NHS
Greater Manchester
Integrated Care

Board report
Quality and Performance
21st December 2022

Quality and performance Update

Date: 21st December 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.

The paper covers:-

- Reporting against all constitutional standards and system oversight framework indicators. In time, additional measures will be added 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 performance risks to elective 78 week waits, ambulance response/handover and cancer 62 day waits.

The pressures described constitute a significant risk to the quality of delivery and experience for our population. The Board are asked to note the position regarding Greater Manchester Mental Health (GMMH); access to annual health checks and vaccinations for those living with learning disability and Autism; and the implications noted regarding continuing health care (CHC) provision.

RECOMMENDATIONS:

Board is asked to note and / or discuss :-

- The overall position regarding performance and quality
- Material challenges set out in 2.4 & 2.5 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

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 system oversight framework (SOF) indicators[1]. 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. This comprises constitutional standards and SOF indicators. These show a significant number of indicators which are not meeting standards (key risks amongst these highlighted in 2.4 & 2.5). This reflects the challenges of underlying demand on services as well as the backlog of care arising from the Covid pandemic.

2.3 Two new measures have been added to the SOF this month which relate to urgent and emergency care.

- S123a - Adult general and acute type 1 bed occupancy
- S124a – Percentage of beds occupied by patients who no longer meet the criteria to reside

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

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

2.5 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 urgent care demand through the winter period. The target to achieve the 78 week waits target is particularly high risk and is attracting significant scrutiny from region. However, the forecast residual 78 week waiting list has reduced from 2,576 to 675 people.

- **Cancer** – meeting cancer trajectories by March 2023. Rising demand and diagnostic waits is a challenge. Performance against the 62 day cancer target is

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[1] https://www.england.nhs.uk/nhs-oversight-framework/

particularly challenged and deteriorating. Delayed cancer diagnosis is an increasing theme now appearing in complaints and serious incident investigations. An improvement plan, governed through the GM Cancer Alliance, 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 and staff resilience is affected. The UEC action plan, including requirements set out in guidance 'Going further on our winter resilience plans'[2] are led by the Urgent Care Board strategically and the System Operational Response Taskforce (SORT) from an operational perspective.

- **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. GM launched an Ambulance handover improvement collaborative on the 7th of December. This will oversee an improvement plan including: improving direct access pathways for NWAS to Same day emergency Care (SDEC); access to community pathways (hear and treat and see and treat); and improving access to specialty pathways to speed flow through emergency departments to speciality areas. Industrial action is expected by ambulance crews during the December period which is being planned for.

- **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 proposal is now approved for the latter. Recruitment is a significant challenge. International recruitment is now underway, as is focus upon retention of existing staff. Learning from the East Kent maternity review will, alongside, Ockenden form part of improvement work and monitoring. This will be overseen by the Local Maternity and Neonatal System (LMNS) through its new Safety and Performance group.

- **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, including notable under-reporting of online consultations**.** This will understate Greater Manchester compared to other ICSs. Actions are in place to increase overall dental activity in line with contracted activity in order to improve access to services

- **Oversight of Individualised Commissioning / Continuing healthcare (CHC) -** Data shows we have considerable variance across the 10 localities in terms of

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[2] https://www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/

