

***JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR
NORTHERN CARE ALLIANCE
Overview & Scrutiny Committee
Agenda***

Date Thursday 31 October 2024

Time 2.00 pm

Venue Lees Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Alex Bougatef or Andrew Mather at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Andrew Mather email andrew.mather@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Date of Specified.
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https://www.oldham.gov.uk/homepage/1449/attending_council_meetings

MEMBERSHIP OF THE JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE FOR NORTHERN CARE ALLIANCE

Bury: Councillors Fitzgerald, Lancaster, Gold, Oldham: Councillors Adams, Hamblett and McLaren. Rochdale: Councillors Dale, Joinson and Taylor. Salford: Councillors Bellamy, Syed

Item No

- 1 Election of Chair
The Panel is asked to elect a Chair for the remainder of the municipal year.
- 2 Election of Vice Chair
The Panel is asked to elect a Vice Chair for the remainder of the municipal year.
- 3 Apologies For Absence
To receive any apologies for absence.
- 4 Declarations of Interest
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 5 Public Question Time
To receive Questions from the Public, in accordance with the Terms of Reference.
- 6 Minutes of Previous Meeting (Pages 3 - 6)
The Minutes of the meeting held on 11th July are attached for approval.
- 7 Winter Planning (Pages 7 - 12)
To receive a presentation on NCA's planning and preparation for winter 2024/25
- 8 Four Locality Partnership Working (Pages 13 - 18)
To receive a presentation giving an update on the working of the Four Locality Partnership.
- 9 Elective Care Recovery (Pages 19 - 24)
To receive a presentation on the performance of Elective Care Recovery.
- 10 Integrated Performance Scorecard (Pages 25 - 40)
To note the Northern care Alliance Integrated Scorecard – September 2024
- 11 Work Programme and additional meeting (Pages 41 - 42)
To consider the Overview and Scrutiny Committee's work programme for the remainder of the year and a possible additional meeting in April 2025.



Present: Councillor
Councillors Adams (Oldham), Dale (Rochdale) Fitzgerald (Bury),
Hamblett (Oldham), Lancaster (Bury) and McLaren (Oldham)

Also in Attendance:

Rebecca Fletcher	Director of Public Health (Oldham)
Moneeza Iqbal	Northern Care Alliance -NHS
Andrew Mather	Constitutional Services
Jayne Ratcliffe	Director of Adult Social Care (Oldham)
Jack Sharp	Northern Care Alliance

1 **ELECTION OF CHAIR**

As Salford and Bury had not yet appointed all their members to this committee the appointment of Chair was for this meeting only. An appointment for the remainder of the municipal year would be made at the next meeting.

Resolved:

That Councillor Hamblett be appointed as Chair for this meeting.

2 **ELECTION OF VICE CHAIR**

As Salford and Bury had not yet appointed all their members to this committee the appointment of Chair was deferred to the next meeting.

3 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Joinson (Rochdale) and Taylor (Rochdale).

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

No public questions had been submitted.

6 **TERMS OF REFERENCE**

Members considered the Terms of Reference for the Overview and Scrutiny Committee which had been circulated to Partner Authorities. It was reported that Bury Council had proposed that the Quorum be amended to include at least one representative from each of the four authorities

It was also pointed out that some issues would still more appropriately be dealt with by individual authority health overview and scrutiny committees rather than the Joint Overview and Scrutiny Committee.

Resolved:

That any further suggestions for changes to the Terms of Reference be notified to Constitutional Services and be considered at the next meeting.

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NORTHERN CARE ALLIANCE -UPDATE

Moneeza Iqbal, Director of Strategy and Jack Sharp, Chief Strategy Officer at Northern Care Alliance , attended to give an overview and update to members on the organisation and operation of the Alliance.

The Group organisation included 4 hospitals, 4 sets of community services and provided hyper-services, district wide community services, hospital and acute care and complex services for Greater Manchester. The Alliance employed over 21,000 people and had a turnover of £1.7 billion.

Key performance issues included the improvement of urgent care performance to meet the 4 hour standard and reducing wait times for elective and Community services.

In common with the NHS the Alliance has a large structural deficit of £175m. A cost improvement plan had been agreed with NHS England to close the gap over 3 years, with £86 million to be found in the current year.

The Alliance was seeking transformation across its services for example providing joined up services, integrated care plans, and service specific improvements in areas such as maternity, 0-19 services, dermatology, and major trauma.

The public had understandable concerns in travelling out of their immediate area for specialist medical services. However, the level of specialism and volume of patients meant that the full range of service cannot be provided in every locality. For example, there is only one specialist centre for neurology, for the region. In terms of treatment and outcomes, the benefits of centres of excellence and specialist units are evident. Waiting lists were the key area of frustration and the biggest issue facing the Alliance.

Mr Sharp referred members to the 'Vision 10' document which had recently been agreed by the NCA Board. Vision 10 set out the mission of the Alliance and its vision for the next 5 to 10 years which was to be the safest and most effective organisation in the NHS and the place where people want to work. We are passionate about tackling inequalities, and improving health outcomes and experiences in all our Places.

In response to questions from Members concerning the relationship of the NCA with community services, both NCA and Local Authority managers stressed their commitment to working in partnership to prevent ill health and to help people get out of hospital and stay out.

Resolved:

That Jack Sharp and Moneeza Iqbal be thanked for their presentation.



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8

DATES AND TIMES OF FUTURE MEETINGS

Members discussed the dates and times of future meetings and whether a more convenient start time could be found which could better fit with members work and travel. It was also suggested that a virtual or hybrid format could be considered. The location of meetings was also considered and Northern Care Alliance offered to host meetings if required.

Resolved:

1. The dates of future meetings on 26th September, 19th December 2024 and 27th February 2025 be confirmed.
2. That, following the appointment of members by Salford, the Secretary consult members on the most convenient start time for the majority of members.
3. Further consideration be given at the next meeting to holding meetings at other venues or holding hybrid meetings.

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WORK PROGRAMME 2024/25

Members considered the work programme for the Committee. Suggestions put forward included:

Visits to NCA facilities;
Meeting with Board members;
Workshops with staff and patient representatives;
Focusing on specific service areas e.g. young people 0-19, women's care, and public health and prevention;
Benchmarking;
Performance monitoring.

In relation to performance monitoring NCA officers suggested bringing the Dashboard which was reported to the Board to future meetings.

Resolved:

That NCA and Local Authority officers jointly produce a draft work programme.

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Winter Planning across the Northern Care Alliance

31st October 24
Joint Health Scrutiny Committee

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Summary

- The NCA Board agreed a winter plan spanning two years in October 2023.
- A winter checklist has been developed that reflects the winter plan including updates to national requirements for winter 24/25.
- The approach the Trust has taken does not necessitate a separate winter plan as the actions form part of the existing UEC Excellence programme, and the additional actions taken by Care Organisations in their localities with partners.
- The NCA has submitted assurance against the national requirements to the GM ICB.

