

<b>Title</b>	Quality and Performance Report
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<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	25 <sup>th</sup> July 2024

### Report Purpose and Recommendations

The purpose of this report is to provide the Wirral Place Based Partnership Board with oversight of the Quality and Performance across Wirral Place since the last reporting period. The report focusses on some key areas of improvement including Healthcare Associated Infections (HCAI) and Special Educational Needs and Disabilities (SEND) and All Age Continuing Care (AACC)

The Wirral Place Based Partnership Board is asked to:

- Note the work underway across the system to monitor quality and performance, identifying areas for improvement.
- Note and endorse the further work underway to strengthen the governance around quality and safety across Health and Social Care.
- Receive assurance around the robust improvement plans in place to manage specific areas for improvement.

### Key Risks

The report relates to the following key strategic risks identified in the Place Delivery Assurance Framework

- *PDAF 1 Service Delivery:* Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.
- *PDAF 2 Children and Young People:* The Wirral health and care system is unable to meet the needs of children and young people with complex and/or additional needs leading to long term health issues, increased inequalities and demands on services.
- *PDAF 3 Collaboration:* Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

There are operational risks arising from healthcare-associated infections (HCAs) such as Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C. difficile). These risks will need to be defined in the Risk Register for the Quality and Performance Group.

There are also strategic risks associated with the lack of progress against Written Statement of Action (WSOA) which has led to the issuing of the Improvement Notice. These are defined and overseen within the SEND Improvement Board Risk Register.

<b>1</b>	<b>Performance by Exception</b>
<b>1.1</b>	<b>Urgent Care</b>
	These metrics are managed through the Unscheduled Care Programme Delivery and are reported separately.
<b>1.2</b>	<b>Planned Care (including Cancer Targets)</b>
	<p><i>Patients waiting more than 6 weeks for a diagnostic test:</i></p> <ul style="list-style-type: none"> <li>April 2024 data is showing a similar performance to the previous month of 3.5%, and achieving both the local target of 14.9 % and national target of 10%.</li> </ul> <p><i>Cancer targets:</i></p> <ul style="list-style-type: none"> <li>31 day* combined metric- Wirral achieving the national target of 96% at 96.4%.</li> <li>28 day combined metric- this has been achieved.</li> <li>62 day* combined metric- 79.7% this remains a challenge and below the 85% national target, however Wirral is above the NHS Cheshire and Merseyside trajectory of 70%</li> </ul> <p>*these measures are in line with the Government changes to the 62 day waiting time standard.</p>
<b>1.3</b>	<b>Mental Health</b>
	<p><i>Access rate for Talking Therapies Services:</i> March 2024 data shows a 72% access rates which remains higher than the NHS Cheshire and Merseyside rates. A Deep Dive session was undertaken by the Quality and Performance Group to gain further understanding and assurance of the metric and the services provided. This was undertaken and reported at a previous Place Based Partnership Board.</p> <p><i>Dementia Diagnosis Rates:</i> The dementia diagnosis rate for April 2024 is 66%. This is below the target of 66.7%. Training has been provided by the dementia assessment team to Primary Care Nurses to support improvement in this area.</p>
<b>1.4</b>	<b>HCAI rates</b>
1.4.1	<p>Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a health or care setting. The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) and <i>Clostridium difficile</i> (C-difficile).</p> <p>HCAI remain a priority for Wirral Place and align with the priorities identified for NHS Cheshire and Merseyside for 2024/25 with a focus on local implementation. The thresholds for 2024/25 are yet to be published. These will be included within providers contracts where appropriate to support improvement.</p>
<b>2</b>	<b>Programmes</b>
<b>2.1</b>	<b>SEND</b>

	<p>Following the issuing of the Improvement notice in May 2024 in relation to the lack of progress made in against the Written Statement of Action following the SEND inspection of December 2022.</p> <p>A monthly SEND Improvement Board has been established which is chaired by the Chief Executive of Wirral Borough Council with an improved governance process.</p> <p>Minutes and decisions made by the board are published on the SENDLO website. <a href="#">SENDLO Wirral. Wirral's Local Offer of SEND Services</a></p>
<b>3</b>	<b>Measles (for assurance)</b>
3.1	<p>As of 17<sup>th</sup> June 2024, there had been 92 cases of measles reported in the North West since 1<sup>st</sup> January 2024, of which 78 were confirmed and 14 were probable. In Cheshire and Merseyside, this equates to 16 confirmed, 4 probable and 509 possible. To date there has been one confirmed case in Wirral. This is due to the preparedness that has taken place within the borough including- a focus and access to MMR which has led to higher than national/regional MMR uptake rates.</p>
<b>4.</b>	<b>All Age Continuing Care (AACC)</b>
4.1	<p>NHS Cheshire and Merseyside are aiming to undertake a management of change process to a new target operating model for All Age Continuing Care. Wirral's All Age Continuing Care service is hosted by Cheshire and Wirral Partnership Trust (CWP) this is not part of the process. Performance in May 2024 against national standards:</p> <ul style="list-style-type: none"> <li>• 28-day performance (from referral to decision made) May 2024, 81% Longest case waiting for a CHC assessment 92 days- this assessment has been booked.</li> <li>• Conversion rate (number of referrals to those who are eligible for CHC) 35%, this was an increase from April 2024 of 26.8%</li> <li>• Fast track approvals (those referred within the last 3 months of life and approved within 48hrs) -100%</li> <li>• Decision Support Tool (DST) Completed in hospital (national standard &lt;5%) 1%.</li> </ul> <p>There were 3 appeals received in May 2024 regarding the outcome of the decision made. There are 9 outstanding cases.</p> <p>Scrutiny and rigour of the process is tested in several Forums including assurance meetings with NHS England and the Wirral Quality and Performance Group (May 2024).</p>

<b>5</b>	<b>Implications</b>
5.1	<p><b><i>Risk Mitigation and Assurance</i></b></p> <p>The report relates to key strategic risks PDAF 1 Service Delivery, PDAF 2 Children and Young People and PDAF 3 Collaboration. The work of the system regarding Quality and Safety seeks to provide controls and assurances around these risks.</p>
5.2	<p><b><i>Financial</i></b></p> <p>There are financial implications relating to SEND and the improvement notice, AACC,</p>

	due the cost of packages of care and Mental Health patients who have an extended length of stay. These have been included as part of the 2024/25 planning for consideration and prioritisation.
5.3	<b>Legal and regulatory</b> Legal implications have been considered within this report relating to NHS constitutional standards, NHS Continuing Care Framework and the Care Act, which have been referenced within the report.
5.4	<b>Resources</b> There are no resource implications arising directly from this report.
5.5	<b>Engagement and consultation</b> Partnership working remains a strength of the assurance and improvement plans. Engagement with all key stakeholders has been included within the governance components.
5.6	<b>Equality</b> Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. In line with the Health and Wellbeing strategy, the focus of quality and safety improvement is to strengthen health and care action aiming to reduce inequalities and address differences in health outcomes. All workstreams consider equality and protected characteristics. No Equality Impact Assessment (EIA) is required for this report.
5.7	<b>Environment and Climate</b> Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by our work in the area of quality, safety and performance.
5.8	<b>Community Wealth Building</b> Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.

<b>6</b>	<b>Conclusion</b>
6.1	Detailed project plans are in place for all the above areas with identified timescales and responsible leads, however scale of pace is critical. All project plans and the delivery of those plans will continue to be monitored closely, through strategic oversight groups.

<b>7</b>	<b>Appendices</b>
7.1	Appendix 1 - Wirral Performance Report (June 2024)

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