				
CY04	CCNT	% referrals to CCNT during operational hours responded to and action taken within 2 hrs by CCNT via telephone or home visit	85.0%	85.0%	89.5%	YTD		88.8%	93.3%	81.8%	96.1%	88.3%	99.2%	100.0%	90.4%	72.9%				
CY05	Community Paediatric Medical	Timely medical assessments for SEN within 42 days of receipt of referral	90.0%	90.0%	95.9%	YTD		50.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	91.7%	100.0%				
CY06	Community Paediatric Medical	Timely medical assessments within 1 working day of receipt of referral of children assessed as Section 47	90.0%	90.0%	96.0%	YTD		100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A				
CY07	Community Paediatric Medical	Timely medical assessments of looked after children within 28 days of receipt of referral	90.0%	90.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
CY08	Health Management	% data records inputted to relevant systems within 7 days of receipt	90.0%	90.0%	89.5%	YTD		88.6%	91.1%	92.2%	94.2%	93.1%	88.3%	80.6%	83.1%	92.4%				
CY09	Health Management	% records that are accurate on relevant systems	90.0%	90.0%	98.8%	YTD		99.2%	99.2%	99.0%	98.9%	99.1%	98.5%	98.4%	98.3%	98.3%				
CY10	Health Management	% child health system returns completed and submitted within required timescales.	100.0%	100.0%	93.3%	YTD		n/a	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	75.0%	100.0%				
CY11	Health Visiting	Children receiving primary birth visit within 14 days of birth	100.0%	100.0%	95.7%	YTD				95.5%			96.2%			95.4%				
CY12	Health Visiting	Children who by 32 months have been offered a 2 yr check as in HCP	100.0%	100.0%	95.4%	YTD				93.0%			96.8%			96.8%				
CY26	Safeguarding Health	% young offenders receiving an offer of a health assessment NB Deleted but will provide	80.0%	80.0%	54.2%	YTD		100.0%	77.8%	100.0%	100.0%	53.8%	81.3%	0.0%	0.0%	0.0%				
CY27	School Nursing	% new contacts for self harm acknowledged within 2 working days	80.0%	80.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%				
CY28	School Nursing	Activity profile relating to children starting special school with complex /additional needs	B/Line Yr					Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				
CY30	SALT Children	% referrals for children 50 months old with dysphagia whose initial assessment by a qualified therapist and management plan has been completed within 42 days of referral	80.0%	80.0%	0.0%	YTD		N/A	0.0%	N/A	N/A	N/A	N/A	0.0%	N/A	N/A				
CY14	Occupational Therapy	Patients for whom reason for referral is captured	80.0%	80.0%	95.4%	YTD		90.6%	97.7%	92.7%	92.7%	98.0%	95.7%	95.5%	98.2%	100.0%				
CY16	Occupational Therapy	Allocated equipment for 0-5 year olds is reviewed at 4 monthly intervals	95.0%	95.0%	92.9%	YTD		100.0%	N/A	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	66.7%				
CY17	Occupational Therapy	Allocated equipment for 5-11 yr olds is reviewed at 8 monthly intervals	95.0%	95.0%	89.5%	YTD		71.4%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	83.3%	100.0%				

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Reporting Month: Feb-2015

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				Target	Actual	Period Used														
CY18	Occupational Therapy	Allocated equipment for 11-16 yr olds is reviewed at annual intervals	95.0%	95.0%	100.0%	YTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
CY20	Orthoptics	% children offered an assessment /test in an orthoptic led visual screening programme by end of reception year	95.0%	95.0%	50.6%	YTD	40.8%	53.1%	65.6%	78.2%	86.1%	90.8%	2.0%	11.2%	19.0%					
CY21	Physiotherapy	Patients for whom the reason for referral is captured	80.0%	80.0%	95.4%	YTD	90.6%	97.7%	92.7%	92.7%	98.0%	95.7%	95.5%	98.2%	100.0%					
UE01	Urgent Care	Access - % of urgent patients whose referral is triaged and first contact is within 6 hours of the referral being received	90.0%	90.0%	83.8%	YTD	91.1%	90.1%	92.3%	71.0%	77.5%	84.4%	81.7%	88.2%	83.1%					
UE02	Urgent Care	Access - % of referrals of patients for conditions related to therapy whose referral is triaged within 4 hours and first contact is within 1 working day of referral	90.0%	90.0%	88.9%	YTD	N/A	100.0%	100.0%	100.0%	N/A	100.0%	0.0%	100.0%	N/A					
UE03	Urgent Care	Data - % of patients for whom the reason for referral is captured	90.0%	90.0%	99.9%	YTD	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%					
UE04	Urgent Care	Quality - % of patients for whom completion of full care regime and discharge plan from the service has occurred	80.0%	80.0%	100.0%	YTD	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
UE05	Urgent Care	Quality - % of GPs informed about the outcome of patients discharge from urgent care team and given case summary	90.0%	90.0%	100.0%	YTD	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
UE06	Enhanced Care (medically stable patients cared for by Enhanced Care (medically stable patients cared for by Enhanced Care (medically stable patients cared for by	Access - % of non-urgent patients whose referrals are triaged within 3 working days and first attendance is commenced within 10 working days of referral	90.0%	90.0%	86.0%	YTD	87.8%	93.9%	93.5%	81.4%	76.9%	74.2%	84.7%	92.0%	96.2%					
UE07	Enhanced Care (medically stable patients cared for by Enhanced Care (medically stable patients cared for by	Data - %patients for whom the reason for referral is captured	90.0%	90.0%	99.4%	YTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	95.9%					
UE08	Enhanced Care (medically stable patients cared for by Enhanced Care (medically stable patients cared for by	Quality - % of appropriate non-urgent patients on the enhanced care caseload who have an advanced care plan that identifies their preferred place of care	B/Line Yr				No data													
UE09	Enhanced Care (medically stable patients cared for by Enhanced Care (medically stable patients cared for by	Quality - %of patients on Enhanced Care Team caseload who die in their preferred place of care.	B/Line Yr				No data													
UE10	Enhanced Care (medically stable patients cared for by Enhanced Care (medically stable patients cared for by	Additional - % GPs informed about the outcome of inactive patients on the enhanced caseload and provided with a care plan	90.0%	90.0%	100.0%	YTD	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
UE11	IV Therapy	Access - % of patients with long term IV needs whose first contact with the IV team in home setting is within 1 working day of hospital discharge	B/Line Yr		86.1%	YTD	100.0%	100.0%	100.0%	75.0%	83.3%	100.0%	75.0%	N/A	33.3%					
UE12	IV Therapy	Data - % of patients for whom the reason for IV Therapy is captured	B/Line Yr		98.6%	YTD	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
UE13	IV Therapy	Data - % of patients for whom completion of a patient satisfaction survey is completed and reviewed.	90.0%	90.0%	100.0%	YTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
UE14	IV Therapy	Quality - % of patients whose outcome of care has been evaluated at 72 hours using a tool that identifies achievement against predicted outcomes	90.0%				No data													
IND-C1	Health Visitors	Number of mothers who received a first face to face antenatal contact with a Health Visitor.	B/Line Yr				No data													
D04	New to Follow up Ratio	In Development	B/Line Yr				No data													

