Α	aer	nda	Item	No.	13

Part 1	Х	Part 2	
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NHS TRAFFORD CLINICAL COMMISSIONING GROUP GOVERNING BODY 24th JUNE 2014

Title of Report	Performance and Quality Report.
Purpose of the Report	This paper updates the Governing Body on the performance challenges at the CCG's two main acute providers, University Hospital South Manchester (UHSM) and Central Manchester Foundation Trust (CMFT).
	Unfortunately, CCG performance information is not available for inclusion in this report. The Trafford server, on which all performance and quality work is stored, crashed at the end of May. The Information Technology (IT) Service has advised the CCG it will not be possible to recover all performance data files.
	Work has now begun to re-establish the data flows into the warehouse and re-develop performance scorecards. In view of this, there is no CCG scorecard but the team will be back in a position to report by the first week in July.
	This paper also provides an update in relation to quality issues for commissioned providers.

Actions Requested	Decision		Discussion	х	Information	х			
Strategic Objectives Supported by the Report	1. Consiste standare	-	achieving local	and r	national quality	✓			
	from pri	mary care	care and come and commu	munity		√			
	Reduce the gap in health outcomes between the most and least deprived communities in Trafford.								
	4. To be a	finan	icial sustainable	econ	omy.	√			

Recommendations	The NHS Trafford Governing Body is asked to note the contents of this report and support the improvement work
	taking place.

Discussion history prior to the Governing Body	N/A
Financial Implications	Some indicators carry a financial penalty for non delivery.
Risk Implications	There is a risk that providers do not achieve all contractual targets. Where this is the case, these have been identified on the CCG's risk register and remedial action plans at the Trusts are in place.
Impact Assessment	N/A
Communications Issues	N/A
Public Engagement Summary	N/A

Prepared by	Zoe Mellon, Performance Lead. Kate Lord, Quality Lead
Responsible Director	Michelle Irvine, Associate Director of Performance and Quality.

PERFORMANCE REPORT

1.0 INTRODUCTION AND BACKGROUND

- 1.1 This paper updates the Governing Body on the performance challenges at the CCG's two main acute providers, University Hospital South Manchester (UHSM) and Central Manchester Foundation Trust (CMFT).
- 1.2 Unfortunately, CCG performance information is not available for inclusion in this report. The Trafford server, on which all performance and quality work is stored, crashed at the end of May. The Information Technology (IT) Service has advised the CCG it will not be possible to recover all performance data files.
- 1.3 Work has now begun to re-establish the data flows into the warehouse and redevelop performance scorecards. In view of this, there is no CCG scorecard but the team will be back in a position to report by the first week in July.
- 1.4 Attached in Appendix A is a scorecard of the contractual targets and performance in April 2014. This paper highlights three areas of underperformance at each Trust, these areas are:

UHSM

- Access to A&E
- The number of days lost to delayed transfers of care
- Waiting times for diagnostic tests

CMFT

- Access to A&E
- Waiting times for diagnostic tests
- Stroke care

2.0 UNIVERSITY HOSPITAL SOUTH MANCHESTER

A&E Waiting Times

- 2.1 In April 2014, the Trust achieved 90.2% against an operational standard of 95%. Daily monitoring throughout May and June shows it is now impossible for the Trust to achieve the target across quarter 1.
- 2.2 An organisational action plan has been agreed by the Trust's Executive Team and shared with the CCG. This action plan focuses on the distinct areas:
 - processes and practices in the A&E department.
 - flow through the hospital.
 - ensuring effective patient discharges and reducing patient delays.

Delayed Transfer of Care

- 2.3 It has been agreed that the health economy, facilitated by the Urgent Care Operational Group, will work together providing an intensive focus on reducing the current levels of delayed transfers of care.
- 2.4 As at the 4th June, when this work began, there were 34 Trafford and Manchester patients in hospital beds who were medically fit for discharge. The Urgent Care Operational Group has identified the main issues and immediate actions:

Manchester CCGs

- 17 Manchester patient delays, primarily for issues relating to social services.
- Additional funding has been secured for two social workers to speed up assessments and access to re-ablement.

Trafford CCG

- 17 Trafford delays, primarily due to a delay in receiving the final decision on CHC funding and the speed of assessment by the RAID Team.
- Commitment has been made to review the process and communication issues in both these areas.
- Additional social services support will be available.
- 2.5 The Urgent Care Operational Group has also initiated the following key actions to be completed over the coming weeks:
 - Hold daily tactical meetings to look at patient level issues.
 - Review all patients with a length of stay over 14 days and those medically fit for discharge on a daily basis.
 - Assign an owner to each patient delay. The owner has the responsibility of unblocking barriers to discharging the patient.
 - Re-look at the standard operating procedure that was developed a couple of years ago to support effective discharge procedures.
 - Re-look at the daily processes of pulling patients through the system to prevent patients being in hospital beds longer than necessary.
 - Identify and escalate to the Urgent Care Board any issues that cannot be resolved at the daily tactical meetings on a fortnightly basis.
 - Produce a daily progress report to key senior staff.

Diagnostic Waits

- 2.6 UHSM has failed this target in April and expects to do so in May, this is due to long waiting times for Neurophysiology Testing.
- 2.7 UHSM has an SLA with Salford for the provision of this service. The service is run on a small number of staff which means at times of staff absences, there is a gap in provision.
- 2.8 Salford has been asked for an action plan, however, it is felt this is a short term capacity constraint and not an ongoing problem.

3.0 CENTRAL MANCHESTER FOUNDATION TRUST

A& E Waiting Times

- 3.1 In April 2014, the Trust achieved 93.3% against an operation standard of 95%.
- 3.2 The Trust has confirmed it expects to achieve quarter 1 performance and daily monitoring shows improvement. As at 4th June performance was 94.45%.
- 3.3 The Trust is undertaking some specific actions to help achieve and maintain performance. These include:
 - Reviewing and implementing the recommendations by Finnamore Consulting who recently undertook a number of rapid improvement events with clinicians.
 - Middle grade staff available to assist in the overnight management of the minor's stream.
 - On-call managers are on site until 2am.
 - Continuing to house a booking clerk in A&E to divert appropriate patients to primary care by booking patients into GP appointment slots.

