

30 January 2013
Agenda Item 6 (c)

**NHS SALFORD SHADOW CLINICAL COMMISSIONING GROUP BOARD
AGENDA ITEM NO 6 (c)**

30 January 2013

REPORT OF:	Interim Chief Operating Officer
DATE OF PAPER:	18 January 2013
SUBJECT:	Performance on Quality
IN CASE OF QUERY PLEASE CONTACT:	Alan Campbell 0161 212 4813
ACTION REQUIRED:	Discussion/Decision/ <u>Information/Assurance</u> (Please highlight in bold and underline)
STRATEGIC AIMS:	Please tick which strategic aims the paper relates to:
Prevent ill health	√
Reduce health inequalities	√
Improve healthcare quality: - safety - experience - effectiveness	√
Improve health and wellbeing outcomes	√
<p>PURPOSE OF PAPER:</p> <p>This section of the Performance Report provides assurance to the NHS Salford, Shadow Clinical Commissioning Group Board of the progress of quality measures that are improving the outcomes for Salford patients in terms of experience, quality improvement and effectiveness and safety. This should be read in the context of the other performance papers and balanced scorecard.</p> <p>(Please see further explanatory requirements overleaf)</p>	

Further explanatory information required

<p>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP:</p>	<p>Commissioned services are of to an agreed quality and providers demonstrate quality improvement and a better and safer experience for patients.</p>
<p>AIMS:</p>	<p>Provide assurance on the progress of quality measures that are improving the outcomes for Salford patients in terms of experience, quality improvement and effectiveness and safety.</p>
<p>ARE THERE ANY POTENTIAL CORPORATE RISKS TO HUNDREDS HEALTH – SALFORD THAT MAY ARISE AS A RESULT OF THIS PAPER. IF SO WHAT ARE THEY AND HOW CAN THEY BE MITIGATED?</p>	<p>N/A</p>
<p>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST THAT COULD OCCUR:</p>	<p>N/A</p>
<p>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</p>	<p>N/A</p>

Footnote:

Members of NHS Salford Shadow Clinical Commissioning Group Board will read all papers thoroughly. Once papers are submitted no amendments are possible.

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Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement <small>(Please detail in the Comments and Date column the method ie survey, event, consultation)</small>		✓			
Clinical Engagement <small>(Please detail in the Comments and Date column the method ie survey, event, consultation)</small>		✓			
Equality Impact Assessment		✓			
Legal Advice Sought			✓		
Presented to the Programme Management Group		✓			
Presented to the Health and Wellbeing Board		✓			
Integrated Commissioning Board		✓			
Presented to any other groups or committees, including Partnership Groups <small>(Please specify in comments)</small>	✓			Paper discussed at Executive Team on 16 January 2013	Minor amendments made
Is this report expected to be submitted to the Cluster Board?		✓			

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Performance on Quality

1 Executive Summary

NHS Salford is developing processes that align quality standards across primary and secondary care to improve the health outcomes for all Salford patients/service users. This report provides an update on a range of quality measures that have been reported for assurance to the Quality Standards and Patient Experience Committee and Contract Monitoring Committee

2 Introduction and Background

- 2.1** This report informs the NHS Salford, Shadow Clinical Commissioning Group Board of how quality is influencing the commissioning of health services for NHS Salford. *High Quality Care for all* defines three key aspects of quality: patient experience; clinical effectiveness; and safety. This report covers these three areas and supplements the clinical quality elements that are reported in the balanced scorecard performance report.

3 Quality Improvement and Effectiveness – Salford Royal NHS Foundation Trust (SRFT) Acute and Community

3.1 CQUIN and Quality Performance August exception report.

Appendix one shows the performance against the Trust Key Performance Indicators (KPI) targets. Those that were not achieved in month are as follows:

- 3.2** Issue discharge summary: The trust are reporting a figure of just below the 95% target to issue discharge summaries within 24 hours, but it was agreed that the current performance of 94.3% is amongst the best in the region.

Further Action and Assurance: The trust continues to identify those areas that are below the target and has been asked to make efforts to improve.

