

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	23 January 2019	<b>Action</b>	Receive
<b>Item No.</b>	15b	<b>Confidential</b>	No
<b>Title</b>	Quality Dashboard		
<b>Presented By</b>	Catherine Jackson, Executive Nurse (Director of Nursing & Quality)		
<b>Author</b>	Catherine Jackson, Executive Nurse (Director of Nursing & Quality), Carolyn Trembath, Head of Quality		
<b>Clinical Lead</b>	Dr Cathy Fines		

<b>Executive Summary</b>
<p>The Quality Dashboard provides an overview of:</p> <ul style="list-style-type: none"> <li>• Mortality Update</li> <li>• Infection Control update</li> <li>• Provider quality updates</li> <li>• Nursing Home update</li> </ul>
<b>Recommendations</b>
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> <li>• Receive the Quality Dashboard for information</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input checked="" type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input checked="" type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input checked="" type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF <i>[Insert Risk Number and Detail Here]</i>	

<b>Implications</b>						
Are there any quality, safeguarding or	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

patient experience implications?						
/						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>&lt; If you have ticked yes, Insert details of the people you have worked with or consulted during the process :</i> Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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 CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - <a href="mailto:lynnebyers@nhs.net">lynnebyers@nhs.net</a> about the risk register.</i>						

Governance and Reporting		
Meeting	Date	Outcome
Quality and Performance	09/01/2019	Recommended to report to Governing Body



Bury

Clinical Commissioning Group

# QUALITY REPORT

Governing Body – January 2019

*Healthy lives strong communities*

# January 2019 update

## Mortality

- Pennine Acute Hospitals (PAHT) Standardised Mortality Rate (HSMR) at the end of Q4 2017/18 is 96.7 and this is as expected
- Salford Royal Foundation Trust HSMR at the end of Q4 2017/18 is 85 and this is better than expected
- The crude mortality for the Q4 period was 1365 deaths of which 558 were reviewed across the Northern Care Alliance (NCA); an increase from 515 in Q3
- Of those deaths reviewed 553 were clinically judged as non-preventable and there was learning in 5 cases.
- Of the 122 patients meeting the minimum criteria for a Structured Judgement Mortality Review (SJR) 26% were undertaken.
- The SJR methodology is gaining momentum during Q4 with numbers across two of the NCA Care Organisations low, however, Bury and Rochdale completed almost 50% of those required and Salford completed 100%.
- There has been a marked increase in requests to develop Take 5 learning (5 minute education/learning tools available on the Trusts intranet) presentations with excellent feedback received from staff.
- Northern Care Alliance support will be offered to all the Care Organisation Medical Directors to ensure that the minimum requirements for completing SJR reviews is met.
- Systems and processes will be introduced to support the completion of the SJR reviews for deaths that meet the selection criteria as per the Mortality Review Policy.
- General Medicine and Emergency Departments (ED) deaths account for approximately 66% of the Trust total but low numbers are reviewed, additional support being provided.

# Infection update

Clostridium Difficile Toxin Positive Trajectory 2018/19 - Target - 44

2017/18	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Pre > 72hrs (Comm)	0	3	4	6	2	2	3	1					21
Post < 72hrs (Hosp)	1	1	0	3	3	1	1						10
Monthly CCG Total	1	4	4	9	5	3	4	1	0	0	0	0	31
Cumulative CCG Total	1	5	9	18	23	26	30	31	31	31	31	31	31
Monthly CCG Trajectory	4	4	4	4	4	4	4	4	4	4	2	2	44
CCG Trajectory	2	6	10	14	18	22	26	30	34	38	42	44	44
Trajectory status	1	1	1	-4	-5	-4	-4	-1	3	7	11	13	-13
Community Total	0	3	4	6	2	2	3	1				0	21
Lapse in Care	0	2	1	3	0	1							7
Unkown	0	0	0		0								0
Recurrence	1	1	0	3	1	1	0	0	0	0	0	0	7

MRSA BSI Trajectory 2018/19 - Target - 0

2017/18	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Actual monthly	0	0	0	0	0	0	0	0	0	0	0	0	0
Actual cumulative	0	0	0	0	0	0	0	0	0	0	0	0	0

E coli BSI Trajectory 2018/19 - Target - 100 (2017/18 Target 111 - 10%)

2017/18	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Actual monthly	7	13	11	8	20	14	14						87
Pre 72hrs Comm	6	11	10	6	14	10	11						68
Actual cumulative	7	20	31	39	59	73	87	87	87	87	87	87	87
CCG Trajectory	8	16	24	33	42	51	60	68	76	84	92	100	100

Bury CCG has higher numbers than trajectory for Health Care Associated Infections to date in 2018.

