

Agenda Item No. 13

Part 1 Part 2

**NHS TRAFFORD CLINICAL COMMISSIONING GROUP
GOVERNING BODY
24th JUNE 2014**

Title of Report	Performance and Quality Report.
Purpose of the Report	<p>This paper updates the Governing Body on the performance challenges at the CCG's two main acute providers, University Hospital South Manchester (UHSM) and Central Manchester Foundation Trust (CMFT).</p> <p>Unfortunately, CCG performance information is not available for inclusion in this report. The Trafford server, on which all performance and quality work is stored, crashed at the end of May. The Information Technology (IT) Service has advised the CCG it will not be possible to recover all performance data files.</p> <p>Work has now begun to re-establish the data flows into the warehouse and re-develop performance scorecards. In view of this, there is no CCG scorecard but the team will be back in a position to report by the first week in July.</p> <p>This paper also provides an update in relation to quality issues for commissioned providers.</p>

Actions Requested	Decision	Discussion	x	Information	x
Strategic Objectives Supported by the Report		1. Consistently achieving local and national quality standards.			✓
		2. Delivering an increasing proportion of services from primary care and community services from primary care and community services in an integrated way.			✓
		3. Reduce the gap in health outcomes between the most and least deprived communities in Trafford.			✓
		4. To be a financial sustainable economy.			✓

Recommendations	The NHS Trafford Governing Body is asked to note the contents of this report and support the improvement work taking place.
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Discussion history prior to the Governing Body	N/A
Financial Implications	Some indicators carry a financial penalty for non delivery.
Risk Implications	There is a risk that providers do not achieve all contractual targets. Where this is the case, these have been identified on the CCG's risk register and remedial action plans at the Trusts are in place.
Impact Assessment	N/A
Communications Issues	N/A
Public Engagement Summary	N/A

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Responsible Director	Michelle Irvine, Associate Director of Performance and Quality.

PERFORMANCE REPORT

1.0 INTRODUCTION AND BACKGROUND

- 1.1 This paper updates the Governing Body on the performance challenges at the CCG's two main acute providers, University Hospital South Manchester (UHSM) and Central Manchester Foundation Trust (CMFT).
- 1.2 Unfortunately, CCG performance information is not available for inclusion in this report. The Trafford server, on which all performance and quality work is stored, crashed at the end of May. The Information Technology (IT) Service has advised the CCG it will not be possible to recover all performance data files.
- 1.3 Work has now begun to re-establish the data flows into the warehouse and re-develop performance scorecards. In view of this, there is no CCG scorecard but the team will be back in a position to report by the first week in July.
- 1.4 Attached in Appendix A is a scorecard of the contractual targets and performance in April 2014. This paper highlights three areas of underperformance at each Trust, these areas are:

UHSM

- Access to A&E
- The number of days lost to delayed transfers of care
- Waiting times for diagnostic tests

CMFT

- Access to A&E
- Waiting times for diagnostic tests
- Stroke care

2.0 UNIVERSITY HOSPITAL SOUTH MANCHESTER

A&E Waiting Times

- 2.1 In April 2014, the Trust achieved 90.2% against an operational standard of 95%. Daily monitoring throughout May and June shows it is now impossible for the Trust to achieve the target across quarter 1.
- 2.2 An organisational action plan has been agreed by the Trust's Executive Team and shared with the CCG. This action plan focuses on the distinct areas:
- processes and practices in the A&E department.
 - flow through the hospital.
 - ensuring effective patient discharges and reducing patient delays.

Delayed Transfer of Care

- 2.3 It has been agreed that the health economy, facilitated by the Urgent Care Operational Group, will work together providing an intensive focus on reducing the current levels of delayed transfers of care.
- 2.4 As at the 4th June, when this work began, there were 34 Trafford and Manchester patients in hospital beds who were medically fit for discharge. The Urgent Care Operational Group has identified the main issues and immediate actions:

Manchester CCGs

- 17 Manchester patient delays, primarily for issues relating to social services.
- Additional funding has been secured for two social workers to speed up assessments and access to re-ablement.