fast track applications, mainly due to differently commissioned End of Life care provision, need to work with localities to improve end of life offer to promote better outcomes and reduce inequality. The data also shows considerable variance in spend on CHC/ individualised commissioning, Deputy Chief Nursing Officer with finance colleagues are conducting a deep dive into the finances and meeting with each locality to understand the variance and discuss the mitigating actions that are being put in place to reduce the spend. There is also a piece of work to collate the high cost packages of care across the system and put robust review processes in place to ensure oversight of the care being received and plans where reduction in restrictions to promote quality of life for individuals in receipt can be made, leading to a reduction in cost.
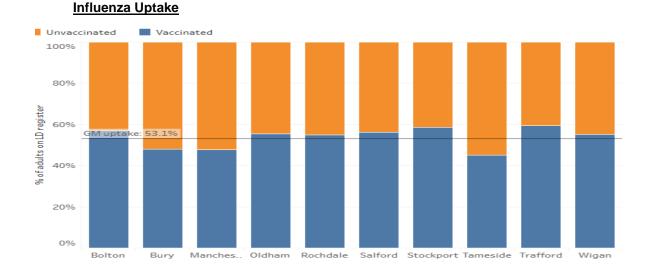
- **Learning Disabilities (LD) and Autism Workstream -** NHS GM has strengthened its governance and oversight of locality performance through the LDA Good Health group reporting to the LDA Board. Within the agreed scope of the learning disability programme and the key area of good health, the purpose of the working group is to oversee development, delivery and performance of GM Learning Disability Strategy (Good Health), three year LeDeR strategy and locality health action plans, ensuring health inequalities are reduced within GM. Flu vaccine, COVID19 vaccine uptake and annual health checks are key priorities
- Performance data shows local variation leading to inequalities which we need to proactively address as part of LD operational delivery with a focus on annual health checks.

<u>Annual Health Check Performance</u>

Locality AHC's	Nov 22 update	Dec 22 update
Bolton	37.9%	43%
Bury	14.8%	18%
HMR	26.3%	32%
Manchester	24.9%	32%
Oldham	25%	33%
Salford	19.7%	26%
Stockport	30.2%	38%
Tameside	23.3%	33%
Trafford	42.4%	49%
Wigan	33.3%	41%

Covid Vaccination Uptake

Locality	Eligible for Autumn Booster	AW22 Uptake (%)
Bolton	1210	49.7
Bury	848	46.2
Rochdale	1288	48.5
Manchester	2924	39.8
Oldham	1120	43.1
Salford	1032	48.4
Stockport	1381	62.3
Tameside	938	47.2
Trafford	874	59.5
Wigan	1652	52.1
Total	13267	48.6

Influenza Uptake

3.0 QUALITY AND SAFETY- PROVIDERS WITH ENHANCED SURVEILLANCE REGULATORY ACTIVITY

3.1 Greater Manchester Mental Health Trust (GMMH) has been placed in segment 4 of the NHS System Oversight Framework and will partake in the Recovery Support Programme (RSP). Where ICBs and trusts have significant support needs that may require formal intervention and mandated support, they will be placed into segment 3 or 4. They will be subject to enhanced direct oversight by NHS England (in the case of individual trusts this will happen in partnership with the ICB) and, depending on the nature of the problem(s) identified, additional reporting requirements and financial

controls. CQC have suspended the rating and a Contract Performance Notice has been issued by the ICS.

Mandated support consists of a set of interventions designed to remedy the identified problems within a reasonable timeframe. There are two levels of support depending on the severity and complexity of the issues. While the eligibility criteria for mandated support will be assessed at ICB and individual trust level, mandated support packages will always be designed and delivered within the relevant system context (e.g. place-based or provider collaboratives). Where the support need is triggered by an individual organisation, this means that local system partners will be expected to play their role in addressing system-related causes or supporting system solutions to the problem(s).

As part of this work, a review of all information regarding quality of care at GMMH is underway and findings will be fed into the NHSE Improvement Board. 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.

