

# Board report

## Quality and Performance

### November 2022

## Quality and performance Update

Date: 16<sup>th</sup> November 2022

Subject: Quality and performance update

Report of: Mandy Philbin – Chief Nursing Officer & Steve Dixon – Chief Delivery Officer

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### SUMMARY OF REPORT:

This paper reports to Board the material issues relating to quality and performance. This is now written as a joint paper between the Nursing and Delivery Directorates.

The paper covers:-

- Reporting against all constitutional standards and system oversight framework indicators. In time it will have additional measures relating to the broader range of objectives of NHS Greater Manchester.
- The material risks / issues raised by localities; system boards; Joint planning and delivery committee; and Quality and Performance Committee.

### KEY MESSAGES:

The health and care system in Greater Manchester is under extreme pressure and this is expected to increase over the winter period. This generates risks to quality and performance which are highlighted to the Board. Board is asked to note particular risks to elective 78 week waits, ambulance response/handover and cancer 62 day waits.

Winter preparedness planning is well under way and is covered in detail in a separate report.

The assurance relationship with NHSE (region) is forming in respect of quarterly assurance meetings and the new NHSE (national) operating framework.

### RECOMMENDATIONS:

Board is asked to note and / or discuss :-

- The overall position regarding performance and quality
- Material challenges set out in 2.3. and 2.4. which are discussed in more detail in system boards; localities; Quality and performance committee; and Joint planning and delivery committee.
- Updates in relation to providers in enhanced surveillance or regulatory activity
- Updates relating to the assurance framework and relationship with NHS region.

## 1.0 INTRODUCTION

1.1. This paper advises Board on the levels of assurance regarding performance and quality. It is drawn from review of performance and quality indicators within localities, system boards and committees within NHS Greater Manchester Integrated Care (NHS GM). The paper highlights material issues for Board attention.

## 2.0 CONSTITUTIONAL STANDARDS AND SYSTEM OVERSIGHT FRAMEWORK (SOF)

2.1 NHS GM is held to account by NHS England for constitutional standards and SOF indicators<sup>1</sup>. These indicators span quality and performance measures, each having a grounding in population health; patient outcomes; and / or patient experience.

2.2 The full set of indicators for NHS Greater Manchester is set out in appendix one (system oversight framework) and appendix two (constitutional standards). These show a significant number of indicators which are not meeting standards. This reflects the impact of the Covid pandemic including the backlog of care accumulated during the pandemic and the wider impact on the population which drives demand for services. This is a significant challenge for NHS GM due to the disproportionate impact of Covid on its population. It is also important to note that many of these indicators were under pressure prior to the pandemic.

2.3 There are underlying risks which are a root cause behind many of these indicators. These are common challenges across the NHS nationally. These include:-

- High demand for services
- Workforce recruitment, retention and sickness/absence levels
- Financial resources

2.4 The most pressing challenges are summarised below.

- **Elective** waiting times – maintaining zero breaches of the 104 week wait standard and achieving zero 78 week waits by March 2023. Demand continues to exceed capacity which is likely to be exacerbated by winter pressures. The target to achieve the 78 week wait target is particularly high risk and is attracting significant scrutiny from region. NHSE has sent letters to Chairs and Chief Executives of challenged Trusts & NHS GM seeking confirmation that a defined checklist of measures is in place to improve the position. NHS GM is exploring mutual aid arrangements within, and outside of, Greater Manchester.
- **Cancer** – meeting cancer trajectories by March 2023. Rising demand and diagnostic waits is a challenge. Performance against the 62 day cancer target is particularly challenged and deteriorating. Delayed cancer diagnosis is an

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<sup>1</sup> <https://www.england.nhs.uk/nhs-oversight-framework/>

increasing theme now appearing in complaints and serious incident investigations. An improvement plan is in place but this remains an area of concern.

