

Meeting: Bury Locality Board			
Meeting Date	5 June 2023	Action	Receive
Item No.	14	Confidential	No
Title	Bury Health and Care Outcomes and Performance Report		
Presented by	Will Blandamer, Deputy Place Based Lead		
Author	Helen Smith, Head of Strategic Intelligence and 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.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	<input type="checkbox"/>

### Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

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

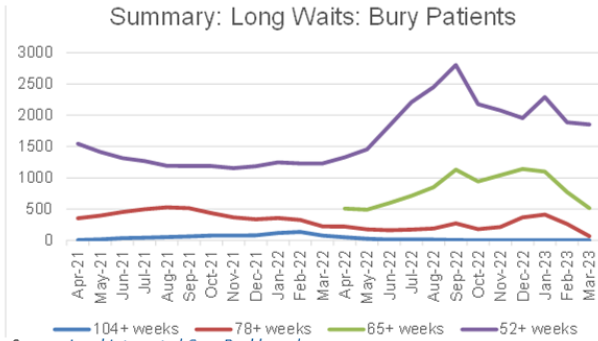
The following Boards have met with the Head of Strategic Performance and Intelligence and initial requests for meeting support and products have been discussed:

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

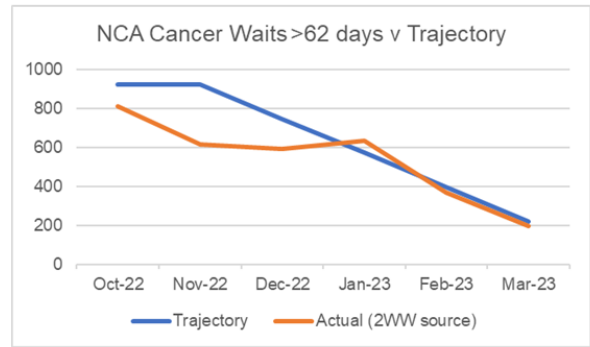
It has been requested that the attached dashboard is shared with the Locality Board and other meetings as a useful position on the constitutional metrics. Please note however it is expected that this dashboard will be replaced by a GM product in the future (see appendix 1).

### 3. Locality Board Performance Overview

#### Elective Care and Cancer



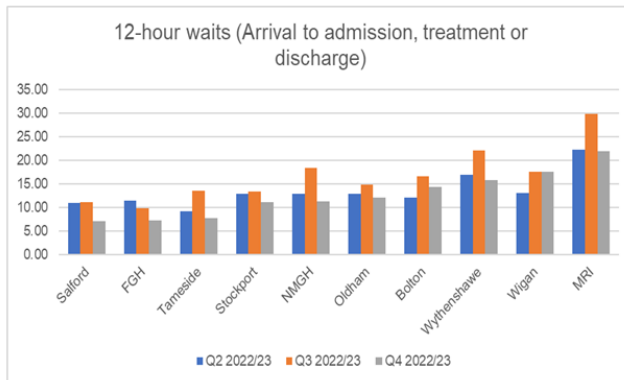
Source: [Local Integrated Care Dashboard](#)



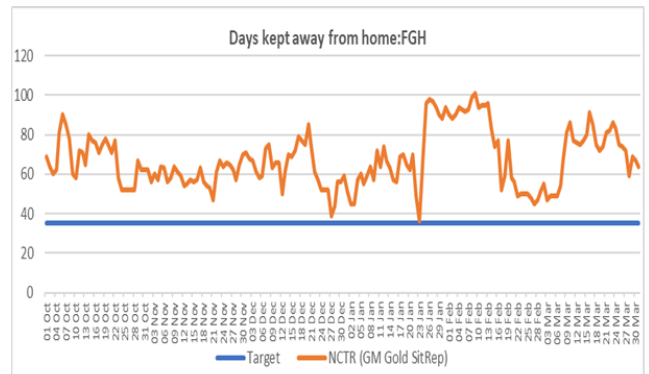
Source: [Locality Board data source](#)

- 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 specialities, 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