Trafford CCG

- 17 Trafford delays, primarily due to a delay in receiving the final decision on CHC funding and the speed of assessment by the RAID Team.
 - Commitment has been made to review the process and communication issues in both these areas.
 - Additional social services support will be available.
- 2.5 The Urgent Care Operational Group has also initiated the following key actions to be completed over the coming weeks:
- Hold daily tactical meetings to look at patient level issues.
 - Review all patients with a length of stay over 14 days and those medically fit for discharge on a daily basis.
 - Assign an owner to each patient delay. The owner has the responsibility of unblocking barriers to discharging the patient.
 - Re-look at the standard operating procedure that was developed a couple of years ago to support effective discharge procedures.
 - Re-look at the daily processes of pulling patients through the system to prevent patients being in hospital beds longer than necessary.
 - Identify and escalate to the Urgent Care Board any issues that cannot be resolved at the daily tactical meetings on a fortnightly basis.
 - Produce a daily progress report to key senior staff.

Diagnostic Waits

- 2.6 UHSM has failed this target in April and expects to do so in May, this is due to long waiting times for Neurophysiology Testing.
- 2.7 UHSM has an SLA with Salford for the provision of this service. The service is run on a small number of staff which means at times of staff absences, there is a gap in provision.
- 2.8 Salford has been asked for an action plan, however, it is felt this is a short term capacity constraint and not an ongoing problem.

3.0 CENTRAL MANCHESTER FOUNDATION TRUST

A& E Waiting Times

- 3.1 In April 2014, the Trust achieved 93.3% against an operation standard of 95%.
- 3.2 The Trust has confirmed it expects to achieve quarter 1 performance and daily monitoring shows improvement. As at 4th June performance was 94.45%.
- 3.3 The Trust is undertaking some specific actions to help achieve and maintain performance. These include:
- Reviewing and implementing the recommendations by Finnamore Consulting who recently undertook a number of rapid improvement events with clinicians.
 - Middle grade staff available to assist in the overnight management of the minor's stream.
 - On-call managers are on site until 2am.
 - Continuing to house a booking clerk in A&E to divert appropriate patients to primary care by booking patients into GP appointment slots.

Diagnostic Waiting Times

- 3.4 Delays in Adult MRI scanning and children's endoscopies is now resolved. However, waiting times for children's MRI scans is an issue. The waiting times will reduce throughout quarter 1, with achievement of the target from July onwards. Contractual penalties will apply for non-delivery of the 6 week standard.

Stroke care

- 3.5 CMFT presented to the CCG the findings of the most recent Sentinel Stroke National Audit programme (SNNAP) audit. Encouragingly, the Trust has improved from an E to a D rated organisation. There is a comprehensive action plan in place to improve across all the SNNAP indicators. The CCG has agreed some additional immediate actions, these include:
- The Trust will ensure their internal action plan is aligned to the contractual indicators as well as the SNNAP standards.
 - The Stroke Improvement Forum chaired by the Performance & Quality Team will be re-established.
 - The Trust will ensure a Route Cause Analysis (RCA) is undertaken for all patients not completing 90% of their stay on a stroke unit. The outcome of these will be discussed at the Stroke Improvement Forum.
 - The Trust will submit SNNAP data to the CCG on a monthly basis in advance of the quarterly audits being published.
- 3.6 The Trust plan will continue to be a one year plan until the longer term future of stroke services across Greater Manchester is determined.

4.0 CONCLUSION

4.1 The NHS Trafford Governing Body is asked to note the contents of this report and support the improvement work taking place.

