

Meeting: Bury Loc	ality Board		
<b>Meeting Date</b>	5 June 2023	Action	Receive
Item No.	14	Confidential	No
Title	Bury Health and Care Outcon	nes and Performa	nce Report
Presented by	Will Blandamer, Deputy Place	Based Lead	
Author	Helen Smith, Head of Strateg	ic Intelligence and	d Performance
Clinical Lead	-		

#### **Executive Summary**

This paper is a trial of new reporting for Locality Board during 2023 following feedback at the end of last year. A review of products that are provided across the refreshed Health and Care Governance in the locality which has identified where reporting can be either streamlined, aligned with GM reporting or where there are gaps for new products to be produced. This report will provide a high level activity and demand summary of the key work areas along with a placeholder and opportunity to escalate issues from both the IDC Board and the Children's Strategic Partnership Board.

#### Recommendations

It is recommended that the Locality Board:

- Acknowledge the current performance across the system
- · Provide feedback on the new style of reporting
- · Agree to this new style of reporting going forward

Links to Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	$\boxtimes$
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	$\boxtimes$
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	

Implications					
Are there any quality, safeguarding or patient experience implications?	Yes	$\boxtimes$	No	N/A	
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	$\boxtimes$	No	N/A	
Have any departments/organisations who will be affected been consulted?	Yes	$\boxtimes$	No	N/A	

Implications								
Are there any conflicts of intere decision being requested?	st arising from the រ	oroposal or	Yes		No	$\boxtimes$	N/A	
Are there any financial Implicati	ions?		Yes		No	$\boxtimes$	N/A	
Is an Equality, Privacy or Qualit	y Impact Assessme	ent required?	Yes		No	$\boxtimes$	N/A	
If yes, has an Equality, Privacy been completed?	or Quality Impact A	ssessment	Yes		No		N/A	$\boxtimes$
If yes, please give details below	v:							
If no, please detail below the re Assessment:	ason for not compl	eting an Equality	/, Privad	cy or C	Quality I	mpact	<u> </u>	
Are there any associated risks	including Conflicts	of Interest?	Yes		No	$\boxtimes$	N/A	
Are the risks on the NHS GM ri	sk register?		Yes		No		N/A	$\boxtimes$
Governance and Reporting								
Meeting	Date	Outcome						

#### **Bury Health and Care Outcome and Performance Report**

#### 1. Introduction

This paper is a trial of new reporting for Locality Board during 2023 following feedback at the end of last year. It provides a summary of the activity around reviewing the performance products available through alignment of reporting with NHS GM ICS. It also provides a high level summary of current demand and activity across health and social care.

#### 2. Product Review Update

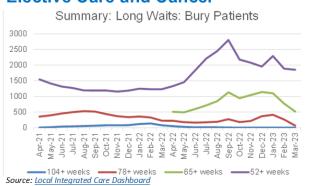
The following Boards have met with the Head of Strategic Performance and Intelligence and initial requests for meeting support and products have been discussed:

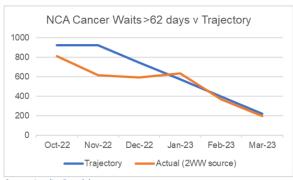
- System Assurance Committee
- IDC Board
- Children's Safeguarding Partnership

It has been requested that the attached dashboard is shared with the Locality Board and other meetings as a useful position on the constitutional metrics. Please note however it is expected that this dashboard will be replaced by a GM product in the future (see appendix 1).

#### 3. **Locality Board Performance Overview**

#### **Elective Care and Cancer**

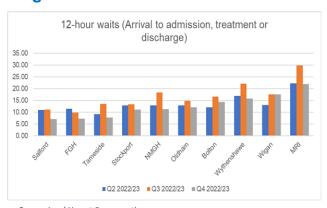


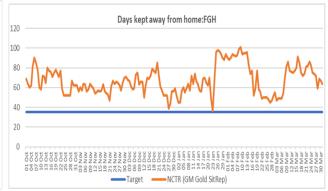


Source: Locality Board data source

- Oct, Nov & Dec elective waits impacted by lack of MFT data. Published Mar data now includes MFT and does though show a 0.1% decrease in wtg list compared to Sep 22.
- Immediate target is to eliminate 78+ week waits by Apr 23. These have decreased on Sep figure by 75% in Mar. Primarily the decrease is across all specialties, except Ophthalmology has an increase of 50% in Mar on Sep figures, although numbers still remain low with 3 waiters. GM expected there to be approx 675 78+ week waits at end of March, figures show there are 1054.

#### **Urgent Care**



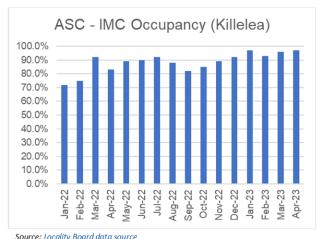


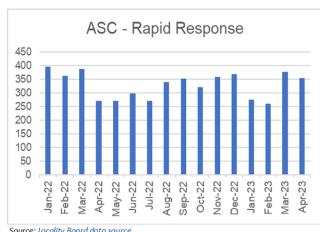
Source: Local Urgent Care reporting

Source: Local Urgent Care reporting

- Req for <2% of A&E waits to exceed 12 hours. FGH best adult site in GM in Q3. In Q4, FGH is 2nd best behind Salford.
- DKAFH target of 35 for FGH achieved just once in 22/23. Average in Mar decreased slightly to 70 per day from 75 in Feb. Most DKAFH assigned to pathway 1 (care in own home) or 2 (residential care).

#### **Adult Social Care**

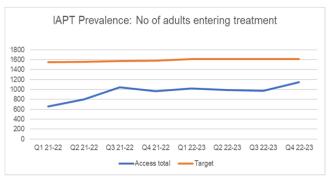


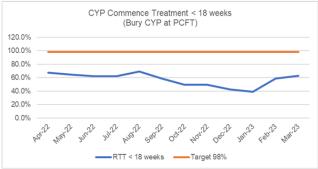


Source: Locality Board data source

- Source: Locality Board data source
- IMC bed occupancy has returned to normal levels following reduction linked to COVID-19 related closures, with a current length of stay of 32 days.
- Bury's Rapid Response team has seen a reduction in Mar (354) from Feb (378).

#### Mental Health (adults and children)



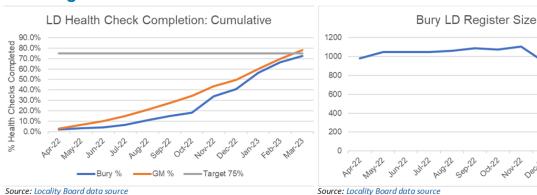


Source: Locality Board data source

Source: Locality Board data source

- Indicative PCFT IAPT data used for Q2 due to national data issues following transition to ICS structure. Bury's IAPT access continues to be significantly below required level, although Q4 has seen an increase on Q3. System Maturity Tool has been completed and recommendations are currently under review.
- A decline in the proportion of CYP commencing treatment within 18 weeks has been seen at PCFT across 2022/23 and reflects the increasing demand seen since COVID-19. A joint proposed investment plan has been developed for the Bury system which, if approved, would seen increased clinical capacity within the core CAMHS service. February and March have both seen increases from Jan.

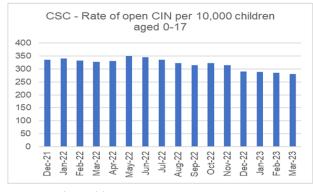
#### Learning Disabilities

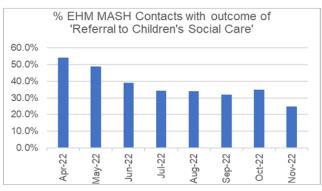


Source: Locality Board data source

- LD Health checks: The cumulative position in 22/23 to Mar shows 72.7% of Bury patients to have received an AHC (though this is based on an incomplete register size as noted in the point below). This compares to 78.3% for GM. Most AHC tend to take place in Q4.
- LD Register: Requirement also to increase the LD register size. Register has increased by 6.8% in the 12 mths to Nov 22 though as shown above a drop in register size is evident in December & January. This relates to data being included for only 23 of Bury's GP Practices. The missing data has been highlighted to the primary care team. Register size has increased from Feb.