3.2 Updates on Providers under enhanced quality surveillance:

Provider	Overview of Concern	Update
Edenfield Unit	Allegations of abuse and sub-standard care highlighted by the BBC in September 2022.	• Intense scrutiny process led by NHS England. • The NHS GM Nursing & Quality Directorate are working closely with colleagues from NHS England, in particular Specialised Commissioning, CQC, Health Education England and GMMH to move the improvement program forward, with patient safety at the forefront. • Key focus on workforce, commissioning arrangements and oversight and governance.
Breightmet Centre for Autism	Inadequate rating issued by CQC in August 2022.	• Enhanced Quality and Assurance meetings are being held regularly with the last one being held on 28 November. • Improvements are being seen through positive progress reports and recent site visits. • The Breightmet Centre has been put forward for the Oliver McGowan Training Pilot.
Cygnet Hudson Unit	Inadequate rating issued by CQC in September 2022 in relation to safety, governance, advocacy, safeguarding.	• Cygnet Hospital Senior Team are working closely with the Lead Provider Collaborative on enacting the improvement plan. • Cygnet are meeting with the CQC regularly and are expecting a review inspection in March 2023. • Unscheduled visits to the wards have been undertaken by the Lead Provider Collaborative and they are closely linked with advocacy services to make sure patients are fully supported. • Staffing remains the biggest challenge and this is being raised as a risk through the GM Mental Health System Quality Group as is a fundamental concern across all services at present.

Willows Green Healthcare Limited	Concerns raised from Manchester CCG following quality visit – subsequent Section 29 warning notice from CQC, inspection report pending.	• Enhanced monitoring of Willows Green continues. • Positive progress is being made in relation to improvement, the provider is now well engaged with the rapid quality review process and safeguarding processes. • Weekly safety visits undertaken by the host commissioner with set key lines of enquiry in relation to staffing, safeguarding and safety and bi-weekly visits by the placing commissioners. • The provider has voluntarily closed to admissions- this will be reviewed in January.

3.3 Safeguarding oversight ensures the fulfilment of the ICB statutory responsibilities. Business as usual continues to monitor, assure and progress safeguarding practice with a core thread of assuring compliance with statutory responsibilities through the above mentioned quality surveillance and improvement work.

The proposed transformational safeguarding delivery model of the NHS Greater Manchester Integrated Care Board (GM ICB) inclusive of statutory safeguarding functions is being designed with the Designated Safeguarding networks. The model for delivery will ensure that statutory safeguarding duties will be discharged across the GM integrated care system whilst ensuring robust system oversight, delivering impact and outcomes. Maintaining the strategic safeguarding function across both the Integrated Care Board (ICB) and in the locality is fundamental in delivering statutory safeguarding arrangements to ensure the continued safeguarding system responds and evolves to meet these new challenges and opportunities. This will be brought back in detail to a future Board meeting once agreed.

3.4 Work is underway to develop a quality dashboard and heat map to support visual interpretation of data. This will provide oversight of CQC ratings, indicators of improvements as well as areas of concern and link across to performance, for example areas under additional scrutiny such as dental access and waiting times.

3.5 There is work being done to provide system oversight of serious incidents and never events and how the learning triangulates with activity and performance data. This is being developed alongside the emerging patient safety agenda and will be brought back to future Board as this progresses.

3.6 Strike action has been a significant focus and response is being led by the Regional Team via a clinical cell approach.

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.

5.0 RECOMMENDATIONS

5.1 Board is asked to discuss:

- The overall position regarding performance and quality
- Material challenges set out in 2.5. 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

Appendices:
Appendix 1: NHS GM constitution and System oversight framework indicators