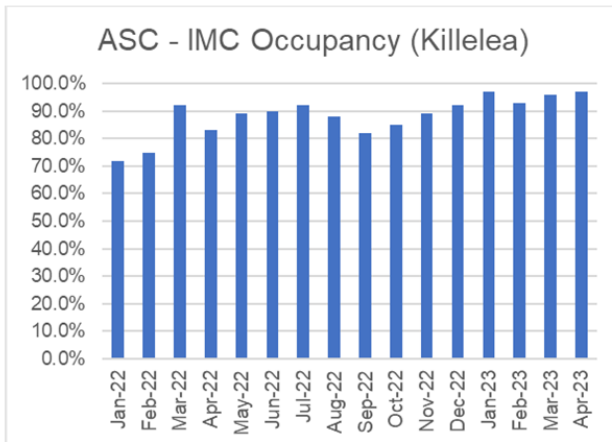
Source: [Local Urgent Care reporting](#)



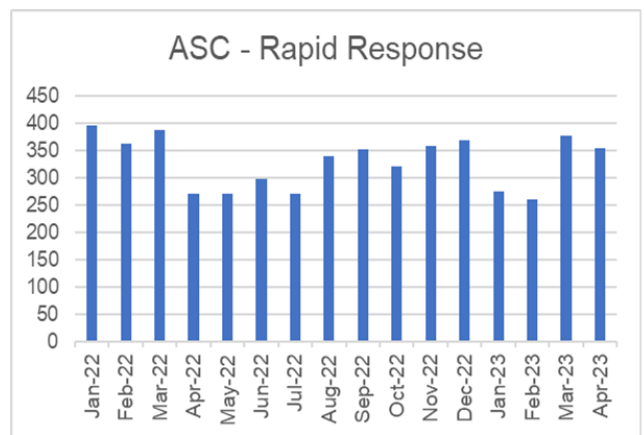
Source: [Local Urgent Care reporting](#)

- 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



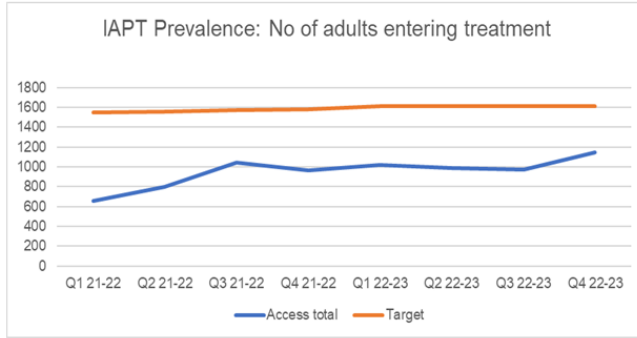
Source: [Locality Board data source](#)



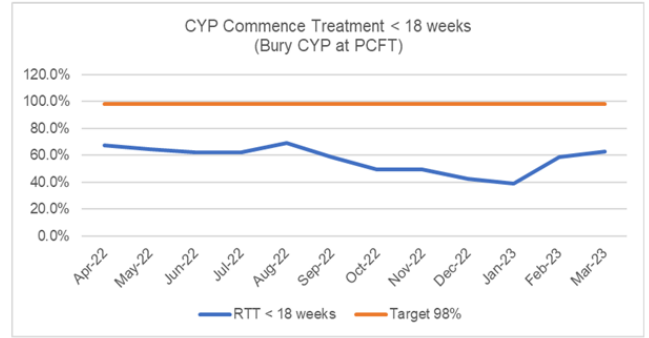
Source: [Locality Board data source](#)

- 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)



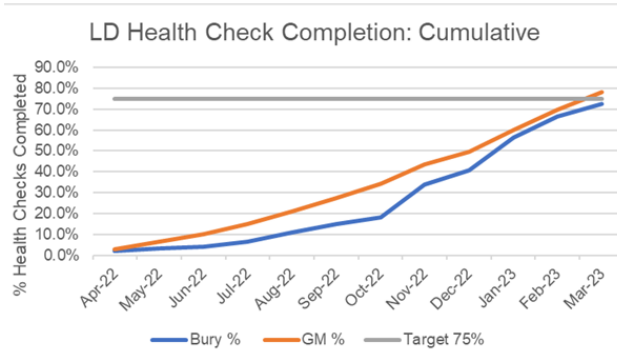
Source: [Locality Board data source](#)