#### Children's Social Care Services





Source: Locality Board data source

Source: Locality Board data source

- Rate of open CIN's has decreased since Nov each month up to Mar.
- % EHM MASH contacts decreased to 24.9% in Nov from 34.8% in Oct.

#### 4. Escalations from IDC Board and CSPB – Placeholder

Board	Escalation	Mitigation	Actions

#### 5. Recommendations

The Board are asked to note the contents of this report.

#### **Helen Smith**

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May 2023

## **Constitution and Must Do Dashboard**

		2																								
Indicator	IDC Programme	Measures  Description	Cons	Must	NHS SOF	F	Monitored Org	Period	Period Target	Apr	Mav	Jun	hal	Aug	Son	Per Oct	riod Actua	al Perform Dec		22-23 Feb	Mar	YTD	01	02	03	04
mulcator	IDC Flogramme	Active Case Management: No of referrals received into ACM	×	*	*	M	LA	Apr-22	N/A	Αρι	Iviay	Juli	Jul	Aug	Оер	OCL	INOV	Dec	Jan	160	Iviai	-	QI	QZ	Q(J	QT
	40	ASC: No of referrals received by ASC	×	×	×	M	LA	Mar-23	N/A	310	315	316	324	293	354	336	347	294	373	326	341	_				
	are k	ASC: No of cases awaiting allocation	×	×	×	M	LA	Mar-23	N/A	105	239	246	238	128	177	184	160	188	171	194	213	_				
	al C	ASC: No of Rapid Response referrals	~	~	$\sim$	M	LA	Mar-23	N/A	270	270	299	100	339	353	320	359	370	275	260	378					
	ocii In O		~	~	~	N/I	LA	Mar-23	N/A	83.0%	89.0%	00.0%	02.0%	00 00/	92.0%	95 A9/	90.0%	02.0%	07.0%	02.0%	96.0%					
	at S dria	ASC: % Intermediate Care Bed Occupancy (Killelea)	~	~	~	IVI NA						90.0%	92.0%	00.070	02.070	00.070	09.070	92.070	97.070	93.0%	90.0%	-	-	-	-	-
	Adu A	ASC: Intermediate Care: average length of stay (days)	×	×	×	IVI	LA	Mar-23	N/A	35	26	21	38	29	34	33	34	38	30	31	31	-				
	·	ASC: % residential & nursing care bed occupancy	×	×	×	IVI	LA	Mar-23	N/A	90.0%	91.0%	84.0%	83.0%	85.0%	83.0%	83.0%	82.0%	82.0%	82.0%	82.0%	82.0%	-	-	-	-	
		ASC: No of Medically Optimised Patients	×	X	×	M	LA	Mar-23	N/A	30	17	32	32	26	30	40	40	32	95	90	79	-	=0.00/	22.22/	22.22/	<b></b> 00/
E.B.6		Cancer 2 week waits: GP Referral for suspected cancer	<b>~</b>	<b>\</b>	×	M/Q	ICS (Bury)	Mar-23	93.0%	54.8%	80.6%	69.7%	67.5%	60.5%	53.6%	57.9%	64.1%	57.4%	66.9%	79.5%	81.5%	-	73.9%	60.6%	60.2%	75.9%
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	<b>✓</b>	×	M/Q	ICS (Bury)	Mar-23	93.0%	22.9%	29.8%	22.6%	28.3%	38.6%	20.0%	18.8%	36.0%	22.1%	35.6%	38.7%	41.5%	-	25.3%	28.6%	26.7%	38.7%
E.B.27 / S012a		Cancer 28 day waits: Faster Diagnosis	×	<b>J</b>	1	M/Q	ICS (Bury)	Mar-23	75.0%	90.0%	62.0%	44 7%	47.8%	46.0%	45 1%	44 7%	56.7%	54 4%	53.5%	68 7%	72.6%	_	53 9%	46.3%	52.3%	65.0%
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	<b>/</b>	<b>J</b>	*	M/O	ICS (Bury)	Mar-23	96.0%	93.3%	0_1011		95.7%			91.1%			87.5%		91.8%					
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	~/	<b>4</b>	Ÿ	M/Q	ICS (Bury)	Mar-23	94.0%	100.0%											100.0%	_			95.2%	
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens			$\sim$	M/O	ICS (Bury)	Mar-23	98.0%		100.0%														100.0%	
E.B.11			•		~	N/O	` ,,		94.0%	100.0%						100.076	100.0%		07.00/			_			100.0%	
	ē	Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	~	<b>V</b>		M/Q	ICS (Bury)	Mar-23								100.0%			40.00/		100.0%					
E.B.12 / S011a	anc	Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	~	<b>V</b>	<b>~</b>	IVI/Q	ICS (Bury)	Mar-23	85.0%	40.2%	29.4%	48.0%	47.9%	57.4%	30.6%	40.8%	46.2%	48.8%	40.3%	45.5%	42.6%	-	41.2%	40.2%	47.1%	42.5%
E.B.13	о О <u>ө</u>	Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	$\checkmark$	×	M/Q	ICS (Bury)	Mar-23	90.0%	100.0%	50.0%	33.3%	81.8%	42.9%	80.0%	66.7%	90.0%	100.0%	57.1%	100.0%	69.2%	-	61.5%	69.6%	85.7%	68.2%
E D 44	an Fick	Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to			4.4	140	100 (5	14 00	05.00/	70.004	00.004	0.4.004	05.007	70.70	00.004	70.004	70.007	FF 60/	00.00/	00.004	74 404		70.50/	00.404	70.001	70.50
E.B.14	are th 1	upgrade priority status	<b>V</b>	<b>\</b>	X	M/Q	ICS (Bury)	Mar-23	85.0%	70.0%	80.0%	84.2%	65.0%	73.7%	60.0%	76.0%	78.6%	55.6%	60.0%	80.0%	71.4%	-	79.5%	66.1%	70.2%	70.5%
E.B.3	O a	Referral To Treatment: Incomplete pathways within 18 weeks.	<b>\</b>	<b>V</b>	×	M/Q	ICS (Bury)	Mar-23	92.0%	49.8%	52.6%	51.9%	52.2%	51.5%	51.1%	53.7%	53.7%	51.6%	49.0%	50.4%	50.8%	51.4%	51.4%	51.6%	53.0%	50.1%
E.B.3a / S008a	ctiv	Referral To Treatment: Incomplete pathways (number of people waiting)	×	<b>V</b>	<b>~</b>	M/A	ICS (Bury)	Mar-23	23993	27061	26223	27261	27843	27287	27571	21234	21089	21787	28059	27554	27542	-	-	-	-	-
E.B.18 / S009a	$\frac{\Box}{\Theta}$	Referral To Treatment: Incomplete patients waiting 52 week waits or more	<b>✓</b>	<b>V</b>	<b>✓</b>	М	ICS (Bury)	Mar-23		1328	1456	1835	2212	2450	2804	2178	2079	1955	2289	1866	1851	24303	-	-	-	-
S009a		Referral To Treatment: Incomplete patients waiting 78 week waits or more	×	<b>V</b>	×	М	ICS (Bury)	Mar-23		220	178	162	173	191	272	180	215	367	413	261	67					
E.B.19 / S009a		Referral To Treatment: Incomplete patients waiting 104 week waits or more	×	<b>V</b>	×	М	ICS (Bury)	Mar-23	0 (July)	49	28	12	11	11	7	1	1	1	4	2	1					
E.B.4		Diagnostic test waiting times (waiting 6 weeks or more)		<i></i>	×	М	ICS (Bury)	Mar-23	1.0%	36.4%		35.5%	30.7%	30.8%	29.3%	40.9%	42.3%	18.7%	31.7%	26.8%	26.8%	_	35.6%	30.3%	35.9%	28.4%
E.B.S.2.i		Cancelled Operations (28 day guarantee) - Quarterly	<b>V</b>	×	×	0	NCA	Q4 22/23	0	_	_	494	_	-	55	_	-	87	_	_	101		494	55	87	101