- **Urgent and emergency care (A&E)** Access standards are challenged. Bed occupancy rates continue to be high, impacting upon flow. Significant numbers of beds continue to be occupied by people with no medical requirement to be there. Patient safety and experience is impacted by delays. Delayed diagnosis of sepsis in urgent care services is just one example of this, leading to poorer patient outcomes.
- **Urgent and emergency care (ambulance services)** Ambulance response and handover times raise safety issues. It has been flagged nationally as the single biggest risk of avoidable harm. A national ten week improvement campaign is due to be launched in the next week. NHS GM is a member of a North West improvement Board with partner ICSs and North West Ambulance Service and recently established a GM working group focussing on ambulance handover improvement.
- **Mental health** – challenges regarding IAPT, out of area placements and bed occupancy. Workforce recruitment and retention remains a significant root cause and challenge. To resolve this a mental health workforce group has been established with a dedicated workforce lead role. Close working with finance regarding mental health investment levels continues.
- **Maternity** – Stillbirths per 1,000 are in the lower quartile range (3.9 per 1000 v 3.3 per/1000). Focus is on implementation of the seven immediate and essential actions within the Ockenden report and the implementation of 'saving babies lives bundle', a finance paper proposal being developed for the latter. Recruitment is a significant challenge. International recruitment is now underway. Learning from the East Kent maternity review is currently being looked at to ensure we consider the findings within the Greater Manchester context.
- **Primary care** – NHS GM is in the bottom quartile for numbers of general practice appointments per 10k weighted patients. Not all GM appointments are captured by NHS Digital and so this is the initial focus of activity and will create a more accurate reflection of access levels. Extended access services have now transitioned to the new Primary Care Network led model (part of a national specification). Levels of access are being monitored as part of transition management.
- **Oversight of Individualised Commissioning / Continuing healthcare (CHC)** - two priority workstreams have been agreed in the next 12 months, these are neuro-rehab commissioning and complex dementia commissioning. A focus on performance in Bury, Salford and Wigan is in place. A workforce task and finish group has been established to promote collaboration of professionals and aimed at developing a robust and sustainable workforce across the NHS GM CHC system.
- **Learning Disabilities (LD) and Autism Workstream** - Significant work is being undertaken within GM to improve health and social care and reduce health inequalities for people with LD and Autism. Within GM this work will be overseen

by the LD and Autism Programme Board. A Mitigation plan is in place to reduce the LeDeR (learning disability mortality review) backlog with agreement to send outstanding reviews to an external provider. Performance data shows that we need to proactively address key areas as part of LD operational delivery with a focus on annual health checks. A review is being undertaken to identify any warning signs which could have signalled issues at Edenfield (3.1) for future purposes.

### **3.0 QUALITY AND SAFETY- PROVIDERS WITH ENHANCED SURVEILLANCE REGULATORY ACTIVITY**

**3.1 The Edenfield Centre** - On 8<sup>th</sup> September 2022, the BBC informed NHS England (NHSE) and Greater Manchester Mental Health Trust (GMMH) of significant allegations relating to patients in secure care at the Edenfield Centre. As part of the immediate response, the organisation has taken the appropriate steps to ensure immediate patient safety. The NHSE regional team is leading a process of Rapid Quality Review in line with the National Quality Board (NQB) guidance for Quality Risk Response in Integrated care systems. An initial Rapid Quality Review Meeting took place on 15<sup>th</sup> September 2022 with a meeting on Thursday 6<sup>th</sup> October. The purpose of these Rapid Quality Review meetings is to:

- facilitate rapid diagnosis of the quality concerns at Edenfield Unit and establish, from a diverse group of stakeholders, a wider picture of concerns for this organisation.
- gain assurance with regard to GMMH immediate response to the recent concerns and to agree next steps including the development, and arrangements for the monitoring, of a comprehensive improvement plan for the organisation.

3.2 Seven cells have been established to undertake the necessary multi agency work and comprise of a mix of NHSE and NHS GM staff. The cells are

- Patient Safety and Quality and Improvement
- Communications
- Mutual Aid
- Specialised Commissioning / Health and Justice
- People
- Mortality
- Governance

**3.2** Workforce remains the greatest issue with recurrent shortfalls, an internal clinical review has been completed and the CQC report is imminent. Also awaiting an outcome from the NHSE independent investigation.

**3.3** Greater Manchester has a Learning Disability Strategy and an Autism Strategy underpinned by ten local delivery plans. There are various priorities and workstreams aligned to the strategies which explore elements of best practice and continuous improvement. Underpinning the different work programmes will be a focus on culture

and how we can better explore the impact of this on how people experience the care and support they receive.