QUALITY REPORT

5.0 INTRODUCTION AND BACKGROUND

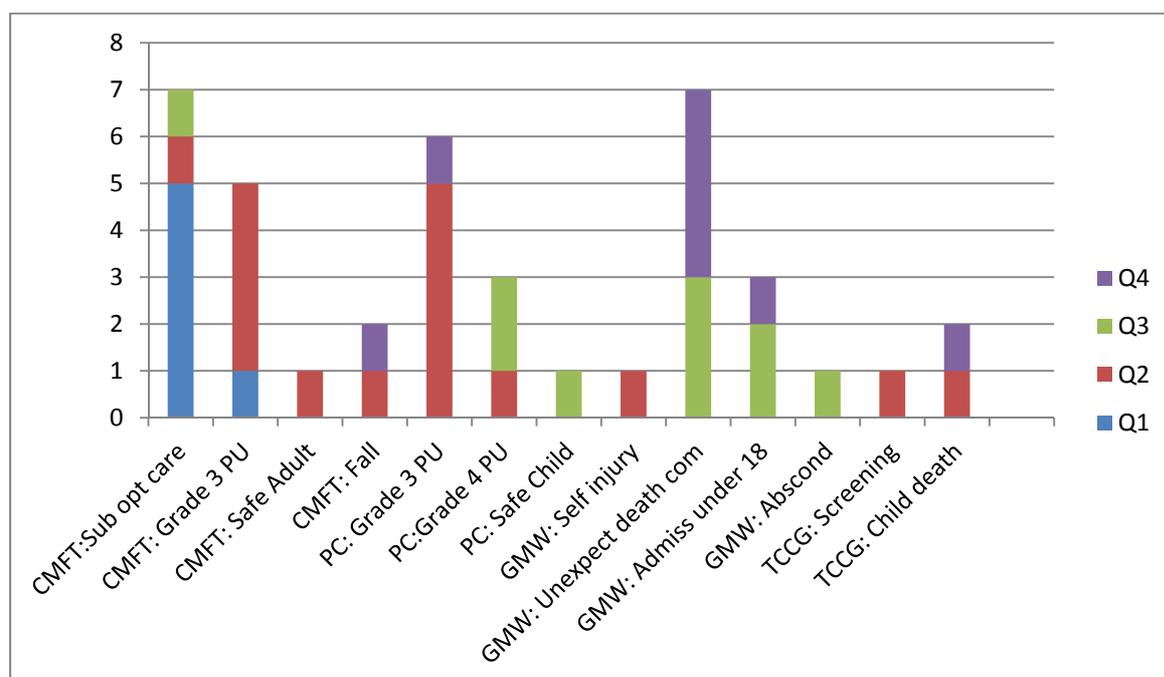
5.1 The purpose of this paper is to provide an update in relation to quality issues for commissioned providers.

6.0 SERIOUS INCIDENT QUARTER 1-4 2013/14

6.1 Serious incidents in healthcare are uncommon but when they occur the National Health Service (NHS) has a responsibility to ensure there are systematic measures in place for safeguarding people, property, NHS resources and reputation. This includes responsibility to learn from these incidents to minimise the risk of them happening again.

6.2 The following graph shows serious incidents involving Trafford CCG patients from quarter 1-4 2013/14. Please note up until April 2014, UHSM did not identify within serious incident reports which CCG the patient was under. They have now agreed to do this and these figures will be included in any serious incident update moving forward.

TCCG Serious Incidents Q1-Q4



7.0 QUALITY ISSUES CMFT

- 7.1 There were concerns raised following a National Peer Review Visit of Paediatric Diabetes Services to CMFT. In relation to the Trafford division the reviewers were concerned that the service did not have sufficient clinical support. This was raised formally with the Trust at the Quarterly Quality Monitoring Meeting and the CCG will receive a copy of the response to the Peer Review Team on the 20th of June in line with the timeframes as outlined in the letter to the Trust.
- 7.2 There are two historic alerts outstanding on the national patient safety agency (NPSA) system from 2011 and 2012 in relation to Trafford General Hospital prior to the Trust being acquired by CMFT. CMFT have provided assurance that these alerts have been implemented. They have now closed these alerts.
- 7.3 CMFT were inspected by the CQC in December, the report was released on the 12th of April. They were served an improvement notice in relation to two standards Outcome 5 (Nutrition) and Outcome 21 (Records). The CQC judged the findings in respect of both Outcome 5 and Outcome 21 as having a minor impact on people who use the service. An action plan has been received from the Trust in respect to both outcomes.
- 7.4 CMFT have received a CQC Maternity outlier alert in relation to puerperal sepsis within 42 days of delivery. The deadline for response back to CQC is the 19th of June and the CCG will be copied into this response.