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AGMA
ASSOCIATION OF
GREATER MANCHESTER
AUTHORITIES

GREATER MANCHESTER HEALTH AND WELLBEING INTERIM BOARD

MINUTES OF A MEETING OF THE GREATER MANCHESTER HEALTH AND WELLBEING INTERIM BOARD HELD ON 21 NOVEMBER 2014 AT MANCHESTER TOWN HALL

Members Present:

Councillor Cliff Morris (in the Chair)	Bolton MBC
Councillor Paul Andrews	Manchester CC
Councillor John Pantall	Stockport MBC
Councillor Patricia Young	Trafford Council
Dr Chris Duffy	HMR CCG
Mike Tate	Wigan Borough CCG
Martyn Regan	Public Health England
Warren Heppolette	NHS England
Dave Nunns	GM Healthwatch Organisations

Associate Member:

Jason Smith	Pennine Care NHS Trust
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Also present:

George Hosking	Wave Trust
Councillor Michael Young	Trafford Council
Steven Pleasant	Tameside MBC
Donna Hall	Wigan Council
Rob Bellingham	NHS England (GM)
Jane Pilkington	NHS England
Wendy Meredith	Bolton Council & GMDsPH
Dr Ann Hoskins	Public Health England
Stephanie Butterworth	Tameside MBC
Alex Whinnom	GMCVO
Pat McKelvey) GM PSR Team
Jill Beswick)
Vicky Sharrock)
Jan Robinson	Bolton Council
Dr Tina Greenhough	Tameside & Glossop CCG

Catherine Mee
Andrew Burridge
Julie Gaskell

Tameside & Glossop Community
Health
GMIST
GMIST

APOLOGIES:

Councillors Rishi Shori and Keith Cunliffe, Dr Tim Dalton, Dr Kiran Patel, Mike Burrows, Ian McCartney, John Schofield and Mary Whyham,

GMH/14/21 DECLARATIONS OF INTEREST

None were received.

GMH/14/22 MINUTES

RESOLVED/-

That the Minutes of the meeting of the GM Health and Wellbeing Interim Board held on 9 May 2014 be approved.

GMH/14/23 MATTERS ARISING

There were no matters arising.

GMH/14/24 INTRODUCTION

The Chair reminded the meeting of the Board's development session held in August and the decision to refocus the Board on 3-4 clear strategic issues in the context of the Greater Manchester (GM) Strategy. It was reiterated that the Board had agreed to focus upon Early Years, along with Worklessness (concentrating on mental health) and Aging Better, all of which also align with the developing Greater Manchester Public's Health Strategy.

The Chair also recognised that the meeting followed a Masterclass session hosted by the Board and led by George Hosking Founder, CEO and Research Co-ordinator of the WAVE Trust which focuses on promoting child development through the critical first 1001 days of life.

Steven Pleasant gave a brief overview of the work to be developed at pace in GM and assured the Board that the partners are working in collaboration and are able to provide briefings as work progresses.

GMH/14/25 EARLY YEARS – STRATEGIC OVERVIEW

There then followed three presentations:

The Case for Change

George Hosking gave a brief overview of his previous masterclass presentation which illustrated how the goals of a public service reform can be achieved by early intervention during the first 1001 days of life, from conception to the age of two. The presentation described how the right start in a child's life can reduce violence,

substance abuse, lack of education/employment skills and poor mental health. That quality child development can improve individual lives and societal success.

The presentation highlighted ten policy recommendations that it was believed the Board should give consideration to:

- Increase breastfeeding and good antenatal nutrition
- Promote language development
- Assess and identify where help is needed
- Reduce domestic violence; and stress in pregnancy
- Achieve a major reduction in abuse and neglect
- Set up an effective and comprehensive perinatal mental health service
- Focus on improving attunement
- Promote secure attachment
- Ensure good, health-led multi-agency work
- Ensure early years workforce has requisite skills

In response to a query raised by a Member regarding workforce development, it was felt that there was a significant requirement of general skills for early years rather than “specialist” and that it was important to have professional community engagement.

Best Start in Life

Dr Ann Hoskins, Director of Children, Young People and Families, Public Health England (PHE) presented to the Board a PHE overview and perspective on Early Years and highlighted “Best Start in Life” as one of 7 PHE priorities. Dr Hoskins welcomed Greater Manchester’s vision for Early Years and recognised the financial challenges which may be encountered.

The presentation explored PHE focus on evidence of impact on children’s health outcomes which included:

- That currently around half of the children in England (51.7% in 2012/13) achieve a satisfactory level of development at the end of reception as measured by the Foundation Stage Profile.
- Around 1 in 10 children are obese at age 5 years.
- 7% of children around 5 years of age have speech, language and communication needs.
- Evidence of significant inequalities including early cognitive development.
- PHE commitment to increase the number of health visitors giving 6 priorities for demonstrating success and building sustainable services post 2015.

GM Early Years New Delivery Model – Progress Report

The Board received a presentation from Donna Hall, Chief Executive, Wigan Council and Jane Pilkington, Head of Commissioning, NHS England which gave an overview and progress on the GM Early Years New Delivery Model, including Health Visitor transformation. The Board were informed of the GM objective to increase school readiness by making best use of all resources.

The Board were reminded that Early Years programme had been established as an area of focus following the Manchester Independent Economic Review and a key

element of the Greater Manchester Strategy. The need for investment in this strategic priority was recognised.

Concern was raised regarding the disparity of investment across the conurbation. Emphasis was stressed on the importance of political champions throughout the ten GM districts. The Board were asked to give a statement of support and for Board Members to advocate this through their local Health and Wellbeing Boards.

RESOLVED/-

1. That the presentations be noted.
2. That the investment in Early Years will continue to be recognised by the Board as a strategic priority as previously established within the Manchester Independent Economic Review and Greater Manchester Strategy.

GMH/14/26 EARLY YEARS – DELIVERY AT PACE AND SCALE

Consideration was given to the following three case study presentations after which the meeting broke up into three groups for workshop discussions.

1. Implementing the New Early Years Delivery Model in Bolton - Presentation given by Jan Robinson, Bolton Council.
2. Focusing on Parent Infant Mental Health in Tameside - Presentation given by Dr Tina Greenhough, Tameside & Glossop CCG and Catherine Mee, Tameside & Glossop Community Health Services.
3. Workforce Behaviour Change - Presentation given by Jill Beswick, Early Years Workforce Lead, GM PSR Team.

The aim of the workshop was to reflect on the above presentations, have the chance to ask questions to the workshop leads and feedback 1 or 2 potential opportunities in relation to:

- What can be done to deliver behaviour change plans at pace and scale?
- What other opportunities does the Early Years work connect to?
- How can Leaders, particularly the GM Health and Wellbeing Board and local Health & Wellbeing Boards support the work?