- 3.4** It is proposed to review the priorities in response to recent events and we will do this with self-advocates, families and other partners
- 3.5** We are proposing that this, and specifically 'culture', will be covered at the November 2022 LD and Autism Board meeting, GMADASS (Greater Manchester Association of Directors of Adult Social Services) meeting, the GM Confirm and Challenge meeting and the follow on GM delivery group meetings. Discussion at these meetings will support the development of a GM plan with actions, outcomes and timeframes.
- 3.6** Once agreed at a GM level, local partnership boards for LD and Autism and local people with lived experience will support the locality with implementation of the plans.
- 3.7 The Brightmet Centre for Autism** - The CQC released their report in August 2022 which rated the 18 bedded centre for autism as Inadequate and placed it into special measures. NHSE, inclusive of the Bolton Locality acting as host commissioner, are in regular contact with the provider, placing commissioners and with the CQC. There are no CQC imposed restrictions on admissions and there are currently 13 patients in the hospital. However, due to the inadequate rating, it has been recommended that commissioners should continue to conduct their due diligence checks through the host commissioner
- 3.8** Several enhanced surveillance meetings have taken place with all stakeholders, inclusive of the provider, where plans/support have been agreed. At the last meeting in October it was agreed that the Bolton quality lead, as host commissioner, will meet with NHSE colleagues to agree future support to the provider. The next meeting is planned for 28th November 2022.
- 3.9** The CQC will routinely inspect the service again within six months of the report being published in August 2022 (February 2023) but this may lapse to allow adequate time for improvements to be embedded.
- 3.10 Eleanor EHC Limited – Eleanor** - CQC published their report on 19<sup>th</sup> October 2022 giving the site an Inadequate rating overall. All patients have now been moved out of the facility and the provider is moving to full closure. GMMH has been visiting daily to provide support whilst there were still residents in situ. A formal Rapid Quality Review Process has been undertaken and the CQC have issued a notice to deregister.
- 3.11 Cygnet Hospital Bury – Hudson Unit** - CQC published their report on 9<sup>th</sup> September 2022 giving the site an inadequate rating overall. The Lead Provider Collaborative (LPC) has worked closely with the team to action any immediate patient safety risks and has undertaken quality reviews of patients which has had positive outcomes. Safeguarding concerns are being monitored and addressed through local processes. A formal Rapid Quality Review process has been enacted and Cygnet are working openly with the LPC and CQC to drive forward the improvement plan.
- 3.12 Willows Green Healthcare Limited - Willows Green Hospital** - Following several concerns raised by commissioners of this service and the lack of engagement by the provider, the decision has been taken to undertake a Rapid Quality Review (RQR) of this site. The patients in Willows Green have very complex needs and the placing commissioners are actively trying to find alternative placements. Whilst NHS GM does not contract or commission with this provider there are responsibilities in relation to safeguarding and learning disability. There are ongoing significant

concerns in relation to safeguarding governance, safeguarding cases, safeguarding training, staffing levels, staff skill mix, and transparency /engagement of the provider in safeguarding processes and improvement plans.

**3.13** Work is underway to develop a quality dashboard and heat map to support visual interpretation of data.

## **4.0 EXTERNAL ASSURANCE AND REGULATION**

**4.1** NHS GM is categorised within segment two of NHS England's assurance framework. There are four segments based upon system risk – one being lowest risk and four highest. NHSE's assurance approach is proportionate to this risk.

**4.2** Segment two assurance is undertaken through a quarterly meeting between the Executive Teams of NHS GM and North West region. This was held on the 14<sup>th</sup> of October. The Executive are awaiting the outcome. This formal quarterly meeting is supplemented by day to day contact with NHS GM and directly with providers.

**4.3** NHS England has published its new operating framework <sup>2</sup>. This focusses on how NHS England will operate as an organisation. This is significant as it sets out how it will engage with Integrated Care Boards and NHS providers. This framework will be implemented over the period to March 2023.

## **5.0 RECOMMENDATIONS**

**5.1** Board is asked to discuss:

- The overall position regarding performance and quality
- Material challenges set out in 2.3. and 2.4. which are discussed in more detail in system boards; localities; quality and performance committee; and Joint planning and delivery committee.
- Updates in relation to providers in enhanced surveillance or regulatory activity
- Updates relating to the assurance framework and relationship with NHS region.

### **Appendices:**

Appendix 1: ICB System oversight framework indicators

Appendix 2: Constitutional standards indicators

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<sup>2</sup> <https://www.england.nhs.uk/publication/operating-framework/>

## Appendix 1 – System Oversight Framework (SOF)

### NHS SYSTEM OVERSIGHT FRAMEWORK (SOF) - GREATER MANCHESTER

October 2022 (Refreshed Version V2) - Metrics available at ICB level.