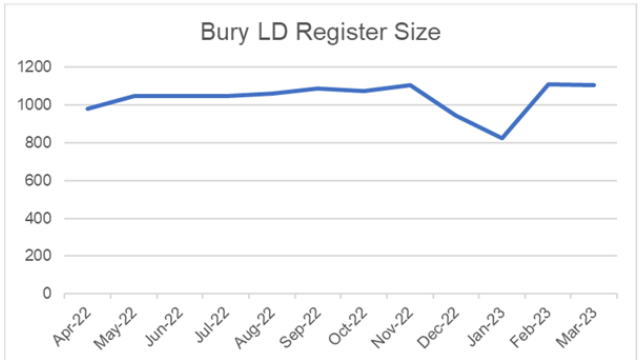
Source: [Locality Board data source](#)

- 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 see increased clinical capacity within the core CAMHS service. February and March have both seen increases from Jan.

## Learning Disabilities



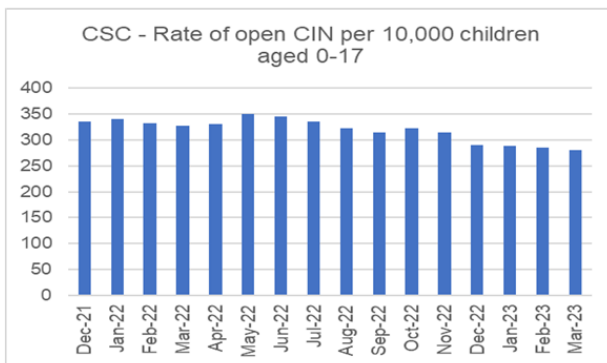
Source: [Locality Board data source](#)



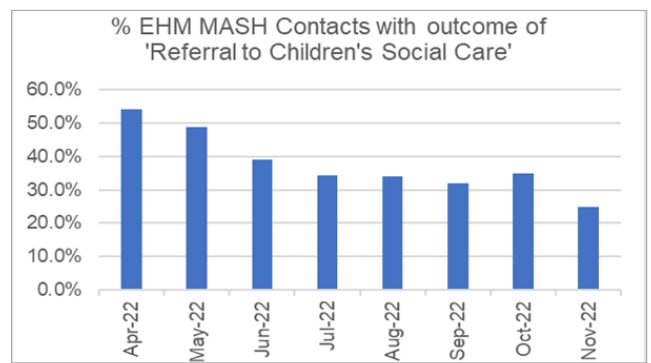
Source: [Locality Board data source](#)

- 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





# Elective\_Cancer

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Indicator	IDC Programme	Measures Description	Cons	Must Do	NHS SOF	F	Monitored Org	Period	Period Target	Period Actual Performance 2022-23																	
										Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4	
E.B.6	Cancer Care Cath Tickle	Cancer 2 week waits: GP Referral for suspected cancer	✓	✓	✗	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	✓	✓	✗	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	✗	✓	✓	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	✓	✓	✗	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	✓	✓	✗	M/Q	ICS (Bury)	Mar-23	94.0%	100.0%	100.0%	92.3%	95.0%	90.0%	100.0%	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		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	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%	100.0%
E.B.11		Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	✓	✓	✗	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		Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	✓	✓	✓	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		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	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	✓	✓	✗	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	✗	✗	✗	A	ICS (Bury)	TBC																		
			Cancers diagnosed at an early stage	✗	✗	✗	A	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	✗	✗	✓	M	ICS (Bury)	TBC	Placeholder																	
S011a			Number of people waiting over 62 days for their first treatment	✗	✗	✓	M	NCA	TBC	Placeholder																	