On conclusion of the workshop sessions, the Chair collated feedback which included that the Board prepares a statement of support and champion Early Years through the individual local Health and Wellbeing Boards. It was also agreed that the Board would receive feedback and information on further opportunities from the GM Early Years Executive at a future meeting.

RESOLVED/-

1. That the GM Health and Wellbeing Board prepares a statement of support and champion Early Years through their local Health and Wellbeing Boards.
2. That the GM Early Years Executive will feedback further opportunities identified at the workshop sessions at a future meeting of the Board.

GMH/14/27 ANY OTHER BUSINESS

The Chair announced to Members that Andrew Burridge, Policy Manager, was leaving GMIST and thanked Andrew for all of his support.

GMH/14/28 DATES OF FUTURE MEETINGS

13 February 2015

22 May 2015

14 August 2015

13 November 2015

All meetings to commence at 2pm.

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ASSOCIATION OF GREATER MANCHESTER AUTHORITIES

GM HEALTH AND WELLBEING INTERIM BOARD

RECORD OF PROCEEDINGS FROM THE MEETING HELD ON 13 FEBRUARY 2015 AT THE TOWN HALL, MANCHESTER

Issued on 17th February 2015 Actions agreed will come into effect from 4pm on 24th
February 2015 subject to any referral made by a member of the Executive Board

GM HEALTH AND WELLBEING INTERIM BOARD	
Lead Officer	Steven Pleasant steven.pleasant@tameside.gov.uk
Policy Manager	Rebecca Heron r.heron@agma.gov.uk

REPORTING ARRANGEMENTS

The process for potential referral of any items considered at the meeting is set out as an Appendix to this note. The address for the purposes of any referral request is that of the AGMA Secretary, c/o Room 308, Town Hall, Manchester, M60 2LA or by contacting j.gaskell@agma.gov.uk

Meeting papers referred to are publicly accessible on the Internet at-
<http://www.agma.gov.uk/calendar/index.html>

1. EARLY YEARS (agenda item No. 4)

The Board considered two reports which gave summary and recommendations to local Health and Wellbeing Boards following its meeting in November 2014.

RESOLVED/-

That an additional recommendation is included which requests that progress in the roll out of the GM Early Years New Delivery Model across each locality be reported by each local Health and Wellbeing Board on a six monthly basis, and that progress be reported to future meetings of the GM Health and Wellbeing Interim Board.

2. AGEING WELL – STRATEGIC OVERVIEW (agenda item No. 5a)

The Board received two presentations:

- a) Ageing Populations and the Future of Greater Manchester

The Board received a brief overview of a previous masterclass presentation which described the Greater Manchester context including demographics, implications and opportunities of an ageing population.

- b) Informal Care, Community Resilience and an Ageing Population – The Wigan Borough Approach

The Board considered a presentation which outlined the work of Wigan Council in developing community based informal care services to support older adults.

RESOLVED/-

1. That the presentations be noted.
2. That the GM Health and Wellbeing Interim Board prepares a statement of leadership confirming the partnership commitment to the ambition of the Age-friendly cities model.
3. That the GM Health and Wellbeing Interim Board endorses approaches to support Informal Care models.

3. AGEING WELL – DELIVERY AT PACE AND SCALE (agenda item No. 5b)

Consideration was given to the following three case study presentations after which the meeting broke up into three groups for workshop discussions:

- a) Neighbourhood: Age-Friendly Old Moat
- b) Economy: Older Workers
- c) Ambition for Ageing Programme

RESOLVED/-

1. That the GM Health and Wellbeing Interim Board prepares a statement of support and champions Ageing Well through their local Health and Wellbeing Boards.
2. That a time limited Task & Finish Group is established to further develop the next steps identified at the workshop sessions; with a view to developing an Ageing Well Framework, for consideration at a future meeting of the Board.

APPENDIX

Circulation of Records of Proceedings

EXTRACT FROM THE AGMA CONSTITUTION

(As agreed at the AGM of AGMA held on 29 JUNE 2012)

Sub-committees/Commissions/advisory groups

- 8.6 Following each meeting of any Commission established under clause 8.1¹ above it will be a requirement of the Chair of the Commission, normally within two working days of the Commission meeting to provide the AGMA Secretary with a record of proceedings within two working days of each meeting. The AGMA Secretary will then e-mail a record of proceedings of the meeting to all members of the AGMA Executive Board within two working days of receipt.
- 8.7 Following the issuing of any record of proceedings from a Commission meeting, any Party may, within 5 working days, refer any item considered at that meeting to the AGMA Executive Board for reconsideration, except where it has previously been agreed that this process can be waived as set out in clause 8.4². The Party must set out the reasons for referral in a Notice signed by the Chief Executive of Executive Board member or named substitute appointed under clause 6.1³. The notice must be served in accordance with clause 24⁴ of this constitution.
- 8.8 Any proposed decision on any such issue referred to the Executive Board under clause 8.7 above must be considered at the next meeting of the Executive Board and shall not take effect until after the Executive Board has considered the matter.

For further information contact AGMA Secretary, c/o GMIST, Manchester City Council, P.O. Box 532, Town Hall, Manchester, M60 2LA. 0161 234 4264; or contact j.gaskell@agma.gov.uk

¹ 8.1 The Board may establish sub-committees, commissions and or advisory groups as it may determine.

² 8.4 Any Commission created under clause 8 of this constitution shall be required to produce, on at least an annual basis, a Commission Work Programme for approval by the Executive Board. The Executive Board will indicate when confirming each Commission Work Programme for which elements they are prepared to waive the process described in clause 8.6 and 8.7. If agreement on issues where the Executive Board are prepared to waive the process set out in 8.6 and 8.7 cannot be reached without a vote a 7/3 majority of the participating parties will be needed as set out in clause 12.3 of this agreement.

³ The Board comprises of the Leader plus Elected Mayor of the Council of each of the parties to this agreement. Each of the parties will appoint for each municipal year two additional members of their Executive one of whom may substitute for the Leader as necessary. The parties will inform the Secretary to the Board in writing of these annual appointments.

⁴ Any notice, demand or other communication required to be served under this Agreement shall be sufficiently served if delivered personally to or sent by first class recorded delivery post or email to the GMIST office.

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Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford

Minutes of the meeting held on 27 January 2015

Present:

Councillor E Newman - Chair
Councillor Lloyd - Vice Chair

Manchester City Council - Councillors Reid and Wilson
Trafford Borough Council - Councillors Bruer-Morris, Holden, Procter and Young

Attila Vegh, CEO, University Hospital of South Manchester NHS Foundation Trust
Silas Nicholls, Chief Operating Officer, University Hospital of South Manchester NHS Foundation Trust

Dr Nigel Guest, Chief Clinical Officer, Trafford Clinical Commissioning Group
Gina Lawrence, Director of Commissioning and Operations, Trafford Clinical Commissioning Group
Jessica Williams, NHS England

Apologies:

Councillors Ellison and Rawlins

JHSC/15/01 Minutes

Decision

To approve the minutes of the meeting on 2 September 2014 as a correct record.

