

Meeting: Governing Body			
Meeting Date	28 July 2021	Action	Receive
Item No.	8b	Confidential	No
Title	Quality Dashboard		
Presented By	Catherine Jackson (Executive Nurse, Director of Nursing & Quality)		
Author	Catherine Jackson (Executive Nurse, Director of Nursing & Quality) Carolyn Trembath (Head of Quality) Sarah Tomlinson (Quality Assurance Manager)		
Clinical Lead	Catherine Jackson/Cathy Fines		

Executive Summary
The Quality Dashboard provides an overview of: <ul style="list-style-type: none"> Provider Updates Nursing/Care Home Updates CHC/complex care update Key actions/learning/successes
Recommendations
It is recommended the Governing Body: <ul style="list-style-type: none"> • Consider this report and provide feedback • Note the focus areas raised • Note recommendations made and take action where required

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF <i>[Insert Risk Number and Detail Here]</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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"/>
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 an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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"/>
<p><i>If you have ticked yes provide details here. If you are unsure seek advice from Lisa Featherstone, Email - lisafeatherstone@nhs.net about the risk register.</i></p>						

Governance and Reporting		
Meeting	Date	Outcome

Date: 28th July 2021
Title: Quality Report
Author: Catherine Jackson, Director of Nursing & Quality Improvement
Carolyn Trembath, Head of Quality
Sarah Tomlinson, Quality Assurance Manager

KEY POINTS/ISSUES OF CONCERN

Pennine Acute Hospitals Trust (PAHT)

NHSE/I Quality Oversight Group continues its role of assuring the transaction of the Bury, Oldham and Rochdale Infirmary Care Orgs from PAHT to the new NCA NCA NHS Foundation Trust due to complete in Autumn 2021. PAHT will cease to exist as a statutory entity.

Quality assurance requirements for future shared learned, with a continued focus on SI's and Patient Safety continues across the NES.

Clinical Quality Leads (CQL) – now meet quarterly focusing on supporting CO to deliver key priorities relating to safety, experience and quality services linked to themes across care of deteriorating patient, sepsis, and treatment delays with a forward workplan developed.

Never Event (NE) – retained silicone ocular shield reported in June 2021. Investigation underway in line with NE/SI Framework. Checking processes already updated.

Unscheduled Care pressures continue across each of the Care Orgs and is reported into local integrated system groups on a daily/weekly basis.

Currently managing elective care but pressures continue with increased emergency admissions/attendances.

Mortality

CCG supporting FGH Mortality Oversight Group to understand rising HSMR. Significant work is underway to understand and respond to areas flagged via Dr Foster data where potential gaps in reliability have been outlined.

Mortality dashboard being developed that enables the impact of the improvement programmes to be tracked.

52 weeks waiting list management

Current NCA focus mirrors national requirements to restore elective capacity to 85% of pre-pandemic levels and manage clinically urgent waits.

Targets have been agreed for managing the cancer 62-day backlog along with clinically urgent patients (P1/P2) the focus of activity delivery.

Waiting list surveillance groups have been set up and ToR shared with CCGs focusing on patient experience, chronological listing, and harm management.

List management is key with additional capacity being sourced and backfills to ensure utilisation.

Wider assurance on harm management is part of on-going quality reviews with the Care Orgs.

Primary/Secondary Care Interface Group

Re-established in May 2021.

Representation from General Practice across the NES and clinical teams in NCA.

Focus on updated BMA guidance regarding joint working during COVID19

Emphasis on learning of comms into and out of secondary care to ensure continuity of patient care regardless of setting.

Northern Care Alliance (NCA) Community Services

Skills for Health – Wound Care Framework

Through the Community SI Panel, the NCA Pressure Ulcer Collaboratives are being asked to ensure that future assurances cover the requirements and learning into Integrated Neighbourhood Teams.

Community Services risk register

CCG is working with Bury Community Services to understand risk register and implications for quality of service delivery and resolution/escalation with contracting arrangements still on hold.

Community Services waiting times

Ongoing assurances requested as to particular areas of pressure with a focus paed –

Eye services

SaLT

Physiotherapy

Occupational Therapy

Pennine Care Foundation Trust Mental Health Services

Healthy Young Minds - continues to operate under its Business Continuity Plan due to ongoing staffing issues (national staff shortage). Crisis service working to action plan as pathway continues to experience high demand (as seen across GM).

