

Governing Body Committee

26th July 2017

Details	Part 1	✓	Part 2		Agenda Item No.	6a
Title of Paper:	Quality Dashboard					
Board Member:	Catherine Jackson, Executive Nurse					
Author:	Catherine Jackson, Executive Nurse Carolyn Trembath, Quality Monitoring and Performance Lead Sarah Tomlinson, Quality and Performance Manager					
Presenter:	Catherine Jackson, Executive Nurse					
Please indicate:	For Decision		For Information	✓	For Discussion	

Executive Summary

Summary	The Quality Dashboard provides an overview of: <ul style="list-style-type: none"> National Quality Board Provider Quality Updates General Practice Update Nursing Home Update 2016/17 Q4 CQUIN update 					
Risk	High		Medium		Low	✓
Recommendations	The Governing Body is asked to: <ul style="list-style-type: none"> Note the main focus areas raised. Note the recommendations and take action where required 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	✓	
To deliver service re-design in priority areas through innovation		
To develop primary care to become excellent and high performing commissioners	✓	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners		
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning		
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system		
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)		
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements	✓

QUALITY REPORT

Governing Body - July 2017

July Update

It is important to acknowledge and thank staff from across region who were involved after the terror attack at the Manchester Arena on Monday 22 May 2017. Pennine Acute Hospitals NHS Trust (PAHT) and Pennine Care NHS Foundation Trust (PCFT) had crucial roles in supporting victims and families who were directly affected, as well as looking after one another. There was a huge amount of work behind the scenes following the attack, a lot of which won't be widely known, so written here are some examples of the response from our local staff.

- Teams of clinical and non-clinical staff based at hospitals run by PAHT and Salford Royal NHS Foundation Trust (SRFT) were involved in providing rapid, effective response in treating a large number of casualties, as part of a Greater Manchester's major emergency response. In total, as a group of hospitals (PAHT & SRFT) 42 patients were treated for their injuries by staff in the emergency departments at North Manchester General Hospital (NMGH), The Royal Oldham Hospital (TROH), Fairfield General Hospital (FGH) and SRFT. 23 of these patients were admitted for surgery or further treatment and care. 8 patients were children under 16.
- All staff involved in the incident response played their part to ensure all services remained fully operational and managed to continue to run as normal during and after the incident. Many staff across all departments helped create capacity with discharging patients from wards, and covering for colleagues. This was helped by colleagues in community services and partners in social care and other local services. All Emergency Departments remained open during the incident and patient appointments were not unduly affected.
- The Facilities team at Oldham and Fairfield created capacity at the mortuary in Oldham which was made available for use by the forensics in the early morning after the incident and worked tirelessly in very difficult circumstances.
- Specialist trained nursing staff from SRFT, PAHT and colleagues from partner agencies were heavily involved in providing 24/7 nurse-led bereavement support for the families and relatives of the deceased. The bereavement team supported the dignity and care of deceased as well as families. The support to families is ongoing.
- PCFT Mental health staff worked with acute colleagues at the TROH and Stepping Hill sites; being present in the emergency departments to spend time with staff, patients and other agencies involved in the immediate response.
- PCFT set up a helpline for emergency responders for the first four weeks after the attack.
- The Health Young Minds service has been providing additional support into schools and other educational settings where requested, as well as providing guidance on children and young people following a trauma.
- Pennine Care will be leading the mobilisation and operation of a new Manchester Incident Resilience Pathway (MIRP) to provide psychological support to those affected by the incident.
- Communication teams from all partners co-ordinated information sharing for all agencies and the public.
- All partners have been part of the major incident evaluation, learning and on-going planning .

Pennine Acute Hospital Trust (PAHT)

The Greater Manchester Health and Social Care Partnership Improvement Board continue to have overview of the risks on stability and quality improvement for the PAHT. The sub-groups - Clinical Quality Leads and Maternity & Paediatric groups feed into the Improvement Board where progress is scrutinised.