8.0 QUALITY ISSUES UHSM

- 8.1 Monitor have placed UHSM in breach. UHSM have appointed a turnaround director to help it deal with short-term financial problems. UHSM has also undertaken a review of its leadership and how it is run. Monitor will continue to review the Trusts action plan in relation to A&E performance.
- 8.2 UHSM were inspected by CQC. The themed inspection was undertaken in January 14 against the Essential Standards of Care. UHSM were issued a compliance action in relation to Outcome 16- Assessing and monitoring the quality of service provision. The areas of concern identified were in relation to Dementia Strategy and care. The CCG have received the Trusts action plan in relation to this and it will be the focus of the next walk round visit.
- 8.3 UHSM is not compliant with its statutory or contractual duties in respect of equality and diversity. It has developed an action plan which will be overseen by South Manchester CCG until this plan is fully implemented.

9.0 RECOMMENDATIONS

- 9.1 The Governing Body is asked to note the contents of this report, the approach that is being taken presently to manage quality within Commissioned Providers and consider any further assurance that they would like in relation to the issues highlighted in this report.

CMFT KPIs 2014-15

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Code - Provider Contract	Indicator name	Detail	Threshold	Frequency	Number Type	Completed Fields	DATE Input Line	Year To Date Performance	2014-15 (Annual Indicator)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
												Q1 14-15			Q2 14-15			Q3 14-15			Q4 14-15	
E08	D Pharmacy	Monthly Medication Management Lead Meetings to address and resolve pharmacy issues		Quarterly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
																						Meetings in dairies Richard Hey & Jane Law with CCG Medicines Management Lead.
CH1	C2 Children's Urgent Referrals	Urgent referrals (inc safeguarding) must receive same day or next wkg day response to the referrer and contact with family within 2 wkg days.	95%	Monthly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
																						Definitions to be confirmed with CCG
CH3	C2 LAC Assessments	% of initial assessments for Looked After Children completed within statutory time frame	95%	Monthly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
																						Definitions to be confirmed with CCG
LTC2	C2 LTCs	Screening of Stroke patients with LTCs for anxiety/depression		Monthly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
																						Definitions to be confirmed with CCG
LTC3	C2 LTCs	Self Care for Stroke Patients to cope with LTCs		Monthly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
																						Definitions to be confirmed with CCG
D06	D Complaints	% of complaints acknowledged in 3 working days of the day following receipt of the complaint	90%	Quarterly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
D07	D Complaints	% of complaints where, following investigation, an action plan has been put in place, acted upon, completed within an agreed timescale and reported back to the complainant	90%	Quarterly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
D08	D Delayed Transfers	Delayed transfers of care (lost bed days/nights) - NB - Report: Number of Days; NHS Only; Acute+Non-		Monthly	Number	Apr-14	Y	122		122												
D10	D SSNAP-Stroke	Submit SSNAP data in line with national submission	95% within 7	Quarterly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
E02	E Choose & Book	Slot Issues		Monthly	Percent	Apr-14		16.8%		16.8%												
						Numerator	Apr-14	Y	985	985												
						Denominator	Apr-14	Y	5,850	5,850												
E07	E Outpatients- CCG outcomes indicator set 1314	Provider cancellation of new outpatient appointments. Provider cancellation of OP follow up appts.		Quarterly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
E09	E UM Review	Zero Day Length of Stay Review: Adults		Monthly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
																						currently in progress will end 6th June
E10	E UM Review	Zero Day Length of Stay Review: Children		Monthly	Percent	na																
						Numerator	na	Y														
						Denominator	na	Y														
																						starts 9th June and ends 27th June

CMFT Quality on a Page

Harm Occurred

SHMI	●	→
Harm Free Care	●	→
MRSA	●	→
C.Difficile	●	→
All Incidents	●	↓
Serious Incidents	●	↑
Never Events	●	→