Our winter planning checklist

Key aspects of care include;

- Fundamental standards of care
- Resilience plans and business continuity
- Plans for mutual aid including rotas for holiday periods
- Planning for discharge packages and care demand
- Implementation of Internal Professional Standards
- Site management plans including roles and responsibilities
- Maintenance of capacity including G&A beds, ambulance provision and Intermediate care, virtual ward
- Productivity of acute and community beds including reduction of LoS
- Continuing to develop services that shift care from acute settings to community for people with unplanned needs, admission avoidance and hospital discharge

Settings include

- Same Day Emergency Care SDEC
- Frailty
- Urgent Treatment Centre (UTC)
- In-patients
- Intermediate Care
- Community urgent care
- Single Points of access
- Virtual wards

NCA's Urgent Care Performance

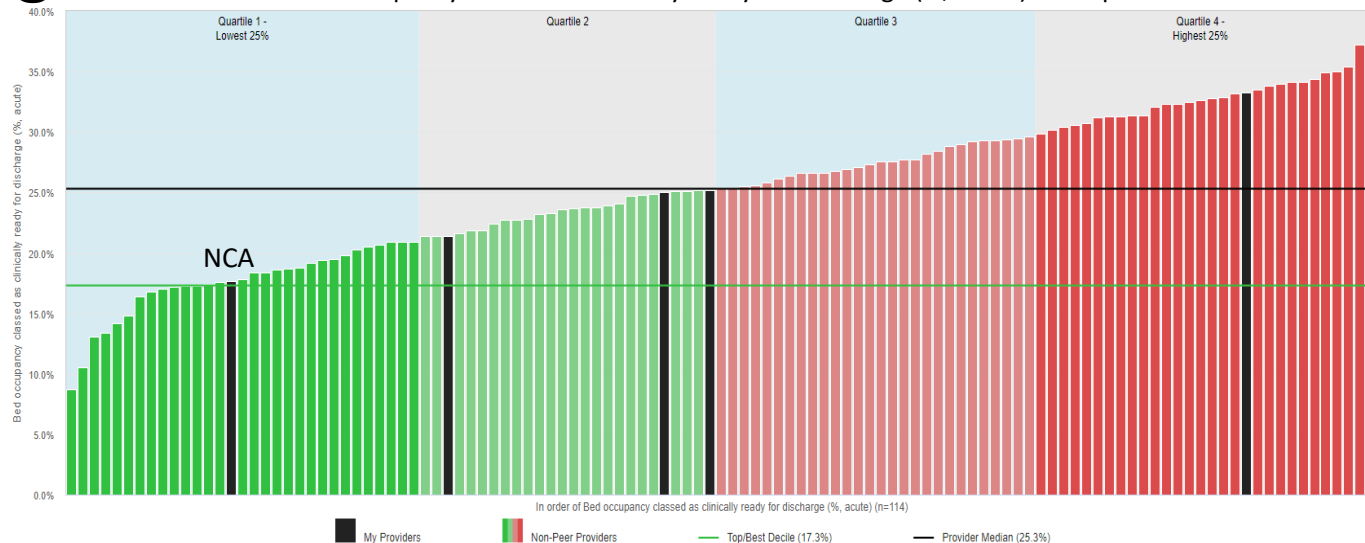


Northern Care Alliance
NHS Foundation Trust

KPI		Apr-24	May-24	Jun-24	Jul-24	Aug-24
% Within 4 Hours	Plan	66.78%	67.95%	70.09%	71.47%	71.45%
	Actual	68.74%	66.11%	66.57%	66.41%	67.01%
	Var	1.96%	-1.84%	-3.52%	-5.06%	-4.44%
12 Hour Trolley Waits	Actual	782	901	1066	791	496
12 Hour waits as a % of ED admissions	Actual	10.3%	11.8%	14.7%	11.4%	7.4%
G&A Bed Occupancy (adult)	Plan	88.0%	88.9%	89.1%	88.9%	88.7%
	Actual	88.1%	87.6%	91.0%	88.9%	88.8%
	Var	0.1%	-1.3%	1.9%	-0.1%	0.0%
Virtual Bed Occupancy	Plan	58%	61%	64%	67%	70%
	Actual	59%	60%	67%	67%	60%
	Var	1%	-2%	3%	0%	-10%
Ambulance Handover Times (average mins)	Actual	23:15	22:07	24:47	23:26	21:01
Ambulance Handover Times (% in 30 mins)	Actual	81.2%	81.5%	78.4%	80.1%	84.3%

- UEC 4 Hour performance shows natural variation over recent months (stable performance)
- Type 1 ED Attends up by +3.0% for NCA
- Virtual beds occupied per head of population is above the national average
- In-patient flow benchmarks well against peers
- Mental health impact on ED waits – the change in GM Mental Health Out of Area Placements Policy has resulted in more 12 Hour ED waits

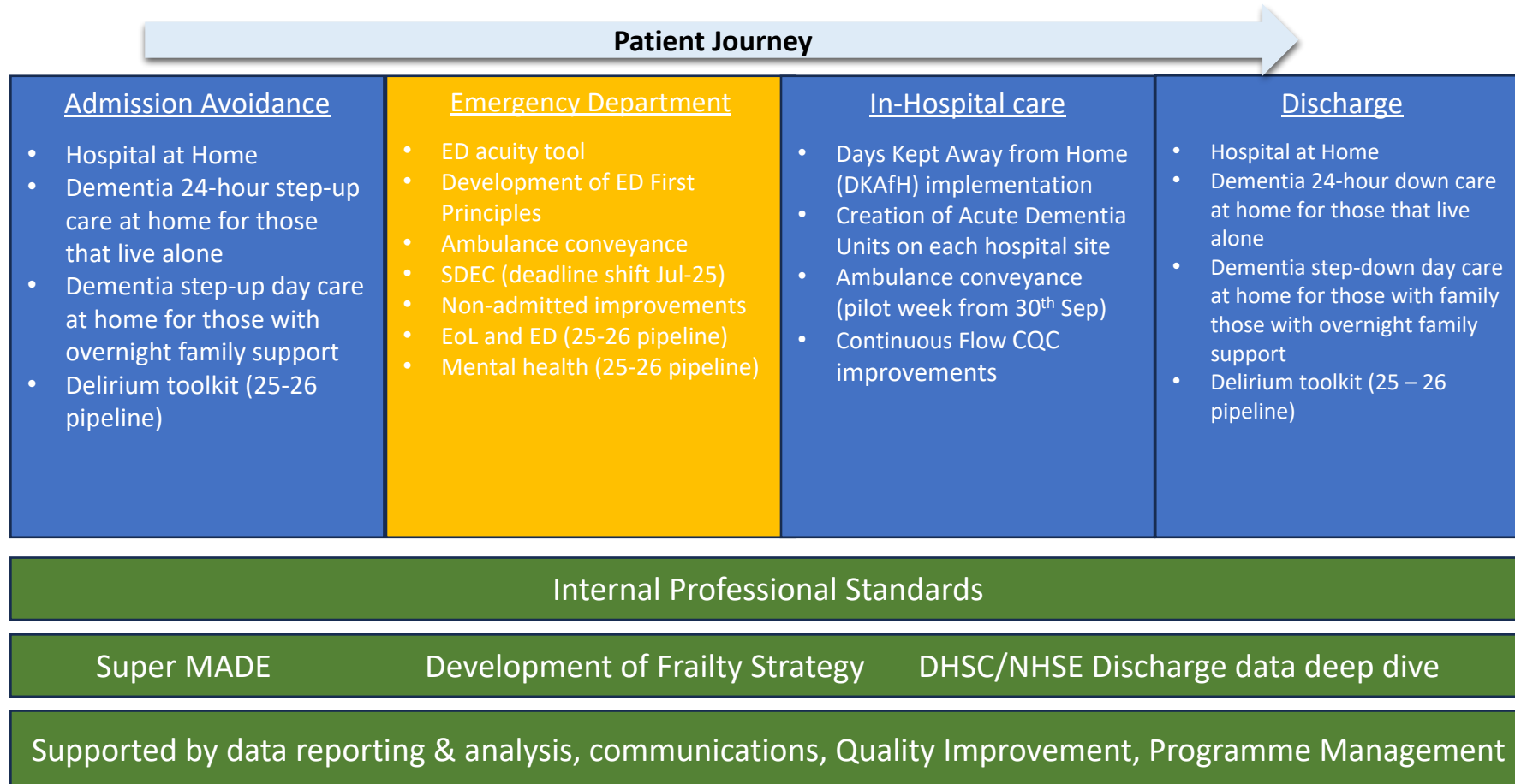
Bed Occupancy classed as clinically ready for discharge (% acute) – 8 Sep-24



