

**GREATER MANCHESTER HEALTH AND SOCIAL CARE  
STRATEGIC PARTNERSHIP BOARD**

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**Date:** 24 February 2016  
**Subject:** Quarterly Performance Update  
**Report of:** Nicky O'Connor

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**PURPOSE OF REPORT:**

The purpose of the report is to provide a quarterly update on performance and highlight by exception areas of concern and improvement.

**RECOMMENDATIONS:**

The Strategic Partnership Board is asked to note the content of the report.

**CONTACT OFFICERS:**

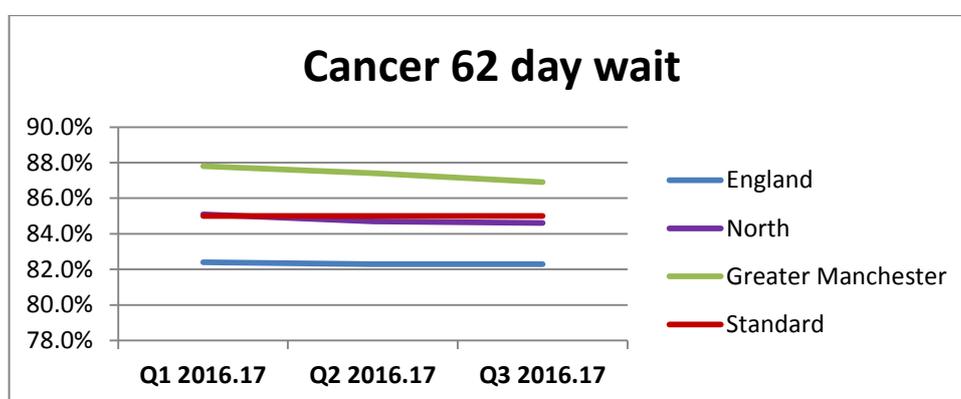
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## 1.0 INTRODUCTION

- 1.1. The purpose of this report is to provide a quarterly update by exception on performance areas.

## 2.0 CANCER

- 2.1. This is an area where Greater Manchester (GM) has a history of working together, and a collaborative approach has delivered strong results. The 62 day standard, where 85% of patients receive first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer, was achieved in GM in Q3 (86.9%) which is a strong achievement when compared with the North region and England who both failed the standard in Q3.



## 3.0 DIAGNOSTICS

- 3.1. GM delivered a performance of 1.9% at the end of Q3 against the 1% standard of patients waiting 6 weeks or more for a diagnostic test, which was an improvement of 0.4% in quarter but it recognised that this is an area requiring further improvement.

## 4.0 REFERRAL TO TREATMENT (RTT)

- 4.1. GM performed better than England (89.7%), achieving 91.9% against the 92% standard of patients waiting less than 18 weeks for the first definitive treatment. This is a slight deterioration on Q2 caused by pressures due to demand in diagnostics, in particular endoscopy. The Partnership has secured additional capacity to further understand the pressure points and capacity gaps for both RTT and diagnostics, and to ensure the use of predictive data to anticipate problems as early as possible.

## 5.0 URGENT CARE

- 5.1. As with the rest of the country GM experienced a period of intense pressure on its urgent and emergency care system over the winter months, GM did not meet the 95% of patients seen within 4 hours, at the end of Q3 reporting a performance of

85.9%. This was despite rigorous planning, including reducing hospital occupancies in the run-up to Christmas.

- 5.2. Under devolution arrangements, Greater Manchester has invested an extra £5m in schemes to help local health and care systems to cope with winter pressures. This has included extra primary care provision, increased staffing in hospitals and extra community beds.
- 5.3. It is also worth noting that under our devolved arrangements Greater Manchester is about to embark on a fundamental reshape of our urgent care system, details of which are being finalised for sharing in the coming weeks.
- 5.4. GM has established an urgent and emergency care taskforce and is working with a number of systems to support the most challenged localities. The taskforce involves senior leadership from across Greater Manchester's health and social care system and is supported by the work of the Urgent and Emergency Care Network and seven local A&E delivery boards. It has aligned with the national A&E improvement plan and aims to deliver the plan's five key areas. These are to:
  - introduce primary and ambulatory care screening in A&E
  - increase the proportion of NHS 111 calls handled by clinicians
  - implement the NHS England Ambulance Response Programme
  - implement SAFER (a tool to ensure safe staffing levels) and other measures to improve in-hospital flow
  - implement best practice on hospital discharge to reduce delayed transfers of care.