JHSC/15/02 Declarations of Interest

The following personal interests were declared:

- Councillor Lloyd declared a personal interest as an employee of the Stroke Association based at Salford Royal NHS Foundation Trust.
- Councillor Bruer-Morris declared a personal interest as a practice nurse at a GP practice in Manchester

JHSC/15/03 Update – New Health Deal for Trafford

The Committee welcomed the Attila Vegh, CEO, University Hospital of South Manchester (UHSM) NHS Foundation Trust; Silas Nicholls, Chief Operating Officer, UHSM NHS Foundation Trust; Dr Nigel Guest, Chief Clinical Officer, Trafford Clinical Commissioning Group (CCG); Gina Lawrence, Director of Commissioning and Operations, Trafford CCG and Jessica Williams, NHS England.

Mr Nicholls informed the Committee that UHSM narrowly missed the 95% Accident and Emergency (A&E) target in Quarter 3 of the 2014/2015 year, achieving 91.95%. He advised that the levels of patients from Trafford attending UHSM are in line with

expectations, however they have identified that they have experienced a 24% increase in those attending in the higher illness category amongst over 75 year olds with respiratory problems. The Committee noted the information and asked if the figures are available regarding the number of readmissions. Mr Nicholls advised these figures are collated and they can be made available for members of the Committee.

Mr Nicholls further advised that the Trust had identified key areas to improve and manage patient flow; these include Internal Processes within the Trust, increased Intermediate Care Support and increased Social Care Capacity. Mr Nicholls advised that to address the issue of Delayed Transfer of Care for those patients who are medically fit but require care packages to be in place to allow them to safely return home, Trafford CCG and Social Services have addressed this by allocating a dedicated Social Worker in the Hospital and they have developed a more flexible approach to buying care packages. Dr Guest advised the Committee that additional funding for Local Authorities to fund Social Care Packages had recently been announced.

In response to a question from a member regarding the increase in presentations of chronic respiratory problems amongst the over 75 year olds Mr Nicholls advised that work is ongoing to address this. He stated that proactive work is being undertaken with both nursing and residential care homes so that those residents who are identified as being at risk receive the correct care and management of their condition to prevent it from escalating. Ms Lawrence informed the Committee that this is one aspect of the work undertaken as part of the proactive Geriatric Outreach Service. This service had been designed so that nurses can monitor residents of both residential and care homes to identify issues and then liaise with GPs and Consultants where necessary to effectively manage their condition. Dr Guest stated that this co-ordinated approach of the Geriatric Outreach Service is very important and will include the co-operation of GP's, Pharmacists and Physiotherapists.

Ms Lawrence advised the Committee that there is an issue regarding Nursing Homes in the Trafford area. She stated that whilst there are enough beds in Trafford they are significantly more expensive than neighbouring areas. To address this, the CCG are seeking to attract more quality providers into the area to help increase competition and offer a more competitive cost. She further advised that whilst Trafford had experienced an increase in demand for care packages, this has been compounded due to the lack of providers able to administer this care. Ms Lawrence advised that funding is available for the care and work is ongoing to commission care providers to address this pressure.

A Member commented that the winter had been relatively mild and enquired what capacity UHSM had to deal with an episode of severe winter weather. Mr Nicholls responded by advising that UHSM would open additional bed space to accommodate any increased demand on services. He stated that measures that can be taken include conversion of surgical wards to an acute ward to create additional bed space. He informed the Committee that this activity is funded through the one off winter pressure monies. Other less favourable options can include the diversion of activity to other hospitals and in extreme cases; hospitals can declare a major incident, whereby all elective work and staff leave is cancelled.

Mr Nicholls further explained to the Committee that in addition to this, work needs to be undertaken to address those patients who attend UHSM A&E Department for whom appropriate care can be provided by alternative provision. He described that on a daily basis of those 250 patients attending, 130 could be treated elsewhere. Members of the Committee followed this observation by commenting that the Urgent Care Centre (UCC) in Trafford remains under utilised by residents. Ms Lawrence advised that work is being undertaken to understand why residents are choosing not to use the UCC despite this facility offering a very quick and efficient service. Dr Guest responded to a question from the Committee stating that a leaflet is to be delivered to every household in the catchment area and work is being undertaken to promote this offer with local GPs. Dr Guest further stated that work needs to be undertaken at a national level to educate the general public with regard to when to attend A&E and when it is appropriate to access alternative sources of advice and care.

The Chair commented that the issue of GP access is an issue of concern for, and closely monitored by, the Manchester Health Scrutiny Committee. He advised that despite the work undertaken the service offered remains inconsistent and a lot more work needs to be done to improve access to GPs. Dr Guest acknowledged that improving GP access is a significant factor in alleviating the pressures experienced by A&E Departments. He stated that it is important that GPs move away from outdated and inefficient ways of operating and that an appropriate level of fit for purpose, value for money GP access is achieved.

Ms Williams acknowledged that there are inconsistencies with regard to the provision of GP access and that work is being undertaken to address this by both NHS England and CCGs via co-commissioning. The Chair stated that the Co-Commissioning of GP services by NHS England and local CCGs had only recently been brought to the attention of the Manchester Health Scrutiny Committee. He expressed his disappointment that this important change had not received any wider national publicity. Ms Williams stated that the governance of Co-Commissioning will be looked at to address conflict of interest issues that may arise.

Ms Williams further advised the Committee that additional funding has been made available through the Prime Ministers Challenge Fund. She explained that this is a fund that has been allocated to help improve primary care access. Ms Williams advised that Bury had successfully bid for £3M funding and are currently rolling out a scheme. A member commented that she had concerns that NHS Services are allocated via a lottery and this was not acceptable.

A member commented that she welcomed the decision of the Care Quality Commission (CQC) to inspect GP practices. She further made reference to the recent reported inspection of a GP practice in Sale. Ms Lawrence responded by stating that the practice referred to in Sale is not closing as a result of the CQC inspection, and that they are working to address the issues identified. She further reassured the Committee that the issues identified during the inspection related to organisational issues and there were no issues relating to patient care.

The Chair commented that the pressures experienced by the A&E Department at UHSM can also be attributed to the closure of the Walk In Centres (WIC) in

Withington and Wythenshawe Forum, a decision that was strongly resisted by the Manchester Health Scrutiny Committee. The Chair enquired if the WIC that had been co-located to UHSM still existed as a distinct and separate service. Mr Nicholls advised that the provision at UHSM functions primarily as an A&E Department. However GPs work to assist with the triage of patients.

Mr Nicholls described to the Committee developments with regard to the extension of the A&E Department at UHSM. He stated that the final design had been signed off and work is due to commence May 2015, with a completion date of July 2016. The Chair requested that information be provided to the Committee regarding the capacity levels to be achieved as a result of this expansion.