Diagnostic Waiting Times

3.4 Delays in Adult MRI scanning and children's endoscopies is now resolved. However, waiting times for children's MRI scans is an issue. The waiting times will reduce throughout quarter 1, with achievement of the target from July onwards. Contractual penalties will apply for non-delivery of the 6 week standard.

Stroke care

- 3.5 CMFT presented to the CCG the findings of the most recent Sentinel Stroke National Audit programme (SNNAP) audit. Encouragingly, the Trust has improved from an E to a D rated organisation. There is a comprehensive action plan in place to improve across all the SNNAP indicators. The CCG has agreed some additional immediate actions, these include:
 - The Trust will ensure their internal action plan is aligned to the contractual indicators as well as the SNNAP standards.
 - The Stroke Improvement Forum chaired by the Performance & Quality Team will be re-established.
 - The Trust will ensure a Route Cause Analysis (RCA) is undertaken for all patients not completing 90% of their stay on a stroke unit. The outcome of these will be discussed at the Stroke Improvement Forum.
 - The Trust will submit SNNAP data to the CCG on a monthly basis in advance of the quarterly audits being published.
- 3.6 The Trust plan will continue to be a one year plan until the longer term future of stroke services across Greater Manchester is determined.

4.0 CONCLUSION

4.1 The NHS Trafford Governing Body is asked to note the contents of this report and support the improvement work taking place.

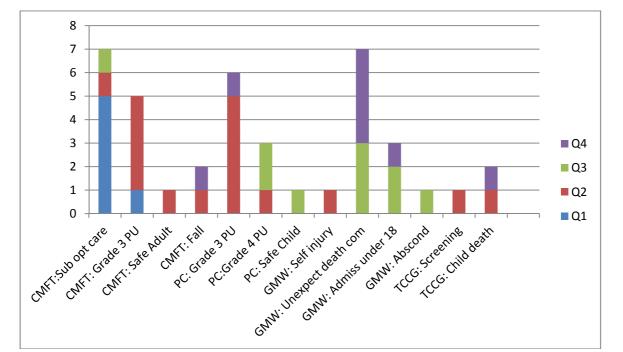
QUALITY REPORT

5.0 INTRODUCTION AND BACKGROUND

5.1 The purpose of this paper is to provide an update in relation to quality issues for commissioned providers.

6.0 SERIOUS INCDIENT QUARTER 1-4 2013/14

- 6.1 Serious incidents in healthcare are uncommon but when they occur the National Health Service (NHS) has a responsibility to ensure there are systematic measures in place for safeguarding people, property, NHS resources and reputation. This includes responsibility to learn from these incidents to minimise the risk of them happening again.
- 6.2 The following graph shows serious incidents involving Trafford CCG patients from quarter 1-4 2013/14. Please note up until April 2014, UHSM did not identify within serious incident reports which CCG the patient was under. They have now agreed to do this and these figures will be included in any serious incident update moving forward.



TCCG Serious Incidents Q1-Q4

7.0 QUALITY ISSUES CMFT

- 7.1 There were concerns raised following a National Peer Review Visit of Paediatric Diabetes Services to CMFT. In relation to the Trafford division the reviewers were concerned that the service did not have sufficient clinical support. This was raised formally with the Trust at the Quarterly Quality Monitoring Meeting and the CCG will receive a copy of the response to the Peer Review Team on the 20th of June in line with the timeframes as outlined in the letter to the Trust.
- 7.2 There are two historic alerts outstanding on the national patient safety agency (NPSA) system from 2011 and 2012 in relation to Trafford General Hospital prior to the Trust being acquired by CMFT. CMFT have provided assurance that these alerts have been implemented. They have now closed these alerts.
- 7.3 CMFT were inspected by the CQC in December, the report was released on the 12th of April. They were served an improvement notice in relation to two standards Outcome 5 (Nutrition) and Outcome 21 (Records). The CQC judged the findings in respect of both Outcome 5 and Outcome 21 as having a minor impact on people who use the service. An action plan has been received from the Trust in respect to both outcomes.
- 7.4 CMFT have received a CQC Maternity outlier alert in relation to puerperal sepsis within 42 days of delivery The deadline for response back to CQC is the 19th of June and the CCG will be copied into this response

8.0 QUALITY ISSUES UHSM

- 8.1 Monitor have placed UHSM in breach. UHSM have appointed a turnaround director to help it deal with short-term financial problems. UHSM has also undertaken a review of its leadership and how it is run. Monitor will continue to review the Trusts action plan in relation to A&E performance.
- 8.2 UHSM were inspected by CQC. The themed inspection was undertaken in January 14 against the Essential Standards of Care. UHSM were issued a compliance action in relation to Outcome 16- Assessing and monitoring the quality of service provision. The areas of concern identified were in relation to Dementia Strategy and care. The CCG have received the Trusts action plan in relation to this and it will be the focus of the next walk round visit.
- 8.3 UHSM is not compliant with its statutory or contractual duties in respect of equality and diversity. It has developed an action plan which will be overseen by South Manchester CCG until this plan is fully implemented.

9.0 RECOMMENDATIONS

9.1 The Governing Body is asked to note the contents of this report, the approach that is being taken presently to manage quality within Commissioned Providers and consider any further assurance that they would like in relation to the issues highlighted in this report.