Not updated yet for 2022/23 in the National Dashboard or No aggregated position available

National sharing restrictions - Finance metrics available via the Finance Integrated reporting pack

Category	Indicator Sub Category	Co+/-	Indicator Description	Aggregation Source	Eng Ra	Change from previous period	3 period continuous change	Period/Frequency	Period	GM	Natio	Stand
Finance and use of resources	Finance	S027a	Achievement of mental health investment standard									
Finance and use of resources	Finance	S118a	Financial efficiency - variance from efficiency plan									
Finance and use of resources	Finance	S119a	Financial stability - variance from break-even									
Finance and use of resources	Finance	S120a	Agency spend vs agency ceiling									
Finance and use of resources	Finance	S120b	Agency spend price cap compliance									
Leadership and capability	Leadership	S053a	CQC well-led rating									
Leadership and capability	Leadership	S060a	Aggregate score for NHS staff survey questions that measure perception of leadership culture (out of 10)	ICB	29/42			Annual	2021	6.82		
People	Belonging in the NHS	S071a	Proportion of staff in senior leadership roles who are from a BME background									
People	Belonging in the NHS	S071b	Proportion of staff in senior leadership roles who are women									
People	Belonging in the NHS	S071c	Proportion of staff in senior leadership roles who are disabled									
People	Belonging in the NHS	S072a	Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or	ICB	22/42	↓		Annual	2021	55.8%		
People	Growing for the future	S074a	FTE doctors in general practice per 10,000 weighted patients	ICB	23/42	↓	↓	Month	2022 07	5.62	5.59	
People	Growing for the future	S075a	Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	ICB	38/42			Quarter	22-23 Q1	3.68	4.98	
People	Looking after our people	S063a	Proportion of staff who say that they have personally experienced harassment, bullying or abuse at work from managers	ICB	27/42			Annual	2021	11.8%		
People	Looking after our people	S063b	Proportion of staff who say that they have personally experienced harassment, bullying or abuse at work from other colleagues	ICB	17/42			Annual	2021	18.1%		
People	Looking after our people	S063c	Proportion of staff who say that they have personally experienced harassment, bullying or abuse at work from patients/service	ICB	9/42			Annual	2021	25.0%		
People	Looking after our people	S067a	Leaver rate	ICB	7/41	↓		Month	2022 07	14.2%	16.0%	
People	Looking after our people	S068a	Sickness absence rate	ICB	39/42	↓		Month	2022 05	5.7%	5.0%	
People	Looking after our people	S069a	Staff survey engagement theme score (Out of 10)	ICB	22/42	↓		Annual	2021	5.58		
Preventing ill health and reducing inequalities	Prevention and long term conditions	S051a	Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled									
Preventing ill health and reducing inequalities	Prevention and long term conditions	S053a	Proportion of people with CVD treated for cardiac high risk conditions	SUB-ICB	22/42	↑		Annual	2021-22	88.8%	89.0%	90.0%
Preventing ill health and reducing inequalities	Prevention and long term conditions	S053b	% of hypertension patients who are treated to target as per NICE guidance	SUB-ICB	26/42	↑		Annual	2021-22	59.5%	60.4%	80.0%
Preventing ill health and reducing inequalities	Prevention and long term conditions	S053c	% of patients identified as having 20% or 10 year greater risk of developing CVD are treated with statins	SUB-ICB	6/42			Month	2022 03	62.0%	56.9%	45.0%
Preventing ill health and reducing inequalities	Prevention and long term conditions	S054a	Number of people receiving a mechanical thrombectomy as a % of all stroke patients									
Preventing ill health and reducing inequalities	Prevention and long term conditions	S055a	Number of referrals to NHS digital weight management services per 100k head of population	SUB-ICB	26/42	↓		Quarter	22-23 Q1	34.4	56.2	
Preventing ill health and reducing inequalities	Prevention and long term conditions	S115a	Proportion of diabetes patients that have received all eight diabetes care processes	ICB	36/42	↑	↑	Quarter	21-22 Q4	38.5%	46.7%	
Preventing ill health and reducing inequalities	Prevention and long term conditions	S116a	Proportion of adult acute inpatient settings offering smoking cessation services	ICB	12/42			Month	2022 07	12.5%	9.9%	100.0%
Preventing ill health and reducing inequalities	Prevention and long term conditions	S116b	Proportion of maternity inpatient settings offering smoking cessation services	ICB	3/42			Month	2022 07	50.0%	10.7%	100.0%
Preventing ill health and reducing inequalities	Prevention and long term conditions	S117a	Proportion of patients who have a first consultation in a post-covid service within six weeks of referral	Provider	8/25	↑		Month	2022 07	46.4%	34.2%	