- 3.3** Complaints: Performance has slipped just below the agreed threshold of responding to complaints within an agreed timescale, however the trust stated that the narrative should be updated to reflect the reason that some of these targets need to be set with longer timescales due to the complexity of some of the complaints. Overall the situation has shown improvement.

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Further action and assurance: Trust internal Patient Advice and Liaison Service (PALS) targets have been set to reduce the proportion of PALS contacts that which reach a formal complaint and divisions that are not performing well will be challenged.

- 3.4** Delayed transfers of care: The number of delayed discharges against the agreed threshold has increased for the first time this year.

Further Action and Assurance: Salford Royal have been asked to investigate the numbers of these patients and which areas they were from.

- 3.5** % of 12/13 year olds who receive the Human Papillomavirus (HPV) vaccination: The report shows the trust as achieving 83.7% to date, however this figure includes those who refuse the vaccination due to religious reasons. Excluding these refusals the figure is 92.3% and therefore the measure is complete and new data will not be collected until the new school term.

Further Action and Assurance: The Public Health team will confirm the % of the population including those from the Jewish community who have historically chosen not to take up the HPV vaccine and the improvement in take up between years.

- 3.6** Patients on End of Life Liverpool Care Pathway (EOL LCP) who have a care plan: The targets look to be failing quite significantly, but it is believed there is an issue with the data collection and the systems used to collect this data.

Further action and assurance: Salford CCG staff are currently reviewing the data systems and problems regarding information collection with consultants and commissioners. It is thought that the figures will be more favourable than they are currently reporting.

- 3.7** % of infants being breastfed at 6-8 weeks: The trust advised that the initiation target is declining due to there being less mums breast feeding at the first visit than the target requires, therefore making it difficult to achieve this measure, however there has been a marked improvement this month. (NB figures are reported a month in arrears).

Further Action and Assurance: The Trust has made sure that the following measures have been put in place:

- The mandatory breastfeeding training for all health visitors, staff nurses, nursery nurses as well as infant feeding workers is well underway and will be completed (including the practical skills review) by December 2012.
- The trust are progressing well to achieve UNICEF Baby Friendly Initiative (BFI) stage 2 as scheduled
- All health visitor teams have breastfeeding as a standing item at all team meetings
- A "Making It Better" (MIB) audit is underway which will monitor the timing of new birth notifications to ensure that these are received in a timely manner to undertake the primary visit between 10-14 days to maximise the support opportunity to mothers to continue breastfeeding.

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- 3.8** Rates of Clostridium Difficile: Recent performance has not been good with six post 72 hour C.Diff bacteraemias reported in October. One of the areas identified as a possible cause is the use of Proton pump inhibitors.

Further action and assurance: The Trust described a project they are implementing looking at reducing the prescribing of Proton pump inhibitors which will need to be balanced with the risk of bleeding. The Trust will look at what other providers are doing to monitor this situation as they are in agreement with the CCG that whatever can be done to reduce the incident of C.Diff should be explored.

- 3.9** Sleeping accommodation breach: The two indicators for mixed sex accommodations are:

16b Failure to agree the eliminating mixed sex accommodation (EMSA) plan – The Trust has reported that this KPI is complete therefore we do not receive any figures.

16c Breach of the EMSA plan – The Trust record that milestones are met to date, we do not receive any monthly figures.

There have been two mixed sex accommodation breaches in High Dependency Units in October, one in Medical High Dependency Unit (MHDU) and one in Neuro High Dependency Unit NHDU.

Further action and assurance: The Trust has been asked to look into the October breaches and report back to the CCG. There were no breaches in November or December.

- 3.10** Appendix two shows the performance against the CQUIN targets. Those that were not achieved in month are as follows:

- 3.11** National – Dementia Risk Assessment: The trust achieved 57.1% for October against a target of 90%.

Further action and assurance: The trust is expected to achieve their target in the second half of the year.

- 3.12** GM – Breast feeding maintenance: Performance against this indicator has continued to slip.

Further action and assurance: The Trust reported that action has been taken with regard to this and it is expected that the recent dip in performance will increase.