UEC KPI	NCA	National Quartile (Q1 is best)	England Average
% of Emergency beds occupied by +21 Day stays	4.9%	Q2	5.3%
NcTR as a % of Occupied Beds	17.7%	Q1	25.0%
G&A Adult Bed Occupancy	88.8%	Q2	92.3%



Urgent Emergency Care Excellence Overview



N.B. MADE is Multi Agency Discharge Event, NHSE is NHS England, DHSC is Department of Health & Social Care



UEC Plan Summary Update

System-wide Schemes Update

- Super MADE completed – High impact lessons learned to be reviewed and acted on (Sep-24)
- NCA-Wide SPoA (ambulance conveyancing) pilot
 - NCA-wide 5 days 10am to 10pm starting 30th Sep – also includes intra-hospital transfers
 - Lessons learned to inform business case – Impacts anticipated Q4, pending approval
- DKfAH & Dementia programme
 - Gaining traction and reducing avoidable stays in hospital - Continued rollout with incremental benefits across remainder of the year
 - Dementia Unit at ROH – (Impact in Q4)
- ED First principles (Impact starting in Q3)
 - ED Observational programme with QI collaborative approach (Oct)
 - Development of Internal Professional Standards (Oct)
 - Reliable Ed huddles and escalation (Oct)
 - Testing national ED acuity / triage tool – (Oct)
 - Non-Admitted internal performance target of 80% for Dec-24
- Increase virtual ward usage
- Review focussed on maximising community bed capacity. First step establishment of consistent dataset across localities. Discussion commenced on whole system benefits provided by dementia frontrunner programme reducing DTA bed demand.

Other Updates

- CQC review of ROH Medicine included Continuous Flow Model – Immediate improvement actions have been taken – NCA-wide operating model to be made based on final recommendations
- FGH ED phase 1 building work completed this month – benefits to flow and reducing corridor care expected from Oct-24
- Invited national GIRFT team to support clinical review of plans alongside use of SEDIT data
- North Tees go-and-see visit planned

Four Localities Partnership Update



Four Localities Partnership - Overview



- The Four Localities Partnership has become established as a mechanism to support collaborative working between the NCA and Salford, Bury, Oldham and Rochdale localities.
- It was established in 2022 in recognition of the fact that partners share the commitment to a GM operating model which is anchored in Place and there are common finance, quality and health outcomes challenges across our localities which benefit from collaborative working across the footprint.
- The partnership has been successful in the development of specific FLP wide change programmes (for example the Discharge Integration Frontrunner programme) and in improving the co-ordination of our work within the GM system.
- Partners have expressed a desire to go further where we have clear shared priorities, in establishing shared governance and leadership arrangements for these programmes of work. There is also a desire to embed clinical leadership more directly within our FLP governance arrangements, and to establish a mechanism to collectively address performance issues.

FLP Governance - Overview

Group	Purpose	Membership	Frequency
Place Leads/ CEOs	<ul style="list-style-type: none"> Provides overall strategic direction to the partnership 	NCA and Locality Authority Chief Executives	Quarterly
Steering Group	<ul style="list-style-type: none"> Identifies key GM, locality and organisational issues requiring a FLP response Point of connectivity to NCA and Locality Boards for issues requiring approval/escalation Receive escalations from FLP Programme Board Oversee the work of FLP Networks 	Place/Deputy Place Leads, NCA Execs (Place aligned) NCA Chief Officers	Monthly
Programme Board	<ul style="list-style-type: none"> Monitors progress of FLP Programmes Point of connectivity for Locality and NCA working groups 	Locality Senior Commissioning Leads, NCA Programme Leads	Monthly
Clinical Leads	<ul style="list-style-type: none"> Provides Clinical Leadership to FLP Programmes Develop mechanisms to agree clinical pathways and protocols across the FLP footprint 	NCA Medical Directors, Locality Associate Medical Directors	Monthly
Performance Improvement Group	<ul style="list-style-type: none"> Collectively support performance improvement across the NCA footprint. 	NCA Chief Delivery Officer, Deputy Place Leads, NCA Chief Officers	Bi-monthly

FLP Programme Case study: Discharge Integration Frontrunner



The Discharge Integration Frontrunner Programme has worked to improve Dementia pathways across the four localities and NCA hospital sites, by focusing on admission avoidance, inpatient care and discharge.

The programme has implemented innovative strategies to help discharge people home sooner across the FLP, to avoid negative impacts on physical and mental health whilst in hospital.

The programme has introduced a strengths-based approach to inpatient care and discharge of all older people across the four localities and hospital sites.

The DKAFH collaborative has worked within the programme, to focus on establishing strategies for returning patients home sooner.

Collaborative Approach

DKAFH
Collaborative

Learning from
Oasis Unit
replicated at
FGH and SRH

GM event to
share learnings
from Frontrunner
programme

Feeds into FLP
to share
learnings across
localities



We won an award!

... and highly commended

For patient safety and improving care for older people



Discharge Integration Frontrunner

- Overview of whole programme <https://youtu.be/VqZvpXotFGw>
- Ward 8 dementia unit https://youtu.be/4r_6h2Lb8iA
- Oldham admission avoidance and discharge pilot <https://youtu.be/H3IvIE3KPwY>
- Exercise and Independence Team <https://youtu.be/YyiOeotrM0I>