Mr Nicholls stated that in addition to increasing the size of the Department it will also see the establishment of a Clinical Decisions Unit. He informed the Committee that evidence indicated that the establishment of such a unit is beneficial for both patients and clinicians as it creates a dedicated space for clinicians to assess, diagnose and make informed decisions regarding the most appropriate patient care pathway. He advised that the ambition is to provide the same level of Consultant and specialist cover at weekends as is available throughout the week; however there are issues surrounding resources and recruitment that need to be addressed.

Decision

1. The Committee thank all colleagues and partners for attending and contributing to the meeting.
2. The Committee reiterates its view that the increased activity at A&E at UHSM is as a consequence of the downgrading of Trafford General Hospital.
3. The Committee acknowledges the importance of maintaining cooperation between CCGs, NHS England and Councils to tackle the increased pressures on UHSM.
4. The Committee note with concern that the pressures exist following a mild winter period and have concerns that this may worsen if we experience a more severe winter.
5. The Committee request further information relating to the re-admission within 28 days rates is circulated to members of the Committee.
6. The Committee welcomes the £12M capital investment in the A&E Department at UHSM and notes the timetable of works. The Committee further requests that information regarding the additional capacity be circulated to members.
7. The Committee request that all updated publicity information relating to the Urgent Care Centre in Trafford be circulated to members as and when this is produced.

TRAFFORD COUNCIL

Report to: Executive
Date: 26 January 2015
Report for: Consideration
Report of: Scrutiny Committee

Report Title

OVERVIEW AND SCRUTINY REVIEW OF THE EXECUTIVE'S DRAFT BUDGET PROPOSALS FOR 2015-16

Summary

The Executive's Draft Budget Proposals for 2015/16 were agreed at its meeting held on 20 October 2014. Two Directorate-based Scrutiny Working Groups were then held during November and December with relevant Executive Members and senior officers.

This report reflects the outcome of those discussions and summarises issues for the Executive's further consideration, in developing its final proposals, and response.

Recommendation(s)

- 1. That the Executive consider and respond to the report and recommendations made.**
- 2. That the Executive note that the Scrutiny Committee and Health Scrutiny Committees are intending to follow up work on a number of areas as part of their future work programmes.**

Contact person for access to background papers and further information:

Name: Peter Forrester, Democratic and Performance Services Manager

Extension: 1815

Background Papers: None

Report Summary

The Budget Scrutiny Report is attached. The Scrutiny process has resulted in a number of recommendations and suggestions for the Executive and these are set out in the report. A summary is set out below:

Key Messages

- **Management Capacity** - Scrutiny Members have significant concerns that the management capacity to manage the scale of the budget reductions and the changes associated with them will be put under severe strain. The reductions in key support services, including Finance, Legal and ICT, where significant reductions are proposed, increase this risk. The Executive must ensure that these risks are managed in a robust manner and should receive timely updates on any adverse consequences of the changes. Scrutiny Committee will also be tracking this issue through the year.
- **Future Budget Planning** - Concern was raised regarding preparedness for 2016/17 service provision under current budget forecasts for that year. In contrast to previous years' budget setting processes, it is not clear that sufficient consideration has been given to requirements of both funding shortfall and allocation is built into the 2015/16 budget to prepare for 2016/17. The Leader indicated to the committee at the outset of the scrutiny process that there will come a point where council tax will need to be increased. In light of DCLG freeze grant arrangements, year two budget planning is therefore particularly relevant to the current process.
- **Performance Management and Quality Assurance Arrangements** - A number of the proposals rely on other providers to deliver services in future. Quality assurance, performance and contract management processes must be robust to ensure that services meet the Council's specification and performance requirements. The Executive need to satisfy themselves that these systems are in place and that managers are using regular and robust information to inform decisions and corrective action needs to be taken at an early stage.
- **Impact on Users** - The session on Children, Families and Wellbeing in particular raised a number of issues where proposals have a potential impact on service users. Equality impact assessments were still in the process of being completed at the time of the meetings so Scrutiny Members were not able to assess this as part of their work. The Executive must demonstrate that they fully understand the impact of changes on users and ensure that robust action plans are in place to address potential problems for vulnerable users. They should monitor the implementation of the changes and ensure that any unintended or unpredicted impacts are identified and addressed.
- **Lobbying** - The Executive should lobby Government for additional funding to ensure that Trafford services to vulnerable people are protected.

Service Specific Issues

- **Supporting People** - Ensure that risks for service users have been properly assessed and that service changes take the risk assessment process fully into account.
- **Mental Health Services** - The Executive must have assurance that services to people with needs will be sufficient and that proposals for savings will not have an adverse impact on vulnerable service users.
- **Mental Health Services** - Ensure that proposals in relation to CAMHS are backed up with plans to mitigate the impact of any reductions in funding.
- **All Age Integrated Health And Social Care** – Ensure that the Council's safeguarding responsibilities are managed through the change process.
- **Learning Disabilities** - Ensure that robust processes are in place to ensure that the savings are achieved and that risks for service users are managed effectively.

- **Early Help Delivery Model** - Ensure that there is adequate time for alternative providers or community groups to put plans in place to take on provision
- **Support Services** - Scrutiny Members are concerned about the issue of capacity to manage change, and in particular unexpected and emerging challenges, and the role of support services in this. The Executive must ensure that these risks are managed in a robust manner and should receive timely updates on any adverse consequences of the changes.

Issues to be added to Scrutiny Committee Work Plans

- Integrated Care Provision (Health Scrutiny Committee)
- Mental Health Services (Health Scrutiny Committee)
- Home to School Transport (Scrutiny Committee)
- Management of and impact of reductions in financial and ICT support services (Scrutiny Committee)
- Joint Venture (Scrutiny Committee)
- School Crossing Patrols (Scrutiny Committee)

BUDGET SCRUTINY 2015/16

Foreword by the Chairman and Vice-Chairman of Scrutiny Committee

We welcome the Executive's decision to consult widely on its budget proposals, and the opportunity for Scrutiny Members to review and comment on them at an early stage.

Budget Scrutiny 2015/16 has once again been a challenge for, and made significant demands on, all those involved. On behalf of Scrutiny Members, we would like to thank the Executive, Corporate Management Team, Scrutiny Councillors and Co-opted Members for their patience and contribution to the process. We would particularly like to thank Councillor Judith Lloyd for chairing the session on Children, Families and Wellbeing.

We have tried to minimise the demands place on Members and Officers this year without diminishing the level of challenge that is expected from the Scrutiny Committees.

Members acknowledged that the Council continues to work within an increasingly challenging financial climate and the focus of Scrutiny input has been on the robustness and deliverability of the current proposals in the light of experience of budget savings already made in previous years, and the potential impact on communities and service users.

It is recognised that a number of detailed proposals have still to come forward as they are still subject to public consultation. We have raised questions on these as part of our work and we hope that these will help to inform the final proposals to be submitted by the Executive.