# Urgent Care Dashboard

Urgent Care Summary										Period Actual Performance 2022-23																	
Indicator	IDC Programme	Description	Cons	Must Do	NHSOF	F	Monitored Org	Period	Period Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4	
E.B.5	Urgent Care David Latham	A&E waiting time (waiting less than 4hrs) (NCA ALL)	✓	✓	✓	M	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)	✓	✗	✗	M	NCA	Mar-23	0	694		642	833	820	772	920	751	797	708	529	784	7417	-	-	-	-	
S103a		The proportion of patients spending more than 12 hours in an ED	✗	✗	✓	M	NCA	Placeholder	<2%														-				
E.B.23 / S020a		Ambulance clinical quality: Cat 1 - 7 minute response time (average)	✓	✓	✗	M	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)	✓	✓	✗	M	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	-	-	-	-	-	
E.B.23.C1 Bi		Ambulance clinical quality: Cat 1 - 90% of calls responded to within 15 mins	✓	✓	✗	M	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	✓	✓	✗	M	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)	✓	✓	✗	M	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	-	-	-	-	-	
E.B.23.C2 Aii		Ambulance clinical quality: Cat 2 - 18 minute response time (average)	✓	✓	✗	M	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	✓	✓	✗	M	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	✓	✓	✗	M	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	✓	✓	✗	M	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		Ambulance handover time: proportion within 30 mins: Fairfield	✗	✗	✗	M	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	✗	✗	✗	M	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%	-	-	-	-	-	
E.B.25ii		Ambulance handover time: proportion within 30 mins: Salford Royal	✗	✗	✗	M	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		Ambulance handover time: proportion within 30 mins: Greater Manchester	✗	✗	✗	M	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	✓	✓	✗	M	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	✗	✓	✗	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%	-	-	-	-	-	
		Avg Turnaround Time (all Attends) (h:mm:ss) Fairfield	✗	✗	✗	M	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	✗	✗	✗	M	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	-	-	-	-	-	
		Avg Turnaround Time (all Attends) (h:mm:ss) Salford Royal	✗	✗	✗	M	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	✗	✗	✗	M	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	✗	✗	✗	M	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)	✗	✓	✗	M	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	✗	✓	✗	M	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	✗	✗	✓	M	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	✗	✗	✓	Q	ICS (Bury)	Not Avail	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

# MENTAL HEALTH

		Mental Health										Period Actual Performance 2022-23										
Indicator	IDC Programme	Description	Cons	Must Do	NHSOF	Freq	Monitored Org	Period	Period Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E.A.3.i	Mental Health Kez Hayat	IAPT roll-out (Prevalence of people entering IAPT services as a % of those estimated to have anxiety/depression) - (PCFT Monthly Indicative)	✗	✓	✓	M	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)	✗	✓	✓	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)	✗	✓	✗	Q	ICS (Bury)	Q1 22-23		-	-	5.7%	-	-	7.3%	-	-	7.9%	-	-		
E.A.S.2.i		IAPT Recovery Rate (Moving to recovery) (PCFT Monthly Indicative)	✗	✓	✓	M	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)	✗	✓	✓	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	✗	✓	✗	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)	✗	✓	✗	M	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)	✗	✓	✗	Q	ICS (Bury)	Q1 22-23	75.0%	-	-	41.9%	-	-	64.3%	-	-	73.0%	-	-		
E.H.2.i		IAPT waiting times: 18 weeks or less from referral. (PCFT Monthly Indicative)	✗	✓	✗	M	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		IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	ICS (Bury)	Q1 22-23	95.0%	-	-	88.4%	-	-	95.2%	-	-	96.3%	-	-		
E.H.21		IAPT in-treatment pathway waits	✗	✓	✗	M	ICS (Bury)	Jun-22	<10%	28.6%	45.3%	34.9%									23.8%	
E.H.4		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	ICS (Bury)	Q1 22-23	60.0%	-	-	85.0%	-	-	78.0%	-	-	100.0%	-	-		
E.A.S.1		Dementia diagnosis rate (65+)	✗	✗	✓	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%	76.22%	76.98%	
E.H.30		Adult MH patients receiving a follow-up within 72 hours of discharge (NHS Dig)	✓	✓	✗	M	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)	✓	✓	✗	M	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	✗	✓	✗	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)	✗	✓	✗	M	ICS (Bury)	Jan-23	TBC	5	10	15			15	15	15	20	20			
E.H.13 / S085a		SMI Annual Health Checks	✗	✓	✓	Q	ICS (Bury)	Q1 22-23	60.0%	-	-	29.2%	-	-	30.5%	-	-	31.1%	-	-		