E.B.S.6		Urgent operations cancelled for a second time	<b>4</b>	×	×	M	NCA	Not Avail	0	Paused	Paused		Paused	Paused		Paused	Paused		Paused	Paused	Paused		-	-	-	-
E.B.S.1		Single Sex Accommodation Breaches		<b>~</b>	<b>~</b>	N/I	ICS (Bury)	Mar-23	0	1 auscu	18	12	10	6	1 au3cu	7	7	7	1 au3cu	6	Q	95	_	_		
			<b>~</b>	~	~	IVI	, ,,		02.09/	71.00/		F7 40/	70.69/	79.00/	60.70/	66.70/	FO 70/	F2 F0/	55.4%	E4 00/	0	95	-			
E.P.1		E-Referrals - Increase in the proportion of GP referrals made by e-referrals	<b>X</b>	*	*	IVI	ICS (Bury)	Feb-23	92.0% 2949	71.9%		57.4%	70.6%			66.7%	59.7%	53.5%	55.4%	54.0%			-		<u> </u>	
E.H.9 / S084a		Access to CYP Mental Health Services (rolling 12 months)	×	$\checkmark$	$\checkmark$	М	ICS (Bury)	Nov-22	(Mar 23)	2490	2500	2490	2525	TBC	TBC	2595	2735					-	-	-	- /	-
E LI 10	th 8 ards	The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of	~	. //	. //	0	ICC (Pury)	04 22/22	95.0%			02.20/			92.5%			89.0%			010/		02.20/	02.5%	89%	010/
E.H.10	leali lity ase cha	NICE-approved treatment (NHS Digital - rolling 4 quarters)	*	~	~	Q	ICS (Bury)	Q4 22/23	95.0%	-	-	92.3%	-	-	92.5%	-	-	09.0%	-	-	9170		92.3%	92.5%	09%	9170
E.H.11	s H fern s C	The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of	×	<b>V</b>	<b>✓</b>	Q	ICS (Bury)	Q4 22/23	95.0%	_	_	100.0%	_	_	100.0%	_	_	80.0%	_	_	75%	_	100.0%	100.0%	80%	75%
	ren Mat ane iette	NICE-approved treatment (NHS Digital - rolling 4 quarters)	•	•	•	•	( ),					0.4.00/														
E.0.1	hild J ean	Percentage of children waiting less than 18 weeks for a wheelchair	×	<b>V</b>	×	Q	ICS (Bury)	Q3 22/23	92.0%	-	-	84.8%	-	-	90.0%	-	-	94.6%	-	-	87.0%	-	84.8%	90.0%	94.6%	87.0%
	0 7	% of Children Looked After (CLA) with an up to date health assessment	×	×	×	IVI	LA	Mar-23	N/A	85.0%	80.0%	78.0%	78.0%	84.0%	85.0%	85.0%	83.0%	78.0%	83.0%	84.0%	91.0%	-	-	-	-	-
		% of Children Looked After (CLA) with a dental check in the last 12 months	×	X	×	M	LA	Mar-23	N/A	53.0%	54.0%	55.0%	58.0%	65.0%	68.0%	65.0%	67.0%	64.0%	64.0%	66.0%	79.0%	-	-	-	-	-
E.A.3 / S081a	lth	IAPT roll-out (prevalence of people entering IAPT services as a % of those estimated to have	×		~/	0	ICS (Bury)	Feb-23	M: 537 Q: 1610			1020						000					1020	320	000	
L.A.3 / 300 la	<del>T</del> ea	anxiety/depression) - (NHS Digital)		~	~	Q	ico (bury)	1 60-23	A: 6440	-	_	1020	-	_		-	_	990	-	_		_	1020	320	990	
E.A.S.2	tal H	IAPT Recovery Rate (Moving to recovery) (NHS Digital)	×	<b>V</b>	<b>V</b>	Q	ICS (Bury)	Feb-23	50.0%	-	-	50.4%	-	-		-	-	49.5%	-	-		_	50.4%	50.0%	49.5%	
E.H.1	len lay	IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	×	<b>V</b>	×	Q	ICS (Bury)	Feb-23	75.0%	-	-	41.9%	-	-		-	-	73.0%	-	-		_		64.3%		
E.H.2	W ⊗ H	IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	×	<b>V</b>	×	Q	ICS (Bury)	Feb-23	95.0%	-	_	88.4%	_	-		_	-	96.3%	-	_				95.2%		
E.A.S.1	itia Ž	Dementia diagnosis rate (65+)	×	1	1	M	ICS (Bury)	Mar-23	66.7%	73.6%	74.3%	74.3%	75.0%	75.5%	76.4%	76.6%	76.1%	76.6%	76.1%	76.2%	77.0%		-	_	-	_
E.H.4	ner	Early Intervention in Psychosis Waiting Times	×	4	*	0	ICS (Bury)	Q3 22/23	60.0%								-			-			85.0%	78.0%	100.0%	
E.H.30	Der	Adult MH patients receiving a follow-up within 72 hours of discharge			<b>~</b>	M	ICS (Bury)	Feb-23	80.0%	73.0%		70.0%					74.0%					_	-	-	-	
L.11.30		Addit will patients receiving a follow-up within 72 flours of discharge		-	^	IVI	ico (bury)	1 60-23	80.070	73.070	7 3.0 70	70.070	TDC	7 3.0 70	12.070	00.070	74.070	03.070	00.070	39.070			-			
S032a	Continuing HC	Personal Health Budget Count (cumulative)	×	×	<b>√</b>	Q	ICS (Bury)	Q4 22/23	n/a	_	_	185	_	_	321	_	_	452	_	_	601	_	185	321	452	601
00024	Catherine Jackson	r ereenar realth Budget eeam (eamaiatre)	•		_	_	100 (54.3)	Q 1 22/20	11/4			100			021			102			001		100	OZ I	102	001
E.B.5		A&E waiting time (waiting less than 4hrs) (PAHT ALL)	<b>✓</b>	<b>J</b>	×	М	NCA	Mar-23	95.0%	60.3%		60.1%	60.6%	58.7%	59.3%	59.1%	58.8%	53.0%	64.9%	63.5%	62.2%	_	60.2%	59.6%	57.0%	63.5%
E.B.S.5		Trolley waits in A&E (12 hour waits)		*	×	М	NCA	Mar-23	0	694		642	833	820	772	920	751	797	708	529	784	7417	-	-	-	_
E.B.23 S020a		Ambulance clinical quality: Cat 1 - 7 minute response time (average)		~		IVI	NWAS	Mar-23	7 minutes	08:31	07:59	08:12	08:39	07:55	08:43	09:19		9:58	8:15	00.34	00.35		_	_		
E.B.23 C1Bi	ē	· · ·		~	<b>₩</b>	IVI	NWAS			14:27	13:39	13:59	14:38	13:51	14:51					######		-	-		-	-
	Š	Ambulance clinical quality: Cat 1 - 90% of calls responded to within 15 minutes	<b>V</b>	*	*	IVI N.4		Mar-23	15 minutes							15:54	15:18	16:56				-	-		-	-
E.B.23 S020b	jent	Ambulance clinical quality: Cat 2 - 18 minute response time (average)	<b>*</b>	×	<b>V</b>	IVI	NWAS	Mar-23	18 minutes		,			36:06	38:14			72:11	29:17	22:36		-	-	-	-	-
E.B.23 C2Bi	U.	Ambulance clinical quality: Cat 2 - 90% of calls responded to within 40 minutes	<b>✓</b>	×	×	M	NWAS	Mar-23	40 minutes	107:46		87:31	112:36	79:43	84:21	125:56		165:19	61:08	44:21	66:54	-	-	-	-	-
E.B.25i		Ambulance handover time: proportion within 60 minutes	$\checkmark$	<b>V</b>	X	М	NCA	Mar-23	100%	89.8%	V		00.0.0		90.3%				94.1%		90.5%	-	-	-	-	-
E.B.25ii / S019a		Ambulance handover time: proportion within 30 minutes	$\checkmark$	$\checkmark$	$\checkmark$	М	NCA	Mar-23	95%	76.9%	80.6%	79.2%	76.3%	76.3%	77.7%	71.6%	77.6%	70.6%	83.4%	87.5%	78.5%	-	-	-	-	-
E.B.25iii		Ambulance handover time: proportion within 15 minutes	X	<b>V</b>	X	M	NCA	Mar-23	65%	42.8%	45.9%	44.7%	43.0%	44.1%	43.3%	41.6%	44.5%	38.5%	46.6%	53.0%	45.8%	-	-	-	-	-