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	% Difference From Target
Belonging in the NHS	S072a	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 age	Annual	Dec 21	▲				55.8%	56.6%	
Cancer	CAN001	CAN001: Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	Month	Sep 22	▲	93.0%	8,347	12,034	69.4%	70.6%	▼-23.6%
	CAN002	CAN002: Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	Month	Sep 22	▲	93.0%	163	388	42.0%	42.1%	▼-51.0%
	CAN003	CAN003: Cancer - 31-Day Wait From Decision To Treat To First Treatment	Month	Sep 22	▲	96.0%	952	1,037	91.8%	94.3%	▼-4.2%
	CAN004	CAN004: Cancer - 31-Day Wait For Subsequent Surgery	Month	Sep 22	▲	94.0%	143	148	96.6%	90.7%	▲2.6%
	CAN005	CAN005: Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	Month	Sep 22	▲	98.0%	163	164	99.4%	99.0%	▲1.4%
	CAN006	CAN006: Cancer - 31-Day Wait For Subsequent Radiotherapy	Month	Sep 22	▲	94.0%	404	405	99.8%	99.5%	▲5.8%
	CAN007	CAN007: Cancer - 62-Day Wait From Referral To Treatment	Month	Sep 22	▲	85.0%	312	571	54.6%	58.3%	▼-30.4%
	CAN008	CAN008: Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	Month	Sep 22	▲	90.0%	31	58	53.4%	55.2%	▼-36.6%
	CAN009	CAN009: Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Month	Sep 22	-		207	290	71.4%	72.4%	
	CAN010	CAN010: Cancer - 104-Day Wait	Month	Sep 22	▼	0.00	101		101.00	120.00	▲
	PAT001	PAT001: Cancer Patient Experience	Annual	Mar 22	▲		9		8.93	8.83	
	S010a	S010a: Total patients treated for cancer compared with the same point in 2019/20	Month	Sep 22	▲	100.0%			90.5%	103.0%	▼-9.5%
	S012a	S012a: Proportion of patients meeting the faster cancer diagnosis standard	Month	Sep 22	▲	75.0%	5,479	9,222	59.4%	63.3%	▼-15.6%
Elective care	DIA001	DIA001: Diagnostics Tests Waiting Times	Month	Sep 22	▼	1.0%	23,065	72,567	31.8%	30.6%	▲30.8%
	RTT001	RTT001: Referral To Treatment - 18 Weeks	Month	Sep 22	▲	92.0%	219,862	425,154	51.7%	53.6%	▼-40.3%
	RTT002	RTT002: Referral To Treatment - 52+ Weeks	Month	Sep 22	▼	0.00	40,111		40,111.00	36,945.00	▲
	RTT003	RTT003: Referral To Treatment - % Waiting List Change from March 2018	Month	Sep 22	▼	0.0%	438,240	412,068	212.7%	213.0%	▲212.7%
	S007a	S007a: Total elective activity undertaken compared with 2019/20 baseline	Month	Jul 22	▲	104.0%			88.5%	90.6%	▼-15.5%
	S007b	S007b: Elective Activity : Completed pathway elective activity growth	Month	Sep 22	▲	110.0%			81.9%	91.1%	▼-28.1%
	S009a	S009a: Total patients waiting more than 52 weeks to start consultant led treatment	Month	Sep 22	▼				40,111.00	36,945.00	
	S009b	S009b: Total patients waiting more than 78 weeks to start consultant led treatment	Month	Sep 22	▼				5,770.00	5,105.00	
	S009c	S009c: Total patients waiting more than 104 weeks to start consultant led treatment	Month	Sep 22	▼	0.00			116.00	173.00	▲
	S013a	S013a: Diagnostic activity levels: Imaging	Month	Sep 22	▲	120.0%	88,889	84,944	104.6%	102.0%	▼-15.4%
	S013b	S013b: Diagnostic activity levels: Physiological measurement	Month	Sep 21	▲	120.0%	7,973	8,744	91.2%	79.6%	▼-28.8%
	S013c	S013c: Diagnostic activity levels: Endoscopy	Month	Sep 22	▲	120.0%	6,417	7,844	81.8%	99.2%	▼-38.2%
	S013d	S013d: Diagnostic activity levels: Total	Month	Sep 22	▲	120.0%	103,279	101,532	101.7%	99.9%	▼-18.3%

