

FORMAL CCG BOARD COVER SHEET

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|--------------------------------|--|---------------------|
| Meeting Date | Tuesday 24 th April 2012 | Item Number: |
| Title of Paper | Quality Update for March 2012 - NHS ALW Performance position across GM and to identify actions that may be required to support/improve performance. | |
| Decision Required | Note the contents of these reports | |
| Executive Summary | Update/information | |
| Further Action Required | None | |

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|-----------------------------|--------------------------------|
| Responsible Director | Julie Southworth |
| Job Title | Chief Operating Officer |
| Month and Year | March/April 2012 |
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1. Patient Safety

1.1 Serious Untoward Incidents (SUIs)

- 1.1.1 One new SUI has been reported by the Acute Services provider. This related to delayed/missed ophthalmic out-patient appointments. Assurances were given by the provider that extra capacity/medical cover would be immediately directed to treatment clinics to ensure those patients with outstanding out-patient reviews were seen before the end of February 2012. The immediate lessons learnt and supporting actions were noted within the initial StEIS report completed by the provider. This was also captured and reported through the CQR process.
- 1.1.2 The Locality Assurance Committee will be updated on the Serious Untoward Incident involving the Age-Related Macular Degeneration Treatment Service by a separate report.

1.2 Infection Prevention and Control

- 1.2.1 NHS Ashton Leigh and Wigan Health Protection Team are currently working with all the PCTs within Greater Manchester to develop a shared service for Health Protection (Infection Control and Immunisation). The Health Protection Team continues to monitor Health Care Associated Infections (HCAI) and meets with Wrightington Wigan and Leigh NHS Foundations Trust Infection Prevention and Control Team to share progress with infection control work programmes and in particular to review progress against actions agreed following any Root Cause Analysis of HCAI's. The Health Protection team also continues to monitor progress on the *Clostridium difficile* recovery plan.
- 1.2.2 The Primary Care Organisations *Clostridium difficile* target for this year has been set at 111.
Organisations actual infections year to date is 113 (end of February) the organisation being 2 above planned year end trajectory to date.
- 1.2.3 The MRSA bacteraemia trajectory for NHS ALW 2011/12 is 7.
Organisations actual infections year to date is 7 (end of February) which is 100% of the year end planned trajectory.

1.3 Greater Manchester (GM) Accountability Agreement - Quality and Safety – Assurance Review February 2012

- 1.3.1 The document highlights the requirement for CCGs to ensure they are competent and capable to deliver quality along the commissioning cycle, as part of its core business, in combination with effective governance systems. CCGs carry responsibilities for both quality assurance and quality improvement of the services they commission by pathway and by provider. It is therefore expected that CCGs will use the relevant quality, safeguarding, public health and other relevant experts to guide their work and decisions, and to involve all relevant stakeholders, including patient groups and the public. In light of the paper a provisional assessment has been completed to

determine the current level of compliance in respect of the 'specific responsibilities for CCGs' as outlined within the document.



WBCCG.doc

1.4 Strategy for Quality 2012 – 2013

- 1.4.1 The aim of the Clinical Commissioning Group (CCG) is to develop a Quality Strategy and Action Plan to ensure quality delivery and continuous quality improvement across the local health economy. Further contribution to the Strategy for Quality is now required from Commissioners and Specialist Leads.

1.5 Francis Review/Maintaining Quality through Transition

- 1.5.1 As part of the process to ensure CCG's are compliant with the recommendations from the Francis Review, a meeting was held with representatives from NHS GM, NHS ALW and WB CCG. The Francis Review meeting took the form of a discussion around what was in place in order to fulfil the 6 Quality Domains as follows:

- Patient Experience (Quality Accounts, Monitoring of Complaints, Use of CQUINs).
- Quality Assurance of all providers (Regular meeting with providers to discuss quality issues).
- Experience and Perception of Staff (Use of staff survey, transition updates).
- Management of Significant Issues (SUIs, use of Root Cause Analysis).
- Board Governance and Leadership (Exception reporting is routine, Quality data is considered).
- Quality Improvement and Outcomes (MRSA target achievement).

During the discussion regarding the above domains, it was identified that:

- There was a plan for Quality through intelligent commissioning that was building on the established PCT processes that were in place.
- There was an existing designated Quality committee in place that monitors quality information on behalf of the Board/emerging CCG Board.
- There is a current PCT Quality and Safety lead that is working closely with the CCG.
- There is a designated CCG member with responsibility for Quality and Safety.
- There is an identified transition plan in place for Quality.
- The local partnership with the Local Authority is an area of good practice.
- There is an intention to recruit a nurse to the CCG board.

NHS GM agreed with the assessment that the WB CCG Quality system is **Maturing**. This was based upon the rationale that the existing PCT processes that were in place, were regarded as providing assurance of the

Quality of commissioned services, but that further development was needed in order to meet the CCG authorisation process.

2. Effectiveness

2.1 Screening

2.1.1 The purpose of this report is to provide an update on the current status of screening programmes within NHSALW.

2.1.2 Cancer Screening Programmes

Performance dash board and performance monitoring in place.