## **Elective\_Cancer**

		2																								
		Measures	Cons	Must	NHS	F	Monitored	Period	Period							Peri	od Actua	l Perform	nance 202	22-23						
Indicator	IDC Programme	<b>Description</b>		Do	SOF		Org		Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4
E.B.6		Cancer 2 week waits: GP Referral for suspected cancer	$\checkmark$	$\checkmark$	×	M/Q	ICS (Bury)	Mar-23	93.0%	54.8%	80.6%	69.7%	67.5%	60.5%	53.6%	57.9%	64.1%	57.4%	66.9%	0.7947	0.8149	-	73.9%	60.6%	60.2%	75.9%
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	<b>✓</b>	<b>✓</b>	×	M/Q	ICS (Bury)	Mar-23	93.0%	22.9%	29.8%	22.6%	28.3%	38.6%	20%	18.8%	36.0%	22.1%	35.6%	0.3871	0.4154	-	25.3%	28.6%	26.7%	38.7%
E.B.27 / S012a		Cancer 28 day waits: Faster Diagnosis	×	<b>\</b>	$\checkmark$	M/Q	ICS (Bury)	Mar-23	75.0%	90.0%	62.0%	44.7%	47.8%	46.0%	45.1%	44.7%	56.7%	54.4%	53.5%	68.7%	72.6%	-	53.9%	46.3%	52.3%	65.0%
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	<b>V</b>	<b>V</b>	×	M/Q	ICS (Bury)	Mar-23	96.0%	93.3%	92.2%	95.3%	95.7%	94.7%	86.4%	91.1%	94.7%	96.4%	87.5%	94.6%	91.8%	-	93.9%	92.5%	94.1%	91.0%
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	<b>V</b>	<b>V</b>	×	M/Q	ICS (Bury)	Mar-23	94.0%	100.0%	100.0%	92.3%	95.0%	90.0%	100.0%	100.0%	100.0%	88.9%	94.1%	92.3%	100.0%	-	96.7%	94.7%	95.2%	96.0%
E.B.10	<b>(1)</b>	Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	<b>V</b>	<b>V</b>	×	M/Q	ICS (Bury)	Mar-23	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%
E.B.11	Care	Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	<b>V</b>	<b>V</b>	×	M/Q	ICS (Bury)	Mar-23	94.0%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	-	99.0%	100.0%	100.0%	98.5%
E.B.12 / S011a	er (	Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	<b>~</b>	<b>~</b>	<b>V</b>	M/Q	ICS (Bury)	Mar-23	85.0%	46.2%	29.4%	48.0%	47.9%	57.4%	30.6%	46.8%	46.2%	48.8%	40.3%	45.5%	42.6%	-	41.2%	46.2%	47.1%	42.5%
E.B.13	Cano	Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	<b>~</b>	<b>✓</b>	×	M/Q	ICS (Bury)	Mar-23	90.0%	100.0%	50.0%	33.3%	81.8%	42.9%	80.0%	66.7%	90.0%	100.0%	57.1%	100.0%	69.2%	-	61.5%	69.6%	85.7%	68.2%
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	<b>~</b>	<b>✓</b>	×	M/Q	ICS (Bury)	Mar-23	85.0%	70.0%	80.0%	84.2%	65.0%	73.7%	60%	76.0%	78.6%	55.6%	60.0%	80.0%	71.4%	-	79.5%	66.1%	70.2%	70.5%
		1-year cancer survival for all-cancers	×	×	×	Α	ICS (Bury)	TBC																		
		Cancers diagnosed at an early stage	×	×	×	Α	ICS (Bury)	TBC																		
S010a		Cancer first treatments: the number of people receiving first cancer treatment compared to equivalent month (March 19 - Feb 20), adjusted for working days	×	×	<b>✓</b>	M	ICS (Bury)	TBC	Placeholder																	
S011a		Number of people waiting over 62 days for their first treatment	×	×	<b>V</b>	M	NCA	TBC	Placeholder																	