UHSM KPIs 2014-15

III CCC.III GII	chesterCCGsSLAM@r	<u>nhs.net</u>																				
ode - Provider g Contracts	Indicator name	Detail	Threshold	Frequency	Number Type	Completed Fields	ta Input Line	Year to Date Performa	2014-15 (Annual	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
							Dat	nce	Indicator)			Q1 14-15			Q2 14-15			Q3 14-15			Q4 14-15	
CB_B1 A			90%	Monthly	Percent	Apr-14		91.9%		91.9%												
	Referral to Treatment	The Percentage within 18 weeks for Completed Admitted RTT Pathways			Numerator	Apr-14	γ	2,043		2,043												
					Denominator	Apr-14	Υ	2,224		2,224												
CB_B2 A			050/					07.20/		07.20/												
CB_B2 A	Referral to Treatment	The Percentage within 18 weeks for Completed Non-Admitted RTT	95%	Monthly	Percent Numerator	Apr-14	v	97.2%		97.2 %												
		Pathways			Denominator	Apr-14	Y	2,562		2,562												
CB_B3 A	Referral to	The Percentage within 18 weeks for	92%	Monthly	Percent	Apr-14		95.3%		95.3%												
	Treatment	Incomplete RTT Pathways			Numerator Denominator	Apr-14 Apr-14	Y	18,164		18,164 19,057												
CB_S6 B	Referral to Treatment	The Number of RTT Pathways > 52 weeks for Incomplete Pathways	0	Monthly	Number	Apr-14	Y	0		0												
co ri			0001	NA	Day	, ,		4.701		1 70												
CB_B4 A	Diagnostic Test	The Percentage of Patients waiting less than 6 weeks for a Diagnostic	99%	Monthly	Percent	Apr-14	v	1.7%		1.7%												
	Waiting Times	Test (15 Key Diagnostic Tests)			Numerator Denominator	Apr-14 Apr-14	Y	72 		72 4,275												
								00 511														Monthly reported figure is the
CB_B5 A	A&E Waiting Times	Percentage of Patients spending 4 hours or less in A&E NB Reported Performance each Month is YTD to	95%	Monthly	Percent	Apr-14	v	7,254		90.2%												YTD activity
		that Month			Numerator Denominator	Apr-14 Apr-14	Y	8,038		8,038												
CB_B6 A	Cancer 2 Week	Percentage of Patients seen within	93%	Monthly	Percent	na																Reported 1 month retrospectiv
	Waits	two weeks of an urgent GP Referral for Suspected Cancer			Numerator	na	Y															
					Denominator	na	7															
CB_B7 A	Carran 2 Week	Percentage of Patients urgently	93%	Monthly	Percent	na																Reported 1 month retrospective
	Cancer 2 Week Waits	referred for Evaluation/Investigation of "Breast Symptoms" seen within 14 days			Numerator	na	Y															
					Denominator	na	Υ															
CB_B8 A		Percentage of Patients Receiving	96%	Monthly	Percent	na																Reported 1 month retrospective
	Cancer 31 Day Waits	First Definitive Treatment for Cancer within 31 days of a Cancer Diagnosis			Numerator	na	Y															
					Denominator	na	Y															
CB_B9 A			94%	Monthly	Percent	na																Reported 1 month retrospectiv
	Cancer 31 Day Waits	Percentage of Patients Receiving Subsequent Surgery within a			Numerator	na	Υ															
	-	maximum Waiting Time of 31 Days			Denominator	na	Y															
			000/																			Reported 1 month retrospectiv
CB_B10 A	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Anti-Cancer Drug Regimen within a maximum	98%	wionthly	Percent Numerator	na na	Y															neported 1 month retrospectiv
		Waiting Time of 31 Days			Denominator	na na	Y															
CB_B11 A	Cancer 31 Day	Percentage of Patients Receiving a Subsequent/Adjuvant Radiotherapy	94%	Monthly		na																Reported 1 month retrospective
	Waits	Treatment within a maximum Waiting Time of 31 Days			Numerator Denominator	na na	Y															
	'																					
CB_B12 A	Cancer 62 day	Percentage of Patients Receiving First Definitive Treatment for Cancer	85%	Monthly	Percent	na																Reported 1 month retrospectiv
	waits	within 62 Days of an Urgent GP Referral for Suspected Cancer			Numerator	na na	Y															
					Denominator	na	,															
CB_B13 A	- Cancer 62 day	Percentage of Patients Receiving First Definitive Treatment for Cancer	90%	Monthly	Percent	na																Reported 1 month retrospectiv
	waits	within 62 Days of Referral from an NHS Cancer Screening Service			Numerator	na	Y															
		32.1			Denominator	na	Y															
CB_B14 A		Percentage of Patients Receiving	85%	Monthly	Percent	na																Reported 1 month retrospective
	Cancer 62 day waits	First Definitive Treatment for Cancer within 62 Days of a Consultant			Numerator	na	Y															
		Decision to Upgrade			Denominator	na	Υ															
CB_B17 A	Mixed Sex	MSA Breaches - No of Patients	0	Monthly	Number	Apr-14	γ	0		0												
-	Accommodation		_	,,																		