Preventing ill health and reducing inequalities	Screening, vaccination and immunisation	S046a	Population vaccination coverage - MMR for 2 doses (5 year olds)	SUB-ICB	31/42	↑		Quarter	21-22 Q4	86%	86%	95%
Preventing ill health and reducing inequalities	Screening, vaccination and immunisation	S047a	Proportion of people over 65 receiving a seasonal flu vaccination	SUB-ICB	34/42	↑	↑	Month	2022 02	81%	82%	85%
Preventing ill health and reducing inequalities	Screening, vaccination and immunisation	S048a	Bowel screening coverage - % patients aged 60 - 74 screened in the last 30 months									
Preventing ill health and reducing inequalities	Screening, vaccination and immunisation	S049a	Breast screening coverage - % females aged 53 - 70 screened in the last 36 months									
Preventing ill health and reducing inequalities	Screening, vaccination and immunisation	S50a	Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	SUB-ICB	33/42	↑		Quarter	21-22 Q4	70.0%	70.8%	75.0%
Quality of care, access and outcomes	Safe, high quality care	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	SUB-ICB	39/42	↑	↑	Month	Aug 21 - Jul 22	101.0%	88.5%	87.1%
Quality of care, access and outcomes	Safe, high quality care	S044b	Antimicrobial resistance: proportion of broad spectrum antibiotic prescribing in primary care	SUB-ICB	13/42	↓	↓	Month	Aug 21 - Jul 22	8.0%	8.4%	10.0%
Quality of care, access and outcomes	Cancer	S010a	Total patients treated for cancer compared with the same point in 2019/20	ICB	19/42	↓		Month	2022 08	103%		100%
Quality of care, access and outcomes	Cancer	S011a	Total patients waiting over 62 days to begin cancer treatment compared with baseline	Provider	26/42	↓	↓	Weekly	w/e 16/10/2022	12.1%	11.6%	
Quality of care, access and outcomes	Cancer	S012a	Proportion of patients meeting the cancer faster diagnosis standard	ICB	34/42	↑		Month	2022 08	63%	70%	75%
Quality of care, access and outcomes	Elective Care	S007a	Total elective activity undertaken compared with 2019/20 baseline	ICB	37/42	↓	↓	Month	2022 07	89%		104%
Quality of care, access and outcomes	Elective Care	S007b	Elective activity: Completed pathway elective activity growth	ICB	30/42	↑		Month	2022 08	91%		110%
Quality of care, access and outcomes	Elective Care	S009a	Total patients waiting more than 52 weeks to start consultant-led treatment	Provider	42/42	↑	↑	Month	2022 08	45,570	368,072	
Quality of care, access and outcomes	Elective Care	S009a	Total patients waiting more than 52 weeks to start consultant-led treatment	SUB-ICB	42/42	↑	↑	Month	2022 08	36,975	353,669	
Quality of care, access and outcomes	Elective Care	S009b	Total patients waiting more than 78 weeks to start consultant-led treatment	Provider	41/42	↑		Month	2022 08	5,978	48,546	
Quality of care, access and outcomes	Elective Care	S009b	Total patients waiting more than 78 weeks to start consultant-led treatment	SUB-ICB	41/42	↑		Month	2022 08	5,105	46,410	
Quality of care, access and outcomes	Elective Care	S009c	Total patients waiting more than 104 weeks to start consultant-led treatment	Provider	39/42	↓	↓	Month	2022 08	169	2,343	0
Quality of care, access and outcomes	Elective Care	S009c	Total patients waiting more than 104 weeks to start consultant-led treatment	SUB-ICB	40/42	↓	↓	Month	2022 08	173	2,396	0
Quality of care, access and outcomes	Elective Care	S013a	Diagnostic activity levels: Imaging	Provider	2/42	↓		Month	2022 08	126.0%	99.2%	120.0%
Quality of care, access and outcomes	Elective Care	S013a	Diagnostic activity levels: Imaging	SUB-ICB	12/42	↓		Month	2022 08	102.0%	97.1%	120.0%
Quality of care, access and outcomes	Elective Care	S013b	Diagnostic activity levels: Physiological measurement	Provider	12/42	↓		Month	2022 08	103.7%	93.4%	120.0%
Quality of care, access and outcomes	Elective Care	S013b	Diagnostic activity levels: Physiological measurement	SUB-ICB	33/43	↓		Month	2022 08	79.6%	91.5%	120.0%
Quality of care, access and outcomes	Elective Care	S013c	Diagnostic activity levels: endoscopy	Provider	3/42	↓	↓	Month	2022 08	134.7%	86.9%	120.0%
Quality of care, access and outcomes	Elective Care	S013c	Diagnostic activity levels: endoscopy	SUB-ICB	8/42	↓	↓	Month	2022 08	99.2%	84.4%	120.0%
Quality of care, access and outcomes	Elective Care	S013d	Diagnostic activity levels: Total	Provider	2/42	↓		Month	2022 08	124.6%	97.8%	120.0%
Quality of care, access and outcomes	Elective Care	S013d	Diagnostic activity levels: Total	SUB-ICB	11/42	↓		Month	2022 08	99.9%	95.7%	120.0%
Quality of care, access and outcomes	Learning disabilities and autism	S029a	Inpatients with a learning disability and/or autism per million head of population									
Quality of care, access and outcomes	Learning disabilities and autism	S029b	Inpatients with a learning disability and/or autism per million head of population									
Quality of care, access and outcomes	Learning disabilities and autism	S030a	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check									