# **Urgent Care Dashboard**

		Urgent Care Summary		Must			Monitored		Period							Perio	od Actua	Perforr	mance 20	22-23						
Indicator	IDC Programme	Description	Cons	Do	NHSO	F	Org	Period	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4
E.B.5		A&E waiting time (waiting less than 4hrs) (NCA ALL)	✓	<b>V</b>	<b>V</b>	М	NCA	Mar-23	95.0%	60.3%		60.1%	60.6%	58.7%	59.3%	59.1%	59.3%	53.0%	64.9%	63.5%	62.2%	-	60.2%	59.6%	57.0%	63.5%
E.B.S.5		Trolley waits in A&E (12 hour waits)	<b>✓</b>	×	×	М	NCA	Mar-23	0	694		642	833	820	772	920	751	797	708	529	784	7417	-	-	- 7	- 7
S103a		The proportion of patients spending more than 12 hours in an ED	×	×	<b>V</b>	М	NCA	Placeholder	<2%													-				
E.B.23 / S020a		Ambulance clinical quality: Cat 1 - 7 minute response time (average)	<b>✓</b>	<b>V</b>	×	М	NWAS	Mar-23	7 mins	08:31	07:59	08:12	08:39	07:55	08:43	09:19	08:53	9:58	8:15	8:10	8:27	-	-	-	- /	-
E.B.23.C1 Aii		Ambulance clinical quality: Cat 1 - 7 minute response time (average)	<b>✓</b>	<b>✓</b>	×	М	ICS (Bury)	Mar-23	7 mins	8:15	7:12	07:19	08:07	06:33	07:56	08:19	08:03	8:57	8:04	7:55	6:59	-	-	-	- 7	-
E.B.23.C1 Bi		Ambulance clinical quality: Cat 1 - 90% of calls responded to within 15 mins	<b>✓</b>	<b>✓</b>	×	М	NWAS	Mar-23	15 mins	14:27	13:39	13:59	14:38	13:51	14:51	15:54	15:18	16:56	14:11	13:47	14:20	-	-	-	- /	-
E.B.23.C1 Bii		Ambulance clinical quality: Cat 1 - 90% of calls responded to within 15 mins	<b>✓</b>	<b>✓</b>	×	М	ICS (Bury)	Mar-23	15 mins	13:07	11:49	11:31	12:57	11:18	12:49	14:14	13:24	14:06	13:33	13:06	11:34	-	-	-	-	-
E.B.23 / S020b		Ambulance clinical quality: Cat 2 - 18 minute response time (average)	<b>✓</b>	<b>✓</b>	×	М	NWAS	Mar-23	18 mins	47:05	34;00	39:46	50:29	36:06	38:14	58:03	44:16	72:11	29:17	22:36	30:56	-	-	-	- 1	-
E.B.23.C2 Aii		Ambulance clinical quality: Cat 2 - 18 minute response time (average)	<b>✓</b>	<b>✓</b>	×	М	ICS (Bury)	Mar-23	18 mins	41:10	32:50	36:34	42:23	31:23	32:42	54:33	38:21	56:00	22:59	18:48	25:00	-	-	-	-	-
E.B.23.C2 Bi		Ambulance clinical quality: Cat 2 - 90% of calls responded to within 40 mins	<b>V</b>	<b>✓</b>	×	М	NWAS	Mar-23	40 mins	107:46	73:31	87:31	112:36	79:43	84:21	125:56	95:33	165:19	61:08	44:21	66:54	-	-	-	-	-
E.B.23.C2 Bii		Ambulance clinical quality: Cat 2 - 90% of calls responded to within 40 mins	<b>V</b>	<b>✓</b>	×	М	ICS (Bury)	Mar-23	40 mins	95:09	70:18	80:17	93:53	66:59	66:46	120:33	78:38	123:59	45:32	33:37	48:12	-	-	-	-	-
E.B.25ii / S019a		Ambulance handover time: proportion within 30 mins: NCA	<b>✓</b>	<b>✓</b>	×	М	NCA	Mar-23	95%	76.9%	80.6%	79.2%	76.3%	76.3%	77.7%	71.6%	77.6%	70.6%	83.4%	87.5%	78.5%	-	-	-	-	-
E.B.25ii	Care	Ambulance handover time: proportion within 30 mins: Fairfield	×	×	×	М	FGH	Mar-23	65%	67.6%	71.1%	71.7%	67.9%	74.1%	71.8%	70.3%	84.7%	69.2%	86.9%	92.6%	83.4%	-	-	-	-	-
E.B.25ii	≠	Ambulance handover time: proportion within 30 mins: Royal Oldham	×	×	×	М	RO	Mar-23	65%	62.8%	74.2%	69.7%	60.6%	63.8%	68.9%	44.4%	56.7%	51.6%	69.5%	74.3%	60.8%	-	-	-	- 1	-
E.B.25ii	Urger David	Ambulance handover time: proportion within 30 mins: Salford Royal	×	×	×	М	SR	Mar-23	65%	92.7%	91.0%	90.4%	91.1%	85.8%	87.4%	90.1%	89.1%	86.9%	92.7%	94.4%	89.3%	-	-	-	-	-
E.B.25ii	D e	Ambulance handover time: proportion within 30 mins: Greater Manchester	×	×	×	М	GM	Mar-23	65%	72.1%	76.4%	74.2%	68.0%	68.9%	65.2%	60.4%	65.5%	58.1%	71.9%	78.2%	74.5%	-	-	-	- /	-
E.B.25i1		Ambulance handover time: proportion within 60 mins: NCA	<b>✓</b>	<b>V</b>	×	М	NCA	Mar-23	100%	89.8%	92.7%	91.5%	88.9%	90.2%	90.3%	86.1%	92.3%	84.3%	94.1%	96.7%	90.5%	-	-	-	- /	-
E.B.25iii		Ambulance handover time: proportion within 15 mins: NCA	×	<b>✓</b>	×	М	NCA	Mar-23	65%	42.8%	45.9%	44.7%	43.0%	44.1%	43.3%	41.6%	44.5%	38.5%	46.6%	53.0%	45.8%					
		Avg Turnaround Time (all Attends) (h:mm:ss) Fairfield	×	×	×	М	FGH	Mar-23	30 mins	56:49	47:48	51:02	51:58	49:13	50:19	52:21	32:56	51:24	34:17	28:37	37:58	-	-	-	-	-
		Avg Turnaround Time (all Attends) (h:mm:ss) Royal Oldham	×	×	×	М	RO	Mar-23	30 mins	50:15	41:46	48:02	52:57	44:27	41:03	66:44	52:44	64:13	44:34	40:06	49:21	-	-	-	- 1	-
		Avg Turnaround Time (all Attends) (h:mm:ss) Salford Royal	×	×	×	М	SR	Mar-23	30 mins	27:41	27:55	28:56	28:08	31:53	31:05	28:34	28:36	31:33	27:11	26:11	27:58					
		Avg Turnaround Time (all Attends) (h:mm:ss) NCA	×	×	×	М	NCA	Mar-23	30 mins	43:32	38:07	41:37	43:06	40:52	39:48	47:50	38:12	48:39	35:19	31:30	38:03	-	-	-	- /	-
		Avg Turnaround Time (all Attends) (h:mm:ss) Greater Manchester	×	×	×	М	GM	Mar-23	30 mins	42:13	38:27	41:48	44:46	44:08	46:46	52:54	45:34	54:05	40:38	35:51	37:51	-	-	-	- /	-
E.M.11		Total Non-elective Spells (Specific Acute)	×	<b>V</b>	×	М	ICS (Bury)	Mar-23	N/A	2114	1903	1868	1879	1826	1618	1632	1633	1698	1700	1498	1765	0	5885	5323	4963	4963
E.M.12		Type 1-4 A&E Attendances	×	<b>✓</b>	×	М	ICS (Bury)	Mar-23	N/A	7052	5380	6601	6715	6271	6203	6617	6492	6643	5844	5734	6771	0	19033	19189	19752	18349
127b		Emergency admissions for urgent care sensitive conditions	×	×	<b>V</b>	М	ICS (Bury)	Mar-23	N/A	260.0	198.1	221.8	219.4	229.3	203.9	218.7	177.7	176.2	213.3	169.3	206.5	-	683.5	315	0	284.75
106a		Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and UC sensitive conditions	×	×	<b>✓</b>	Q	ICS (Bury)	Not Avail	N/A	-	-		-	-		-	-		-	-		-				

