

Agenda Item	2.1.4	Quality and Safety Report			
Reference	GB21-22/0012	Meeting Date	7 th September 2021	Type	Public
Lead Officer / Author	Lorna Quigley, Director of Quality and Safety/Chief Nurse			Date of Report	25 th August 2021
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Purpose; to:	Discuss <input type="checkbox"/>	Inform <input type="checkbox"/>	Assure <input checked="" type="checkbox"/>	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>
Executive Summary					
This paper provides Governing Body with a report on the statutory functions and duties that the Director of Quality and Patient Safety/Chief Nurse is responsible for, and the processes and the reporting mechanisms that have been suspended, or changed in response to COVID-19.					
Recommendations					
To note the report that includes:					
<ul style="list-style-type: none"> ○ The activity that has been undertaken relating to Quality and Safety/Chief Nurse during the reporting period. ○ The published tolerances in relation to Health Care Acquired Infections for Wirral 					
Risk	Risks relating to CHC are contained within the Corporate Risk Register.				
GB Assurance Framework Reference:	B6, D2			Rating	MEDIUM
Clinical engagement	No	Patient and public involvement		No	
Equality Analysis / Impact Assessment	No	Quality Impact Assessment	No		
Strategic Themes					
Working as One, Acting as One: we will work together with all partners for the benefit of the people of Wirral.					Yes
Listening to the views of local people: we are committed to working with local people to shape the health and care in Wirral.					Yes
Improving the health of local communities and people: Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.					Yes
Caring for local people in the longer term: we will focus on having high quality and safe services, with the best staff to support the future as well as the present.					Yes
Getting the most out of what we have to spend: we will always seek to get the best value out of the money we receive.					Yes
This section details where this paper has previously been submitted, the outcome and its development path i.e. other documents that are related to the paper under discussion. Copies of these related documents should be included in the submission to the Governing Body Meeting					

Governance route prior Governing Body Meeting	Meeting Date	Objective / Outcome
CCG Governing Body		
<i>Quality & Performance Committee</i>		
Finance Committee		
Audit Committee		
Remuneration Committee		
Health and Wellbeing Board		
Business Management Group		

Quality and Safety Report

1. INTRODUCTION

This report outlines the main duties and responsibilities of the Director of Quality and Safety in response to COVID-19. It gives the Governing Body an oversight of Quality and Safety and provides areas for assurance and identifies gaps in assurance.

2. KEY ISSUES / MESSAGES

Quality Reporting

The majority of quality, safety and patient experience reporting has recommenced and are monitored through the relevant provider Clinical Quality and Performance Groups (CQPG). Assurance is then sought via NHS Wirral CCG's Quality and Performance Committee.

The Quality and Safeguarding team constantly continue to review the need for essential and non-essential meetings with provider organisations due to COVID and the restart programme, to ensure that proportionate requests and responses are being maintained. This is based on a risk assessed approach to ensure that safety is maintained.

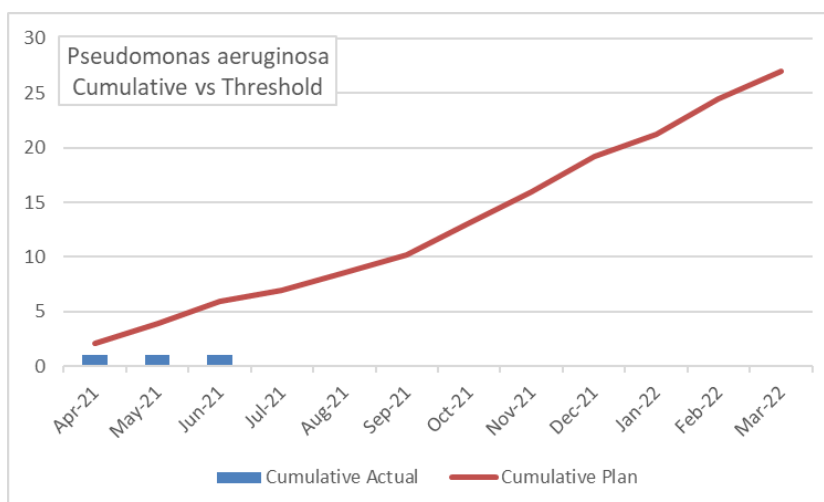
Health Care Acquired Infections (HCAIs); Quarter 1 2021/22

Due to the publication on 10th August 2021 of the NHS Standard Contract 2021/22: Minimising Clostridioides difficile and Gram-negative Bloodstream Infections guidance (<https://www.england.nhs.uk/patient-safety/healthcare-associated-infections/>), the Governing Body report for Health Care Acquired Infections (HCAIs) has been altered to reflect the thresholds that have been set.