NHS SYSTEM OVERSIGHT FRAMEWORK (SOF) - GREATER MANCHESTER

October 2022 (Refreshed Version V2) - Metrics available at ICB level.

Not updated yet for 2022/23 in the National Dashboard or No aggregated position available  
National sharing restrictions - Finance metrics available via the Finance Integrated reporting pack

Category	Indicator Sub Category	Code	Indicator Description	Aggregation Source	Eng Rank	Change from previous	3 period continuous change	Period/Frequency	Period	GM	National	Standard
Quality of care, access and outcomes	Maternity and children's health	S022a	Stillbirths per 1,000 total births	ICB	37/42	↑		Annual	2020	3.9	3.3	
Quality of care, access and outcomes	Maternity and children's health	S104a	Neonatal deaths per 1,000 total births	ICB	12/42	↑		Annual	2020	1.26	1.50	
Quality of care, access and outcomes	Mental health services	S081a	Number of people accessing IAPT services as a % of trajectory	ICB	11/42	↓		Quarter	22-23 Q1	78.1%		100.0%
Quality of care, access and outcomes	Mental health services	S084a	Number of children and young people accessing mental health services as a % of trajectory	ICB	16/42			Month	2022 06	100.4%		100.0%
Quality of care, access and outcomes	Mental health services	S085a	Number of people with severe mental illness receiving a full annual physical health check and follow up interventions as a % of trajectory	ICB	14/42			Quarter	2022 06	79.2%	73.2%	100.0%
Quality of care, access and outcomes	Mental health services	S086a	Inappropriate adult acute mental health placement out of area placement bed days	ICB	32/42	↑		Month	May 22-Jul 22	1,670		0
Quality of care, access and outcomes	Mental health services	S10a	Number of adults and older adults with severe mental illness accessing community mental health services as a % of trajectory	ICB	23/42	↓	↓	Month	2022 06	90.4%		100.0%
Quality of care, access and outcomes	Outpatient transformation	S101a	Outpatient follow-up activity levels compared with 2019/20 baseline	ICB	8/42	↓		Month	2022 07	87.0%		75.0%
Quality of care, access and outcomes	Personalised care	S031a	Rate of personalised care interventions	ICB	41/42	↑	↑	Quarter	22-23 Q1	35.28	60.74	
Quality of care, access and outcomes	Personalised care	S032a	Personal health budgets	ICB	28/42	↑		Quarter	21-22 Q4	1.40	2.03	
Quality of care, access and outcomes	Primary care and community services	S001a	Number of general practice appointments per 10,000 weighted patients	ICB	40/42	↑		Month	2022 08	3,752	4,306	
Quality of care, access and outcomes	Primary care and community services	S108a	Number of completed referrals to community pharmacist consultation service from general practice									
Quality of care, access and outcomes	Primary care and community services	S105a	Proportion of patients discharged from hospital to their usual place of residence									
Quality of care, access and outcomes	Primary care and community services	S106a	Available virtual ward capacity per 100k head of population	ICB	16/42			Month	2022 09	12.1	12.2	40.0
Quality of care, access and outcomes	Primary care and community services	S107a	Proportion of urgent community response referrals reached within 2 hours	ICB	8/41	↓		Month	2022 07	92.8%		70.0%
Quality of care, access and outcomes	Primary care and community services	S108a	Number of completed referrals to community pharmacist consultation service from NHS 111 per 100,000 population	ICB	8/42	↑		Month	2022 03	62.6		