## Clostridium Difficile (C.Diff)

- C.DIFF figures are higher due to repeat occurrences in colonised patients and repeat testing.
- Higher than expected numbers in community patients.
- Community prescribing of antibiotics in some cases.

## E.Coli Bacteraemia

- Nationally the number of people affected with E.Coli Bacteraemia is higher than expected due to the summer heat wave and a consequence of dehydration in vulnerable people.

## MRSA Bacteraemia

- There have been no cases of MRSA Bacteraemia to date.

Action plans underway to address any prescribing irregularities and unnecessary repeat testing.

Bury CCG is part of the North East Sector E.Coli reduction programme which is focussed on hydration in the frail elderly and is linked to Public Health England's public health campaigns.

# Pennine Acute Hospital Trust (PAHT)

## Safeguarding

- Self-assessment against contractual standards underway in PAHT.
- Standards are split into sections - covering adults, children, Mental Capacity Act and Lampard Review (Lessons Learned report written by barrister Kate Lampard on behalf of NHS following Jimmy Saville investigations).
- Action plan agreed for amber and red areas with policies that are out of date and needing review.
- Divisional attendance at Safeguarding Boards being reviewed.
- Unannounced Care Quality Commission (CQC) inspection in Bury- inspectors spent the day at Fairfield General Hospital (FGH); their report was balanced.
- The Safeguarding Team are working with staff in ED at FGH on professional curiosity and child sexual exploitation (CSE)
- Lack of recognition of domestic abuse in children - big piece of work in ED started in September to focus on this in FGH.
- Domestic Abuse Lead working with Associate Directors of Nursing to provide a workshop with independent local advocate.
- Safeguarding screening tool under-utilised and reviewing documentation to make it easier to use.
- Maternity inspection identified concerns with documentation and contemporaneous chronologies.
- Safeguarding Team are reviewing to quality assure information sharing/referrals/special circumstances requests.
- Relationship with Multi Agency Safeguarding Hub needs to be developed to ensure correct level of referral and input into Safeguarding Boards.
- Safeguarding Training Strategy nearing completion.
- Additional Named Nurses for both adults and children and recruitment is underway along with a Named Midwife.

## Care of Deteriorating Patient (patients who can become acutely unwell very quickly)

- Phase 2 underway using Quality Improvement methodology to review tests of change.
- Successes include 24.58% decrease in cardiac arrests.
- Project going for approx. 18 months and use statistical data to demonstrate improvement.
- Governance structure underpins this by site with overarching steering group that meets quarterly.
- National Early Warning Score (NEWS 2) - implemented in November 2018

## Sentinel Stroke National Audit Programme (SSNAP)

SSNAP level A achieved

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# Pennine Acute Hospital Trust (PAHT) continued

## Metal on Metal (MoM) Total Hip Replacements (THR)

- Issue regarding the loss of follow up of patients who have undergone MoM hip replacements in line with national guidance.
- All MoM THR between 2001 and 2011 have been reviewed, 332 patients identified. MoM THR ceased at PAHT in 2011.
- 153 patients classed as high risk due to metal blood levels. the rest classed as low risk.
- Now recalling patients in high risk category to clinic - trying to do as one-stop clinics where possible including bloods and MRI but this is constrained by scanning capacity.
- 4 patients are out of area and will be contacted directly by the Medical Director.

## Other medical device reviews

- Concerns raised that quantum of medical devices where reviews maybe required are still unknown. Working group carrying out this piece of work with completion of findings to be available in February.

## Quality Checkers – reasonable adjustments for patients with Learning Disabilities (LD)

- Automated process of patients with LD attending PAHT being communicated to the LD Liaison Team and triggers a LD and Autism Care Plan.
- Currently have 2700 patients listed
- Traffic Light Passport in place
- Booking staff able to make reasonable adjustments to appointments/theatre lists based on information recorded on booking forms
- Wider communications being developed for people to feel empowered to ask for any reasonable adjustments they need as is their right under the Equality Act 2010
- Banner to go in the hospital main entrances, accompanied by flyers and posters, to encourage people to tell the hospital what they need.

# Pennine Care Foundation Trust (PCFT) - Community Services

## **IG breach - school health records**

- Scanning of health visiting and school transition records is outsourced to a commercial scanning company: Restore and school nursing view the records on E-VIEW.
- Quality assurance review by school nursing staff identified a significant number of records had been scanned under the wrong child's name.
- Therefore records not available in E-View for staff to access
- Four primary schools reception intake records affected
- 106 records not available to view out of 167.
- Original paper records continue to be held by Restore until signed off by Pennine Care.
- Incident reported to Information Commissioner

## **Posture and Mobility**

- Overspend on equipment being forecast for 2018/19
- Increase in breaches of 18 week Referral To Treatment (RTT) for adults

## **Medication errors**

- Medication errors continue to be reported on a monthly basis.