NCA Elective Care Recovery

31st October 24

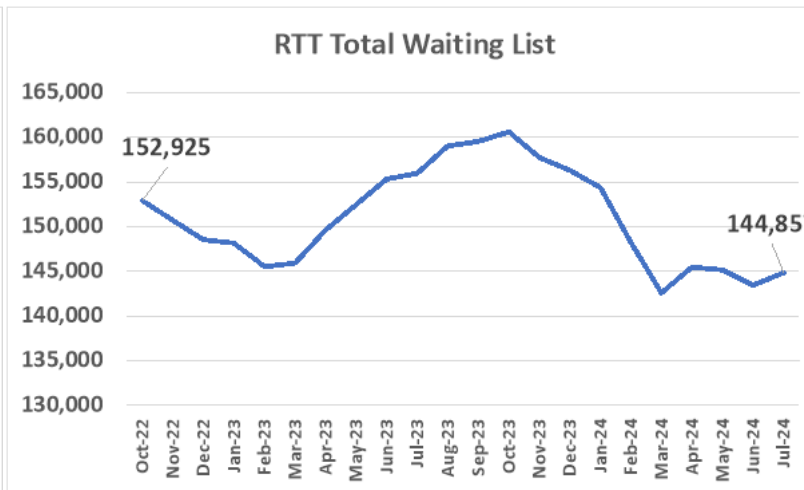
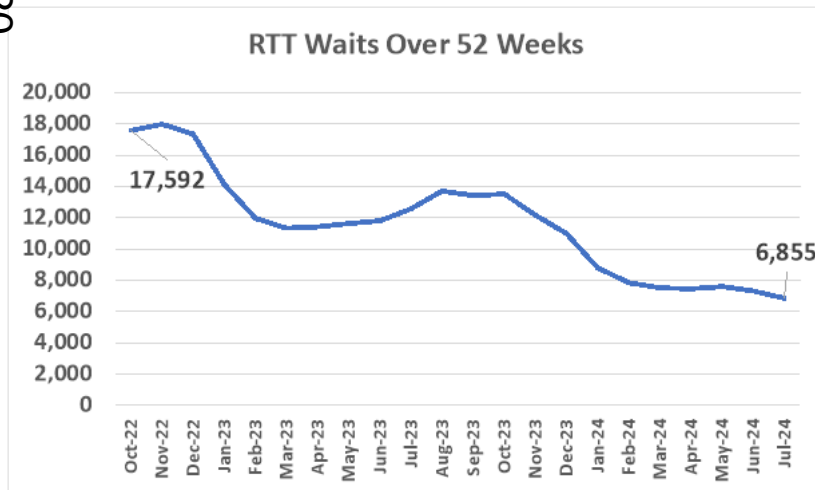
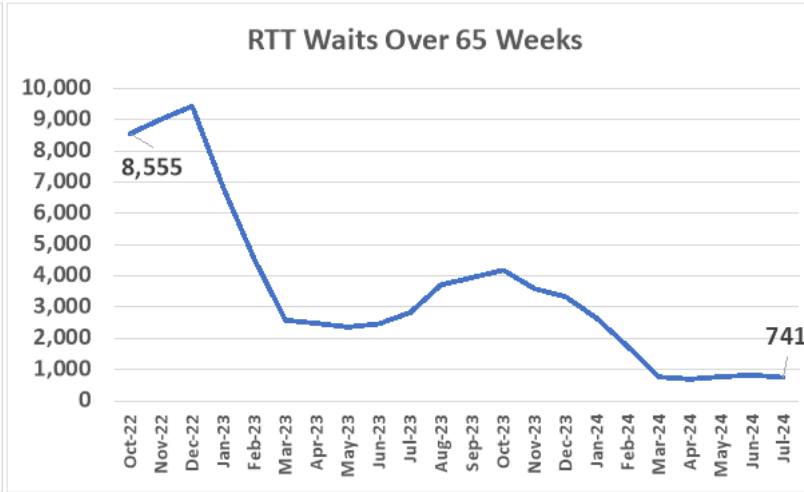
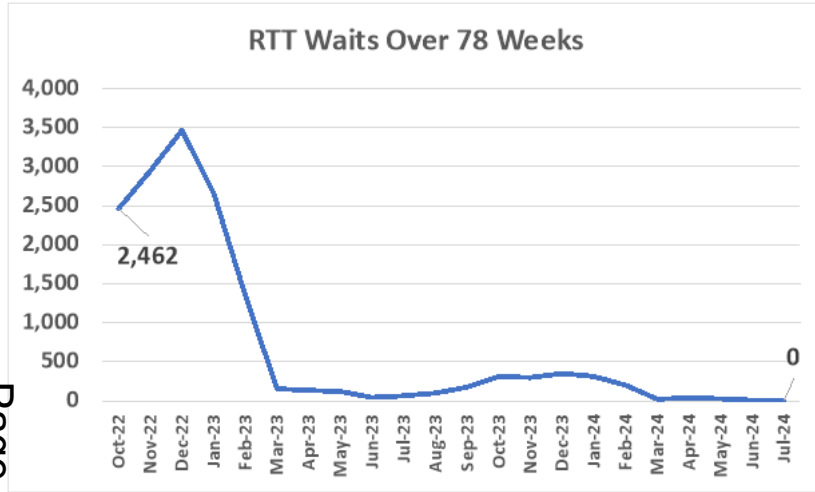
Joint Health Scrutiny Committee

Elective Recovery (Referral To Treatment)



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Progress is being made with fewer Referral To Treatment (RTT) long waits. We have treated more patients than last year and more than before the pandemic.

- Waits over 78 weeks reduced to zero
- Waits over 65 weeks reduced by 91% (7,814)
- Waits over 52 weeks reduced by 61% (10,737)
- Total waits reduced by 5% (8,086)



Elective Recovery (Referral To Treatment)



Northern Care Alliance
NHS Foundation Trust

Actions

- Speed up non-admitted pathway stages (outpatient appointments, diagnostics, and outpatient procedures) - The biggest proportion (80%) of our waiting list is patients in non-admitted stages of treatment
- Utilising our Community Diagnostic Hubs to support speeding up Non-Admitted pathway stages
- Implementing Getting It Right First Time (GIRFT) clinically-led best practice approaches
- Ensure capacity and demand are aligned and take actions to close gaps to meet both recurrent (new referrals) demand and non-recurrent demand (backlogs)
 - Increased productivity, e.g., reducing Did Not Attends (DNAs)
 - Utilisation of Mutual Aid from other NHS hospital trusts
 - Use of non-core capacity (overtime and Independent Sector providers) to clear backlogs

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Health Inequalities

- We aim to consider health inequalities when developing improvement plans. The work we have undertaken to reduce Outpatient DNAs (Did Not Attends) illustrates this.

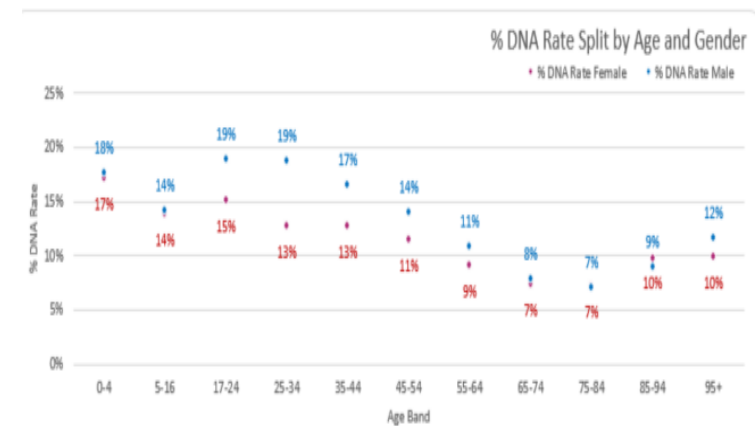
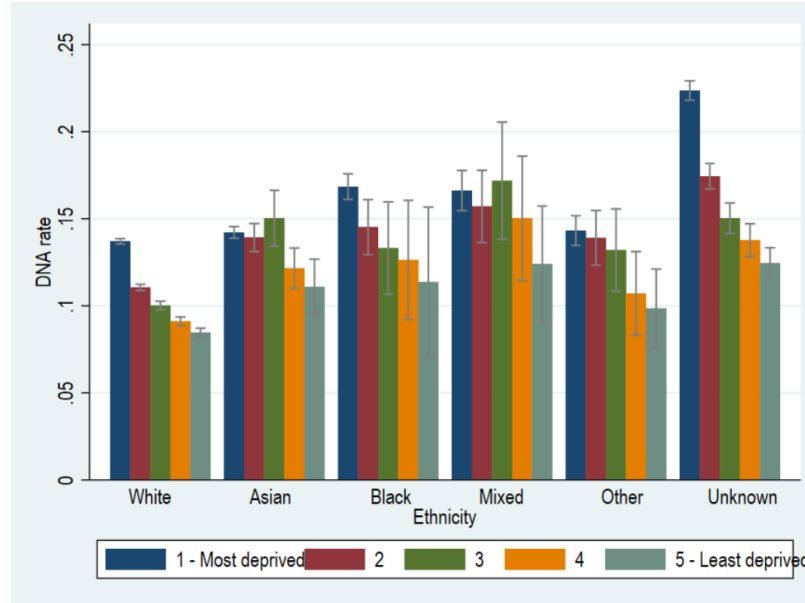
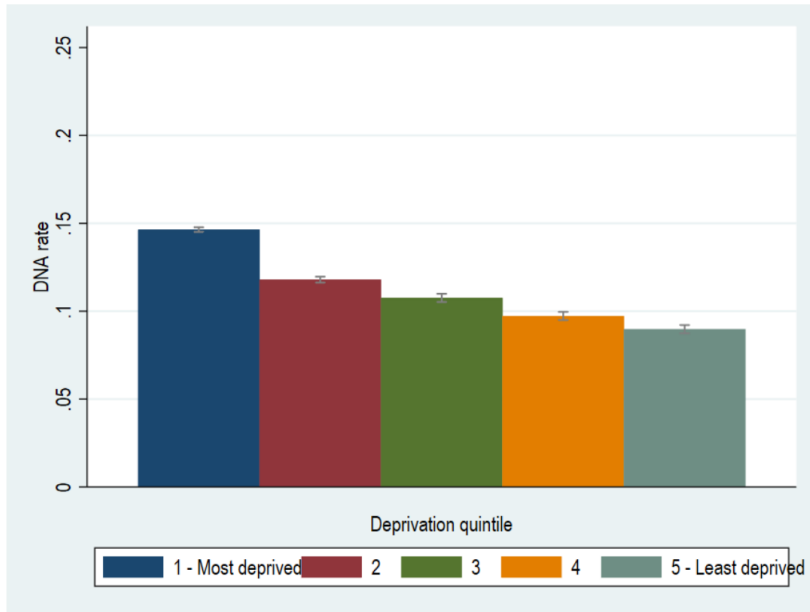
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Outpatient Did Not Attends: Health Inequalities