- 3.13** GM – Fuel poverty: This is improving although the trust has acknowledged that this indicator is still challenging.

Further action and assurance: No further action at present

- 3.14** Regional – AQ Heart Failure: The element of this target that is failing is within the discharge instructions as clinical staff are failing to complete the smoking cessation and counselling boxes to say this is being achieved.

Further action and assurance: The Trust will raise this with appropriate teams.

4 Quality Improvement and Effectiveness – Greater Manchester West (GMW) Mental Health (MH) NHS Foundation Trust

4.1 Performance

GMW performance, based on the October Contract Performance Report, is as follows:

Requirement	Target	Actual (Oct)	YTD
CPA 7 day follow up	95%	100%	97%
Early Intervention – Number in treatment	145	150	150
Early intervention New cases % of target	100%	100%	143%
Crisis resolution episodes % of target	100%	107%	114%
Delayed Discharge	7.5%	1.2%	0.6%
Assertive outreach number in Treatment	129	135	135

4.2 The November information is expected week commencing 14 January. All targets are achieved and all year to date are on track to meet or exceed target. Year to date targets for Early Intervention (Number in treatment) and Assertive Outreach are not cumulative; they are based on a 'snapshot' position in the final quarter.

4.3 CQUINs

2012/13

- Quarter 2, 2012/13 CQUINs are in line with the plan. Monitoring is through the GMW Quality Group.

2013/14

- The Greater Manchester Mental Health (GMMH) CQUINs will follow the 4 agreed areas of: Academic Health Science Network, Reduced Short Stay Admissions, Reducing Delayed Transfers of Care and Reducing Alcohol Intake. These are currently being finalised as a collaborative exercise between GMMH commissioning, clinical and provider leads.
- Local CQUINs are based on outputs from the October Workshop: a first draft was issued in early December and review and update is underway.

4.4 Development of 2013/14 Quality KPIs

GM Quality KPIs are agreed for Mental Health. Agreement of the Local [GMW] KPIs is progressing.

4.5 Section 2: Other Mental Health Providers

Contract monitoring meetings are in place for the other Mental Health providers, the two largest of which are Six Degrees and START: both are performing to the standards required by Salford Commissioners.

- 4.6** There are no adverse issues that need to be raised in this report for any other third sector Mental Health contracts.

5 Quality Improvement and Effectiveness – Quality Handover

5.1 Quality and Operational Handover Events

At the Chief Executives meeting with Sir David Nicholson on 19th November, the DH discussed an approach for taking forward quality from current to new organisations. A letter was then circulated summarising the agreed approach, and sets out the actions now required.

- 5.2** The approach for quality handover has been well documented, and as Accountable Officers for sending and receiving organisations, the Board will be familiar with the guidance for maintaining quality during transition:

<http://www.dh.gov.uk/health/category/policy-areas/nhs/ngb/>

- 5.3** Quality handovers will involve a complex series of meetings between key people in PCTs, SHAs and new Arms Lengths Bodies (ALBs), and it was agreed that this would be best organised through an initial series of regional meetings hosted by each SHA. The Greater Manchester PCT Cluster has also arranged a handover meeting with Salford CCG in January to prepare for the regional meetings.

- 5.4** To reduce duplication it was agreed that each SHA cluster would hold a senior handover meeting to provide a structure and focus for beginning a process of important conversations between relevant parties. It was therefore proposed that the meeting should involve leads from each PCT and appropriate leads from the new ALBs who will be able to identify for their organisations the right people who need to be involved in the quality handovers, who will then be able to follow up and action the work. The quality handover documents that were prepared for September 30th should form the basis for these sessions, but will also include the transfer of knowledge and information relating to the critical functions being handed over to the new organisations. The Salford CCG Quality handover meeting took place earlier this month. A follow up report will be sent to us by the Commissioning Board Area Team.

- 5.5** In addition, and to reduce the risk that connections between quality and other issues are missed, it was suggested that SHAs should also use the meeting to ensure that operational handover is also happening, i.e. to ensure that receiving organisations are engaging with senders, and accepting assets and liabilities being transferred through transfer schemes. This includes information, systems, records and other areas requiring explicit engagement and steers from receivers. So the meeting also

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included appropriate functional leads from PCTs and ALBs who understand these issues.