Hidden waits - working with the trust to understand scope and support offered to people waiting.

Plan to fast track social DTOC issues progressing with voluntary partner (i.e. deep clean of patient's home before discharge).

Single Sex Accommodation Plan

Local deep dive underway to ensure that male bed provision into Bury is safe and equitable.

Residential/Nursing Homes

Nazareth House - focused CQC inspection looking at medicines management and administration; and overall leadership of the home resulted in an inadequate rating (June 2021). Whilst admissions are currently suspended due to the rating, a good response and joint working across CCG and LA has been initiated and support mechanisms discussed with the home. This support includes CCG medicines optimisation team. Focus will continue until improvements are in place.

The Ferns - As part of the CQC tribunal process The Ferns has been re-inspected and a new report has been provided that rates the home as Good in 3 domains and Requires Improvement in 2 domains so the overall (draft) rating is, subject to ratification, Requires Improvement.

As soon as the tribunal has considered the draft report and it becomes final, we expect the next step to be cancelling the Notice of Decision to Remove registration.

When the draft report is published as final, we can remove our suspension of purchasing arrangements in line with our contractual protocols.

All care homes are reporting red bags are not being returned from hospital trusts and cannot be traced. This appears to be in direct response to the COVID-19 pandemic and concerns by the hospital teams around infection control. Spare bags have been located, and five nursing homes are keen to receive and continue with the initiative until the full scheme can be reviewed. All homes have been advised to continue with the passport in the meantime.

Management team at Gorseley Clough continue to work closely with local universities and actively encourage staff to access courses which will result in registrant qualification. Gorseley Clough have also recently stood down the successful COVID-19 unit. This unit supported discharges from hospital during the first and second waves of the pandemic ensuring system flow. The management are now planning a second upgrade in the unit in readiness to receive admissions.

Home Manager at Rose Court attended the recent North East Sector pressure ulcer and interface with safeguarding group. The home manager is representing nursing homes across the NES ensuring positive and appropriate multiagency response.

General Practice

COVID19

PCN's delivering COVID19 vaccination through across the borough.

Programme management support from the GP Federation. Currently delivering on track and meeting targets. Vaccine delivery still problematic.

Small Value Contracts

'Getting Help Line' (provided by Early Break)

New telephone line providing non-clinical mental health and wellbeing support, advice, and guidance (for non-urgent issues)

Successful impact of 11-month pilot; further 12 months commissioned

Continuing Health Care/Complex Care

CHC database update planned which will integrate with the Local Authority.

CHC and Complex Care Team under pressure due to referrals for standard CHC, Fast Tracks, CTRs and CETRs with long-term sickness impacting on ability to maintain service. Escalated to NHSEI for support.

Agency staff in place and further staff starting in mid-July.

Significant rise in costs of individual placements by independent providers for people with a LD. Lack of choice locally and nationally of facilities impacting on ability to place people in value for money settings.

Summary of Actions since last Quality Report

CAMHS

On-going issues with CYP MH waiting in FGH ED. Anecdotally cases related to psycho-social breakdown rather than new presentations of complex mental health, particularly in Looked After Children (LAC). Several areas of commissioning being explored with PCFT to review pathways and local services for YP. NHSEI aware of on-going issues.

IFR / EUR

IFR/ EUR panel review underway as rise in demand for the panel to approve Mental Health spot placements in addition to IFR requests. Trial of a Mental Health IFR panel.

LeDeR Annual Report published in accordance with national requirements

COVID19

In-school testing of pupils in secondary/colleges re-established in response to increase in Delta VoC in Bury, MACA support provided in response to enhanced response area request. SOP shared with Dept of Education

Continued support to local businesses where COVID 19 outbreaks identified.

Key quality improvements in this reporting period

To maintain momentum and build on initiatives to support C19 and influenza vaccination for our learning disability population, a system-wide task and finish has been set up with CCG, PCFT, ASC provider and primary care membership.

Half-way through successful 12-month mental health education and training programme to upskill staff across all primary care providers.

Lessons for wider sharing (including system wide learning)

Continued focus on joint working across the CCG/LA with progression to ICS.

Joint working across GM to support with COVID19 testing provision in conjunction with PH leads.

End