# Pennine Care Foundation Trust (PCFT) - Mental Health (MH)

**MH Units (Use of Force) Act (2018)** – from 1<sup>st</sup> November, Trusts must take active steps to reduce the use of force against patients, including improved training and reporting. PCFT has re-established its 'Positive & Safe' steering group.

## **Safer staffing**

Ongoing work by the Trust to improve its board assurance processes, including clearer information about staffing issues and agreed exceptions to the safer staffing baseline.

However, as CCGs remain unclear of the Trust's safer staffing baseline and improvements made towards reaching this, the CCG quality leads have written to the Trust requesting information by 14<sup>th</sup> January 2019.

## **Transition of young people from children's to adult inpatient wards**

Review of transition of young people when an inpatient and approaching their 18<sup>th</sup> birthday undertaken to assess safest location for continued healthcare provision as they become an adult. On occasion a young person will stay on the children's ward for a short period after they turn 18 or if longer term continued inpatient care is required and this is not appropriate, the young person will transition to adult ward.

Issues:

- Clinical restrictions on what age a diagnosis of emotionally unstable personality disorder can be made.
- Challenges of applying any subsequent transition standards with other Trusts

Outcome:

- Need to ensure transfer across the PCFT footprint is driven by patient's best interests not repatriation pressures.
- Current Transition CQUIN work programme to now include improving inpatient transition (previous focus on community mental health services).

# Pennine Care Foundation Trust (PCFT) - Mental Health services

continued

## Regulation 28 - medicine management for community patients supported by the Community Mental Health Team

Outcome - improved guidance, supervision and training.

## Q2 CQUIN achievement

**Achieved** – x 1, Improving services for people with mental health needs who present to ED.

**Partial achievement** – x 1, Preventing ill health through risky behaviours – tobacco and alcohol.

**Failed** – x 2, Improving physical healthcare to reduce premature mortality in people with serious mental illness, Outcomes framework development (position papers with proposal being submitted for both).

## Provision of equipment for older patients with hearing loss

Some local improvements made, however, inpatient equipment still not fit for purpose and the need for ongoing staff training needs addressing.

Escalation within existing wider action plan regarding non-compliance with equality standards to both January's Quality Assurance and Contract and Performance meetings.

## Mixed Sex Accommodation

Final stage of the Trust's pre-consultation engagement now finished.

Awaiting results, which are due to be presented to the Trust's board.

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# Quality Premium (QP) 2018/19 prediction (year 2 of 2 year scheme)

	Quality measures (5 x national, 1 x local)	Year 2 change		
1	Early cancer diagnosis (stages 1& 2)	These 6 quality measures (from year 1) now only attract 25% of the overall QP payment (previously attracted 100% in year 1).	Achievement unknown (data reported annually & currently unknown)	
2	Overall experience of making a GP appointment		Achievement unknown (data reported annually & currently unknown)	
3	Continuing Health Care assessments (2 x parts, financially de-linked)		completion rate	Achieving
			completion setting	Achieving
4	Mental Health: Equity of access and outcomes in Improving Access to Psychological Therapies (IAPT) services (2 x parts, financially inked) (recovery rate of people from Black, Asian & Minority Ethnic (BAME) communities AND Older People's (OP) access)		Not achieving (Improving access for OP but not recovery rate for BAME patients)	
5	Reducing Gram Negative Bloodstream Infections (5 x parts, financially de-linked)		Partially achieving	
6	Atrial Fibrillation: increase in reported prevalence (Local RightCare indicator)	Achieving		
<b>Constitutional measures</b>				
1	Referral To Treatment (change – now number of patients on an incomplete pathway not to be higher in March 2019 than in March 2018, was 18 weeks incomplete)	Reduction from 4 to 2 measures. Financial penalty remains if not achieved BUT is only applied to 6 quality measures (2 new Emergency Demand measures below are protected).	Not achieving	
2	Cancer - 62 day wait from GP referral to treatment		Not achieving	
<b>Emergency Demand measures (new)</b>				
1	Accident & Emergency attendances	Will attract 75% of the overall QP payment. Failure to achieve either does NOT result in a financial penalty.	Not achieving	
2	Non-elective admissions		Not achieving	

## Quality Premium (QP) 2018/19 prediction (year 2 of 2 year scheme)

Total amount available for achieving the Emergency Demand Planning Measures	£717,250
Total amount currently payable for achieving other QPs	£232,750
QP forecast (based on current performance) with no reductions for NHS constitution	£86,350
Expected reductions (based on current performance) due to NHS constitution failures	<b>-£86,350</b>
Total anticipated Quality Premium award for Emergency Demand measures	£0
Total anticipated award for Quality measures (minus penalties)	£0