Safe Systems

Advancing Quality

AMI CABG HF H&K Pn Stk



Nutritional Assessments:

Completed

Treatment agreed

Medicines Reconciled:

within 24 hrs

within 48 hrs

Stroke SSNAP



Patient Experience

Friends and Family	●	↑
Mixed Sex Acc.	●	→
PLACE:		
Clean	●	
Food	●	
Dignity	●	
Facilities	●	
Patient Stories		in development

Surveys:

Hospital Care



Outpatients



A&E

in development

Personal Needs

in development

Complaints:

Acknowledged

Responded

Action Plan

Satisfied

Future Safety

Staff Sickness	●	↑
Bed Occupancy	in development	
Trainee Supervision	●	→
Staff Survey:		
Place to Work	●	→
Friends & Family	●	↓

Mandatory Training:

Safeguarding Adult

Safeguarding Child

Domestic Abuse

Infection Control

Regulators

Monitor Risk Ratings:

Governance ● →

Finance ● →

CQC:

Registration ● ↓

IM Banding ● →

KEY

RAG Rating: based on individual indicator thresholds (see detail pages)

● Threshold to be agreed/developed

Arrows: current performance compared to previous result

↑ improved

→ unchanged

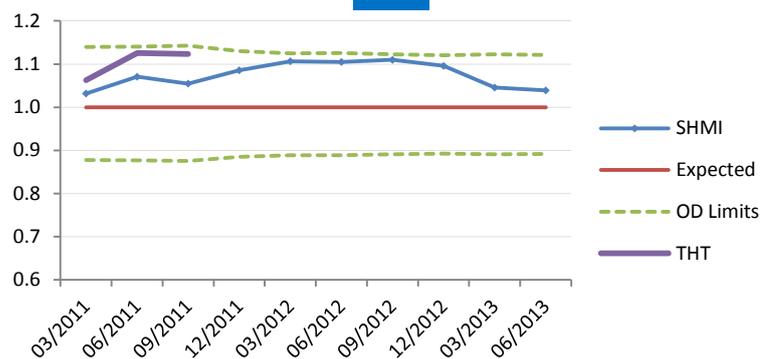
↓ worsened

CMFT Mortality

SHMI



SHMI



There have been two distinct strands of work in relation to mortality at CMFT-one strand has been in relation to the clinical review of all deaths by a mortality review panel and an in depth look at this alongside the information from High Level Incidents (including never events and serious incidents). This has led to service improvements across the patch and has involved an in depth review of different clinical areas as highlighted through the mortality reviews. The other strand focused on the accuracy of clinical coding within notes and there has been a large push to review and improve clinical coding within the Trust.

CMFT have received a CQC Maternity outlier alert for puerperal sepsis within 42 days of delivery. The deadline for response back to CQC is the 19th of June and the CCG will be copied into this response.

The CCG will continue to monitor all sources of data in relation to mortality and are hoping that the clinical mortality reviews and ongoing work on coding the Trust is undertaking will have a positive impact on the SHMI figure as well as the HSMR.

Thresholds 1.1 or less Expected but > 1.1 > upper limit

CMFT Regulators

Monitor Q4 13/14

Governance Risk

Green

The governance rating for this foundation trust remained "No Evident Concerns" in Q4 2013/14.



Continuity of services

3

A new rating system is in place from Q4 2013/14 and CMFT are rated 3 with 1 being the most serious and 4 the least risk.



CQC Q4 13/14

Registration 2 improvement(s) and 0 enforced action(s)



Quality Score Band 6



CMFT were inspected by the CQC in December, the report was released on the 12th of April. They were served an improvement notice in relation to two standards Outcome 5 (Nutrition) and Outcome 21 (Records). The CQC judged the findings in respect of both Outcome 5 and Outcome 21 as having a minor impact on people who use the service.

The concerns in respect of nutrition were related to the choice of food that patients have, and were a particular issue in the Royal Manchester Children's Hospital. CMFT has submitted an action plan to CQC in respect of this. The CCG have received a copy of this and this was discussed at the Quarterly Quality Monitoring Meeting with the provider. As part of this work CMFT have engaged and involved younger people from the Youth Forum in respect of this work and are developing "child friendly" questions in relation to food using the patient tracker system in place.