# Community Services

Indicator	IDC Programme	Measures Description	Cons	Must Do	NHS SOF	F	Monitored Org	Period	Period Target	Period Actual Performance 2022-23																	
										Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4	
S115a	Community Services Adrian Crook	Proportion of diabetes patients receiving all 8 diabetes care processes	✗	✗	✓	Q	ICS (Bury)	Q1 22/23	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
(S052a)		Diabetes patients achieved 3 NICE recommended treatment targets	✗	✗	✗	A	ICS (Bury)	2021/22	N/A	-	-	-	-	-	-	-	-	-	-	-	-	35.3%	-	-	-	-	
(103b)		Diabetes patients diagnosed <1 year attending structured education	✗	✗	✗	A	ICS (Bury)	2021/22	N/A	-	-	-	-	-	-	-	-	-	-	-	-	4.5%	-	-	-	-	
S051a		Proportion of people achieving Milestone 1 of NHS Diabetes Prevention Programme	✗	✗	✓	Q	ICS (Bury)	Q1 22/23	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(108a)		Proportion of carers with LTC who feel supported to manage own condition	✗	✗	✗	A	ICS (Bury)	2021/22	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
S107a		Proportion of Urgent Community Response (rapid response) referrals reached within 2 hours	✗	✗	✓	M	ICS (Bury)	Placeholder	70%																		
S105a		Proportion of patients discharged from hospital to their usual place of residence	✗	✗	✓	M	ICS (Bury)	Placeholder	N/A																		
S117a		Proportion of patients who have a first consultation in a post-covid service within six weeks of referral	✗	✗	✓	M	ICS (Bury)	Placeholder	N/A																		
S106a		Available virtual ward capacity per 100,000 of population	✗	✗	✓	Q	NCA	Placeholder	40-50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
S031a		Number of personalised care interventions	✗	✗	✓	Q	ICS (Bury)	Placeholder	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
S032a		Personal Health Budgets	✗	✗	✓	Q	ICS (Bury)	Q1 22/23	N/A	-	-	-	-	-	321	-	-	452	-	-	601	-	185	321	452	601	