The main issues that we would draw to the attention of the Executive are:

- Scrutiny Members have significant concerns that the management capacity to manage the scale of the budget reductions and the changes associated with them will be put under severe strain. The reductions in key support services, including Finance, Legal and ICT, where significant reductions are proposed, increase this risk. The Executive must ensure that these risks are managed in a robust manner and should receive timely updates on any adverse consequences of the changes. Scrutiny Committee will also be tracking this issue through the year.
- Concern was raised regarding preparedness for 2016/17 service provision under current budget forecasts for that year. In contrast to previous years' budget setting processes, it is not clear that sufficient consideration has been given to requirements of both funding shortfall and allocation is built into the 2015/16 budget to prepare for 2016/17. The Leader indicated to the committee at the outset of the scrutiny process that there will come a point where council tax will need to be increased. In light of DCLG freeze grant arrangements, year two budget planning is therefore particularly relevant to the current process.
- A number of the proposals rely on other providers to deliver services in future. Quality assurance, performance and contract management processes must be robust to ensure that services meet the Council's specification and performance requirements. The Executive need to satisfy themselves that these systems are in place and that managers are using regular and robust information to inform decisions and corrective action needs to be taken at an early stage.

- The session on Children, Families and Wellbeing in particular raised a number of issues where proposals have a potential impact on service users. Equality impact assessments were still in the process of being completed at the time of the meetings so Scrutiny Members were not able to assess this as part of their work. The Executive must demonstrate that they fully understand the impact of changes on users and ensure that robust action plans are in place to address potential problems for vulnerable users. They should monitor the implementation of the changes and ensure that any unintended or unpredicted impacts are identified and addressed.
- The Executive should lobby Government for additional funding to ensure that Trafford services to vulnerable people are protected.

The sessions identified areas where Scrutiny Members feel there are risks in relation to services or planned savings and we intend to monitor these as part of our work programmes. The issues identified above will inform this work. These include:

- Integrated Care Provision (Health Scrutiny Committee)
- Mental Health Services (Health Scrutiny Committee)
- Home to School Transport (Scrutiny Committee)
- Management of and impact of reductions in financial and ICT support services (Scrutiny Committee)
- Joint Venture (Scrutiny Committee)
- School Crossing Patrols (Scrutiny Committee)

We hope that our Budget Scrutiny will contribute to the decision making process and in ensuring that robust processes are in place to manage changes. We have identified areas where we feel that there are risks to delivery and to users and we look forward to receiving details of how the Executive will address these.

Councillors Alan Mitchell and Mike Cordingley
Chairman and Vice-Chairman, Scrutiny Committee.
December 2014

Directorate Scrutiny

1. Background:

This year the approach to budget scrutiny was agreed by Scrutiny Committee, with a programme designed to forward any recommendations / observations to the Executive at the earliest opportunity in response to its consultation.

The process built on improvements agreed in previous years, giving Scrutiny Members an opportunity for involvement and promoting the Member-led approach in budget scrutiny.

Two Scrutiny Working Groups each took on responsibility for broad service areas - one session to look at Adults and Children's Services chaired by Councillor Judith Lloyd and a second to look at Economic Growth, Environment and Infrastructure and Transformation and Resources which was chaired by Councillor Mike Cordingley. Scrutiny Members agreed to participate in the process according to their particular areas of interest.

The main points arising from the sessions are summarised below.

2. Children Families and Wellbeing Proposals

The Corporate Director for Children, Families and Wellbeing delivered a presentation setting out the implications of the draft budget proposals on services in the Children, Families and Wellbeing Directorate, and a discussion followed where Scrutiny Members took the opportunity to raise questions arising from the presentation and from their review of the draft budget proposals. A summary of the main issues raised and areas for attention are set out below

Equality Impact Assessments

A number of proposals discussed below will have an impact on users and Scrutiny Members did not have an opportunity to review these as part of the scrutiny process as impact assessments were in the process of being prepared.

The Executive must demonstrate that they fully understand the impact of changes on users and ensure that robust action plans are in place to address potential problems for vulnerable users. They should monitor the implementation of the changes and ensure that any unintended or unpredicted impacts are identified and addressed. The Scrutiny Committees will be following up a number of areas and will also review outcomes in light of the assessments.

Reablement, Day Support And Supported Living

Members highlighted the risks around proposals to outsource services and the ability of the private sector to deliver savings of £1.222M. The Members noted the comments of the Corporate Director for Children, Families and Wellbeing that a recent pilot of services delivered by a private sector partner had allowed savings to be made and that the Executive Member for Adults Services also commented that savings will also be achieved through a reduction in the Council's overheads.

Scrutiny Members raised a number of questions about the proposals and asked how the Council will ensure that service providers deliver good quality standards, how performance will be monitored and what action will be taken if performance is not to the required standards. The Working Group was informed that systems to monitor performance are in place and that action is taken where services fall below expected performance. In cases where contractors have failed to meet standards, then the Council has withdrawn from contracts in the past.

Scrutiny Members noted this but commented that the Executive needs to assure itself that such processes are in place to manage the scale of the change and transition. The level of proposed savings is ambitious and failure to deliver the proposals will have a significant impact on the Council's budget.

Supporting People

The Members asked a number of questions about these proposals and noted the Corporate Director for Children, Families and Wellbeing comments that the saving of £230,000 relates to additional support services that are no longer sustainable. They also noted that the Council will still provide the statutory services as required.

Scrutiny Members asked whether the risks for service users have been properly assessed. They were advised that the risk assessment process will be finalised following the completion of the final consultation and that the Executive will review the impact of the draft budget proposals based on this feedback.

Voluntary And Community Sector

Scrutiny Members discussed the reductions in support for the voluntary and community sectors. Members were informed that assessments will be made to ensure that the impact of decisions would be based on a robust assessment.

Mental Health

Members were informed that proposals for savings include reviewing all packages of care to ensure that services meet the needs of the most vulnerable and that people are supported to remain independent. Scrutiny Members highlighted a number of worries about services for people with mental health needs. They want assurance that services to people with such needs will be sufficient and that proposals for savings will not have an adverse impact on vulnerable service users.

Scrutiny Members also highlighted the need to ensure that proposals in relation to CAMHS need to be backed up with plans to mitigate the impact of any reductions in funding.

Given the level of concerns of Scrutiny Members in relation to mental health services, they will review progress over the next 12 months.

All Age Integrated Health And Social Care

The meeting was advised of the proposals to develop a new delivery model with Pennine Care and Trafford CCG to provide integrated health and social care to produce savings of £500,000. There were concerns that the changes would increase pressure on management capacity and whether there will be an adverse impact on the Council's safeguarding responsibilities. Scrutiny Members were advised that bringing services together creates efficiencies by reducing management costs whilst protecting front line services. Safeguarding risks are closely monitored and addressed but there can always be problems that arise.

The Executive needs to ensure that the issue of management capacity is kept under review and that they receive sufficient assurance through the year that plans are on track. The Health Scrutiny Committee has received updates on integrated care and received a further update at its meeting in December. The Committee felt that progress was still at an early stage and they will continue to monitor developments over the next twelve months. Integrated care is vital in terms of ensuring that local health services are able to cope with demand and to deliver significant budget savings.