### **MENTAL HEALTH**

		Mental Health		Must			Monitored		Period							Pe	eriod Act	ual Perfo	rmance 2	022-23	
Indicator	IDC Programme	<b>Description</b>	Cons	Do	NHSOF	Freq	Org	Period	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E.A.3.i		IAPT roll-out (Prevalence of people entering IAPT services as a % of those estimated to have anxiety/depression) - (PCFT Monthly Indicative)	×	<b>~</b>	<b>✓</b>	М	ICS (Bury)	Mar-23	M: 537 Q: 1610 A: 6440	239	342	423	319	346	322	334	385	257	401	355	388
E.A.3 / S081a		IAPT roll-out (prevalence of people entering IAPT services as a % of those estimated to have anxiety/depression) - (NHS Digital)	×	<b>✓</b>	<b>~</b>	Q	ICS (Bury)	Q1 22-23	M: 537 Q: 1610 A: 6440	-	-	1.6%	-	-	1.2%	-	-	1.0%	-	-	
E.A.3.ii		IAPT roll-out: proportion of over 65s accessing service (NHS Digital)	×	<b>V</b>	×	Q	ICS (Bury)	Q1 22-23	7.1. 0 1 10	-	-	5.7%	-	-	7.3%	-	-	7.9%	-	-	
E.A.S.2.i		IAPT Recovery Rate (Moving to recovery) (PCFT Monthly Indicative)	×	$\checkmark$	<b>\</b>	М	ICS (Bury)	Mar-23	50.0%	55.7%	52.0%	44.1%	45.9%	51.9%	50.5%	51.1%	46.9%	53.2%	57.7%	50.0%	55.1%
E.A.S.2		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	×	<b>✓</b>	<b>✓</b>	Q	ICS (Bury)	Q1 22-23	50.0%	-	-	50.4%	-	-	50.0%	-	-	49.5%	-	-	
E.A.S.2.ii		IAPT Recovery Rate (BAME) - NHS Digital	×	<b>✓</b>	×	Q	ICS (Bury)	Q1 22-23		-	-	46.0%	-	-	44.0%	-	-	43.0%	-	-	
E.H.1.i		IAPT waiting times: 6 weeks or less from referral. (PCFT Monthly Indicative)	×	<b>✓</b>	×	М	ICS (Bury)	Mar-23	75.0%	39.5%	44.5%	38.6%	48.4%	54.6%	63.6%	67.9%	62.8%	70.47%	77.25%	77.70%	84.00%
E.H.1.		IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	×	<b>✓</b>	×	Q	ICS (Bury)	Q1 22-23	75.0%	-	-	41.9%	-	-	64.3%	-	-	73.0%	-	-	
E.H.2.i	를 ±	IAPT waiting times: 18 weeks or less from referral. (PCFT Monthly Indicative)	×	<b>✓</b>	×	М	ICS (Bury)	Mar-23	95.0%	91.9%	88.2%	85.7%	93.8%	96.9%	95.1%	94.7%	96.1%	96.0%	98.2%	99.3%	96.5%
E.H.2	Mental Health Kez Hayat	IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	×	<b>✓</b>	×	Q	ICS (Bury)	Q1 22-23	95.0%	-	-	88.4%	-	-	95.2%	-	-	96.3%	-	-	
E.H.21	ental Kez I	IAPT in-treatment pathway waits	×	<b>✓</b>	×	М	ICS (Bury)	Jun-22	<10%	28.6%	45.3%	34.9%								23.8%	
E.H.4	ž	Early Intervention in Psychosis Waiting Times	×	<b>✓</b>	$\checkmark$	Q	ICS (Bury)	Q1 22-23	60.0%	-	-	85.0%	-	-	78.0%	-	-	100.0%	-	-	
E.A.S.1		Dementia diagnosis rate (65+)	×	×	$\checkmark$	М	ICS (Bury)	Mar-23	66.7%	73.6%	74.3%	74.3%	75.0%	75.5%	76.4%	76.6%	76.1%	76.6%	76.1%	76.22%	76.98%
E.H.30		Adult MH patients receiving a follow-up within 72 hours of discharge (NHS Dig)	<b>V</b>	<b>✓</b>	×	М	ICS (Bury)	Feb-23	80.0%	73.0%	75.0%	70.0%	TBC	73.0%	72.0%	68.0%	74.0%	63.0%	66.0%	59.0%	
E.H.30i		Adult MH patients receiving a follow-up within 72 hours of discharge (PCFT ind)	<b>✓</b>	<b>✓</b>	×	М	ICS (Bury)	Mar-23	80.0%	80.0%	75.0%	79.3%	60.0%	85.7%	78.3%	75.0%	73.0%	84.6%	72.7%	75.0%	82.8%
E.H.12 / S086a		Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	×	$\checkmark$	×	M/Q	ICS (Bury)	Feb-23	0	150	60	50	105	155	95		175	80	100	130	
E.H.15		Access rate of women accessing specialist perinatal mental health services (12 months rolling)	×	✓	×	M/Q	ICS (Bury)	Jun-22	8.8% by Mar	6.4%	7.0%	7.0%									
E.H.17		No of people accessing Individual Placement and Support (cumulative)	×	<b>V</b>	×	М	ICS (Bury)	Jan-23	TBC	5	10	15			15	15	15	20	20		
E.H.13 / S085a		SMI Annual Health Checks	×	<b>✓</b>	<b>&lt;</b>	Q	ICS (Bury)	Q1 22-23	60.0%	-	-	29.2%	-	-	30.5%	-	-	31.1%	-	-	

## **Community Services**

		Measures Measures	Conc	Must	NHS	_	Monitored	Period	Period							Per	iod Actua	al Perform	ance 202	22-23						
Indicator	IDC Programme	Description Description	Cons	Do	SOF		Org	Period	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4
S115a		Proportion of diabetes patients receiving all 8 diabetes care processes	×	×	<b>~</b>	Q	ICS (Bury)	Q1 22/23	N/A	-	-		-	-		-	-		-	-		-				
(S052a)		Diabetes patients achieved 3 NICE recommended treatment targets	×	×	×	Α	ICS (Bury)	2021/22	N/A	-	-	-	-	-	-	-	-	-	-	-	-	35.3%	-	-	-	-
(103b)		Diabetes patients diagnosed <1 year attending structured education	×	×	×	Α	ICS (Bury)	2021/22	N/A	-	-	-	-	-	-	-	-	-	-	-	-	4.5%	-	-	-	-
S051a	တ	Proportion of people achieving Milestone 1 of NHS Diabetes Prevention Programme	×	×	<b>~</b>	Q	ICS (Bury)	Q1 22/23	N/A	-	-		-	-		-	-		-	-		-				
(108a)	rvio S	Proportion of carers with LTC who feel supported to manage own condition	×	×	×	Α	ICS (Bury)	2021/22	N/A	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
S107a	ity Se n Cro	Proportion of Urgent Community Response (rapid response) referrals reached within 2 hours	×	×	<b>✓</b>	М	ICS (Bury)	Placeholder	70%																	
S105a	nun dria	Proportion of patients discharged from hospital to their usual place of residence	×	×	<b>✓</b>	М	ICS (Bury)	Placeholder	N/A																	
S117a	Comr	Proportion of patients who have a first consultation in a post-covid service within six weeks of referral	×	×	<b>✓</b>	M	ICS (Bury)	Placeholder	N/A																	
S106a		Available virtual ward capacity per 100,000 of population	×	×	<b>V</b>	Q	NCA	Placeholder	40-50	-	-		-	-		-	-		-	-		-				
S031a		Number of personalised care interventions	×	×	<b>~</b>	Q	ICS (Bury)	Placeholder	N/A	-	-		-	-		-	-		-	-		-				
S032a		Personal Health Budgets	×	×	<b>V</b>	Q	ICS (Bury)	Q1 22/23	N/A	-	-		-	-	321	-	-	452	-	-	601	-	185	321	452	601