Preparation continues for the planned inspection reviewing the 3 hospital sites, the 5 key services and potentially surgery at Royal Oldham and Fairfield General in later this summer. Weekly improvement plan monitoring meetings are in place at Care Organisation (CO) Level.

Monthly quality deep dives have commenced focusing on key issues identified following review of themes from Serious Incident (SI) panels. Key lines of enquiry have been developed through a table top review of SI's by the CCG Quality Leads. The focus for June was Care of the Deteriorating Patient, this was presented by the Trust Quality Improvement Lead. The presentation covered in detail the improvement methodology that PAHT are using widely across the Trust to learn and embed this work-stream using a learning session approach where staff are facilitated in solution based improvement work. Staff identify the solutions and how best to make changes themselves. The Trust needs to respond to the KLOEs developed from serious incidents as these demonstrate what lessons have been learnt.

Single Sex Accommodation (SSA) breaches – 92 instances of breaches of single sex accommodation have been reported by PAHT since 1st April 2017. 10 Bury residents affected, 9 at FGH. All breaches have occurred in critical care or coronary care though there are clear escalation processes in place until a bed is found. The patients affected have been apologised to by Trust staff. There have not been any complaints regarding SSA breaches and the nurses are committed to providing privacy and dignity. A reduction in delayed transfers of care (DTC) across the NES is required to ensure an adequate number of timely step-down beds is available. The Trust is reviewing the current available space with the ambition of creating a coronary care step down ward for those patients who are stepped down but require a period of enhanced monitoring for safety, the work is likely to commence in early autumn.

PCFT Community Services

Care Quality Commission (CQC) inspection (June 2016)

- PCFT's CQC inspection identified 11 'must dos' (legal requirements) & 11 'should dos' (recommendations) for community services.
- Pennine Care Improvement Work - CQC Action and Improvement plan – Commissioner only review on 16th June
- Re-inspection on 3rd July with 12 unannounced visits in the preceding weeks.

Quality Updates

Looked After Children assessments – performance being maintained following further internal reviews and focused area of work for May 2017, though reviews for children living out of area reviews still remain a challenge.

Information Governance Breach – an investigation is underway as it has been identified that patient identifiable information has been sent to an unsecured email address. Further detail is being requested.

CEST – Paediatric and Adult Basic Life Support - concerns raised that training compliance has dropped again in April & May 2017.

Posture & Mobility Service – waiting times now improved following additional investment in the service. Outcome focused KPI's being developed with the service to demonstrate patient satisfaction and appropriateness of equipment provision.

Pressure Ulcers reporting – Table top review undertaken by commissioners and developed key lines of enquiry for the deep dive proposed for August 2017.

Walk in Centre – PCFT is working to new arrangements agreed with the CCG and BARDOC in order to restore resilience to the two centres. Walkaround took place on 4th July and update will be provided to clinical cabinet

PCFT Mental Health Services

CQC inspection (June 2016)

- PCFT's CQC inspection had identified 32 'must dos' (legal requirements) & 53 'should dos' (recommendations) for mental health services.
- Following external concerns raised by the CQC and NHS Improvement (NHSI) regarding PCFT's action plan, PCFT's reporting and governance of safeguarding incidents and their management of single sex breaches, a range of actions has been taken:
 - A new Clinical Quality Leads group, chaired by Stockport CCG and reporting to a re-formed Improvement Board has been established.
 - To support this single approach to monitoring quality and identifying trends and themes, a single quality governance report will be developed, including locality level as well trust wide detail.
 - The scheduled re-inspection by the CQC went ahead last month (June 2017). However, it was a smaller, more focused inspection looking only at safety/safeguarding (rather than the initially planned wider, generic inspection).