UHSM KPIs 2014-15

CMCCG.M	lanchesterCCGsSLAM@	nhs.net																				
Code - Provider Contracts	Indicator name	Detail	Threshold	Frequency	Number Type	Completed Fields	Data Input Line	Year to Date Performa	2014-15 (Annual Indicator)	Apr-14	May-14	Jun-14 Q1 14-15	Jul-14	Aug-14	Sep-14 Q2 14-15	Oct-14	Nov-14	Dec-14 Q3 14-15	Jan-15	Feb-15	Mar-15 Q4 14-15	Comments
	Mixed Sex Accommodation	MSA Breaches - No of Days	0	Monthly	Number	Apr-14	Y	nce 0		0		Q1 14-15			Q2 14-15			Q3 14-15				For calculation of Financiol Penalty
CB_B18	A	Percentage of Patients not offered	0	Quarterly	Percent	na																
	Operations	another Binding Date within 28 days of a Cancelled Operation			Numerator Denominator	na na	Y															
	Cancelled	Number of Urgent Operations																				
CB_S10	Operations	Cancelled for a Second Time	0	Monthly	Number	Apr-14	Y	0		0												
CB_A15	B HCAI	Overall Number of Cases of MRSA Bacteraemia - AVOIDABLE	0	Monthly	Number	Apr-14	Y	0		0												
CB_A15	B HCAI	Overall Number of Cases of MRSA Bacteraemia - UNAVOIDABLE	0	Monthly	Number	Apr-14	Y	0		0												
CB_A16	B HCAI	Overall Number of Cases of C. Difficile - NHS Patients	39	Monthly	Number	Apr-14	Y	3		3												
CB_S7a	Ambulance Handover	Ambulance Handover Delays of over 30 minutes	0	Monthly	Number	Apr-14	Y	47		47												
СВ_57Ь	Ambulance Handover	Ambulance Handover Delays of over 1 hour	0	Monthly	Number	Apr-14	Υ	1		1												
NWA1				Monthly	Percent	Apr-14		78.4%		78.4%												
	Ambulance	Compliance with Recording Patient Handover between Ambulance and A&E			Numerator	Apr-14	Y	1,648		1,648												
		Excessive Delays (>2hrs) on the part			Denominator	Apr-14	7	2,101		2,101												
NWA3	Ambulance	of Ambulance of Acute Trusts (minutes)		Monthly	Number	Apr-14	Y	0		0												
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	Monthly	Number	Apr-14	Y	0		0												
No Ref01	B VTE Risk	Percentage of all adult patients who have had a VTE risk assessment	95%	Monthly	Percent	Apr-14		95.1%		95.1%												
	Assessment	using an assessment tool approved by the commissioner			Numerator Denominator	Apr-14 Apr-14	Y	6,700 7,045		6,700 7,045												
No Ref02	⁸ Formulary	Failure to publish Formulary		Monthly	Rating	na	Y			Yes												
No Ref03	B Duty of Candour	Duty of Candour		Monthly	Rating	Apr-14	Y	0		0												
No Ref04	В	Completion of a valid NHS Number	99%	Monthly	Percent	Apr-14		99.8%		99.8%												
	NHS Number	field in mental health and acute commissioning data sets submitted via SUS			Numerator Denominator	Apr-14 Apr-14	Y	57,351 57,477		57,351 57,477												
GM06	a		80%	Monthly		Apr-14		80.6%		80.6%												
	Stroke	Quality stroke care - patients who spend at least 90% of their inpatient stay on a stroke unit		,	Numerator	Apr-14	Υ	25		25												
					Denominator	Apr-14	Y	31		31												
GM07	Stroke	Quality stroke care - proportion of patients arriving in a designated stroke bed within 4 hours of arrival	80%	Monthly	Percent Numerator	Apr-14	Y	72.7%		72.7%												
					Denominator	Apr-14	Y	22		22												
GM08	C1 Stroke	Quality stroke care - proportion of high risk TIA cases investigated and	60%	Monthly		Apr-14		100.0%		100.0%												
		treated within 24 hours			Numerator Denominator	Apr-14 Apr-14	Y	13		13 13												
GM14	а	All patients on wards with daily pharmacy visit should have	Q1/2: 70% Q3/4: 75%	Monthly	Percent	Apr-14		77.4%		77.4%												
	Pharmacy	medicines reconciled by a pharmacist within 48 hours of admission and have agreed data	. ,		Numerator Denominator	Apr-14	Y	1,500		1,500 1,937												
		recorded on admission All patients on wards with daily	Q1/2: 65%					-,														
GM13	Pharmacy	pharmacy visit should have medicines reconciled by a pharmacist within 24 hours of admission and have agreed data	Q3/4: 70%	Quarterly	Percent Numerator	na na	Y															
		recorded on admission			Denominator	na	Υ															

UHSM KPIs 2014-15

CMCCG.ManchesterCCGsSLA	M@nhs.net																				
Code Provider					Completed	, but	Year to Date	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	
Contracts Indicator na	e Detail	Threshold	Frequency	Number Type	Fields	Data Ir Line	Performa nce	(Annual Indicator)			Q1 14-15			Q2 14-15			Q3 14-15			Q4 14-15	Comments
							lice				Q1 14-15			Q2 14-15			Q3 14-15			Q4 14-15	
D03 D	Continue to improve compliance with provision of shared care		Quarterly	Percent	na																
Pharmacy	protocols for amber drugs (amber drugs as defined in the GMMMG			Numerator	na	Υ															
	RAG list)			Denominator	na	γ															
D02 D	Evidence of a strategy to bring		Quarterly	Percent	na																
Pharmacy	arrangements for homecare medicines in line with nationally			Numerator	na	γ															
	agreed best practice			Denominator	na	γ															
RHB1 C2			Monthly	Percent	Apr-14		9.3%		9.3%												
Readmissions	Readmissions within 28 days - COPD																				
	patients			Numerator	Apr-14	γ	4		4												
				Denominator	Apr-14	Y	43		43												
RHB3 C2 No Admission			Banash'	Danasak	A 1/		0.0%		0.0%												
hospital within	91 caseload who have not been		Monthly	Percent	Apr-14																
days of Referr				Numerator	Apr-14	Y	0		0												
				Denominator	Apr-14	Υ	12		12												
STP1 C2	% Did not attend (DNA) rate for all		Monthly	Percent	Apr-14		11.3%		11.3%												
DNA Rates	clinic based appointments - COPD & Physiotherapy Patients			Numerator	Apr-14	Υ	32		32												
				Denominator	Apr-14	Υ	284		284												
STP2 C2	% Could not access (CNA) rate for al		Monthly	Percent	Apr-14		3.1%		3.1%												
CNA Rates	home based visits - COPD &			Numerator	Apr-14	Υ	9		9												
	Physiotherapy Patients			Denominator	Apr-14	Υ	293		293												
D05 D	% of complaints responded to within	n 90%	Monthly	Percent	Apr-14		89.7%		89.7%												
Complaints	timescale agreed at the outset upon receipt of the complaint with the			Numerator	Apr-14	v	52		52												
	complainant			Denominator	Apr-14		58		58												
				Denominator	Apr-14		36		38												
D06 D		90%	Quarter	Percent	na																
Complaints	% of complaints acknowledged in 3 working days of the day following	50/6	Quarterly																		
Complaints	receipt of the complaint			Numerator	na	Y															
				Denominator	na	Υ															
	% of complaints where, following																				
D07 D	investigation, an action plan has been put in place, acted upon,	90%	Quarterly	Percent	na																
Complaints	completed within an agreed			Numerator	na	Y															
	timescale and reported back to the complainant			Denominator	na	Υ															
	Delayed transfers of some float but																				
Delayed Trans			Monthly	Number	Apr-14	Υ	334		334												
	of Days; NHS Only; Acute+Non-Acut	e																			