Northern Care Alliance
NHS Foundation Trust

IMD (Index of Multiple Deprivation) combines information about income, employment, education, disability, crime, living environment and barriers to housing and service to produce a relative measure for small geographical areas. 1 is the most deprived quintile and 5 is least deprived quintile



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Deprivation

People living in the most deprived areas have higher DNA rates (14.6%) than those living in the least deprived areas (9.0%). 45% of the NCAs patients live in the most deprived quintile. This pattern is repeated across England for each organisation regardless of individual NHS Trust overall DNA rate.

Ethnicity

People from minority ethnic backgrounds had higher DNA rates than our white population. The relationship between deprivation and ethnicity is complicated and affected by smaller volumes.

Age & Gender

Male DNA Rates are higher than female for ages 17 to 54 years. This matches regional patterns.

The biggest gap in DNA rates are ages 17 to 44 where male DNA rates are 4% to 6% higher than female.

Other factors

We found that DNA rates are higher for appointments with more than 3 weeks' notice



Outpatient Did Not Attends: Health Inequalities

There are many reasons why people may not attend their outpatient appointment, some of which are not reliably captured within our data systems, for example, language, learning disabilities, sub-categories of ethnicity for white populations, etc. Our improvement plans reflect what we have learned about health inequalities using our data.

- **Improve data and intelligence**
 - Record first language of patients
 - Expand ethnicity codes – e.g., White Roma, Traveller and Gypsy
 - Reliable recording of learning disability and neurodiversity
 - Continue to develop dashboards to assist easier monitoring of health inequalities
- **Implementation**
 - Training for staff on health inequalities and the importance of data capture
 - Increase roll out of virtual appointments where appropriate that mitigates some barriers to accessing care (access to transport, travel costs, time to attend, etc.)
 - Pilot reminder phone calls to people waiting outpatient appointments that prioritises the areas our data tells us are more likely to DNA:
 - People living in the most deprived quintile localities
 - People aged 17 to 44, and males in these age groups
 - Appointments booked more than 3 weeks in advance

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Integrated Performance Report

Published: September 2024





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NCA
23/10/2024 10:49:26

Using Statistical Process Control

Statistical Process Control (SPC) is a method for viewing data over time to highlight variation. This methodology has long been associated with Quality Improvement and enables us to understand where variation is normal and also where variation is different and requires further actions. This is known as special cause variation.

SPC Charts have upper and lower process limits. Approximately 99% of data points will fall between these two control limits. If a target is outside of the control limits, it is unlikely that it will be achieved without a change in practice.

Icons are used on our SPC charts for ease of interpretation. As well as these icons giving an indication of whether variation is normal or not, there are also icons providing an indication of assurance in terms of performance targets.

SPC charts aren't always appropriate for all metrics and where this is the case, standard run charts will be used showing trends over time, including any applicable targets.

NHS England's SPC Icons

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Understanding the rules of SPC

There are a number of rules that help us interpret SPC charts. These rules indicate something that would not happen through natural variation:

- A single data point outside of the process limit
- Consecutive data points above or below the mean
- Six consecutive points increasing or decreasing
- Two out of three points close to the process limit – an early warning

These rules indicate *special cause variation*.



Nicky Clarke - Chief of People: Drive Metrics

People & Learning

Highlights

Our staff turnover remains stable at 9.82% for August.
Mandatory Training compliance also remains stable for the fifth consecutive month at 93.38%.

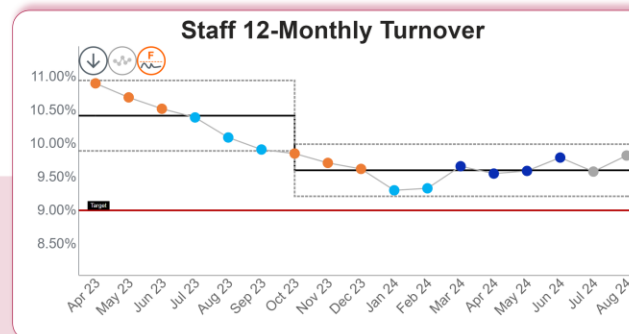
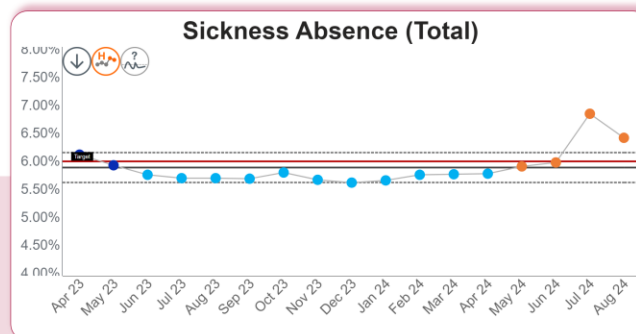
Areas of Concern

Sickness absence remains above the 6% target.
My Time compliance remains below the 90% target.

Forward Look (with actions)

We continue to focus our efforts on enhancing retention amongst our colleagues and improving their experience. Our actions include:

- Focus on My Time compliance to ensure our leaders understand how our colleagues are experiencing work and
- Meeting with former colleagues who have left the Trust with less than 2 years service and specifically those in support roles across the NCA to gain a more personal perspective on leaving.



Technical Analysis

Sickness absence decreased in August although remained above the 6% target, continuing to demonstrate special cause variation.