Pseudomonas aeruginosa (Gram-negative Blood Stream Infection)

NHS Wirral CCG has been set a threshold of 17 cases for 2021/22. The total number of cases reported for Quarter 1 is one (trajectory allows for 6 at this point). The figure below shows actual cases vs planned cases based on this threshold.

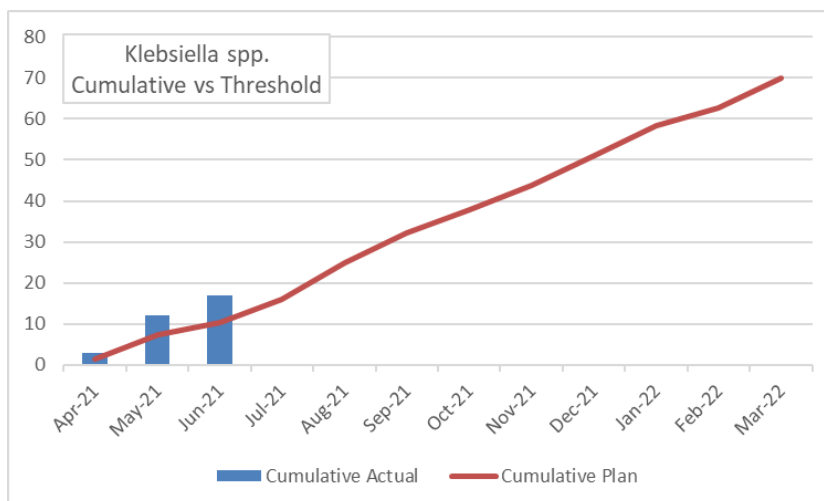
Figure 1: Actual vs Planned cases of Pseudomonas aeruginosa in Wirral, 2021/22



Klebsiella spp. (Gram-negative Blood Stream Infection)

NHS Wirral CCG has been set a threshold of 70 cases for 2021/22. The total number of cases reported for Quarter 1 is 17 (trajectory allows for 10 cases at this point). The figure below shows actual cases vs planned cases based on this threshold.

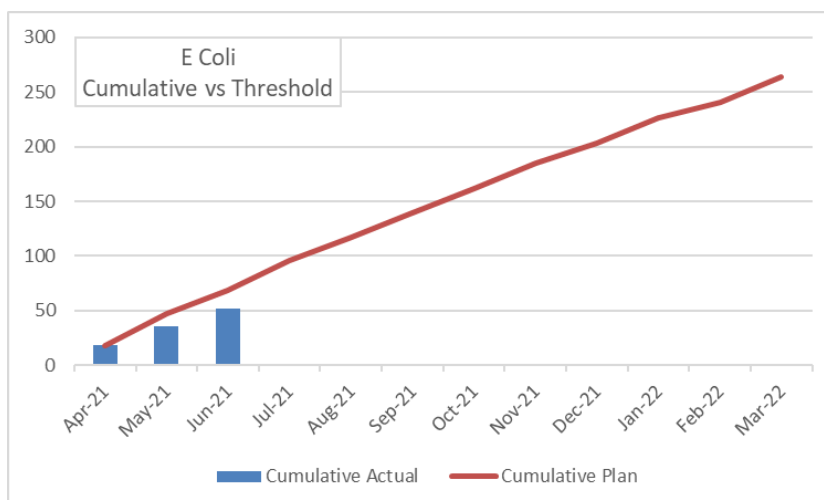
Figure 2: Actual vs Planned cases of Klebsiella spp. in Wirral, Quarter 1 2021/22



Escherichia coli (E.coli - Gram-negative Blood Stream Infection)

NHS Wirral CCG has been set a threshold of 264 cases for 2021/22. The total number of cases reported for Quarter 1 is 52 (trajectory allows for 68 cases at this point). The figure below shows actual cases vs planned cases based on this threshold. Wirral’s 12-month rolling rate (35.8 per 100K population) gives a current rank of 55th out of 106 CCGs (higher being worse).