- 5.6** Receivers need to ensure that they have all the information; both hard data and soft intelligence, to enable them to discharge statutory and operational functions legally and effectively from 1st April 2013.

6 Safeguarding Children and Vulnerable Adults Update

- 6.1** A detailed Safeguarding Children and Vulnerable Adults update was provided within the Quality Paper submitted for the November CCG Board meeting.
- 6.2** In response to a subsequent request for additional information in relation to the uptake of safeguarding children training and provision of reports for Initial Child Protection Case Conferences by General Practices, a detailed report is being prepared which is to be an agenda item at the CCG Project Management Board session on 6 February 2013.
- 6.3** In order to achieve greater consistency with the Safeguarding Team models being developed across Greater Manchester and during the process of transferring the job descriptions into the required CCG template the titles of the Safeguarding Team roles have slightly amended. The posts within the team are Head of Safeguarding/Designated Nurse for Safeguarding Children, Designated Nurse for Adult Safeguarding and Specialist Nurse Safeguarding Children for Independent Contractors.
- 6.4** These three professionals will be co-located with the NHS Salford CCG NHS Funded Care Team from January 2013. This move will enhance the current communication processes which are in place between the Safeguarding and NHS Funded Care Teams and are important given that the NHS Funded Care Team member are well placed to identify safeguarding vulnerable adult concerns.
- 6.5** There are currently no ongoing Serious Case Reviews (SCR) in respect of children and no cases in the process of being considered.
- 6.6** There are currently no ongoing SCRs in respect of adult safeguarding in progress. Following the conclusion to the most recent SCR early in 2012 and the completion of the identified actions, a pre inquest review will be held on 30 January 2013. The Designated Nurse for Adult Safeguarding will provide representation at inquest proceedings for cases where safeguarding vulnerable adult concerns have been identified on behalf of NHS Salford CCG and provide relevant feedback.
- 6.7** Oakwood Nursing Home is currently subject to the serious concerns process. This situation is being closely monitored by the NHS Funded Care Team and Designated Nurse for Adult Safeguarding, Salford City Council and the CQC. The NHS Salford CCG Chief Operating Officer is receiving updates on the progress of the management of these concerns.

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- 6.8** The proposed function and responsibilities of the Safeguarding Vulnerable Adults Multi Agency Network for Salford has been submitted to members of the Salford Adult Safeguarding Board for agreement and clarification regarding its future function.
- 6.9** The delivery of the level 2 adult safeguarding training to General Practitioners and their staff members has commenced within Practices.
- 6.10** Monthly safeguarding children and vulnerable adults seminars have been arranged for 2013 to provide specialist training on specific topics including Mental Capacity and Deprivation of Liberty Safeguards (DoLS), Domestic Abuse, Child Sexual Exploitation, Level 3 safeguarding children and Prevent (Counter Terrorism recognition). These sessions are two hours in length and are aimed at the clinical staff within General Practices.
- 6.11** Two safeguarding children and vulnerable adults conferences have been arranged for March and June of this year. These conferences are three hours in length and are also aimed at the clinical staff within General Practices.
- 6.12** The March conference is in relation to two topics which are Mental Capacity and DoLS and Fabricated and Induced Illness. Dr. Bob Postlethwaite who was previously a Consultant Paediatric Nephrologist who has expertise in Fabricated and Induced Illness which is a particularly complex area of safeguarding children has kindly agreed to deliver this presentation and accompanying case scenario discussions.
- 6.13** The June conference is in the process of being developed and will include presentations and group work to cover the different aspects of Domestic Abuse.
- 6.14** The Designated Nurse for Adult Safeguarding along with colleagues from Salford Royal Foundation Trust and Salford City Council has commenced the development of a joint programme of training which will endeavour to provide an ongoing clinical induction programme to Care Home staff members inclusive of an adult safeguarding component.
- 6.15** The Designated Nurse for Adult Safeguarding has recently become the approved trainer for the Department of Health Prevent (Counter Terrorism) programme and will be the representative at the Prevent Leads network for NHS Salford CCG.