CMFT KPIs 2014-15

		M@nhs.net				Completed	nput e	Year to Date	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	
, ke	Indicator name	Detail	Threshold	Frequency	Number Type	Fields	Data II	Performa nce	(Annual Indicator)			Q1 14- 15			Q2 14-15			Q3 14-15			Q4 14-15	Comments
А			90%	Monthly	Percent	Apr-14		91.0%		91.0%												
Н	Referral to Treatment	The Percentage within 18 weeks for Completed Admitted RTT Pathways	30,0		Numerator	Apr-14	Y	1,902		1,902												
					Denominator	Apr-14	Υ	2,091		2,091												
A			95%	Monthly	Percent	Apr-14		95.3%		95.3%												
Ш	Referral to Treatment	The Percentage within 18 weeks for Completed Non-Admitted RTT Pathways			Numerator	Apr-14	Υ	12,762		12,762												
		radiways			Denominator	Apr-14	Υ	13,394		13,394												
А			92%	Monthly	Percent	Apr-14		92.5%		92.5%												
	Referral to Treatment	The Percentage within 18 weeks for Incomplete RTT Pathways			Numerator	Apr-14	Υ	39,142		39,142												
					Denominator	Apr-14	Υ	42,328		42,328												
	Referral to Treatment	The Number of RTT Pathways > 52 weeks for Incomplete Pathways	0	Monthly	Number	Apr-14	Y	0		0												
	Diagnostic Test	The Percentage of Patients waiting less than 6 weeks for a Diagnostic	99%	Monthly	Percent	Apr-14		2.6%		2.6%												
H	Waiting Times	Test (15 Key Diagnostic Tests)			Numerator Denominator	Apr-14 Apr-14	Y	9,067		238 9,067												
А		Percentage of Patients	95%	Monthly	Percent	Apr-14		93.3%		93.3%												Monthly reported figure is
	A&E Waiting Times	Percentage of Patients spending 4 hours or less in A&E NB Reported Performance each Month is YTD to	3376	Wiontiny	Numerator	Apr-14	Y	22,973		22,973												YTD activity
		that Month			Denominator	Apr-14	Υ	24,620		24,620												
А			93%	Monthly	Percent	na																
Н	Cancer 2 Week Waits	Percentage of Patients seen within two weeks of an urgent GP Referral	93%	Monthly	Percent Numerator	na	Y			Data not avai	lable unt	il June										
		for Suspected Cancer			Denominator	na	Υ															
A			96%	Monthly	Percent	na																
Ш	Cancer 31 Day Waits	Percentage of Patients Receiving First Definitive Treatment for Cancer	30%	Wiontiny	Numerator	na	Y			Data not avai	lable unt	il June										
		within 31 days of a Cancer Diagnosis			Denominator	na	Υ															
А			94%	Monthly	Percent	na																
_	Cancer 31 Day Waits	Percentage of Patients Receiving Subsequent Surgery within a		,	Numerator	na	Υ			Data not avai	lable unt	il June										
		maximum Waiting Time of 31 Days			Denominator	na	Υ															
A		Percentage of Patients Receiving a	98%	Monthly	Percent	na																
	Cancer 31 Day Waits	Subsequent/Adjuvant Anti-Cancer Drug Regimen within a maximum			Numerator	na	Y			Data not avai	lable unt	il June										
		Waiting Time of 31 Days			Denominator	na	Υ															
A		Percentage of Patients Receiving a	94%	Monthly	Percent	na																
	Cancer 31 Day Waits	Subsequent/Adjuvant Radiotherapy Treatment within a maximum			Numerator	na	Y			Data not avai	lable unt	il June										
		Waiting Time of 31 Days			Denominator	na	Υ															
. A		Percentage of Patients Receiving	85%	Monthly	Percent	na																
	Cancer 62 day waits	First Definitive Treatment for Cancer within 62 Days of an Urgent GP			Numerator	na	Y			Data not avai	lable unt	il June										
		Referral for Suspected Cancer			Denominator	na	Υ															
A		Percentage of Patients Receiving	90%	Monthly	Percent	na																
	Cancer 62 day waits	First Definitive Treatment for Cancer within 62 Days of Referral from an			Numerator	na	Y			Data not avai	lable unt	il June										
		NHS Cancer Screening Service			Denominator	na	Υ															
A		Percentage of Patients Receiving	85%	Monthly	Percent	na																
	Cancer 62 day waits	First Definitive Treatment for Cancer within 62 Days of a Consultant			Numerator	na	Y			Data not avai	lable unt	il June										
		Decision to Upgrade			Denominator	na	Υ															
	Mixed Sex Accommodation	MSA Breaches - No of Patients	0	Monthly	Number	Apr-14	Y	0		0												
	Mixed Sex Accommodation	MSA Breaches - No of Days	0	Monthly	Number	Apr-14	Y	0		0												For calculation of Financia

