

Title	Quality and Performance Report
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Report for	Wirral Place Based Partnership Board
Date of Meeting	22 nd February 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).

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 presented to the Wirral Place Based Partnership Board on 19th October 2023:

- *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 (HCAIs) 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 operational risks connected with the Written Statement of Action (WSOA) and the new SEND inspection framework. These will also need to be defined in the Quality and Performance Group's Risk Register.

1.	Performance by Exception
1.1	Urgent Care
	These metrics are managed through the Unscheduled Care Programme Delivery and contained within the agenda.
1.2	Planned Care (including Cancer Targets)
	<p>Industrial Action and the impact on Planned Care was the focus session for Januarys Quality and Performance Group. It was acknowledged that Wirral University Teaching Hospital (WUTH) has been subject to both national and local pay disputes and performance against local trajectories have been maintained.</p> <p>Performance against the Cancer targets can depend upon other Trusts as patients may need to received treatment in more than one area (radiotherapy/chemotherapy). Each patient who breaches the cancer standard has a harm review undertaken to ensure that optimal care has been received. This is supported by the Cancer Alliance across Cheshire and Merseyside which will implement pathway change if required.</p>
1.3	Mental Health
	<p>Whilst there has been improvement in the access rate to talking therapies, this has not achieved the local national trajectory set. An improvement plan has been developed with the provider to support delivery of this. Further scrutiny and progress of this will be an agenda item for Quality and Performance Group.</p> <p>The six weekly Super Made event was held on Friday 19th January 2024 with the aim to:</p> <ul style="list-style-type: none"> • To support discharges of very long stayers (60 days+ for adult acute mental health wards, 90 days+ for older adult acute mental health wards). • To unblock delayed discharges via the weekly MADE and local escalation. • Regularly review the top ten cases by Length of Stay (LOS). • To deliver quick wins and rapid decisions through the senior multi-disciplinary team (MDT) presence, whilst being sensitive and respectful of service users' needs. • Gain an understanding of strategic themes and issues which require further discussion and work. <p>Appendix 2- contains the performance data that is reviewed at the meeting. This demonstrates improvement in performance for those patients who are clinically ready for discharge (CRFD) in addition allowing focussed discussions on individuals or themes that require escalation.</p>
1.4	HCAI rates
	<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 Staphylococcus aureus (MRSA) and Clostridium difficile (C-difficile).</p> <p>The rate of C-Difficile and E Coli within Wirral health care settings is reducing,</p>

	<p>however remains high. A contributory factor of C-Difficile is antibiotic prescribing. There is a reduction in number of broad-spectrum antibiotics being prescribed, however the total value of antibiotics is above trajectory.</p> <p>Several quality improvement projects are underway with the aim of preventing the initiation of antibiotics by ensuring that people residing in care homes are well hydrated with the aim of reducing the risk of urinary infections.</p>
2	Programmes
2.1	SEND
2.1.1	<p><i>Management and Mitigations to date</i> Work continues since the last reporting period in relation to Special Educational Needs and Disabilities (SEND) provision in Wirral:</p> <ul style="list-style-type: none"> • A model has been developed for children and young people with neuro development needs. This is based on both support and diagnosis as required, working with the graduated response. Engagement around this is taking place. • A Quality Improvement project is underway with using a multi-disciplinary approach to children and young people who have been referred into the service. The outcomes from this are to be evaluated. • Work in underway on reviewing the current governance arrangements in relation to the SEND transformation board and the re-refresh of the SEND strategic partnership. • A SEND summit for Special Education Needs Coordinators in schools is being held on 16th February. <p>SEND continues to be a priority for the partnership and has been included within the 2024/25 planning round.</p> <p>Planned absence of the Designated Clinical Officer (DCO) will bring risk to the delivery of program including quality assurance of health advice. As this is a statutory post for the NHS this is mitigated with an interim appointment.</p>
3	Annual Reports (for noting)
3.1.1	<p>Annual reports that have been published during this reporting period include:</p> <ul style="list-style-type: none"> • The Safeguarding Adults board first annual report since establishment. This has been presented at the Adult Social Care and Public Health Committee on Tuesday 23rd January. • Cheshire and Merseyside Learning from the lives and deaths of people with a Learning Disability and Autistic people (LeDeR). This report is to be presented at the Quality and Performance Group to ensure learning is embedded within Wirral.
4	Implications
4.1	<i>Risk Mitigation and Assurance</i>

	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.
4.2	Financial There are financial implications relating to SEND and Mental Health patients who have an extended length of stay. These will form part of the 2024/25 planning for consideration and prioritisation.
4.3	Legal and regulatory Legal implications have been considered within this report relating to NHS constitutional standards and the Care Act, which have been referenced within the report.
4.4	Resources There are no resource implications arising directly from this report.
4.5	Engagement and consultation Partnership working remains a strength of the assurance and improvement plans. Engagement with all key stakeholders has been included within the governance components.
4.6	Equality 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.
4.7	Environment and Climate 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.
4.8	Community Wealth Building 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.

5	Conclusion
5.1	There are detailed project plans 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.

6	Appendices
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6.1	Wirral Place aggregated position (Performance Report) Mental Health Performance Report
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