# Nursing Home Quality and Safeguarding

Safeguarding Investigations 2018/19														Most Recent CQC Inspections			
Type	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	Home	Date	Outcome	Comments
Neglect	3			1										Ainsworth	20/02/2018	Requires Improvement	closed 14th October 2018
Physical		1	1	1										Bank House	12/09/2018	Good	
Sexual														Burrswood House	01/12/2018		Awaiting report
Psychological														Cameron House	20/04/2017	Good	
Financial														Gorsey Clough	23/09/2018	Inadequate	
Organsational							2							Healthlands	07/10/2017	Good	Outstanding in Responsive
Total	3	1	1	2	0	0	2							Nazareth House	29/11/2016	Good	
														Oak Lodge	16/07/2016	Good	
														Regency Care	21/06/2018	Good	
														Rose Court	15/11/2017	Good	Outstanding in Well Led
														The Elton Unit	02/05/2018	Good	Outstanding in Safe
Nursing Home Forum Attendance														Most Recent Local Authority/CCG Assurance Visits			
Home	2018/19						2017/18						Home	Date	Outcome	Comments	
	Apr	Jun	Aug	Oct	Dec	Feb	Apr	Jun	Aug	Oct	Dec	Feb					
Ainsworth	Y	Y	Y					Y	Y					Ainsworth	09/05/2018	Partially Assured	closed 14th October 2018
Bank House	Y	Y	Y	Y				Y	Y	Y	Y	Y	Y	Bank House	31/05/2018	Fully Assured	
Burrswood House	Y			Y				Y	Y		Y			Burrswood House	08/05/2018	Partially Assured	Change of provider review visit 08/10/2018 to address outstanding actions. 05/11/2018 joint review with LA postponed at request of provider. Organisational Safeguarding in place.
Cameron House		Y		Y				Y			Y			Cameron House	30/05/2018	Fully Assured	
Gorsey Clough	Y							Y	Y	Y				Gorsey Clough	05/06/2018	Partially Assured	Review visit 09/11/2018 to address action plan following draft CQC report received by owners, not yet published. Organisational safeguarding in place.
Healthlands	Y	Y	Y	Y				Y	Y	Y		Y	Y	Healthlands	23/05/2018	Fully Assured	
Nazareth House			Y	Y				Y		Y			Y	Nazareth House	10/07/2018	Partially Assured	New Manager in post, follow up visit 03/10/2018
Oak Lodge	Y	Y		Y				Y				Y	Y	Oak Lodge	03/09/2018	Fully Assured	
Regency Care			Y					Y		Y	Y			Regency Care	19/07/2018	Fully Assured	
Rose Court	Y		Y					Y	Y	Y	Y			Rose Court	12/07/2018	Fully Assured	
The Elton Unit	Y		Y					Y	Y	Y	Y	Y	Y	The Elton Unit	11/07/2018	Fully assured	
Bury Hospice								Y			Y						

# Nursing Home Quality and Safeguarding

Clinical Supervision Attendance									Most Recent Infection Control Audit			
	2016/17		2017/18			2018/19			Home	Date	Outcome	Comments
Home	Sept	Jan	May	Sept	Jan	July	Oct	Jan				
Ainsworth	Y								Ainsworth	Aug-18	85%	closed by owners 14/10/2018
Bank House	Y	Y			Y		Y		Bank House	Mar-18	93%	
Burrswood House	Y				Y	y			Burrswood House	Nov-18	82%	
Cameron House					Y	y	Y		Cameron House	Nov-17	92%	
Gorseley Clough	Y	Y							Gorseley Clough	May-18	89%	
Healthlands	Y		y						Healthlands	Jun-17	97%	
Nazareth House	Y								Nazareth House	Apr-18	87%	
Oak Lodge									Oak Lodge	Oct-18	94%	
Regency Care				Y					Regency Care	Oct-18	85%	Action plan in progress. Further inspection date TBA
Rose Court	Y								Rose Court	Apr-18	87%	
Elton Unit/Priory		Y			Y	y			The Elton Unit	Oct-18	97%	
Beenstck		Y										

# Quality Report Forward Planner

Quality Dashboard 2017-18												
Contents	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Regular updates for:</b>												
Monthly strategic update	√	√	√	√	√	√	√	√	√	√	√	√
General Practice	√	√	x	√	√	√	√	√	√	√	√	√
PAHT	√	√	√	√	√	√	√	√	√	√	√	√
PCFT Mental Health	√	√	√	√	√	√	√	√	√	√	√	√
PCFT Community Services	√	√	√	√	√	√	√	√	√	√	√	√
Nursing Homes	√		√				√				√	
<b>Additional Information</b>												
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)		√						√				