Staff turnover increased slightly in August, continuing above the 9% target

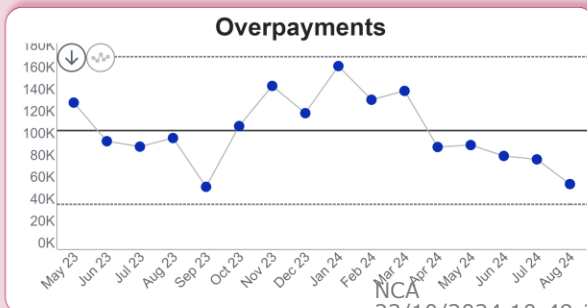
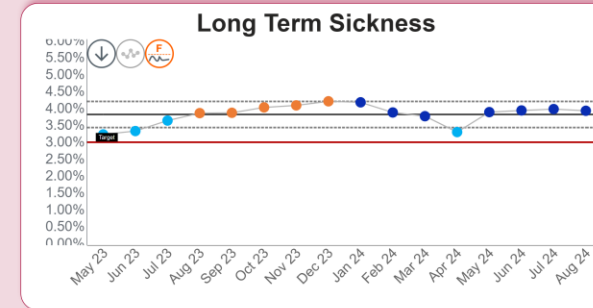
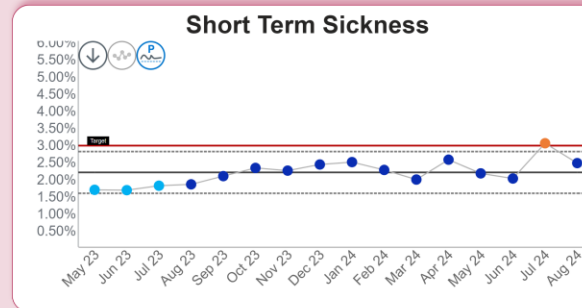
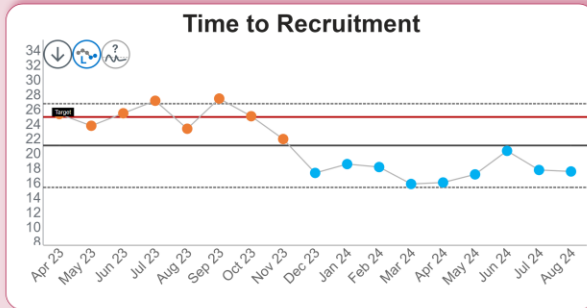
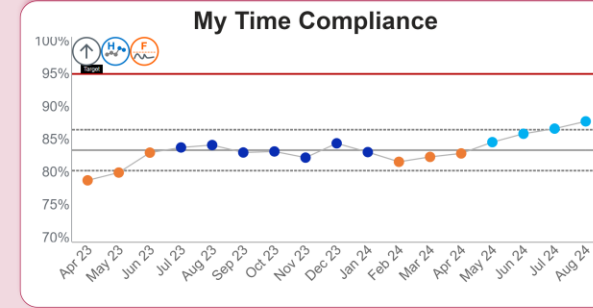
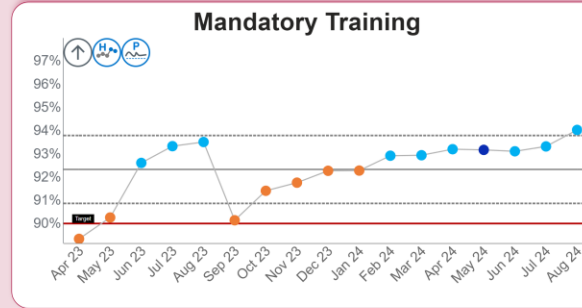
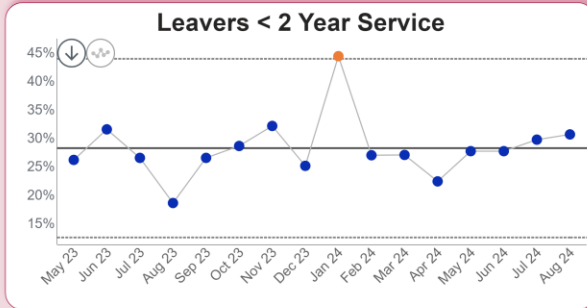
Actions

The primary cause of absence amongst our clinical colleagues are unchanged (Gastrointestinal illness and coughs, colds and 'flu). Leaders should complete a 'welcome back' conversation (and record it in ESR) to ensure that our colleagues feel valued.

Turnover remains below 10% for the 11th consecutive month. We emphasise the effectiveness of 'stay with us' discussions for positive impact for retention. Anticipate short-term turnover increases due to organisational changes from August to November 2024.

Watch Metrics

People & Learning



MCA 23/10/2024 10:49:26



Judith Adams - Chief Delivery Officer: Drive Metrics

Elective Care & Productivity

Highlights

Long waits are reducing. Reductions in patients waiting more than 35 weeks for a first outpatient appointment supports sustainable improvements in overall RTT performance. Productivity shows improvement for Outpatient services that has been sustained.

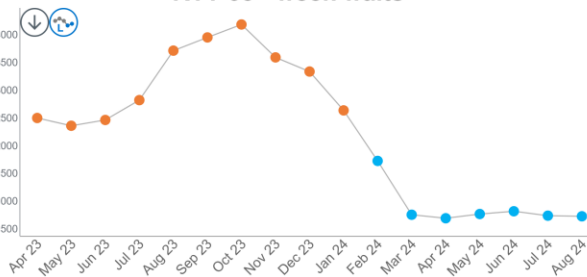
Areas of Concern

We need to improve at a faster rate to meet the national targets of clearing all 65 week waits by Sept-24. Dermatology remains a pressure because of very high demand growth. Physiological test capacity is a constraint driving 6 Week performance. Our theatre productivity improvement has not kept pace with peers.

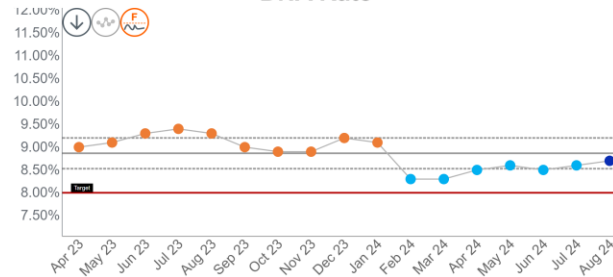
Forward Look (with actions)

Best practice (Getting It Right first Time) guides are being used to support sustainable improvement alongside participation in NHSE's September validation sprint initiative.

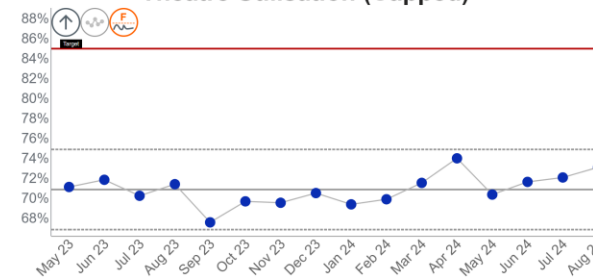
RTT 65+ week waits



DNA Rate



Theatre Utilisation (Capped)



Technical Analysis

The position at the end of August was 731 patients, decreasing for the third consecutive month

The DNA rate for August was 8.7% continuing to demonstrate natural variation after a period of improvement.

Theatre utilisation increased for the third consecutive month in August although remains below the 85% target. The process is 'in control' demonstrating natural variation since May '23.