CMFT KPIs 2014-15

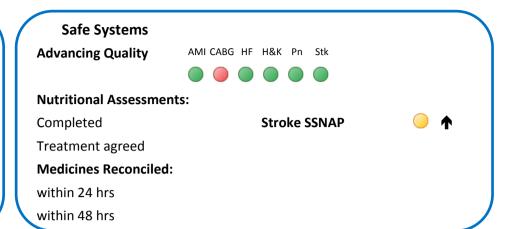
СМСС	i.ManchesterCCGsSLA	M@nhs.net																				
Code - Provider Contract -	ndicator name	Detail	Threshold	Frequency	Number Type	Completed Fields	Jata Input Line	Year to Date Performa	2014-15 (Annual Indicator)	Apr-14	May-14	Jun-14 Q1 14-	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14		Jan-15	Feb-15	Mar-15	Comments
	Operations	another Binding Date within 28 days of a Cancelled Operation			Numerator Denominator	Apr-14 Apr-14	Y	0 69		0		15			Q2 14-15			Q3 14-15			Q4 14-15	
CB_\$10	Cancelled Operations	Number of Urgent Operations Cancelled for a Second Time	0	Monthly	Number	Apr-14	Y	0		0												
CB_A15	B HCAI	Overall Number of Cases of MRSA Bacteraemia - AVOIDABLE	0	Monthly	Number	Apr-14	Υ	1		1												
CB_A15	B HCAI	Overall Number of Cases of MRSA Bacteraemia - UNAVOIDABLE	0	Monthly	Number	Apr-14	Y	0		0												
CB_A16	B HCAI	Overall Number of Cases of C. Difficile - NHS Patients	66	Monthly	Number	Apr-14	Y	6		6	all case	es unav	oidable									
CB_S7a	Ambulance Handover	Ambulance Handover Delays of over 30 minutes - MRI	0	Monthly	Number	Apr-14	Y	152		152												
CB_S7a	Ambulance Handover	Ambulance Handover Delays of over 30 minutes - TGH	0	Monthly	Number	Apr-14	Y	0		0												
СВ_57Ь	Ambulance Handover	Ambulance Handover Delays of over 1 hour - MRI	0	Monthly	Number	Apr-14	Y	47		47												
CB_S7b	Ambulance Handover	Ambulance Handover Delays of over 1 hour - TGH	0	Monthly	Number	Apr-14	Y	0		0												
NWA1	Ambulance	Compliance with Recording Patient Handover between Ambulance and		Monthly	Percent	Apr-14		80.6%		80.6%												
		A&E			Numerator Denominator	Apr-14 Apr-14	Y	2,254		1,817 2,254												
NWA3	Ambulance	Excessive Delays (>2hrs) on the part of Ambulance of Acute Trusts (minutes)		Monthly	Number	na	Y															
CB_59	Trolley Waits in A&E	Number of Patients who have waited over 12 hours in A&E from Decision to Admit to Admission	0	Monthly	Number	Apr-14	γ	0		0												
No Ref01	VTE Risk Assessment	Percentage of all adult patients who have had a VTE risk assessment using an assessment tool approved	95%	Monthly	Percent Numerator	Apr-14	Y	95.8%		95.8%												
		by the commissioner			Denominator	Apr-14	γ	10,855		10,855												
No Ref02	Formulary	Failure to publish Formulary		Monthly	Rating	na	Υ			Last publis	hed Ma	y 2014	http://v	ww.cmft	.nhs.uk/	royal-infi	rmary/o	ur-service	s/pharm	пасу		
No Ref03	Duty of Candour	Duty of Candour		Monthly	Rating	na	Y															
GM06 0	Stroke	Quality stroke care - patients who spend at least 90% of their inpatient	80%	Monthly	Percent Numerator	Apr-14	Y	65.2%		65.2% 15												
		stay on a stroke unit			Denominator	Apr-14	Y	23		23												
GM07 C	Stroke	Quality stroke care - proportion of patients arriving in a designated stroke bed within 4 hours of arrival	80%	Monthly	Percent Numerator	Apr-14	Y	28.6%		28.6%												
			COC'	Month	Denominator	Apr-14	Y	66.7%		66.7%												
GM08 (Stroke	Quality stroke care - proportion of high risk TIA cases investigated and treated within 24 hours	60%	Monthly	Numerator Denominator	Apr-14 Apr-14 Apr-14	Y	2			waiting f	or centro	ıl - Elliot si	uttleworti								
GM09a 0	a	% Women who have seen a midwife	90%	Monthly		Apr-14	, , ,	76.5%		76.5%												
	Maternity	or a maternity healthcare professional by 12 weeks and 6 days of pregnancy			Numerator Denominator	Apr-14 Apr-14	Y Y	436		436 570												
GM09b		% Women (who present within 12 weeks) who have seen a midwife or	90%	Monthly	Percent	Apr-14		95.2%		95.2%												
	Maternity	a maternity healthcare professional by 12 weeks and 6 days of pregnancy			Numerator Denominator	Apr-14 Apr-14	Y Y	418 439		418 439												
GM13 (Pharmacy	All patients on wards with daily pharmacy visit should have medicines reconciled by a	95%	Monthly	Percent	Apr-14		62.5%		62.5%												
	- Individual of the second	pharmacist within 24 hours of admission and have agreed data recorded on admission: (Where no			Numerator Denominator	Apr-14 Apr-14	Y	110		110 176												