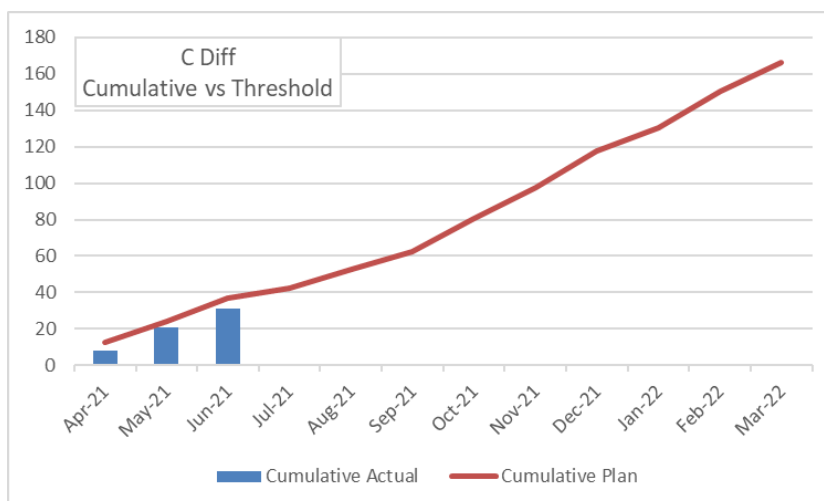
Figure 3: Actual vs Planned cases of E Coli in Wirral, Quarter 1 2021/22



Clostridium difficile (C.diff)

NHS Wirral CCG has been set a threshold of 166 cases for 2021/22. The total number of cases reported for Quarter 1 is 32 (trajectory allows for 37 cases at this point). The figure below shows actual cases vs planned cases based on this threshold. Wirral’s 12-month rolling rate (35.8 per 100K population) gives a current rank of 96th out of 106 CCGs (higher being worse).

Figure 4: Actual vs Planned cases of C. Diff in Wirral, 2021/22



COVID-19

Throughout the pandemic a large amount of data has been collected from a number of different sources. This is to understand the impact of the virus and the future. This data is now published on Wirral intelligence website and is updated each day with a more comprehensive update provided weekly:

<https://www.wirral.gov.uk/health-and-social-care/covid-19-statistics-wirral>

<https://www.wirralintelligenceservice.org/covid-19/covid-19-the-data/>

Safeguarding Children and Adults

Safeguarding Adults

Work continues to ensure that there is a safe transition from the Merseyside Safeguarding Adults Board to Local Safeguarding Boards. A transition group has been established which all statutory partners attend.

The first meeting of the Wirral Local Safeguarding Adults board will commence in September 2021. The Safeguarding Adults Reviews (SAR) will continue to remain on a Merseyside footprint to ensure that learning and independence is at the heart of the SAR process.

The Multi Agency Safeguarding Hub Information Sharing Agreement is out to partner agencies for sign off and there are no expected concerns rising from this.

Regarding assurance as with safeguarding children the adult arrangements have continued to be monitored and maintained during this 3rd wave and Safeguarding assurance arrangements have continued, including attendance at provider SAR Group where possible.

The designated professional for adults continues to keep close links with the named nurses and safeguarding leads across the providers.

The first peer support group for name nurses took place in August 2021 and there was both a good showing of organisations and a confirmed and positive interest to keep this going. The named nurses in the partner organisations felt it was useful to link up and share experiences/case studies. The designated professional for adults has set up a further meeting

in September 2021 to go through the safeguarding process on Wirral for the named nurses to aid their understanding and responsibilities.

The work on the practice guidance for adult safeguarding continues and it hoped that a first draft will be available at the end of September. It is envisaged that this piece of work will have a positive impact on referrals and understanding across the region.

The police have also become involved in setting up regular Multi Agency Safeguarding Hub (MASH) meetings with partner organisations and although attendance was low due to annual leave in August this is yet another positive step in all agencies working together to improve and develop our partnership working.

Safeguarding Children

The Cheshire and Merseyside Task and Finish Group which came together to develop a safeguarding approach within the new ICS footprint, while ensuring that place statutory safeguarding duties are delivered, has completed its function and has now disbanded. As there is no blueprint for Safeguarding, the Cheshire and Merseyside Integrated Care System (ICS) can develop its own approach and a Steering Group will be formed to take forward next steps.

A Child Safeguarding Practice Review (CSPR) is conducted where a child has died or has been seriously harmed through abuse or neglect. The aim of a CSPR is to establish learning for agencies and professionals to improve the way that they work together to safeguard children.

The above report has been published and there are 7 Recommendations to WSCP, none are Health Economy specific. The report highlights some subject matter condensed learning opportunities for all professionals. The published Report can be accessed at:
<https://www.wirralsafeguarding.co.uk/>

Wirral has taken a holistic multi-agency approach to the above and all involved ages have provided a progress update. WSCP are supporting the evaluation of implementation in Wirral and an Evaluation Tool (draft) has been developed and circulated to partners for consultation. Evaluation will commence in November 2021.