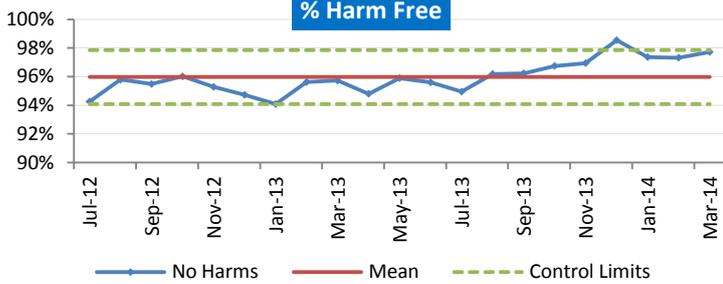
The concerns raised in relation to clinical record keeping were known to the Trust and are reviewed on a regular basis at Board level. The Trust has invested a huge amount in the management of risks associated with the fact that the records are still, largely, paper based. The Trust is working hard to develop a bespoke electronic record which will meet the needs of patient care delivery for all specialties. The work to address this problem is overseen by the Trust Risk Management Committee and was already well underway at the time of the CQC visit

Thresholds	Monitor	Continuity	4	3 to 2	1
Governance			no concerns	under review	enforcement

CQC Reg	No concerns	Improvements	Enforcements
Quality	5-6	3-4	1-2

CMFT Harm Free Care

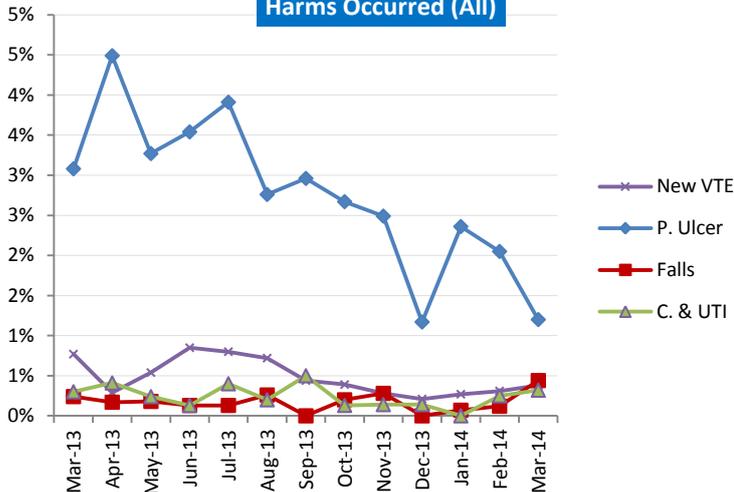
% Harm Free



% Harm Free (HFC1)



Harms Occurred (All)



CMFT have undertaken a large programme of work in relation to harm free care, and the progress is reflected on the graphs above. CMFT have had no grade 4 pressure ulcers since the 24th of January 2014 and are working very hard to maintain this figure.

However the quality of the root cause analysis reports for pressure ulcers has been sub-standard and formal feedback has been given to the Trust in relation to this. CMFT have acknowledged the poor reports and the CCG feedback and have undertaken a full review of the investigation process for pressure ulcers.

As part of this CMFT have undertaken a deep dive into all CMFT attributed Grade 4 pressure ulcers in the past year and has used this to inform the action plan in relation to pressure ulcers. Through this deep dive CMFT also identified an immediate concern in relation to the timely provision of pressure relieving mattresses and have gone through a re-procurement process to address this.

CMFT have also developed a template to investigate pressure ulcers along similar principles to the investigation of MRSA and Cdiff. They are also in the process for agreeing trajectories for improvement with each division and an overall Trust trajectory- this is alongside the trajectory that has been agreed as part of the National CQUIN. The pressure ulcer action plan and trajectories will be signed off at the CMFT Harm Free Care Summit on the 16th of June. This area will continue to be monitored closely through the CCG quality review and assurance process.