Quality of care, access and outcomes	Primary care and community services	S108b	Number of completed referrals to community pharmacist consultation service from NHS 111 per 100,000 population	ICB	5/42	↓	↓	Month	2022 03	101.2		
Quality of care, access and outcomes	Primary care and community services	S109a	Units of dental activity delivered as a proportion of all units of dental activity contracted	ICB	9/42	↓		Month	2022 09	75.6%	70.2%	100.0%
Quality of care, access and outcomes	Safe, high quality care	S034a	Summary hospital-level mortality indicator									
Quality of care, access and outcomes	Safe, high quality care	S035a	Overall CQC rating									
Quality of care, access and outcomes	Safe, high quality care	S036a	Acting to improve safety - safety culture theme in the NHS staff survey									
Quality of care, access and outcomes	Safe, high quality care	S037a	Percentage of patients describing their overall experience of making a GP appointment as good	ICB	26/42	↓		Annual	2022	55.3%	56.2%	
Quality of care, access and outcomes	Safe, high quality care	S038a	National patient safety alerts not completed by the deadline									
Quality of care, access and outcomes	Safe, high quality care	S039a	Potential under-reporting of patient safety incidents									
Quality of care, access and outcomes	Safe, high quality care	S040a	Methicillin-resistant staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	41/42	↑		Month	2022 08	19	257	0
Quality of care, access and outcomes	Safe, high quality care	S040a	Methicillin-resistant staphylococcus aureus (MRSA) bacteraemia infection rate	SUB-ICB	42/42	↓		Month	2022 08	48	719	0
Quality of care, access and outcomes	Safe, high quality care	S041a	Clostridium difficile infection rate	Provider	33/42	↑		Month	2022 08	129%	113%	100%
Quality of care, access and outcomes	Safe, high quality care	S041a	Clostridium difficile infection rate	SUB-ICB	34/42	↑		Month	2022 08	115%	108%	100%
Quality of care, access and outcomes	Safe, high quality care	S042a	E.coli bloodstream infection rate	Provider	40/42	↑	↑	Month	2022 08	128%	108%	100%
Quality of care, access and outcomes	Safe, high quality care	S042a	E.coli bloodstream infection rate	SUB-ICB	37/42	↑		Month	2022 08	113%	106%	100%
Quality of care, access and outcomes	Safe, high quality care	S121a	NHS staff survey compassionate culture people promise element sub-score (out of 10)	ICB	27/42			Annual	2021	7.0		
Quality of care, access and outcomes	Safe, high quality care	S121b	NHS staff survey raising concerns people promise element sub-score (out of 10)	ICB	21/42			Annual	2021	6.5		
Quality of care, access and outcomes	Urgent and emergency care	S019a	Proportion of ambulance arrivals delayed over 30 minutes									
Quality of care, access and outcomes	Urgent and emergency care	S020a	Ambulance average response times: Category 1									
Quality of care, access and outcomes	Urgent and emergency care	S020b	Ambulance average response times: Category 2									
Quality of care, access and outcomes	Urgent and emergency care	S020c	Ambulance average response times: Category 3									
Quality of care, access and outcomes	Urgent and emergency care	S020d	Ambulance average response times: Category 4									
Quality of care, access and outcomes	Urgent and emergency care	S103a	Proportion of patients spending more than 12 hours in an emergency department									