7 Recommendations

- 7.1** The NHS Salford Shadow Clinical Commissioning Group Board is asked to note the contents of the report and accept assurance that mechanisms are in place which monitor the safety, quality and effectiveness of commissioned services for Salford patients.

Alan Campbell
Chief Operating Officer

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SRFT Contract: Performance Monitoring 2012/13											
Section B Part 8.1- Quality and Performance Indicators											
		Actual Performance									
Quality Performance Indicators (Section B Part 8.1)		Apr	May	Jun	Jul	Aug	Sep	Oct	Total (Year to Date)	Annual Plan	
Issue discharge summary in 24 hours of all patients discharges from provider premises	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	
	Actual	94.0%	94.3%	94.2%	93.8%	94.7%	94.6%	94.3%	94.3%		
% of complaints responded to within timescale agreed at the outset upon receipt of the complaint with the complainant	Plan	85%	85%	85%	87%	87%	87%	89%	89%		
	Actual	82.35%	86.00%	97.00%	91.30%	90.00%	91.43%	82.60%	88.50%		
Local Requirements		Apr	May	Jun	Jul	Aug	Sep	Oct	Total (Year to Date)	Annual Plan	
Delayed transfers of care to be maintained at a minimum level	Plan	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	
	Actual	2.64%	3.39%	2.54%	3.51%	2.06%	1.62%	3.64%	2.80%		
% of 12/13 yrs who receive HPV vaccination	Plan	90%	90%	90%	90%	90%	90%	90%	90%	90%	
	Actual	32.7%	80.6%	82.40%	82.6%	83.7%	83.7%		83.7%		
% of patients on Liverpool Care Pathway who have a personalised care plan	Plan	90%	90%	90%	90%	90%	90%	90%	90%		
	Actual	23.08%	60.00%	36.67%	27.27%	49.15%	50.00%	61.76%	46.70%		
GM Quality Requirements		Apr	May	Jun	Jul	Aug	Sep	Oct	Total (Year to Date)	Annual Plan	
% of infants being breastfed at 6-8 weeks	Plan	39.5%	39.5%	39.5%	39.5%	39.5%	39.5%	39.5%	39.5%	39.5%	
	Actual	32.8%	34.8%	31.65%	31.10%	33.82%	38.20%		33.90%		
Nationally Specified Events (Section B Part 8.2)		Apr	May	Jun	Jul	Aug	Sep	Oct	Total (Year to Date)	Annual Plan	
Rates of Clostridium Difficile	Plan	5	4	4	4	4	5	4	30	51	
	Actual	0	4	7	6	3	7	6	33		
Sleeping accommodation breach	Plan	0	0	0	0	0	0	0	0	0	
	Actual	2	1	7	0	0	0	2	12		

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SRFT Contract: Performance Monitoring 2012/13										
Section B Part 9.2 CQUIN - Quality and Performance Indicators										
Quality Performance Indicators (Section B Part 9.2)	Actual Performance								Total (Cumulative)	Annual Plan
	Apr	May	Jun	Jul	Aug	Sep	Oct			
National Indicators										
National - Dementia risk assessment	Plan	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Actual	100%	100%	100%	62.5%	55.56%	70.59%	57.14%	62.71%	
Greater Manchester Indicators										
GM - Public health breastfeeding maintenance	Plan	92.15%	92.15%	92.15%	92.65%	92.65%	92.65%	93.15%	92.65%	
	Actual	94.66%	92.49%	90.29%	92.20%	88.73%	89.96%		91.39%	
GM - Public health fuel poverty	Plan	10	10	10	10	10	10	10	69	69
	Actual	-	-	4	3	-	14	46	67	
Regional Indicators										
Regional - AQ heart failure	Plan	85.12%	85.12%	85.12%	85.12%	85.12%	85.12%	85.12%	85.12%	85.12%
	Actual	71.1%	77.5%	84.4%	75.0%	87.80%			79.00%	



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