Learning Disabilities

Members highlighted that substantial savings of £1.448M have been identified and Scrutiny Members asked whether there are risks around achieving this level of savings given their ambitious scale.

Scrutiny Members would like the Executive to ensure that robust processes are in place to ensure that the savings are achieved and that risks for service users are managed effectively.

Early Help Delivery Model

The meeting discussed the £3.209M savings proposed for the redesign of early help services for 0 to 18 year olds, including reviews of children's centres, youth services, educational welfare, early help commissioned services and Connexions.

Scrutiny Members discussed the potential impact of reductions of services on young people. Concerns were expressed that the timescales for the reductions are extremely challenging and that there may not be adequate time for alternative providers or community groups to put plans in place to take on provision which would be to the detriment of local people.

Scrutiny Members noted the comments of the Executive Member that the proposals were still subject to consultation and that all alternatives will be explored and that the proposals around early help hubs are intended to achieve the greatest reach across the borough.

The Executive is requested to bear in mind the comments about the need to ensure that adequate time is given for alternative providers to put arrangements in place.

Home To School Transport

The Scrutiny Committee has previously raised issues and concerns about the management of the changes to the home to school transport service and has appointed a small Working Group to look at how this is progressing and the lessons learnt. The Committee will continue to monitor the robustness and efficiency of current provision together with the impact of changes and report to the Executive on its findings early in 2015.

3. Transformation and Resources Proposals

The Executive Members for Transformation and Resources, Finance and Communities and Partnerships jointly delivered a presentation setting out the implications of the draft budget proposals on services in the Transformation and Resources directorate, and a discussion followed where Scrutiny Members took the opportunity to raise questions on each of these services.

Libraries

Scrutiny Members considered the proposals to save £700,000 from the Libraries budget. They noted that the proposals were subject to a detailed consultation exercise and that they were not able to make a fully informed contribution at this stage.

The main areas of focus were the ability of the Council to meet the continued demand for library services and recognising that libraries are used by communities and groups for a wide range of purposes, and significantly in relation to access to I.T. provision which was itself a gateway to other services.

Support Services

In the context of reducing budgets and increasing demands on front-line services and those delivering them, Members expressed concerns about the reductions in the finance services and the risks that service managers will not receive required levels of financial support. They agreed with the principle that managers should assume responsibility for managing their budgets but would like assurance that managers will receive full training to enable them to do this with sufficient rigour. They noted the Executive's assurance that systems to monitor implementation will be put in place and that risks will be assessed and dealt with. This is a business critical issue – poor budget monitoring could lead to significant problems in the future.

There are similar concerns about the £750,000 reductions in ICT and the ability of the Council to respond to changes and technological developments, which in turn might compromise the Council's ability to respond efficiently and flexibly to future service pressures. The meeting noted that the Executive Member has identified the need to reduce the Council's overheads and the service focus on supporting off the shelf packages rather than development activity but wish the Executive to be aware of their concerns.

Scrutiny Members are concerned about the issue of capacity to manage change, and in particular unexpected and emerging challenges, and the role of support services in this. The Executive must ensure that these risks are managed in a robust manner and should receive timely updates on any adverse consequences of the changes.

Scrutiny Members identified the implementation of changes to support services as an area for further review in the next twelve months.

4. Economic Growth, Environment and Infrastructure Proposals

The Corporate Director for Economic Growth, Environment and Infrastructure delivered a presentation setting out the implications of the draft budget proposals on services in the Directorate, and a discussion followed where Scrutiny Members took the opportunity to raise questions on each of these services.

It was emphasised that the Joint Venture proposals – covering significant elements of the directorate’s proposed savings - were subject to a more detailed review in the New Year and Scrutiny Committee will consider this at their meeting on 4 February 2015 prior to any final decisions being made.

A summary of the main risk areas discussed by the Scrutiny Working Group is set out below.

School Crossing Patrols – £145,000

Scrutiny Members discussed the proposals to save £145,000 from the School Crossing Patrol budget and sought assurances that changes to the service would not result in risks to children crossing roads. The meeting was provided with information about the approach that was being adopted to mitigate these risks. The Executive Member for Environment and Operations stated that the proposals were still subject to consultation and final decisions would be made in light of this.

Scrutiny Members indicated that they will wish to follow this up at a future meeting of the Scrutiny Committee as it was essential to maintain public confidence in light of the fact that the majority of changes were falling disproportionately on the Stretford/Old Trafford area.

Fees And Charges

Questions were raised about the increases in fees for bereavement services and car parking. Members of the Scrutiny Working Group indicated that they felt the case for the car parking fees increase had been well made; but requested further information on the extent to which increased fee income in Bereavement would be used to support that specific service area.

Joint Venture

A further session on the Joint Venture will be held by Scrutiny Committee. Members identified a number of issues that they wish to pursue further at the meeting.

- Whether the savings originally anticipated as a result of the JV are still achievable.

- Whether further savings in future years will be achievable. Scrutiny Members have some concerns that future flexibility to achieve savings may be limited once the Council enters into a longer term contract.
- The robustness of further savings as a result of recycling activity, particularly in view of the volatility of the waste levy regime. There are concerns that future savings are reliant on citizen participation and whether this is a realistic assessment.
- More broadly, Members raised queries regarding the Executive's confidence in the evidence base to justify the assumption that a more responsible approach would generate reductions in demand for environmental services.

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Agenda Item 3c

TRAFFORD COUNCIL

Report to: Executive
Date: 18 February 2015
Report for: Decision
Report of: Executive Member for Finance and the Director of Finance

Report Title

Executive's Response to Scrutiny Committee's Recommendations to the Budget Proposals for 2015/16

Summary

At the previous meeting of the Executive a report from the Scrutiny Committee, setting out their findings from the review of the Executive's draft budget proposals for 2015/16, was presented.

The Executive is appreciative of the value that the Scrutiny Committee brings to the formulation of the budget proposals and is in agreement with their findings.

Some initial responses to Scrutiny are included in the report and the Executive looks forward to working with Scrutiny during the forthcoming year in their planned work programme.

Recommendation(s)

It is recommended that the response to Scrutiny be approved and that the Executive welcomes the opportunity to work with Scrutiny during the course of the coming year on their follow up work.