Learning Disabilities Mortality Review (LeDeR) programme

- The LeDeR programme, requiring all deaths of people aged 4-74 years with a learning disability to be reviewed, was established as a result of one of the key recommendations of the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD).
- Following its launch across Greater Manchester (GM) in March 2017, local and national changes to the LeDeR programme have taken place:
 - GM has agreed its local, revised approach be replaced by the national model, whereby although a regional steering group is in place, each local area takes full responsibility for its own single and multi-agency reviews.
 - Following the issue of the learning from deaths guidance, the national upper age limit of 74 years has been removed.
 - Now confirmed, these changes and the LeDeR programme in general, can be circulated to local services and groups across Bury by both the CCG and by the local authority (no deaths of people with learning disability have yet been reported in Bury).

General Practice update

Quality in Primary Care Contract

The Cognitive Impairment Locally Enhanced Service (LES) ended on the 31 May 2017, the KPIs from this contract have been incorporated in to phase 2 of the Quality in Primary Care Contract

Practices have now completed quarter 1 of phase 2 of the Quality in Primary Care Contract

Friends & Family Test (FFT) Results

81% of practices submitted FFT results in April 2017. A total of 407 responses were received with 85% of patients recommending their GP Practice to Friends & Family

CQC

29 of our 31 member practices are CQC rated good or outstanding. The Elms Medical Centre and Woodbank Medical Practice are awaiting the outcomes of their recent inspection.

BARDOC have been rated as Good following their inspection in May 2017.

Primary Care Quality Visits (PCQV)

16 practices have received visits so far this year from the Primary Care Team as part of the PCQV process to reduce the variation in the quality of care provided across Bury. The visits have been well received and the remaining practices will be visited in the upcoming months

Nursing Home Update

Safeguarding Investigations													
Type	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Neglect		1	4	5	1	1	2	2	2	1	1	1	21
Physical	2			1		2	3						8
Sexual		1											1
Psychological							1						1
Financial						1				1			2
Organsational													0
Total	2	2	4	6	1	4	6	1	2	2	1	1	32

Nursing Home Forum Attendance												
Home	2016/17						2017/18					
	Apr	Jun	Aug	Oct	Dec	Feb	Apr	Jun	Aug	Oct	Dec	Feb
Ainsworth	Y	Y	Y	Y	Y			Y				
Bank House		Y	Y	Y	Y	Y	Y	Y				
Burrswood House			Y	Y	Y		Y	Y				
Cameron House	Y			Y			Y					
Gorsey Clough		Y	Y	Y	Y	Y	Y	Y				
Healthlands	Y	Y	Y	Y	Y	Y	Y	Y				
Nazareth House		Y		Y				Y				
Oak Lodge	Y	Y			Y	Y	Y					
Regency Care						Y	Y					
Rose Court				Y		Y	Y	Y				
The Elton Unit	Y	Y	Y	Y				Y				
Bury Hospice			Y	Y				Y				

Most Recent CQC Inspections			
Home	Date	Outcome	Comments
Ainsworth	06/12/2016	Requires Improvement	
Bank House	25/11/2016	Good	
Burrswood House	07/04/2016	Good	
Cameron House	20/04/2015	Good	
Gorsey Clough	06/12/2016	Good	
Healthlands	24/03/2016	Good	
Nazareth House	29/11/2016	Good	
Oak Lodge	16/07/2016	Good	
Regency Care	08/06/2016	Good	
Rose Court	27/08/2015	Good	
The Elton Unit	02/05/2017	Good	

Most Recent Local Authority/CCG Assurance Visits			
Home	Date	Outcome	Comments
Ainsworth	08/03/2017	Fully Assured	From April 2017 General Nursing ,Residential and Dementia
Bank House	16/06/2016	Fully Assured	
Burrswood House	05/07/2016	Fully Assured	
Cameron House	04/05/2016	Fully Assured	
Gorsey Clough	18/07/2016	Fully Assured	
Healthlands	18/05/2016	Fully Assured	
Nazareth House	15/08/2016	Fully Assured	
Oak Lodge	05/09/2016	Fully Assured	
Regency Care	12/07/2016	Fully Assured	
Rose Court	19/07/2016	Fully Assured	
The Elton Unit	04/07/2016	Fully assured	