Breast Screening and cervical screening - No new developments.

Bowel Cancer Screening - Bolton's waiting times for colonoscopy within 14 days are improving. Discussions are due to take place regarding a potential pilot programme for flexible sigmoidoscopy.

2.1.3 Non cancer screening programmes

AAA - Some improvement in DNA rates

DRS - Q3 dip in performance – due to targeting of non-responders this is being addressed at the local programme board

2.1.4 Antenatal & Newborn Screening Programmes

NBBS - Insufficient rates continue to improve at WWL.

IDPS - Local steering group continues – next meeting March 19th 2012.

Haemoglobinopathy, Downs & foetal anomaly, NHSP and NIPE - no new developments

Recommendations

The Locality Assurance Board is asked to note the contents of the report.

Performance Position across GM and to identify actions that may be required to support/improve performance – April 2012

There are five A&E clinical quality indicators. These are grouped into two groups and a site has to achieve one indicator in each group to be classed as achieving.

Good News

High performing sites Four sites are achieving all five of the A&E clinical quality indicators:

- Central Manchester Royal Eye Hospital
- Central Manchester University Dental Hospital
- Trafford Healthcare NHS Trust - Trafford General
- Trafford Healthcare NHS Trust - Altrincham General Minor Injuries Unit

By Organisation: Four organisations are deemed to be achieving all A&E's QI

- PennineAcute
- Salford Royal
- Trafford
- WWL

Left without being seen rate All providers achieved this indicator in February 2012 and performance has been solid since July 2011.

Challenges

Low performing sites Bolton –underperformance on data quality; timeliness to assessment; time to treatment and time to departure

CMFT – date coverage under review; time to treatment is underperforming and time to departure is underperforming.

Stockport is underperforming on data quality for time to treatment

UHSM – underperformance as result of data coverage and time to departure for patients.

Appendix One – A&E Clinical Quality Indicators (February 2012)

| Organisation Name | Org Code | Data coverage | patient impact left before being seen | | Re-attendance | | timeliness to initial assessment | | to treatment | | to departure | | OVERALL | | |
|--|----------|--------------------------|---------------------------------------|------|---------------|------|----------------------------------|-----------------|-----------------|--------|--------------|-----------------|-----------------|--------------------------|-----------------------|
| | | | data quality | rate | data quality | rate | data quality | 95th percentile | data quality | median | data quality | 95th percentile | data quality | performance | SUMMARY |
| BOLTON NHS FOUNDATION TRUST | RMC | underperforming | | 2.5% | | 2.7% | | 29 | underperforming | 57 | | 365 | underperforming | performance-under-review | fails - data coverage |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | RW3 | performance-under-review | | 4.6% | | 0.0% | | 6 | underperforming | 69 | | 354 | underperforming | performance-under-review | fails - data coverage |
| PENNINE ACUTE HOSPITALS NHS TRUST | RW6 | performing | | 1.7% | | 3.3% | | 19 | | 41 | | 232 | | performing | performing |
| SALFORD ROYAL NHS FOUNDATION TRUST | RM3 | performing | | 3.1% | | 0.0% | | 12 | | 60 | | 239 | | performing | performing |
| STOCKPORT NHS FOUNDATION TRUST | RWJ | performing | | 0.1% | | 0.7% | | 12 | underperforming | 55 | | 264 | underperforming | performance-under-review | fails - data quality |
| TAMESIDE HOSPITAL NHS FOUNDATION TRUST | RMP | performing | | 0.0% | | 0.1% | | 34 | underperforming | 92 | | 239 | underperforming | performing | fails - data quality |
| TRAFFORD HEALTHCARE NHS TRUST | RM4 | performing | | 2.9% | | 2.9% | | 10 | | 34 | | 238 | | performing | performing |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | RM2 | performance-under-review | | 1.5% | | 1.0% | | 8 | | 44 | | 321 | | performance-under-review | fails - data coverage |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | RRF | performing | | 2.5% | | 6.4% | | 17 | | 42 | | 238 | | performing | performing |

NHS North of England performance overview - April 2012 report

| GM Cluster | Overall | RTT admitted 95 th % | 62 day Cancer | C-diff | A&E 4 hour wait | Mixed Sex accommodation | Ambulance Cat A | Stroke | Health Visitors |
|------------------------------|---------|---------------------------------|---------------|--------|-----------------|-------------------------|-----------------|--------|-----------------|
| Greater Manchester | | | | | | | | | |
| Manchester PCT | | | | | | | | | |
| Heywood, Middleton, Rochdale | | | | | | | | | |
| Ashton, Leigh and Wigan PCT | | | | | | | | | |
| Tameside and Glossop PCT | | | | | | | | | |
| Oldham PCT | | | | | | | | | |
| Bolton PCT | | | | | | | | | |
| Trafford PCT | | | | | | | | | |
| Stockport PCT | | | | | | | | | |
| Bury | | | | | | | | | |
| Salford PCT | | | | | | | | | |