Colour For Percent target
- Green
- Red

Target RAG
- Green
- No RAG
- Red

Target RAG fixed
- Green
- No RAG
- RED

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	% Difference From Target
Growing for the future	S074a	S074a: FTE doctors in General Practice per 10,000 weighted patients	Month	Sep 22	▲		2,008	3,339,394	6.01	6.04	
	S075a	S075a: Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	Quarter	Jun 22	▲		1,228	3,339,394	3.68		
Leadership	S060a	S060a: Aggregate score for NHS staff survey questions that measure perception of leadership culture	Annual	Dec 21	▲				6.82/10		
Learning disabilities and autism	S029a	S029a: Inpatients with a learning disability and/or autism per million head of population	Quarter	Sep 22	▼	30.00	105	2,163,874	49.00	55.00	▲63.3%
	S030a	S030a: Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	Quarter	Sep 22	▲	100.0%	4,731	17,179	27.5%	10.0%	▼-72.5%
Looking after our people	S063a	S063a: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	Annual	Dec 21	▼				11.8%	12.5%	
	S063b	S063b: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	Annual	Dec 21	▼				18.1%	17.6%	
	S063c	S063c: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	Annual	Dec 21	▼				25.0%	22.6%	
	S067a	S067a: Leaver rate	Month	Aug 22	▼		6,611	77,450	8.5%	8.5%	
	S068a	S068a: Sickness absence rate	Month	Jun 22	▼		130,425	2,238,086	5.8%	5.7%	
	S069a	S069a: Staff survey engagement theme score	Annual	Dec 21	▲				5.57/10	5.65/10	
Maternity and children's health	MH001	MH001: First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	Month	Jun 22	▲	95.0%	77	92	83.7%	85.9%	▼-11.3%
	MH002	MH002: First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	Month	Jun 22	▲	95.0%	526	562	93.6%	93.9%	▼-1.4%
	MH004	MH004: Access Rate to Children and Young People's Mental Health Services	Month	Jun 22	▲	34.0%	31,640	59,099	53.5%	52.7%	▲19.5%
	S022a	S022a: Stillbirths per 1,000 total births	Annual	Dec 20	▼		130	33,532	3.88	3.57	
	S104a	S104a: Neonatal deaths per 1,000 total live births	Annual	Dec 20	▼		42	33,402	1.26	1.24	
Mental health services	DEM001	DEM001: Estimated Diagnosis Rate For People With Dementia	Month	Sep 22	▲	66.7%	1		69.4%	69.2%	▲2.7%
	EIP001	EIP001: Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	Month	Jun 22	▲	60.0%	190	245	77.6%	78.8%	▲17.6%
	IAPT001	IAPT001: Improving Access to Psychological Therapies Seen Within 6 Weeks	Month	Jun 22	▲	75.0%	2,160	2,820	76.6%	77.5%	▲1.6%
	IAPT002	IAPT002: Improving Access to Psychological Therapies Seen Within 18 Weeks	Month	Jun 22	▲	95.0%	2,705	2,820	95.9%	95.9%	▲0.9%
	IAPT003	IAPT003: Improving Access to Psychological Therapies Recovery Rate	Month	Jun 22	▲	50.0%	3,820	7,910	48.3%	49.0%	▼-1.7%
	IAPT005	IAPT005: Improving Access to Psychological Therapies Access Rate	Month	Jun 22	▲	5.5%	19,675	411,421	4.8%	5.1%	▼-0.7%
	S081a	S081a: Access rate for IAPT services	Quarter	Jun 22	▲	100.0%	19,469	24,917	78.1%	81.4%	▼-21.9%
	S084a	S084a: Number of children and young people accessing mental health services as a % of population	Month	Jun 22	▲	100.0%	42,392	42,241	100.4%	100.4%	▲0.4%
	S085a	S085a: Proportion of people with severe mental illness receiving a full annual physical health check and follow up interventions	Month	Sep 22	▲	100.0%	14,509	18,386	78.9%	79.2%	▼-21.1%
	S086a	S086a: Inappropriate adult acute mental health placement out of area placement bed days	Month	Jun 22	▼	0.00			1,735.00	1,670.00	▲
	S110a	S110a: Access rates to community mental health services for adult and older adults with severe mental illness	Month	Jun 22	▲	100.0%	19,999	22,118	90.4%	91.0%	▼-9.6%