Nursing Home Update cont

Clinical Supervision Attendance								
Home	2016/17		2017/18			2018/19		
	Sept	Jan	May	Sept	Jan	May	Sept	Jan
Ainsworth	Y							
Bank House	Y	Y						
Burrswood House	Y							
Cameron House								
Gorseley Clough	Y	Y						
Healthlands	Y							
Nazareth House	Y							
Oak Lodge								
Regency Care								
Rose Court	Y							
Elton Unit/Priory		Y						
Beenstock (OOA)		Y						

Most Recent Infection Control Audit			
Home	Date	Outcome	Comments
Ainsworth	Apr-17	97%	
Bank House	Mar-17	96%	
Burrswood House	Mar-16	84%	
Cameron House	Sep-16	93%	
Gorseley Clough	May-17	89%	
Healthlands	Jun-17	97%	
Nazareth House	Aug-16	87%	
Oak Lodge	Apr-17	98%	
Regency Care	Jun-17	92%	
Rose Court	Mar-17	98%	
The Elton Unit	May-16		compliant 2016. Awaiting audit for 2017

Lunch and Learn presentation re: safeguarding and quality work in Bury Nursing Homes completed June 2017.

New Initiatives

Communication: It has been agreed that from Monday 12th June 2017, all discharges from medical wards at NMGH for patient going to a care or nursing home: a completed Situation, Background, Assessment, Recommendation (SBAR) handover sheet with a copy of the intentional rounding log, a structured process where nursing staff carry out regular checks with individual patients at set intervals, which includes a body map and fluid chart. We hope this will provide more information to the homes on the residents they are receiving back.

Quality and Resilience: Cameron House and Rose Court are completing the mentorship programme with Salford University to become provide placements for student nurses. Rose Court is part of the national Teaching Care Homes Project. They are 1 out of only 5 nationally to be part of the project and represent the North West. Rose Court have had 2 articles published within the last 12 months in nursing journals.

2016/17 Q4 Commissioning for Quality and Innovation (CQUIN) update

- **Pennine Acute Hospital Trust – 12 CQUINs value £7.1m (combined across Bury, Heywood, Middleton & Rochdale & North Manchester contract)**
- 4 Green (achieved)
- 5 Amber (Sepsis, Mental Health Crisis Concordat, Diagnostic Improvement Plan, Living With & Beyond Cancer, Cancer Treatment Summaries)
- 1 red (Reduce Avoidable Readmissions)

- **PCFT Community Services – 5 CQUINs value £385k (Bury contract)**
- 4 Green (achieved)
- 1 Amber (Mental Health in-reach into community services)

- **PCFT Mental Health – 15 CQUINs value £2.1m (combined Bury, HMR, Stockport, Tameside & Glossop & Oldham contract)**
- National - 4 Green (achieved), 1 Red (Improving flu vaccination uptake for front line staff)
- Greater Manchester - 4 Green (achieved)
- Local - 5 Green (achieved)

Quality Report Forward Planner

Quality Dashboard 2017-18												
Contents	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Regular updates for:												
Monthly strategic update	√	√	√	√	√	√	√	√	√	√	√	√
General Practice	√	√	x	√	√	√	√	√	√	√	√	√
PAHT	√	√	√	√	√	√	√	√	√	√	√	√
PCFT Mental Health	√	√	√	√	√	√	√	√	√	√	√	√
PCFT Community Services	√	√	√	√	√	√	√	√	√	√	√	√
Nursing Homes	√		√				√				√	
Additional Information												
Transforming Care			√			√			√			√
CHC Update						√				√		
PHBs update					√				√			
Public Health update	√				√		√			√		
Walk Around reports		√	√	√				√			√	
Provider Quality Accounts						√						
Quality Premium			√						√			
CQUIN update			Q3				Q4		Q1			Q2
LD Mortality update				√						√		
Mortality (HSMR/SHMI)		√						√				