

Meeting: Governing Body			
Meeting Date	26 May 2021	Action	Receive
Item No.	9d	Confidential	No
Title	Quality Report		
Presented By	Catherine Jackson (Executive Nurse, Director of Nursing & Quality)		
Author	Catherine Jackson (Executive Nurse, Director of Nursing & Quality) Carolyn Trembath (Head of Quality)		
Clinical Lead	Catherine Jackson/Cathy Fines		

Executive Summary
The Quality Dashboard provides an overview of: Provider updates CHC/Independent Sector/Social Care Key achievements and improvements
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 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
Quality & Performance Committee	12/05/2021	Recommended to share with Governing Body

Date: 26th May 2021
Title: Quality Report
Author: Catherine Jackson, Director of Nursing & Quality Improvement
Carolyn Trembath, Head of Quality

KEY POINTS/ISSUES OF CONCERN

Pennine Acute Hospitals Trust (PAHT)

North Manchester General Hospital (NMGH) transaction from PAHT to Manchester Foundation Trust (MFT) completed. Service Level Agreement (SLA) now in place between Northern Care Alliance (NCA) and MFT for the provision of services on the NMGH site. Fairfield General Hospital, Royal Oldham Hospital, Rochdale Infirmary will transfer to Salford Royal Foundation NHS Trust (SRFT) in Autumn 2021 and a new statutory organisation will be created NCA NHS Foundation Trust encompassing both Trusts. PAHT will cease to exist as a statutory entity.

Quality assurance requirements for future shared learned, with a continued focus on Serious Incidents (SI), being agreed with Manchester Health and Care Commissioning (MHCC) and Salford CCG.

Clinical Quality Leads (CQL)

- CCG attendance at PAHT internal assurance meetings commenced in February 2021.
- New format CQL re-launched in April 2021. Focus on supporting PAHT to deliver on key priorities relating to safety, experience and quality services.
- Workplan being developed to focus on harm free care, equality and diversity, nursing standards and staff health and wellbeing

Fairfield General Hospital (FGH)

Unscheduled Care – overcrowding and extended waits being experienced in the Emergency Department linked to bed capacity.

Critical care staffing – heavily reliant on locums with ongoing recruitment campaigns underway to resolve.

Scheduled Care – pressures on both elective and cancer waiting times alongside increased waits for diagnostics.

Royal Oldham Hospital

Quarter 4 Board Assurance Framework completed for all risks. Infection control is a significant concern relating to COVID and CDiff particularly where hospital acquired.

Infection control plan now in place.

Maternity improvement work is ongoing.

Pressure Ulcers management in community services – improvements are in place with joint working with Bury.

Elective care work is ongoing.

Non-elective care – long waits in the emergency department are reducing.

Rochdale Infirmary

New Governance Framework in development and is being shared with Heywood, Middleton and Rochdale CCG.

Serious Incidents

Annual report being prepared by Oldham CCG – reduction in SI reporting noted in last 12 months likely due to COVID.

Incident trends remain the same for the past 18 months with the main themes relating to care of deteriorating patient, sepsis, and treatment delays. A forward workplan for review of lessons learned being developed.

Reporting and investigations have continued throughout the pandemic.

Quality & Patient Experience

Friends and Family Test work is being revamped.

iPads have been sourced for patient feedback which will link to inequalities experienced during COVID and a report will be generated.

Learning from Deaths/Experience reports are to be shared when signed off by Board.

Maternity/Ockenden Report

3 elements of non-compliance –

Maternity Voices Partnership – funding for chair now resolved and position out to recruitment. Support provided by Healthwatch.

Risk assessment in pregnancy – updated documentation and risk assessments now in place to note changes to planned place of birth with monthly audits in place including triage assessments.

Website – now updated so information is available with just 3 clicks.

Additional staffing being sought from the national £96m for

Staffing to meet Birthrate plus

Increase consultant cover to provide two ward rounds per day

Staff training.

Midwife recruitment progressing with retention of students completing training.

Bookings for deliveries are up on last year.

Patient Safety Specialists

Leads identified in NCA, looking to develop a network across each CO.

Workplan to support this is being developed encompassing system wide learning.

Structured Judgement Reviews (SJR)

Greater Manchester (GM) guidance recently published.

Rapid reviews in place for deaths following nosocomial infections.

SJR training reinstated and taking an MD (multi-disciplinary) team approach.

Northern Care Alliance (NCA) Community Services

Children's Eye Service waiting times increasing

East District Nursing Team staffing issues now mainly resolved.

Waiting decision about the Local Authority Resettlement Team

Staffing issues in the Walk in Centre

Paediatric Therapy Waiting Times being reassessed to understand capacity in services

Community SI panel

Focus on Pressure Ulcer Collaborative working to reduce incident numbers

COVID19 - Oximetry@home

Pathway put in place for supported living providers focusing on residents with learning disabilities/mental health needs. Support from Pennine Care NHS Foundation Trust (PCFT) Community Learning Disabilities and Mental Health Teams.
Pathway put in place for 5 x PCFT inpatient wards on FGH site

Pennine Care Foundation Trust Mental Health Services

Ramsbottom ward

Now single gender (female) older peoples (OP) ward due to reconfiguration to meet COVID19 requirements earlier this year. Still mixed specialty facility for dementia/functional problems eg schizophrenia, depression and anxiety.

No male only ward in Bury. All male OP admissions are to beds outside Bury.

The Trust's plan for all OP wards to become single gender (& single speciality) is on hold. A task & finish group is about to start to review previous pre-Covid plans and is likely to take some time/months.

Dementia assessment pathway

OP Community Mental Health Teams (CMHT) continue to receive & complete non-complex dementia referral assessments, contrary to the locally agreed pathway.

Agreed pathway - GPs complete non-complex dementia assessments, PCFT complete complex assessments.

247 dementia assessments completed by Bury's OP CMHT in last 12 months, only 3 were complex – significantly impacts on CMHT's staff capacity.

Training for Bury GPs regarding dementia assessments planned for June to address this.

Residential/Nursing Homes

Local support for Care Homes to enable face to face visits continue.

GM-wide approach also being developed with agreement from Directors of Public Health.

Small Value Contracts

- Community Crisis Service provided by Bury Involvement Group (BIG) went live on 12th April 2021. This is a new, out of hours non-clinical service for people experiencing mental health crisis. Bury CCG Quality Team are providing assurance support visits during the first weeks of operation.

Continuing Health Care (CHC)/Complex Care

- CHC database requires updating. Scoping work underway to ensure database is in place to report onto the NHS England/Improvement national dataset.

Key quality improvements in this reporting period

Development of a Learning Disability Practitioner Forum to progress implementing learning in the following areas:

- Reasonable Adjustments
- Communication
- Mental Capacity Act (MCA)
- Physical illness specifically pneumonia, sepsis and constipation

- Continued focus on Quality Assurance with providers with reduction in burden on reporting.
- Continued use of Teams, to ensure services can stay operational with appropriate support.
- Wider joint working across the CCG/Council teams
- Engagement and learning from the GM Locality Testing Leads Meeting.
- Significant increase in vaccination and testing across the borough.
- Wide engagement with local education providers and business to enable regular rapid COVID testing for all critical workers.
- Housebound COVID19 vaccination programme continues.

Lessons for wider sharing (including system wide learning)

- Focus on Pressure Ulcer collaboratives
- Development of a Learning Disability Practitioner Forum

End