CMFT KPIs 2014-15

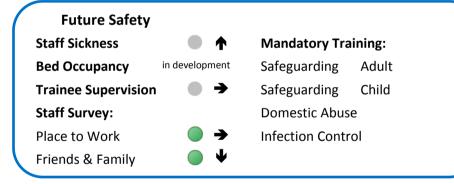
	.ManchesterCCGsSLA																					
Code -						Completed	nput e	Year to Date	2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	
Contract &	Indicator name	Detail	Threshold	Frequency	Number Type	Fields	Data I Lin	Performa nce	(Annual Indicator	,	+-	Q1 14-			Q2 14-15			Q3 14-15			Q4 14-15	Comments
												15										
E08 E	Monthly Medication Management Pharmacy Lead Meetings to address and		Quarterl y	Percent	na																	
		Lead Meetings to address and		,	Numerator	na	Y			Meetings in	dairies											
		resolve pharmacy issues			Denominator	na	Y			Richard H		ne Law v	vith CCG	Medicir	nes Man	aaemen	t Lead.					
CHF1 C		Urgent referrals (inc safeguarding) must receive same day or next wkg	95%	Monthly	Percent	na																
	Children's Urgent Referrals	day response to the referrer and contact with family within 2 wkg			Numerator	na	Y			Definitions t	o be confi	rmed with	CCG									
		days.			Denominator	na	Y															
_																						
CHF3 C		% of initial assessments for Looked	95%	Monthly	Percent	na																
	LAC Assessments	After Children completed within statutory time frame			Numerator	na	Y			Definitions t	o be confi	rmed witi	CCG									
					Denominator	na	Y															
LTC2 C	LTCs	Screening of Stroke patients with		Monthly	Percent	na																
	- 100	LTCs for anxiety/depression			Numerator	na	Y			Definitions t	o be confi	rmed witi	CCG									
					Denominator	na	Y															
LTC3 C	2			Monthly	Percent	na																
	LTCs	Self Care for Stroke Patients to cope					Y			Doffer!s	n he	emed (
	-	with LTCs			Numerator Denominator	na na	Y			Definitions t	o be confi	rmed witi	CCG									
					Denominator	110	,															
D06 E			90%	Quarterl y	Percent	na																
	Complaints	% of complaints acknowledged in 3 working days of the day following		Y	Numerator	na	Y															
	receipt of t	receipt of the complaint			Denominator	na	Y															
D07 E	,	% of complaints where, following investigation, an action plan has	90%	Quarterl y	Percent	na																
	Complaints	been put in place, acted upon, completed within an agreed			Numerator	na	Y															
		timescale and reported back to the complainant			Denominator	na	Y															
		Delayed transfers of care (lost bed																				
D08 E	Delayed Transfers	days/nights) - NB - Report: Number of Days; NHS Only; Acute+Non-		Monthly	Number	Apr-14	Y	122		122	2											
		or bays, 1115 only, Acute (1101)																				
D30 E	,		95% within	Quarterl y	Percent	na																
	SSNAP-Stroke	Submit SSNAP data in line with national submission	,		Numerator	na	Y															
					Denominator	na	Y															
E02 E				Monthly	Percent	Apr-14		16.8%		16.8%	6											
	Choose & Book	Slot Issues			Numerator	Apr-14	Y	985		985												
					Denominator	Apr-14	Y	5,850		5,850												
				Quarterl																		
E07 I	Outpatients- CCG outcomes indicator	Provider cancellation of new outpatient appointments. Provider cancellation of OP follow up appts.		у	Percent	na																
	set 1314				Numerator	na	Y															
					Denominator	na	Y															
E09 E				Monthly	Percent	na																
	UM Review	Zero Day Length of Stay Review: Adults				na	Y							corrently i	n progres	s will end	6th June					
	-				Numerator Denominator	na na	Y							23. rendy i	progres	enu	sane					
E10 E				Monthly	Percent	na																
	UM Review	Zero Day Length of Stay Review: Children			Numerator	na	Y							starts 9t	h June an	d ends 27	th June					
					Denominator	na	Y									1						
	<u> </u>																					

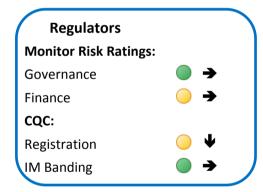
CMFT Quality on a Page











KEY

RAG Rating: based on individual indicator thresholds (see detail pages)

Threshold to be agreed/developed

Arrows: current performance compared to previous result **↑** improved

unchanged

CMFT Mortality





There have been two distinct strands of work in relation to mortality at CMFT-one strand has been in relation to the clinical review of all deaths by a mortality review panel and an in depth look at this alongside the information from High Level Incidents (including never events and serious incidents). This has led to service improvements across the patch and has involved an in depth review of different clinical areas as highlighted through the mortality reviews. The other strand focused on the accuracy of clinical coding within notes and there has been a large push to review and improve clinical coding within the Trust.

CMFT have recieved a CQC Maternity outlier alert for puerperal sepsis within 42 days of delivery The deadline for response back to CQC is the 19th of June and the CCG will be copied into this response.

The CCG will continue to monitor all sources of data in relation to mortality and are hoping that the clinical mortality reviews and ongoing work on coding the Trust is undertaking will have a positive impact on the SHMI figure as well as the HSMR.

CMFT Regulators

Monitor Q4 13/14

Governance Risk



Continuity of services



Green

The governance rating for this foundation trust remained "No Evident Concerns" in Q4 2013/14.

3

A new rating system is in place from Q4 2013/14 and CMFT are rated 3 with 1 being the most serious and 4 the least risk.

CQC Q4 13/14

Registration 2 improvement(s) and 0

enforced action(s)



Quality Score Band 6

CMFT were inspected by the CQC in December, the report was released on the 12th of April. They were served an improvement notice in relation to two standards Outcome 5 (Nutrition) and Outcome 21 (Records). The CQC judged the findings in respect of both Outcome 5 and Outcome 21 as having a minor impact on people who use the service.

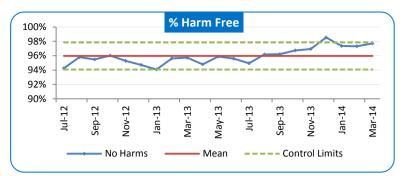
The concerns in respect of nutrition were related to the choice of food that patients have, and were a particular issue in the Royal Manchester Children's Hospital. CMFT has submitted an action plan to CQC in respect of this. The CCG have received a copy of this and this was discussed at the Quarterly Quality Monitoring Meeting with the provider. As part of this work CMFT have engaged and involved younger people from the Youth Forum in respect of this work and are developing "child friendly" questions in relation to food using the patient tracker system in place.

The concerns raised in relation to clinical record keeping were known to the Trust and are reviewed on a regular basis at Board level. The Trust has invested a huge amount in the management of risks associated with the fact that the records are still, largely, paper based. The Trust is working hard to develop a bespoke electronic record which will meet the needs of patient care delivery for all specialties. The work to address this problem is overseen by the Trust Risk Management Committee and was already well underway at the time of the CQC visit

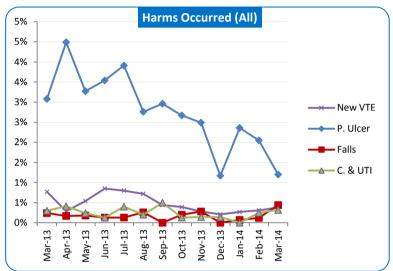
Thresholds	olds Monitor Continuity			3 to 2	1
	Governance	no concerns		under review	enforcement

CQC Reg	No concerns	Improvements	Enforcements
Quality	5-6	3-4	1-2

CMFT Harm Free Care







CMFT have undertaken a large programme of work in relation to harm free care, and the progress is reflected on the graphs above. CMFT have had no grade 4 pressure ulcers since the 24th of January 2014 and are working very hard to maintain this figure.