Colour For Percent target
- Green
- Red

Target RAG
- Green
- No RAG
- Red

Target RAG fixed
- Green
- No RAG
- RED

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	% Difference From Target
Outpatient transformation	S101a	S101a: Outpatient follow up activity levels compared with 2019/20 baseline	Month	Aug 22	▼	75.0%	9,022	9,329	96.7%	87.9%	▲21.7%
Personalised care	S031a	S031a: Rate of personalised care interventions	Quarter	Sep 22	▲		120,995	3,208	37.72	35.28	
	S032a	S032a: Personal health budgets	Quarter	Jun 22	▲		2,988	3,200	0.93	1.52	
Prevention and long term conditions	DTOC001	DTOC001: Delayed Transfers of Care - Bed Days	Month	Feb 20	▼	200.00	428		428.03	399.06	▲114.0%
	S053a	S053a: % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	Annual	Mar 22	▲	90.0%	41,696	46,939	88.8%	87.7%	▼-1.2%
	S053b	S053b: % of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 22	▲	80.0%	248,143	417,363	59.5%	46.9%	▼-20.5%
	S053c	S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Month	Mar 22	▲	45.0%	75,595	121,945	62.0%	60.8%	▲17.0%
	S055a	S055a: Number GP referrals to NHS Digital weight management services per 100k population	Quarter	Sep 22	▲		586	2,226,604	26.32	38.04	
	S115a	S115a: Proportion of diabetes patients that have received all eight diabetes care processes	Quarter	Mar 22	▲		70,040	182,080	38.5%	30.7%	
	S116a	S116a: Proportion of adult inpatient settings offering tobacco dependence services	Month	Aug 22	▲	100.0%	1	10	10.0%	10.0%	▼-90.0%
	S116b	S116b: Proportion of maternity settings offering tobacco dependence services	Month	Aug 22	▲	100.0%	3	6	50.0%	50.0%	▼-50.0%
	S117a	S117a: Proportion of patients who have a first consultation in a post covid service within six weeks of referral	Month	Sep 22	▲		90	175	51.4%	51.0%	
Primary care and community services	PAT003	PAT003: General Practice Extended Access	Annual	Feb 20	▲		1		100.0%	100.0%	
	S001a	S001a: Number of general practice appointments per 10,000 weighted patients	Month	Aug 22	▲		1,252,993	3,339,394	3,752.16	3,676.82	
	S105a	S105a: Proportion of patients discharged from hospital to their usual place of residence	Month	Sep 22	▲		15,422	16,966	90.9%	91.5%	
	S106a	S106a: Available virtual ward capacity per 100k head of population	Month	Oct 22	▲	40.00	310	2,571,976	12.10	12.05	▼-69.8%
	S107a	S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	Month	Aug 22	▲	70.0%			90.7%	92.8%	▲20.7%
	S108a	S108a: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from a general practice	Month	Mar 22	▲		1,976	3,157,372	62.58	39.11	
	S108b	S108b: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS111 per 100,000 population	Month	Mar 22	▲		3,196	3,157,372	101.22	104.23	
	S109a	S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Month	Sep 22	▲	100.0%	3,684,874	4,813,752	76.5%	88.2%	▼-23.5%
Safe, high quality care	DTOC002	DTOC002: Delayed Transfers of Care - Per 100,000	Month	Feb 20	▼		413	22	19.18	17.84	
	MSA001	MSA001: Mixed Sex Accommodation	Month	Sep 22	▼	0.00	2		1.57	1.13	▲
	QUAL001	QUAL001: MRSA	Month	Sep 22	▼	0.00	6		6.00	5.00	▲
	QUAL002	QUAL002: C.Difficile (Ytd Var To Plan)	Month	Sep 22	▼	0.0%					
	S037a	S037a: Percentage of patients describing their overall experience of making a GP appointment as good	Annual	Dec 22	▲		18,461	33,368	55.3%	71.0%	
	S040a	S040a: Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Month	Sep 22	▼	0.00			48.00	48.00	▲
	S041a	S041a: Clostridium difficile infection rate	Month	Sep 22	▼	1.000	1,037	888	1.168	1.1509	▲16.8%