### **Children's Health and Maternity**

Soliton:   Minimum   Project   March   Project   March   Project		23	nce 2022-23	l Performar	Period Actua						Period		Monitored			Must		rnity & Childrens Summary
EH 15 (SigNate Across to CVP minors broath encience (12 months rolling) (1 contact)  Across to 16 24 months broathed reviews (12 months rolling) (1 contact)  Across to 16 124 months rolling) (1 contact)  Across to 16 124 months rolling) (1 contact)  X X X M ICS (Bury)  Improve access to 16 124 months rolling) (1 contact)  X X X M ICS (Bury)  Improve access to 16 124 months rolling (1 contact)  X X X M ICS (Bury)  Improve access to 16 124 months rolling (1 contact)  X X X M ICS (Bury)  Improve access to 16 124 months for information access to 16 months (1 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  X X X M ICS (Bury)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve access to 16 to CVPPM (141505 monthly FINAL - rolling) (2 contact)  Improve acc	Dec Jan Feb Mar Y	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr		Period		F	NHSOF		Cons	licator IDC Programme Description
Company   Comp																		ren and Young People Mental Health (CYP MH)
Access to 18-24 mental health earthces (12 months rolling) (1 contact)    Fill Ga			2735	2595	Must Do	TBC	2525	2490	2500	2490		Jun-22	ICS (Bury)	M	✓	✓	×	/ S084a Access to CYP mental health services (12 months rolling) (1 contact)
E.H.Ba								230	275	250	n/a	Jun-22	ICS (Bury)	M	<b>✓</b>	<b>~</b>	×	.i No of new CYP first contacts (in-month)
E.H. Bit   Improve access to rate to CVPMH (MHSDS monthly PROVISIONAL - in-month)   X											n/a	Placeholder	ICS (Bury)	M	×	×	×	Access to 18-24 mental health services (12 months rolling) (1 contact)
E H.91  EH.101  EH.102  EH.103  EH.103  EH.104  EH.105  EH.105  EH.106  EH.106  EH.107  EH.108  EH.108  EH.109  EH.108  EH.109  EH.109								38.0%	39.1%	40.6%	35.0%	Jun-22	ICS (Bury)	M/Q	×	<b>✓</b>	×	a Improve access to rate to CYPMH (MHSDS monthly FINAL - rolling) (2 contacts)
EH-101   Feb   F								170	225	255	114	Jun-22	ICS (Bury)	М	×	<b>✓</b>	×	i Improve access to rate to CYPMH (MHSDS montlhly PROVISIONAL - in-month)
NicE-approved treatment (NicE-approved treat								175	225	265	114	Jun-22	ICS (Bury)	M	×	<b>V</b>	×	ii Improve access to rate to CYPMH (MHSDS montlhly FINAL - in-month)
EH 11	00.0% 100.0% 100.0% 83.3%	6 100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75%	86%	95%	Mar-23	ICS (Bury)	М	×	<b>~</b>	×	
E.H.11ii 9 3 0 3 approved treatment (PCFT indicative).	9.0% - 91.4%	89.0%	-	-	92.5%	-	-	92.3%	-	-	95%	Q4 22/23	ICS (Bury)	Q	×	<b>✓</b>	×	
## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital), Rolling 4 quarters  ## A Supproved treatment (NHS Digital)  ## A Supproved treatment (NHS)  ## A Supproved	Cases No cases No cases	es No Cases	No Cases	100%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	95%	Mar-23	ICS (Bury)	М	×	<b>✓</b>	×	% of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-
days at start of any intervention/treatment	- 75%	80%	-	-	100%	-	-	100.0%	-	-	95%	Q4 22/23	ICS (Bury)	Q	×	<b>✓</b>	×	
ED % of those that show achievement of their GBO  X X X M ICS (Bury) Mar-23 95% 64.9% 66.4% 66.7% 68.3% 68.9% 64.3% 62.9% 52.5% 67.8% 48.6% 68.2% HYM (128 weeks commence treatment) HYM % of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment HYM % of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment HYM % of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment HYM % of those that show positive distance travelled to their GBO  X X X Q PCFT Not Avail  X X X M NCA  Y NCA			-	-		-	-		-	-		Not Avail	PCFT	Q	×	×	×	, , ,
HYM (12 weeks first contact)  HYM (18 weeks commence treatment) HYM (18 we			-	-		-	-		-	-		Not Avail	PCFT	Q	×	×	×	ED % of those that show positive distance travelled to their GBO
HYM (18 weeks commence treatment) HYM (18 weeks commence treatment) HYM (5 of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment HYM (5 of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment HYM (5 of those in treatment initiated goal based outcomes (GBO) within 10 working W X X Q PCFT Not Avail			-	-		-	-		-	-		Not Avail	PCFT	Q	×	×	×	ED % of those that show achievement of their GBO
HYM % of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment HYM % of those that show positive distance travelled to their GBO	7.8% 48.6% 68.2% 79.8% 63	67.8%	52.5%	62.9%	64.3%	68.9%	68.3%	66.7%	66.4%	64.9%	95%	Mar-23	ICS (Bury)	M	×	×	×	ΗΥΜ (12 weeks first contact)
days at start of any intervention/freatment	3.5% 40.4% 58.3% 64.7% 55	43.5%	48.9%	49.4%	58.5%	69.2%	62.1%	62.3%	64.6%	67.6%	98%	Mar-23	ICS (Bury)	M	×	×	×	HYM (18 weeks commence treatment)
HYM % of those that show positive distance travelled to their GBO			-	-		-	-		-	-		Not Avail	PCFT	Q	×	×	×	
Booking 12+6 weeks (PAHT)			-	-		-	-		-	-		Not Avail	PCFT	Q	×	×	×	
3rd/4th Degreee tears (PAHT)																		nity
Elective C-section (PAHT)											-		NCA	M	×	×	×	Booking 12+6 weeks (PAHT)
Non-elective C-section (PAHT)  Haemorrhage >2.5ltrs (PAHT)  APGARS <7 at 5minutes in neonates (PAHT)  Breastfeeding initiation (PAHT)  X X X M NCA  -  APGARS <7 at 5minutes in neonates (PAHT)  X X X M NCA  -  Breastfeeding initiation (PAHT)  X X X M NCA  -  APGARS <7 at 5minutes in neonates (PAHT)  X X X M NCA  -  Breastfeeding initiation (PAHT)											-		NCA	M	×	×	×	3rd/4th Degreee tears (PAHT)
Haemorrhage >2.5ltrs (PAHT)  APGARS <7 at 5minutes in neonates (PAHT)  Breastfeeding initiation (PAHT)  **X											-		NCA	M	×	×	×	Elective C-section (PAHT)
APGARS <7 at 5minutes in neonates (PAHT)  Breastfeeding initiation (PAHT)  APGARS <7 at 5minutes in neonates (PAHT)  X X X M NCA  -											-		NCA	M	×	×	×	Non-elective C-section (PAHT)
Breastfeeding initiation (PAHT)  ***  ***  ***  **  **  **  **  **  *											-		NCA	M	×	×	×	Haemorrhage >2.5ltrs (PAHT)
											-		NCA	M	×	×	×	ລັ້ງ APGARS <7 at 5minutes in neonates (PAHT)
											-		NCA	M	×	×	×	Breastfeeding initiation (PAHT)
- SATOD (PAHT) X X M NCA -											-		NCA	M	×	×	×	SATOD (PAHT)
Maternity - SATOD - Not Smoking at time of delivery   ★ ★ ✓ Q ICS (Bury) Q4 22/23 7.5% 5.1% 4.3% 4.3%	- 5.7%	4.3%	-	-	5.1%	-	-	7.5%	-	-	-	Q4 22/23	ICS (Bury)	Q	$\checkmark$	×	×	Maternity - SATOD - Not Smoking at time of delivery
S104a Neonatal deaths per 1,000 total live births   X X A ICS (Bury)		-	-	-	-	-	-	-	-	-	-		ICS (Bury)	Α	<b>~</b>	×	×	Neonatal deaths per 1,000 total live births
S022a Stillbirths per 1,000 total births		-	-	-	-	-	-	-	-	-	-		ICS (Bury)	Α	$\checkmark$	×	×	Stillbirths per 1,000 total births
Paediatrics																		atrics
Emergency admission rate for children with asthma per 100,000 population aged 0-18 years  M ICS (Bury) Mar-23 300 (rate) 138 (admissions) 6.3 16.8 14.7 4.2 12.6 8.4 2.1 4.2 29.3 10.5	4.2 29.3 10.5 18.8 14	4.2	2.1	8.4	12.6	4.2	14.7	16.8	16.8	6.3		Mar-23	ICS (Bury)	М	×	×	×	
Unplanned hospitalisation for Asthma (under 19s) XXX M ICS (Bury) Mar-23 0 3 8 8 7 3 6 4 2 2 8 4	2 8 4 9	2	2	4	6	3	7	8	8	3	0	Mar-23	ICS (Bury)	М	×	×	×	ਪnplanned hospitalisation for Asthma (under 19s)
Unplanned hospitalisation for Diabetes (under 19s)  Mar-23  Unplanned hospitalisation for Diabetes (under 19s)  Mar-23  Unplanned hospitalisation for Diabetes (under 19s)	1 0 1 1	1	2	2	1	2	0	2	1	5	0	Mar-23	ICS (Bury)	M	×	×	×	<del>-</del> 7 0
Unplanned hospitalisation for Epilepsy (under 19s)  Mar-23  Unplanned hospitalisation for Epilepsy (under 19s)  Mar-23  O  4  O  4  O  2  1  2  1  3  3  2	3 3 2 5	3	1	2	1	2	0	4	0	4	0	Mar-23	ICS (Bury)	М	×	×	×	Unplanned hospitalisation for Epilepsy (under 19s)
	200 211 167 197 2	200	178	167	230	184	225	-	238	263	0	Mar-23	ICS (Bury)	М	×	×	×	Non-elective admissions at NMGH (under 19s)