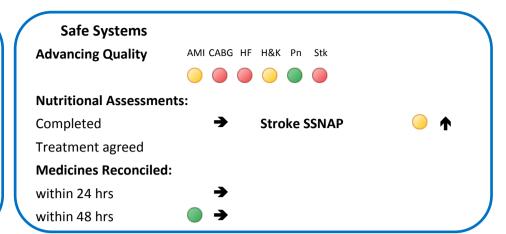
However the quality of the root cause analysis reports for pressure ulcers has been sub-standard and formal feedback has been given to the Trust in relation to this. CMFT have acknowledged the poor reports and the CCG feedback and have undertaken a full review of the investigation process for pressure ulcers.

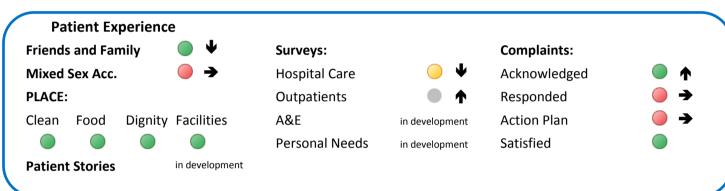
As part of this CMFT have undertaken a deep dive into all CMFT attributed Grade 4 pressure ulcers in the past year and has used this to inform the action plan in relation to pressure ulcers. Through this deep dive CMFT also identified an immediate concern in relation to the timely provision of pressure relieving mattresses and have gone through a re-procurement process to address this.

CMFT have also developed a template to investigate pressure ulcers along similar principles to the investigation of MRSA and Cdiff. They are also in the process for agreeing trajectories for improvement with each division and an overall Trust trajectory- this is alongside the trajectory that has been agreed as part of the National CQUIN. The pressure ulcer action plan and trajectories will be signed off at the CMFT Harm Free Care Summit on the 16th of June. This area will continue to be monitored closely through the CCG quality review and assurance process.

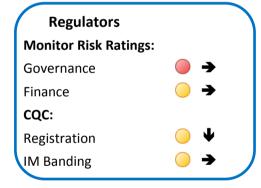
UHSM Quality on a Page











UHSM Regulators

Monitor Q4 13/14

Governance Risk



Continuity of services



Red

Following investigation the governance rating for this trust is now "subject to enforcement action".

2

From May 2014 UHSM have been found to be in breach of their licence and enforcement action has been applied due to concerns over the trust's short term financial sustainability.

CQC Q4 13/14

Quality Score

Registration 1 improvement(s) and 0

Band 4



enforced action(s)



Monitor have placed UHSM in breach. UHSM have appointed a turnaround director to help it deal with short-term financial problems. UHSM has also undertaken a review of its leadership and how it is run. Monitor will continue to review the Trusts action plan in relation to A&E performance. The CCG have reported this and are monitoring this as a risk.

CQC inspection

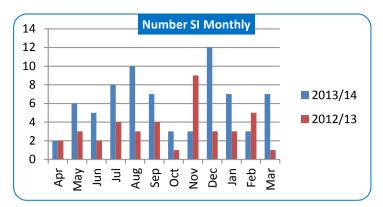
The themed inspection was undertaken in January 14 against the Essential Standards of Care. UHSM were issued a complaince action in relation to Outcome 16- Assessing and monitoring the quality of service provision. Areas for improvement that did raise a compliance action

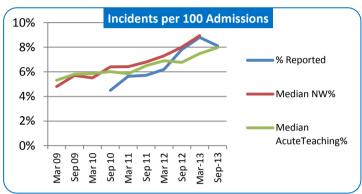
- Lack of dementia strategy evident;
- Evidence that action plan regarding dementia needed to be more robustly monitored;
- NICE quality standards re dementia not discussed within the governance structure;
- Whilst the Trust is a middle reporter for incidents, the CQC spoke to staff caring for those with dementia had not reported incidents where they were injured;
- Trust incident system categories need to be reviewed;
- Investigations of SIs found to be variable and actions not completed to timeframes;
- Careplans inconclusive as to whether patients/carers/advocates views always taken into account;
- DNACPR- issues were raised regarding the Trust's form, compliance with its policy and a recent audit. The Trust have produced an action plan that has been shared with the CCG.

Thresholds	Monitor Con	4	3 to 2	1	
	Governance	no concerns		under review	enforcement

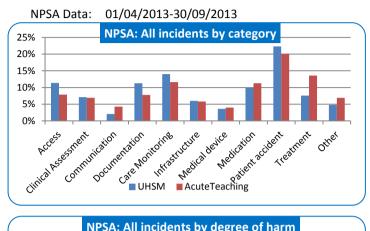
CQC Reg	No concerns	Improvements	Enforcements
Quality	5-6	3-4	1-2

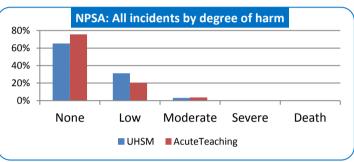
UHSM Incidents











There have been concerns raised with UHSM in relation to the number of non-valid extensions requested in 2013 14. The CCG has set criteria agreed with the Trust under which extensions will be granted.

The CCG has worked closely with the provider to resolve this issue as there were extensions that did not meet the agreed criteria for 32 investigations in 2013_14. Thus far in 2014_15 there have been 2 extensions granted, both of which meet the criteria for an extension. This is a vast improvement.

UHSM have undertaken a detailed training programme to ensure more senior managers and clinicians are able to undertake root cause analysis investigations and have put more robust governance structures in place to monitor the status of Serious Incident investigations. This is now monitored on a weekly basis and the CCG receives assurance in relation to this on a monthly basis. This includes the monitoring of compliance with the Duty of Candour requirements.

UHSM are also now identifying the CCG from which the patinet comes from when they report serious incidents. This will enable Trafford CCG to have better oversight of serious incidents that affect Trafford patients.