Single Agency Inspection: Wirral Youth Justice Board (WYJB) has very recently been inspected by Her Majesty's Inspectorate of Probation. On behalf of Wirral Health Economy, the CCG is a participating member of the multi-agency WYJB.

The recently reported outcome of the Inspection is that WYJB is Good. Further feedback from the Inspection is expected in the near future.

Medicines Management / Optimisation (MMO)

The team is focussing on the agreed Quality Innovation Productivity and Prevention (QIPP) programme and the associated projects. The approach and the outcomes of this work continues to be reported via the Finance Committee.

The team continues to support the go-live process for the NHS Merseyside and Regions Stoma Service (MARSS), which was launched on 28th June 2021. This project is part of the

2021/22 QIPP programme. A quality review visit to the service is being undertaken on 2nd September 2021.

Continuing Health Care / Complex Care (CHC/CC)

The Priority for the CHC/CC team for Quarter 1 and 2 2021/22 is to recover the 28-day standard, this requires CCGs to ensure that in more than 80% of cases with a positive CHC checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from the receipt of the checklist, (or other notification of potential eligibility).

As of Quarter 1, 20/21 performance for Wirral was 21% with 45 cases incomplete and outstanding. This is within the agreed trajectory of 20-29% for Q1 submitted to NHS England/Improvement (NHSE/I).

Since June 2021 considerable progress has been made with weekly performance running at around 66% which will impact positively on the Quarter 2 submission which is planned for 60-65% performance against the standard. Systems and processes from the receipt of patient referral to eligibility decision and quality assurance have been overhauled. A comprehensive system is now in place which involves a new system of diary management and full transparency regarding the activity of the team. The IEG4 system the electronic scheduling system is being utilised more effectively by enabling all activity to be tracked and monitored allowing performance to be monitored throughout the week or month.

A capacity and demand exercise which identifies what is required for the service to be sustained in the future while meeting the required standards has been undertaken. This work has recommended changes to roles and responsibilities, with new roles being identified within the CHC element of the service. Cheshire and Wirral Partnership NHS Foundation Trust (CWP), the organisation that delivers CHC assessment services for NHS Wirral CCG, is currently recruiting to the new and existing roles.

A QIPP programme has been identified which will address a high number of outstanding reviews in all areas of CHC/CC. This will aim to optimise care and realise efficiency savings. Investment will be required to undertake this work while maintaining business as usual, including safe and timely hospital discharge. The work on this will commence in September 2021 as it is anticipated the 28 standard will have recovered and been sustained. Trajectories are being developed to address the QIPP CHC work streams.

The CCG, CWP and Wirral Council are working together to address concerns with a number of care home providers following Care Quality Commission (CQC) inspections to ensure patients are safe and action is taken to address any risks to safety and quality of care.

Due to the change on the emphasis on the programme for the forthcoming year. Oversight of this work will be at the Quality and Performance Committee. Oversight of the QIPP programme will remain within the remit of the Finance Committee.

System Quality

The increased system pressures are reflected across all organisations with emerging concerns regarding the provision of mental health beds across both Cheshire and Merseyside and locally for both adults and children.

A quality review visit to the Wirral University Teaching Hospitals NHS Foundation Trust (WUTH) Emergency Department and assessment areas was undertaken by the Quality and Mental Health commissioning teams in July. Following that review a number of recommendations have been made and WUTH has established an internal Mental Health Programme Board with associated work streams to ensure the safety of patients with mental health needs in the trust. NHS Wirral CCG and CWP are members of this board.

Children Adolescent Mental Health Services (CAMHS) tier four beds are also under additional pressure leading to longer acute hospital length of stay. During the admission period, daily teleconferences take place to ensure the safety of individuals and there is appropriate escalation in place. Weekly assurance meetings are coordinated by regulators holding commissioners to account with regard to discharge planning and commissioning capacity and capability for young people in CAMHS facilities.

3. IMPLICATIONS

The majority of quality and patient experience reporting has now recommenced and the assurance and oversight processes are re-established and in place including Quality Review visits.

The team continue to lead the local quality and safeguarding agenda including activity related to transfer and closedown. They are playing an active role in supporting work across Cheshire and Merseyside in developing the ICS. This includes, Safeguarding, Continuing Health Care, Serious Incident reporting and developing quality and safety structures

4. CONCLUSION

Governing Body is asked to:-

To note the report that includes:

- The activity that has been undertaken relating to Quality and Safety/Chief Nurse during the reporting period.
- The published tolerances in relation to Health Care Acquired Infections for Wirral