# Children's Health and Maternity

Constitution Performance

Maternity & Childrens Summary			Cons	Must Do	NHSOF	F	Monitored Org	Period	Period Target	Period Actual Performance 2022-23															
Indicator	IDC Programme	Description								Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD			
Children and Young People Mental Health (CYP MH)																									
E.H.9 / S084a		Access to CYP mental health services (12 months rolling) (1 contact)	✗	✓	✓	M	ICS (Bury)	Jun-22	2949 (Mar 23)	2490	2500	2490	2525	TBC	Must Do	2595	2735								
E.H.9.i		No of new CYP first contacts (in-month)	✗	✓	✓	M	ICS (Bury)	Jun-22	n/a	250	275	230													
		Access to 18-24 mental health services (12 months rolling) (1 contact)	✗	✗	✗	M	ICS (Bury)	Placeholder	n/a																
E.H.9a	Children and Young Peoples Mental Health (CYPMH) Jane Case	Improve access to rate to CYPMH (MHSDS monthly FINAL - rolling) (2 contacts)	✗	✓	✗	M/Q	ICS (Bury)	Jun-22	35.0%	40.6%	39.1%	38.0%													
E.H.9i		Improve access to rate to CYPMH (MHSDS monthly PROVISIONAL - in-month)	✗	✓	✗	M	ICS (Bury)	Jun-22	114	255	225	170													
E.H.9ii		Improve access to rate to CYPMH (MHSDS monthly FINAL - in-month)	✗	✓	✗	M	ICS (Bury)	Jun-22	114	265	225	175													
E.H.10ii		% of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (PCFT indicative)	✗	✓	✗	M	ICS (Bury)	Mar-23	95%	86%	75%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%		
E.H.10i		% of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (NHS Digital) . Rolling 4 quarters	✗	✓	✗	Q	ICS (Bury)	Q4 22/23	95%	-	-	92.3%	-	-	92.5%	-	-	89.0%	-	-	-	-	91.4%		
E.H.11ii		% of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (PCFT indicative).	✗	✓	✗	M	ICS (Bury)	Mar-23	95%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	100%	No Cases	No Cases	No cases	No cases	No cases	No cases			
E.H.11ii		% of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (NHS Digital) . Rolling 4 quarters	✗	✓	✗	Q	ICS (Bury)	Q4 22/23	95%	-	-	100.0%	-	-	100%	-	-	80%	-	-	-	-	75%		
		ED % of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment	✗	✗	✗	Q	PCFT	Not Avail		-	-		-	-		-	-		-	-					
		ED % of those that show positive distance travelled to their GBO	✗	✗	✗	Q	PCFT	Not Avail		-	-		-	-		-	-		-	-					
		ED % of those that show achievement of their GBO	✗	✗	✗	Q	PCFT	Not Avail		-	-		-	-		-	-		-	-					
		HYM (12 weeks first contact)	✗	✗	✗	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%	79.8%	63.8%			
		HYM (18 weeks commence treatment)	✗	✗	✗	M	ICS (Bury)	Mar-23	98%	67.6%	64.6%	62.3%	62.1%	69.2%	58.5%	49.4%	48.9%	43.5%	40.4%	58.3%	64.7%	55.3%			
		HYM % of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment	✗	✗	✗	Q	PCFT	Not Avail		-	-		-	-		-	-		-	-					
		HYM % of those that show positive distance travelled to their GBO	✗	✗	✗	Q	PCFT	Not Avail		-	-		-	-		-	-		-	-					
Maternity																									
	Maternity David Latham	Booking 12+6 weeks (PAHT)	✗	✗	✗	M	NCA		-																
		3rd/4th Degreee tears (PAHT)	✗	✗	✗	M	NCA		-																
		Elective C-section (PAHT)	✗	✗	✗	M	NCA		-																
		Non-elective C-section (PAHT)	✗	✗	✗	M	NCA		-																
		Haemorrhage >2.5ltrs (PAHT)	✗	✗	✗	M	NCA		-																
		APGARS <7 at 5minutes in neonates (PAHT)	✗	✗	✗	M	NCA		-																
		Breastfeeding initiation (PAHT)	✗	✗	✗	M	NCA		-																
		SATOD (PAHT)	✗	✗	✗	M	NCA		-																
		Maternity - SATOD - Not Smoking at time of delivery	✗	✗	✓	Q	ICS (Bury)	Q4 22/23	-	-	-	7.5%	-	-	5.1%	-	-	4.3%	-	-	5.7%	-			
S104a			Neonatal deaths per 1,000 total live births	✗	✗	✓	A	ICS (Bury)		-	-	-	-	-	-	-	-	-	-	-	-	-			
S022a		Stillbirths per 1,000 total births	✗	✗	✓	A	ICS (Bury)		-	-	-	-	-	-	-	-	-	-	-	-	-				
Paediatrics																									
	Paediatrics Jane Case	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	16.8	14.7	4.2	12.6	8.4	2.1	4.2	29.3	10.5	18.8	144.5			
		Unplanned hospitalisation for Asthma (under 19s)	✗	✗	✗	M	ICS (Bury)	Mar-23	0	3	8	8	7	3	6	4	2	2	8	4	9	64			
		Unplanned hospitalisation for Diabetes (under 19s)	✗	✗	✗	M	ICS (Bury)	Mar-23	0	5	1	2	0	2	1	2	2	1	0	1	1	18			
		Unplanned hospitalisation for Epilepsy (under 19s)	✗	✗	✗	M	ICS (Bury)	Mar-23	0	4	0	4	0	2	1	2	1	3	3	2	5	27			
		Non-elective admissions at NMGH (under 19s)	✗	✗	✗	M	ICS (Bury)	Mar-23	0	263	238	-	225	184	230	167	178	200	211	167	197	2260			