Actions

(1) Undertake additional validation of waiting lists; (2) Utilisation of GM Mutual Aid Offers; (3) Increase capacity through use of Insourcing & Outsourcing; (4) Complete GIRFT gap analysis for top 8 specialties; (5) NHSE validation sprint

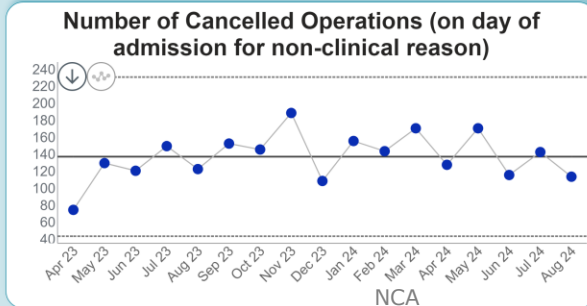
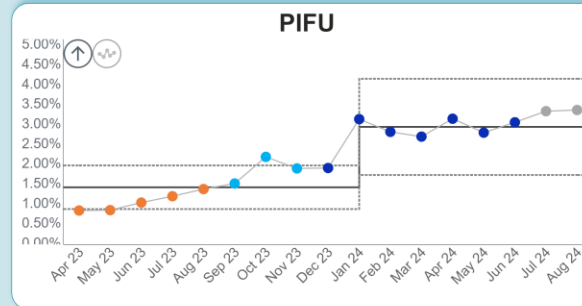
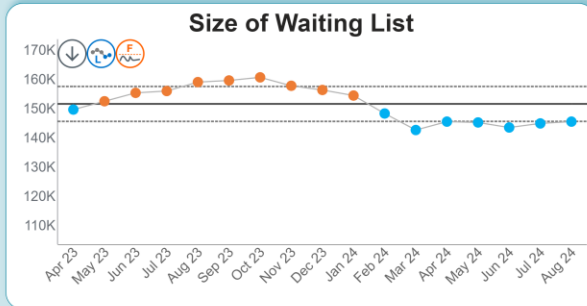
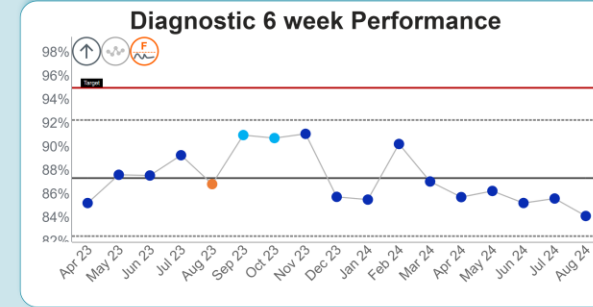
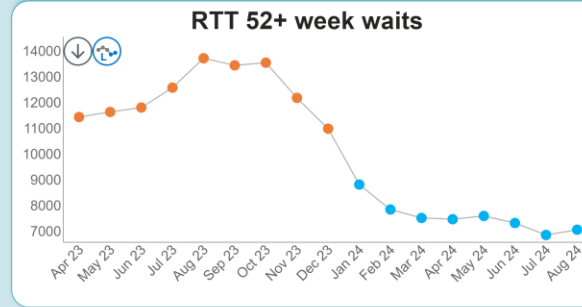
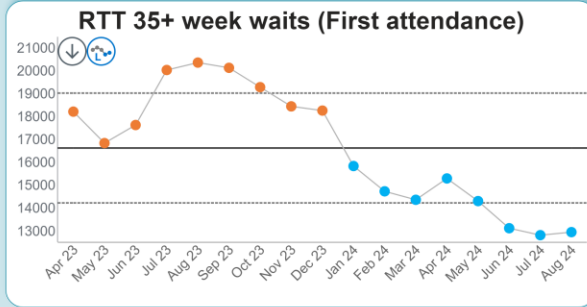
(1) Deployment of Digital Solutions with more services sending text reminders to patients; (2) Standardisation of patient letters with better communication of appointments to patients; (3) Validation of waiting lists; (4) Develop and implement the invite to book process

(1) Review our activity plan against theatre utilisation to identify productivity opportunities; (2) Prioritise reduction of cancellations of surgery, NCA zero cancellation week initiative planned for Oct-24; (3) Relaunch 6-4-2 process on a Trust-wide basis

NCA
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Watch Metrics

Elective Care & Productivity



NCA
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Judith Adams - Chief Delivery Officer: Drive Metrics

Urgent & Emergency Care & Cancer

Highlights

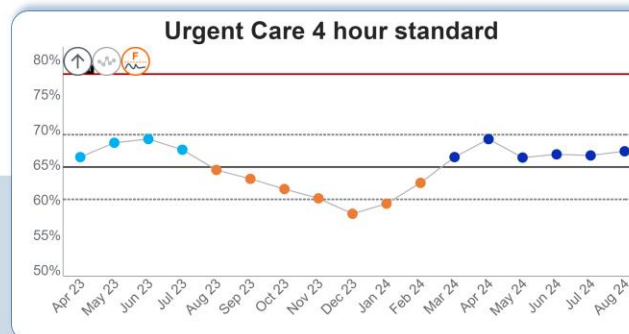
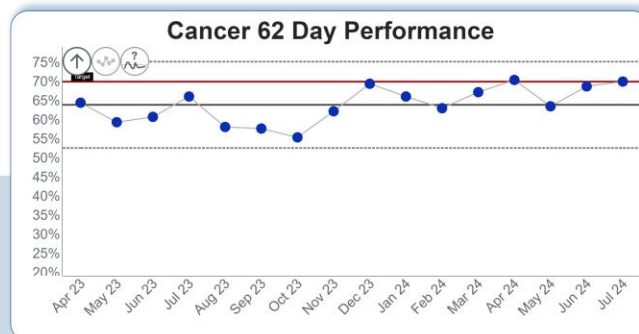
Urgent Care 4 Hour performance remains stable and waits over 12 hours have reduced during August. Early September cancer backlogs are showing improvement. Cancer 62 Day target is meeting trajectory.

Areas of Concern

Suspected skin cancer demand is outstripping extra capacity provided leading to longer waits with a dip in 28 Day and 62 Day performance, which we anticipate will continue until seasonal demand abates. Lower GI capacity constraints have also reduced performance. We are off track against our UEC 4 Hour trajectory and 28 Day cancer trajectories.

Forward Look (with actions)

We are taking a GM leadership role for Dermatology to support sustainable elective performance improvement. We continue to work together with system stakeholders across our four localities to manage urgent care improvement. A week-long UEC Care Coordination pilot is being planned for September after the GM-Wide Multi Agency Discharge Event (MADE) - Improvement will take time to embed over the coming months.



Technical Analysis

The unconfirmed July position is 70.02% and currently demonstrating natural variation. Further improvement is required to consistently achieve 70% target.

Performance against the 4 hour standard doesn't appear to be a process 'in control'. Performance in August was 67.01% which is short of the newly adjusted 78% national target (by March-25). Variation appears to exhibit winter-summer seasonality.