Highest Performing Quartile  
 Interquartile Range  
 Lowest Performing Quartile

## Appendix 2 – Constitutional Standards (September)

Greater Manchester Constitutional Standards Summary								
- GM								
Locality	Key							
GM	<span style="color: green;">■</span> Standard Met	<span style="color: red;">■</span> Standard Not Met	<span style="color: yellow;">■</span> No Standard					
Measure Name	Standard	Latest Date	Previous Value	Latest Value	Direction of Travel	North West	England	
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95.0%	Sep-22	62.8%	58.8%	▼	67.3%	71.0%	
A&E 12 Hour Trolley Wait	0	Sep-22	1,724	2,236	▲	7,097	32,776	
Delayed Transfers of Care - Bed Days	200	Feb-20	399.1	428.0	▲	917.1	5371.8	
Delayed Transfers of Care - Per 100,000	Null	Feb-20	17.8	19.2	▲	15.6	12.4	
Stranded Patients (LOS 7+ Days)	2196	Aug-22	3010	2996	▼	7876	48,136	
Super-Stranded Patients (LOS 21+ Days)	Null	Aug-22	1405	1363	▼	3628	20,053	
Referral To Treatment - 18 Weeks	92.0%	Aug-22	54.2%	53.6%	▼	56.7%	60.8%	
Referral To Treatment - 52+ Weeks	0	Aug-22	34613	36,945	▲	75403	389805	
Referral To Treatment - % Waiting List Change from March 2018	0.0%	Aug-22	102.2%	106.5%	▲	6.7%	81.7%	
Diagnostics Tests Waiting Times	1.0%	Aug-22	26.3%	30.6%	▲	29.6%	30.5%	
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Aug-22	74.6%	70.6%	▼	72.1%	75.6%	
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Aug-22	33.6%	42.1%	▲	61.7%	70.9%	
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Aug-22	94.8%	94.3%	▼	93.0%	92.1%	
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Aug-22	93.2%	90.7%	▼	86.4%	80.3%	
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Aug-22	100.0%	99.0%	▼	99.4%	98.2%	
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Aug-22	99.7%	99.5%	▼	96.7%	90.5%	
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Aug-22	58.3%	58.3%	▼	60.8%	61.9%	
Cancer - 62-Day Wait For Treatment Following A Referral From A Screeni..	90.0%	Aug-22	64.3%	55.2%	▼	61.9%	68.5%	
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Aug-22	69.3%	72.4%	▲	74.3%	72.9%	
Cancer - 104-Day Wait	0	Aug-22	118	120	▲	302	5,849	
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Mar-22	60.0%	60.1%	▲	60.3%	62.3%	
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Mar-22	66.7%	66.5%	▼	68.1%	69.6%	
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Jul-22	67.8%	67.5%	▼	68.6%	68.0%	
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Jul-22	74.0%	73.9%	▼	73.9%	75.0%	
MRSA	0	Aug-22	4	5	▲	8	74	
C.Difficile (Ytd Var To Plan)	0.0%	Aug-22						
E.Coli	Null	Aug-22	150	180	▲	455	3,504	
Estimated Diagnosis Rate For People With Dementia	66.7%	Aug-22	69.0%	69.2%	▲	66.6%	62.1%	
Improving Access to Psychological Therapies Access Rate	5.50%	Jun-22	3.51%	3.22%	▼		4.94%	
Improving Access to Psychological Therapies Recovery Rate	50.0%	Jun-22	49.0%	47.9%	▼		49.8%	
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Jun-22	77.5%	76.6%	▼		88.7%	
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Jun-22	95.9%	95.9%	▲		98.4%	
Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	60.0%	Jun-22	78.8%	77.6%	▼		68.8%	
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Jun-22	85.9%	83.7%	▼			
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Jun-22	93.9%	93.6%	▼			
Access Rate to Children and Young People's Mental Health Services	34.0%	Jun-22	52.7%	53.5%	▲		47.9%	
CPA follow up within 7 days	95.0%	Dec-19	95.6%	96.2%	▲	96.6%	95.5%	
Mixed Sex Accommodation	0	Aug-22	1.21	1.13	▼	0.76	1.74	
Cancelled Operations	Null	Dec-19	1.5%	1.7%	▲	1.4%	1.1%	
Ambulance: Category 1 Average Response Time	420	Sep-22	6:38	7:42	▲	7:55	9:08	
Ambulance: Category 1 90th Percentile	900	Sep-22	10:54	12:30	▲	13:51	16:20	
Ambulance: Category 2 Average Response Time	1080	Sep-22	31:13	32:24	▲	36:06	42:44	
Ambulance: Category 2 90th Percentile	2400	Sep-22	1:08:05	1:09:45	▲	1:19:43	1:33:20	
Ambulance: Handover Delays (>60 Mins)	Null	Sep-22	12.7%	15.2%	▲	13.0%	15.3%	
Cancer Patient Experience	Null	Apr-18		8.88		8.87	8.80	
General Practice Extended Access	Null	Mar-19	100.0%	100.0%	◀▶			

Please note that the *Referral to Treatment Waiting List Change* metric is the current position compared to March 2018. There may be different figures quoted in some circumstances based on local narrative.