Contact person for access to background papers and further information:

Name: Ian Duncan
Extension: 1886

Background Papers: None

Implications:

Relationship to Policy Framework/Corporate Priorities	The Scrutiny review of the budget is a requirement of the budget policy framework. It is relevant to all corporate priorities.
Financial	There are none arising from this report.
Legal Implications:	The Scrutiny review of the budget is a requirement of the Council's constitution.
Equality/Diversity Implications	None arising from this report
Sustainability Implications	None arising from this report
Resource Implications e.g. Staffing / ICT / Assets	None arising from this report
Risk Management Implications	None arising from this report
Health & Wellbeing Implications	None arising from this report
Health and Safety Implications	None arising from this report

Background

1. The Executive published its draft budget proposals for 2015/16 on 20th October 2014. In accordance with the Council's constitution the Scrutiny Committee reviewed the proposals during November and December and produced a report on its findings in January 2015; this was formally reported to the Executive on 26 January and can be found on the Council's website: [Agenda for Executive on Monday, 26th January, 2015, 1.00 pm](#)
2. The Executive recognises many of the issues identified in the Scrutiny report and welcomes the opportunity of working with the Committee on its planned work programme during the coming financial year.
3. Initial comments and observations of the Executive in response to some of the matters raised by Scrutiny are included in the attached annex but a fuller response will be more appropriate and meaningful at the time Scrutiny meets during the year to receive updates and discuss the various matters it has identified.

Other Options

Not applicable

Consultation

The report is in response to the consultation carried out by the Scrutiny Committee.

Reasons for Recommendation

The report is in response to the consultation carried out by the Scrutiny Committee.

Key Decision: No

Finance Officer Clearance (type in initials).....ID.....

Legal Officer Clearance (type in initials).....JL.....

[CORPORATE] DIRECTOR'S SIGNATURE (electronic).....

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

INITIAL EXECUTIVE RESPONSE TO SCRUTINY FINDINGS ON DRAFT BUDGET 2015/16

Key Message	Comments
Management Capacity	<p>Management capacity within the organisation will be a challenge given the scale of change required and the on-going need to reshape services and the organisation to meet the continuing financial strictures. However, by ensuring the major change programmes are led by Senior managers including the Chief Executive, ensures that there are structured governance arrangements in place that then feed into the overall leadership and senior management arrangements. Capacity at this level will continue to be monitored.</p>
Future Budget Planning	<p>We do not disagree that 2016/17 and beyond will present a significant challenge to balance the budget in those years. The focus in this budget round though was deliberately on 2015/16 because of the sheer scale of the task, the level of savings required being the largest in the Council's history, and capacity was directed to this challenge.</p> <p>Since the draft budget was released in October 2014 the Executive has approved the release of £500k from reserves to boost capacity in CFW to help deliver savings in 2015/16 and to formulate plans for 2016/17. Also a further £170k has been included in the proposed base budget i.e. a recurring amount to aid capacity.</p> <p>In addition the Chief Executive has formed a CFW Programme Board to identify and deliver a service transformation and savings plan over the next two years.</p>
Performance Management & Quality Assurance Arrangements	<p>The Council has a long history of working with other providers delivering services under contractual and partnership arrangements. Through the Reshaping Trafford programme it is expected that similar arrangements will be developed to cover a wider range of services.</p> <p>To support this the Council has established a new contract management team within the EGEI Directorate. Initially this team will be responsible for managing the new Joint Venture contract for Environmental Services (subject to approval of the Executive on the 16th March 2015 to award the contract) but, supported by the newly appointed Commercial Director, they will provide contract and performance management expertise which can be shared across the Council. This expertise includes establishing relevant quality assurance and performance</p>

	<p>management regimes prior to the award of contracts, developing appropriate commercial arrangements, and managing contract delivery. More detail on the specific arrangements put in place for managing the Joint Venture contract will be included in the report to Executive on the 16th March.</p> <p>With regard to CFW proposals, an outcome of the consultation process was that services highlighted in the report which were planned to be commissioned from the external market will continue to be provided by internal services;</p> <ul style="list-style-type: none"> • Reablement • Building Based Day Support • Supported Accommodation <p>CFW has strong integrated commissioning arrangements in place to monitor performance and quality assurance of external providers. These are already operating for external services such as residential care, children with complex additional needs, home care and family support. Quarterly monitoring of providers using Service Improvement Tools as a mechanism to manage performance works effectively. Other examples include a safeguarding alert system for some services and Service Improvement Plans that are used with Home Care and Residential/Nursing providers to tackle any concerns that are highlighted.</p>
Impact on Users	<p>Equality Impact Assessments have been published with the Executive Report and provided to elected members to inform decision making. The impact on users will continue to be monitored and an evaluation of the implementation will be conducted once the changes have been embedded and can be shared with Executive at that point.</p>
Lobbying	<p>All local authorities in England will be lobbying in their preferred way. We are supportive of lobbying and our view is this is likely to be more effective through discussion with senior civil servants and politicians. We also work with the Local Government Association.</p> <p>Some of this has paid off with £74m (to be distributed amongst upper tier authorities) recently being announced as part of the final grant settlement for 2015/16 and also £25m (national total) to named authorities, including Trafford, in 2014/15.</p>

	Nevertheless it should be recognised that lobbying is only likely to affect our funding at the margin; significant spending reductions are still expected to be necessary irrespective of the outcome of the General Election in May 2015.
Service Specific Issues	Comment
Supporting People	This is a discretionary preventative services that was initially established using the ringfenced Supporting People grant that has subsequently been mainstreamed. The contract is due to finish at March 31 st 2015 and the impact assessment in relation to the removal of the floating support service identified that there were sufficient alternative options for services users.
Mental Health Services	The Adult Mental Health proposal looks at reviewing cases and moving to a more personalised model to release funding and should not have a detrimental impact on the how we meet eligible need. The CAMHS reduction relates to part of the LA contribution which is a small part of the overall CAMHS budget and a service review is being undertaken which will revise the model of delivery and should mitigate the impact of this saving. We are happy to provide updates to Scrutiny as this progresses.
All Age Integrated Health and Social Care	Proposals for an All Age Integrated Health and Social Care are still at an early stage and risks in relation to safeguarding and management capacity will be closely monitored as the project progresses.
Learning Disabilities	This relates to a number of defined projects that are being managed through a structure programme management approach to mitigate risks to service users and delivery of savings targets.
Early Help Delivery Model	During the consultation period very constructive discussions have been undertaken with elected members, partner agencies and community groups. This has enabled options to be included in the consultation outcome report to sustain some provision that the Council is no longer able to fund or deliver directly. Good examples of this are Gorse Hill Studios which we are confident will be established as a Community Interest Company from 1 st April, BlueSci's work on youth provision in Broomwood and the potential to sustain youth sessions in Lostock through the local partnership. The proposed Youth Trust will establish a sustainable future model that is community led although it is likely this will take some time to fully implement. We are planning to directly commission some early help services on an interim basis to cover

	identified gaps in 2015-16 whilst if there is a delay in establishing new arrangements.
Support Services	<p>There are significant reductions in key support services which reflect changes made previously across other support services, so we do have experience of working within these new arrangements. Support Services generally will need to be focussed on providing the tools which allow/ensure managers can manage and deliver services efficiently and effectively whilst ensuring there are appropriate corporate checks and measures in place. Support services will also provide governance and probity to the change programmes in place. This will mean working differently, investing in new systems and processes and withdrawing from hand holding activities.</p> <p>These revised arrangements will be monitored closely.</p>