Thresholds Harm Free 95% or more 92% or more less than 92%

UHSM Quality on a Page

Harm Occurred

SHMI	●	→
Harm Free Care	●	→
MRSA	●	→
C.Difficile	●	↓
All Incidents	●	↓
Serious Incidents	●	↓
Never Events	●	↓

Safe Systems

Advancing Quality

AMI CABG HF H&K Pn Stk



Nutritional Assessments:

Completed



Treatment agreed

Medicines Reconciled:

within 24 hrs



within 48 hrs



Stroke SSNAP



Patient Experience

Friends and Family	●	↓
Mixed Sex Acc.	●	→
PLACE:		
Clean	●	
Food	●	
Dignity	●	
Facilities	●	
Patient Stories		in development

Surveys:

Hospital Care



Outpatients



A&E

in development

Personal Needs

in development

Complaints:

Acknowledged



Responded



Action Plan



Satisfied



Future Safety

Staff Sickness	●	↓
Bed Occupancy	in development	
Trainee Supervision	●	↑
Staff Survey:		
Place to Work	●	↑
Friends & Family	●	↑

Mandatory Training:

Safeguarding	Adult	●	↓
Safeguarding	Child	●	↑
Domestic Abuse		●	↑
Infection Control		●	↑

Regulators

Monitor Risk Ratings:

Governance	●	→
Finance	●	→
CQC:		
Registration	●	↓
IM Banding	●	→

KEY

RAG Rating: based on individual indicator thresholds (see detail pages)

● Threshold to be agreed/developed

Arrows: current performance compared to previous result

↑ improved

→ unchanged

↓ worsened

UHSM Regulators

Monitor Q4 13/14

Governance Risk



Red

Following investigation the governance rating for this trust is now "subject to enforcement action".

Continuity of services



2

From May 2014 UHSM have been found to be in breach of their licence and enforcement action has been applied due to concerns over the trust's short term financial sustainability.

CQC Q4 13/14

Registration 1 improvement(s) and 0 enforced action(s)



Quality Score Band 4



Monitor have placed UHSM in breach. UHSM have appointed a turnaround director to help it deal with short-term financial problems. UHSM has also undertaken a review of its leadership and how it is run. Monitor will continue to review the Trusts action plan in relation to A&E performance. The CCG have reported this and are monitoring this as a risk.

CQC inspection

The themed inspection was undertaken in January 14 against the Essential Standards of Care. UHSM were issued a compliance action in relation to Outcome 16- Assessing and monitoring the quality of service provision. Areas for improvement that did raise a compliance action

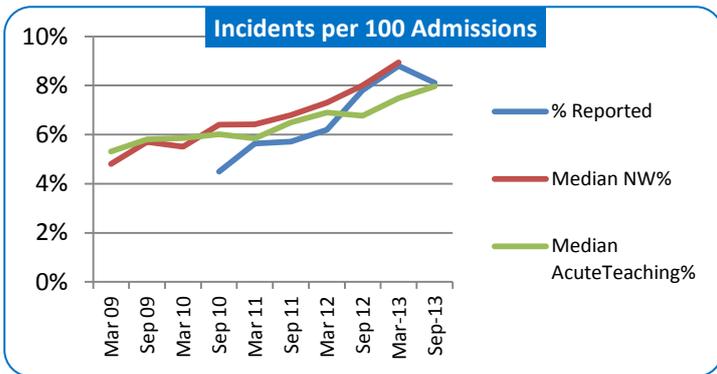
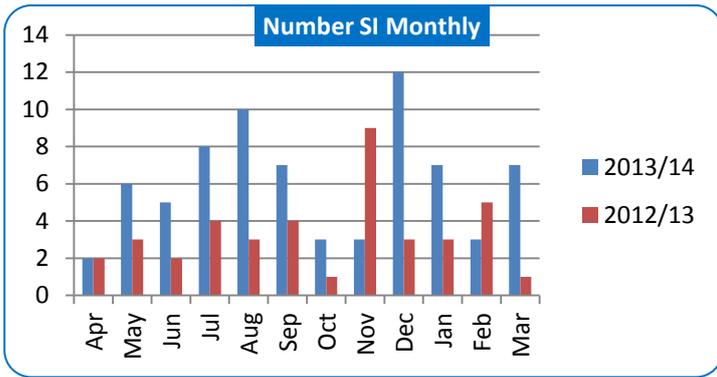
- Lack of dementia strategy evident;
- Evidence that action plan regarding dementia needed to be more robustly monitored;
- NICE quality standards re dementia not discussed within the governance structure;
- Whilst the Trust is a middle reporter for incidents, the CQC spoke to staff caring for those with dementia had not reported incidents where they were injured;
- Trust incident system categories need to be reviewed;
- Investigations of SIs found to be variable and actions not completed to timeframes;
- Careplans inconclusive as to whether patients/carers/advocates views always taken into account;
- DNACPR- issues were raised regarding the Trust's form, compliance with its policy and a recent audit.