### **Primary Care**

<b>Primary Care Summary</b>			Como	Must	NUCOE		Monitored	Daviad	Period							Pe	riod Act	ual Perf	ormance	2021/22	2					
Indicator	IDC Programme	Description	Cons	Do	NHSOF		Org	Period	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4
S037a		Patient experience of GP services	×	×	$\checkmark$	Α	ICS (Bury)	92	N/A	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
E.D.17		Exended access appointment utilisation	×	$\checkmark$	×	Q	ICS (Bury)	Placeholder	85%	-	-		-	-		-	-		-	-						
E.D.18		Proportion of population that 111 can directly book appoints into extended access services	×	<b>~</b>	×	Q	ICS (Bury)	Placeholder	100%	-	-		-	-		-	-		-	-						
E.D.19 / S001a		Appointments in General Practice per 10,000 weighted patients	×	×	<b>✓</b>	М	ICS (Bury)	Mar-23	N/A	59570	67792	62183	64082	67908	72396	85358	82715	72980	78396	77007	90092	880478	189544	204386	241053	245495
S074a		FTE Doctors in General Practice per 10,000 weighted patients	×	×	<b>V</b>	М	ICS (Bury)	Placeholder	N/A																	
S075a		Direct patient care staff in GP practices and PCNs per 10,000 weighted patient population	×	×	<b>✓</b>	M	ICS (Bury)	Placeholder	N/A																	
S108a	Primary Care	Number of completed referrals to Community Pharmacist Consultant Service (CPCS) from a general practice per 100,000 population	×	×	✓	М	ICS (Bury)	Placeholder	N/A																	
S108b	Zoe Alderson	Number of completed referrals to Community Pharmacist Consultant Service (CPCS) from NHS 111 per 100,000 population	×	×	✓	М	ICS (Bury)	Placeholder	N/A																	
S109a		Units of dental activity delivered as a proportion of all units of dental activity contracted	×	×	✓	M	ICS (Bury)	Placeholder	N/A																	
S053a		Proportion of Atrial Fibrilation patients with a record of CHA2DS2-VASs score or more who are treated with anticoagulation drug therapy	×	×	<b>~</b>	Α	ICS (Bury)	2022/23	90.0%	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
S053b		Proportion of hypertension patients who are treated to target as per NICE guidance	×	×	✓	Α	ICS (Bury)	2022/23	80.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
S053c		Proportion of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	×	×	<b>✓</b>	Bi-A	ICS (Bury)	2022/23	45.0%	-	-	-	-	-		-	-	-	-	-		-	-	-	-	-
S044a	Meds Optimisation	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	×	×	<b>✓</b>	M	ICS (Bury)	Apr-22	1.161													-	-	-	-	-
S044b	Salina Callighan	Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	×	×	<b>✓</b>	M	ICS (Bury)	Apr-22	10%													-	-	-	-	-

Quality Summary			Cons	Must	NHSOF	Erog	Monitored	Period	Period	od Period Actual Performance 2022-23												
Indicator	IDC Programme	<b>Description</b>	Colls	Do	NHSUF	Freq	Org	Period	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
E.B.S.1		Single Sex Accommodation Breaches	$\checkmark$	×	×	М	ICS (Bury)	Mar-23	0	4	18	13	10	6	4	7	7	7	5	6	8	95
S032a		Personal Health Budget Count (cumulative)	×	×	<b>✓</b>	Q	ICS (Bury)	Q4 22/23	n/a	-	-	185	-	-	321	-	-	452	-	-	601	
S037a		Percentage of patients describing their overall experience of making a GP appointment as good	×	×	<b>✓</b>	Α	ICS (Bury)		N/A	-	-	-	-	-	-	-	-	-	-	-	-	
S035a		Overall CQC rating (provision of high-quality care): NCA	×	×	<b>V</b>	М	NCA		N/A													
S035a		Overall CQC rating (provision of high-quality care): PCFT	×	×	<b>V</b>	М	NCA		N/A													-
S059		CQC rating well-led	×	×	<b>V</b>				N/A													-
S040a		HCAI MRSA	×	×	×	М	ICS (Bury)	Mar-23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S041a	Quality Team Catherine Jackson	HCAI C.Diff	×	×	×	М	ICS (Bury)	Mar-23	45 (3.75/mth	2	4	5	8	5	7	7	6	8	3	5	6	66
S042a	Catherine Jackson	HCAI E.Coli	×	×	×	М	ICS (Bury)	Mar-23	45	8	11	14	8	10	11	7	16	6	15	11	11	128

	Learning Disability Summary	Workstroom Lood	Cono	Must	NHCOE	Erog	Monitored	Dorind	Period					Р	eriod A	ctual Perf	ormance	2021/2	2			
Indicator	<b>Description</b>	WorkStream Leau	Colls	Do	NHOUF	Freq	Org	Periou	Target	Apr	May	Jun Jul	Aug	Sep	Oct	Nov De	Jan	Feb	Mar	YTD	Q1 Q	Q2 Q3 C
E.K.3 / S030a	Proportion of people with LD on GP register receiving an annual health check	Kez Hayat	×	$\checkmark$	$\checkmark$	M/Q	ICS (Bury)	Feb-23	70.0%	2.0%	0.0%	0.9% 2.5%	4.1%	3.7%	4.7%	12.5% 5.1	% 8.5%	10.9%	,	55.8% 3	.9% 10.	.1% 25.1%
E.K.1a / S029a	Reliance on specialist inpatient care for people with an LD and/or autism: No of CCG commissioned inpatients	Kez Hayat	×	<b>V</b>	$\checkmark$	Q	ICS (Bury)	Not Avail	2	-	-	-	-		-	-	-	-		-		
E.K.1b / S029b	Reliance on specialist inpatient care for people with an LD and/or autism: No of NHSE commissioned inpatients	Kez Hayat	×	$\checkmark$	$\checkmark$	Q	ICS (Bury)	Not Avail	3	-	-	-	-		-	-	-	-		-		

## **Constitution and Must Do Dashboard**

		2																								
Population Health Measures			Con	Mus	t NHS		Monitored	Period	Period	riod Period Actual Performance 2022-23																
Indicator	IDC Programme	<b>Description</b>	Cons	Do	SOF		Org	Period	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4
S054a		Number of people receiving mechanical thrombectomy as a % of all stroke patients	×	×	<b>V</b>	Q	NCA	Q1 23/24	10.0%	-	-		-	-		-	-		-	-		-				
S051a		Proportion of people achieving Milestone 1 of the NHS Diabetes Prevention Programme	×	×	<b>~</b>	Q	ICS (Bury)	Q1 22/23	N/A																	
S055a	ج	Number of referrals to NHS digital weight management services per 100,000 head of population	×	×	<b>✓</b>	M/Q	ICS (Bury)	Q1 22/23	N/A	-	-		-	-		-	-		-	-		-				
S116a	ealt ies	Proportion of adult acute inpatient settings offering Tobacco Dependence services	×	×	<b>~</b>	М	ICS (Bury)	May-22	100.0%																	
S116b	L T T T T T T T T T T T T T T T T T T T	Proportion of maternity settings offering Tobacco Dependence services	×	X	✓	М	NCA	May-22	100.0%																	
S048a	oulatio	Bowel screening: % patients aged 60-74 screen in last 30 months	×	×	<b>✓</b>	Α	LA	2022/23	60.0%	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
S049a	Рор	Breast screening: % females aged 53-70 screen in last 36 months	×	×	<b>✓</b>	Α	LA	2022/23	80.0%	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
S050a		Cervical screening: % females aged 24-49 attending screening in last 42 months	×	×	<b>~</b>	Α	ICS (Bury)	2022/23	80.0%	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
S050a		Cervical screening: % females aged 50-64 attending screening in last 66 months	×	×	<b>~</b>	Α	ICS (Bury)	2022/23	80.0%	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
S047a		Proportion of people over 65 receiving a seasonal flu vaccination	×	×	<b>~</b>	M/A	ICS (Bury)	TBC	85.0%														-	-	-	-
S046a		Proportion of 5 year olds that have received two doses of MMR	×	×	<b>V</b>	Q/A	LA	2022/23	95.0%			_			_			_			_					