## **6.0 DELAYED TRANSFER OF CARE (DTC)**

- 6.1. Following a recent DTC summit held by the partnership, it was agreed that over the next 6-8 weeks, a reset was needed in the most challenged areas and improvements needed to echo what had been achieved in the higher performing systems. The most challenged areas need to consider their trajectory of achievement over this next period and put in robust plans to significant improvements. It was agreed that the most significant factor in improving discharge was a truly authoritative integrated team with strong management.

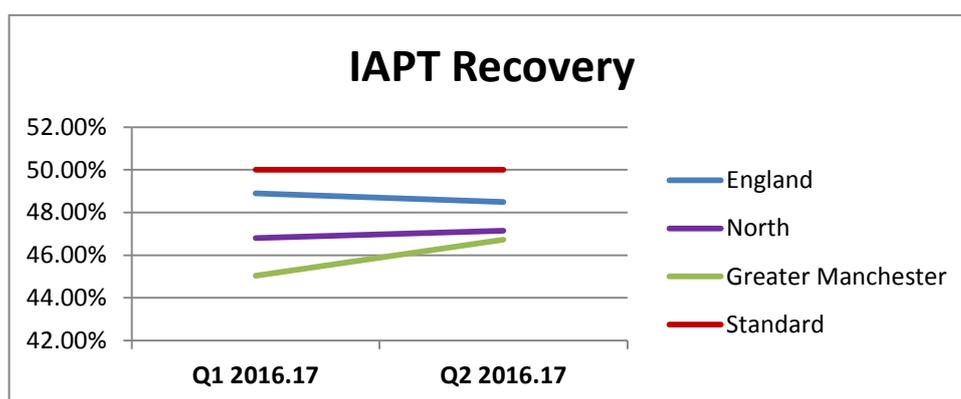
## **7.0 MENTAL HEALTH**

### **7.1 Improving Access to Psychological Therapies (IAPT)**

- 7.1.1. The IAPT wait times standard whereby 75% of patients wait 6 weeks or less from referral to entering a course of treatment, was achieved in GM in Q2 (78.50%) which was a 5.61% improvement on the previous quarter. Whilst performance is

improving, GM needs maintain focus in this area to ensure that performance is in line with high achieving peers.

- 7.1.2. The IAPT wait times standard whereby 95% of patients wait less than 18 weeks from referral to entering a course of treatment, was achieved in GM Q2 (95.58%) which was a 0.93% improvement on Q1.
- 7.1.3. The IAPT recovery rate remains a challenge throughout England; GM achieved 46.73% in Q2 against the 50% standard of people who complete treatment who are moving to recovery. Whilst this is an improvement on Q1, there is still some way to go to address variances in performance across GM.
- 7.1.4. The IAPT Access rate is an area of strength in GM where performance exceeds that of the North and England. GM achieved 4.13% in Q2 which represents a 0.11% increase on the Q1 position.
- 7.1.5. The commissioning of an independent review in Greater Manchester from the Centre for Mental Health is underway to give the partnership organisations a better understanding of where we are and the reasons for under performance, the adequacy of the improvement plans in place and our prospects of meeting national and GM requirements.



## 7.2. Early Intervention in Psychosis (EIP) Waiting Times

- 7.2.1. The EIP standard of 50% of people experiencing first episode psychosis will be treated within two weeks of referral, has been consistently met in GM with Q2 reporting a 80.6% performance which represents a 1.9% increase based on the previous quarter. GM is performing above the North (78.6%) and England (76.2%) as at the end of Q2.

## 8.0 RECOMMENDATIONS:

- 8.1. The Strategic Partnership Board is asked to note the content of the report.