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	% Difference From Target
Safe, high quality care	S042a	S042a: E. coli bloodstream infection rate	Month	Sep 22	▼	1.000	1,847	1,635	1.130	1.1254	▲13.0%
	S044a	S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	Month	Jul 21	▼	0.871	1,730,517	1,704,820	1.015	1.0103	▲16.5%
	S044b	S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Month	Jul 21	▼	10.0%	136,870	1,710,718	8.0%	8.0%	▼-2.0%
	S121a	S121a: NHS Staff Survey compassionate culture people promise element sub-score	Annual	Dec 21	▲				7/10		
	S121b	S121b: NHS Staff Survey raising concerns people promise element sub-score	Annual	Dec 21	▲				6.5/10		
	S123a	S123a: Adult general and acute type 1 bed occupancy (adjusted for void beds)	Month	Oct 22	▼		155,924	166,360	93.7%	93.3%	
	S124a	S124a: Percentage of beds occupied by patients who no longer meet the criteria to reside	Month	Oct 22	▼		886	5,184	17.1%	18.3%	
Screening, vaccination and immunisation	S046a	S046a: Population vaccination coverage: MMR for two doses (5 year olds)	Quarter	Mar 22	▲	95.0%	7,746	9,012	86.0%	85.0%	▼-9.0%
	S047a	S047a: Proportion of people over 65 receiving a seasonal flu vaccinatio	Month	Feb 22	▲	85.0%	391,492	485,131	80.7%	80.4%	▼-4.3%
	S048a	S048a: Bowel screening coverage : % patients aged 60 : 74 screened in the last 30 months	Quarter	Dec 21	▲	55.0%	278,306	419,464	66.3%	65.6%	▲11.3%
	S049a	S049a: Breast screening coverage : % females aged 53 : 70 screened in the last 36 months	Annual	Mar 21	▲	70.0%	182,125	289,711	62.9%	70.2%	▼-7.1%
	S050a	S050a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period	Quarter	Mar 22	▲	80.0%	562,689	803,292	70.0%	69.5%	▼-10.0%
Urgent and emergency care	AE001	AE001: Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	Month	Oct 22	▲	95.0%	67,547	118,091	57.2%	58.8%	▼-37.8%
	AE002	AE002: A&E 12 Hour Trolley Wait	Month	Oct 22	▼	0.00	2,693		2,693.00	2,236.00	▲
	AE003	AE003: Stranded Patients (LOS 7+ Days)	Month	Sep 22	▼	2,196.00	2,518		2,518.13	2,991.00	▲14.7%
	AE004	AE004: Super-Stranded Patients (LOS 21+ Days)	Month	Sep 22	▼		1,163		1,163.20	1,358.55	
	AMB001	AMB001: Ambulance: Category 1 Average Response Time	Month	Sep 22	▼	00:07:00	462		00:07:42	00:06:38	▲10.0%
	AMB002	AMB002: Ambulance: Category 1 90th Percentile	Month	Sep 22	▼	00:15:00	750		00:12:30	00:10:54	▼-16.7%
	AMB003	AMB003: Ambulance: Category 2 Average Response Time	Month	Sep 22	▼	00:18:00	1,944		00:32:24	00:31:13	▲80.0%
	AMB004	AMB004: Ambulance: Category 2 90th Percentile	Month	Sep 22	▼	00:40:00	4,185		01:09:45	01:08:05	▲74.4%
	AMB005	AMB005: Ambulance: Handover Delays (>60 Mins)	Month	Oct 22	▼		0		18.5%	15.2%	

Colour For Percent target
- Green
- Red

Target RAG
- Green
- No RAG
- Red

Target RAG fixed
- Green
- No RAG
- RED