The Trust have produced an action plan that has been shared with the CCG.

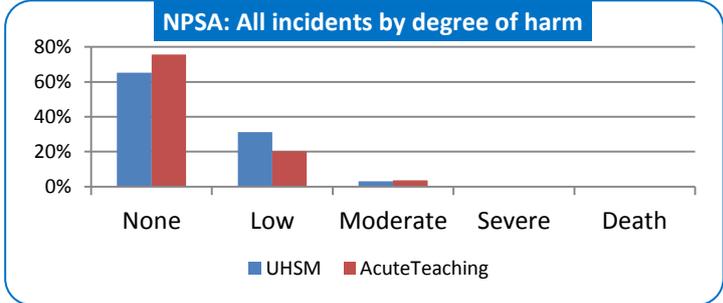
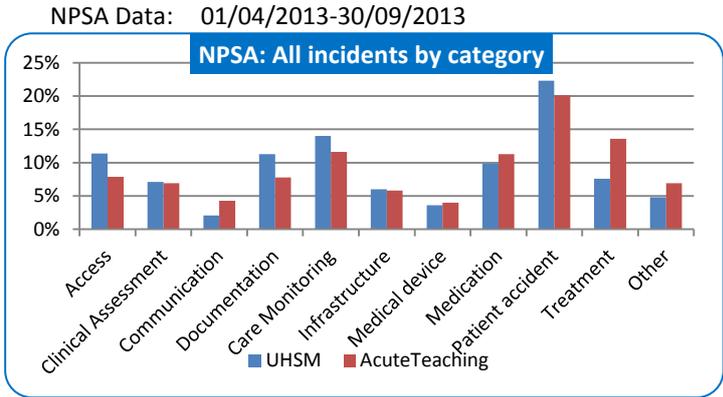
Thresholds	Monitor	Continuity	4	3 to 2	1
	Governance		no concerns	under review	enforcement

CQC Reg	No concerns	Improvements	Enforcements
Quality	5-6	3-4	1-2

UHSM Incidents



Serious Incidents ● ↓
 % Incidents Reported ● ↓



There have been concerns raised with UHSM in relation to the number of non-valid extensions requested in 2013_14. The CCG has set criteria agreed with the Trust under which extensions will be granted.

The CCG has worked closely with the provider to resolve this issue as there were extensions that did not meet the agreed criteria for 32 investigations in 2013_14. Thus far in 2014_15 there have been 2 extensions granted, both of which meet the criteria for an extension. This is a vast improvement.

UHSM have undertaken a detailed training programme to ensure more senior managers and clinicians are able to undertake root cause analysis investigations and have put more robust governance structures in place to monitor the status of Serious Incident investigations. This is now monitored on a weekly basis and the CCG receives assurance in relation to this on a monthly basis. This includes the monitoring of compliance with the Duty of Candour requirements.

UHSM are also now identifying the CCG from which the patient comes from when they report serious incidents. This will enable Trafford CCG to have better oversight of serious incidents that affect Trafford patients.

Performance No thresholds agreed; good performance equals increase in incident reporting and reduction in Serious Incidents.