# Primary Care

Primary Care Summary		Description	Cons	Must Do	NHSOF	F	Monitored Org	Period	Period Target	Period Actual Performance 2021/22																
Indicator	IDC Programme									Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3	Q4
S037a	Primary Care Zoe Alderson	Patient experience of GP services	✗	✗	✓	A	ICS (Bury)	92	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
E.D.17		Exended access appointment utilisation	✗	✓	✗	Q	ICS (Bury)	Placeholder	85%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
E.D.18		Proportion of population that 111 can directly book appoints into extended access services	✗	✓	✗	Q	ICS (Bury)	Placeholder	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E.D.19 / S001a		Appointments in General Practice per 10,000 weighted patients	✗	✗	✓	M	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	✗	✗	✓	M	ICS (Bury)	Placeholder	N/A																	
S075a		Direct patient care staff in GP practices and PCNs per 10,000 weighted patient population	✗	✗	✓	M	ICS (Bury)	Placeholder	N/A																	
S108a		Number of completed referrals to Community Pharmacist Consultant Service (CPCS) from a general practice per 100,000 population	✗	✗	✓	M	ICS (Bury)	Placeholder	N/A																	
S108b		Number of completed referrals to Community Pharmacist Consultant Service (CPCS) from NHS 111 per 100,000 population	✗	✗	✓	M	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 Fibrillation patients with a record of CHA2DS2-VASs score or more who are treated with anticoagulation drug therapy	✗	✗	✓	A	ICS (Bury)	2022/23	90.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
S053b		Proportion of hypertension patients who are treated to target as per NICE guidance	✗	✗	✓	A	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	✗	✗	✓	Bi-A	ICS (Bury)	2022/23	45.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
S044a		Meds Optimisation Salina Callighan	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	✗	✗	✓	M	ICS (Bury)	Apr-22	1.161													-	-	-	-
S044b	Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care		✗	✗	✓	M	ICS (Bury)	Apr-22	10%														-	-	-	-



Quality Summary			Cons	Must Do	NHSOF	Freq	Monitored Org	Period	Period Target	Period Actual Performance 2022-23												
Indicator	IDC Programme	Description								Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
E.B.S.1		Single Sex Accommodation Breaches	✓	✗	✗	M	ICS (Bury)	Mar-23	0	4	18	13	10	6	4	7	7	7	5	6	8	95
S032a		Personal Health Budget Count (cumulative)	✗	✗	✓	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	✗	✗	✓	A	ICS (Bury)		N/A	-	-	-	-	-	-	-	-	-	-	-	-	
S035a		Overall CQC rating (provision of high-quality care): NCA	✗	✗	✓	M	NCA		N/A													
S035a		Overall CQC rating (provision of high-quality care): PCFT	✗	✗	✓	M	NCA		N/A													-
S059		CQC rating well-led	✗	✗	✓				N/A													-
S040a		HCAI MRSA	✗	✗	✗	M	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	✗	✗	✗	M	ICS (Bury)	Mar-23	45 (3.75/mth)	2	4	5	8	5	7	7	6	8	3	5	6	66
S042a		HCAI E.Coli	✗	✗	✗	M	ICS (Bury)	Mar-23	45	8	11	14	8	10	11	7	16	6	15	11	11	128

Learning Disability Summary		Workstream Lead	Cons	Must Do	NHSOF	Freq	Monitored Org	Period	Period Target	Period Actual Performance 2021/22															
Indicator	Description									Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Q1	Q2	Q3
E.K.3 / S030a	Proportion of people with LD on GP register receiving an annual health check	Kez Hayat	✗	✓	✓	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	✗	✓	✓	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	✗	✓	✓	Q	ICS (Bury)	Not Avail	3	-	-		-	-		-	-		-	-		-			

# Constitution and Must Do Dashboard

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