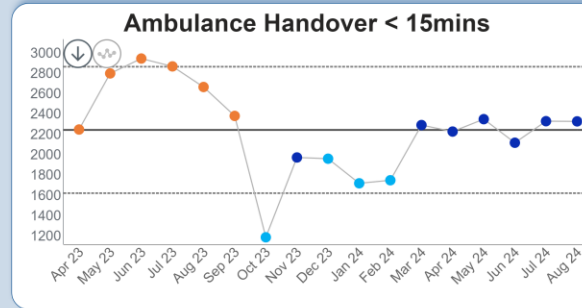
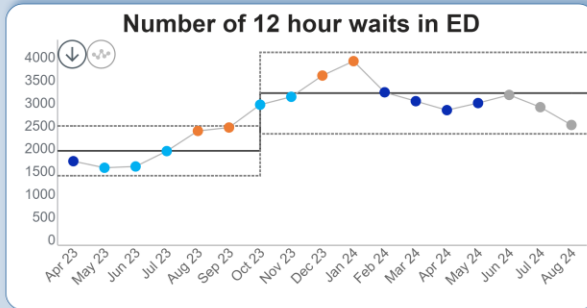
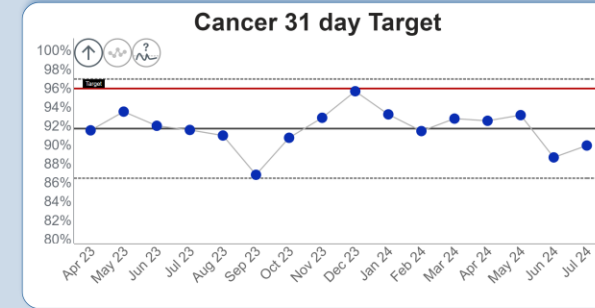
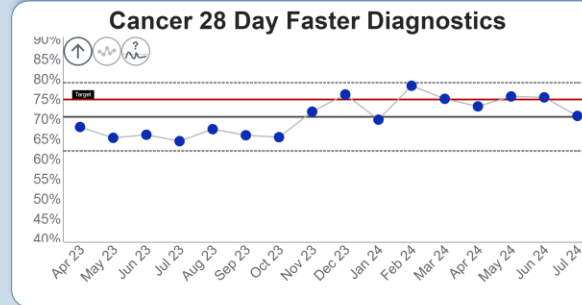
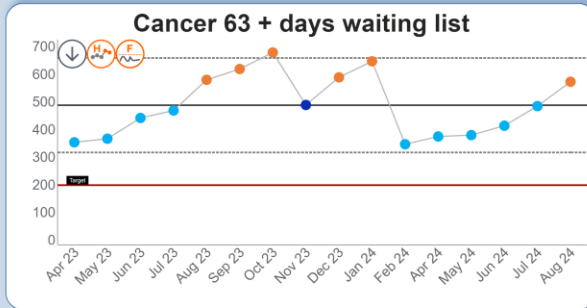
Actions

(1) Support T&GICFT to increase cancer referral capacity beyond current levels; (2) Complete national cancer pathway analyser for first 3 pathways to inform improvement plans. (3) Continue with additional resourced Skin pathway capacity. (4) Increase endoscopy capacity, recruiting to vacancies

(1) Delivery of our UEC improvement plan (e.g. Care Coordination, Virtual ward, etc); (2) Complete A&E building work at FGH in August - Will increase ED capacity and support better department flow; (3) Care Coordination week-long pilot in Sep-24 after GM-MADE event; (4) increased focus on Non-Admitted waits

Watch Metrics

Urgent & Emergency Care & Cancer





Craig Carter - Interim Chief Financial Officer: Drive Metrics

Finance

Highlights

The month 4 year to date (YTD) position is a deficit of £40.9m compared to a planned deficit position of £40.0m, which is £0.9m worse than plan. Within the YTD position the Trust has incurred costs (£1m) and lost income (£0.7m) because of industrial action. No additional national funding is currently expected to support Industrial action costs.

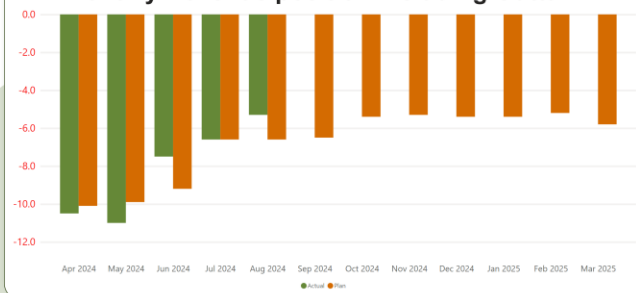
Areas of Concern

CIP is an area of concern because if it is not delivered the NCA will fail to deliver it's financial plan and cash position in 2024/25.

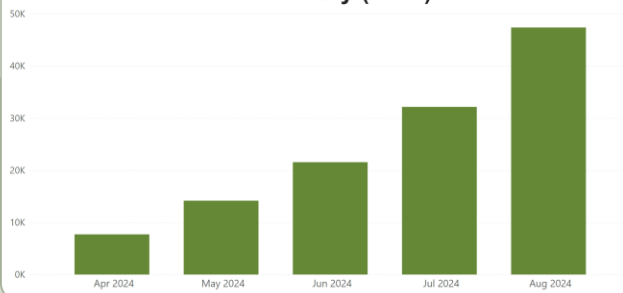
Forward Look (with actions)

CIP office established and weekly meetings being held which are chaired by the CEO.

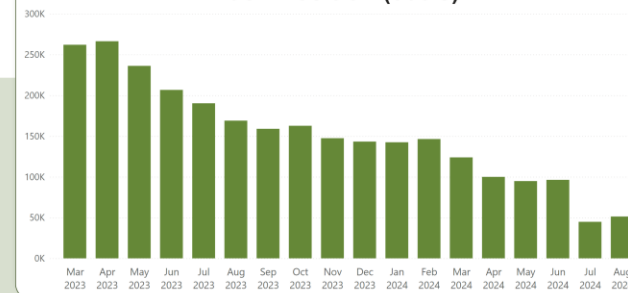
Monthly Revenue position including Outturn



CIP Delivery (000s)



Cash Position (000's)



Technical Analysis

The August in month position was a deficit of £5.3m against a plan of £6.1m, £0.8m better than plan. The variance to plan was mainly driven CIP performance better than plan by £1.7m, offset by Adult Social Care in month pressure of £0.2m and non-high cost drug pressures of £0.8m

The Cost Improvement Programme (CIP) target YTD was £26.9m with £28.3m transacted YTD. The CIP YTD position is £1.4m in plan due to some non-recurrent schemes being brought forward

The cash position increased in August to £51,293,000.

Actions

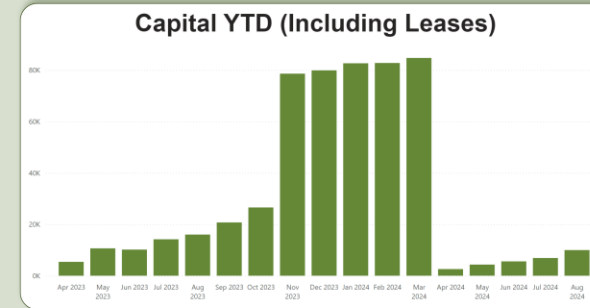
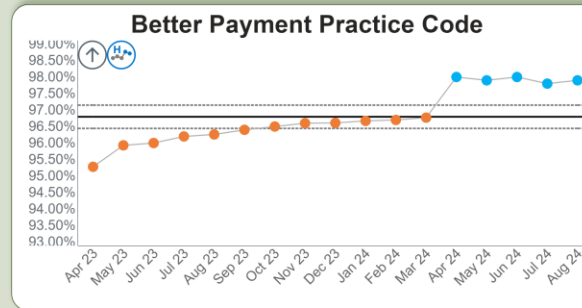
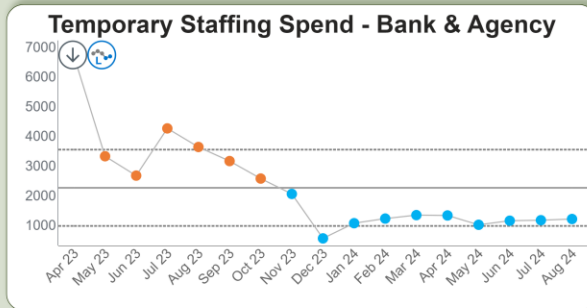
Monthly monitoring of the financial position which is reported to Finance Committee and the Board.

Weekly CIP Meetings chaired by the CEO to track CIP performance and agree corrective actions.

Weekly CIP Meetings chaired by the CEO to track CIP performance and agree corrective actions.

Watch Metrics

Finance





Heather Caudle - Chief Nursing Officer: Drive Metrics

Quality

Highlights

Pressure ulcer validation rates for July 2024: OCO:85%, BCO:77%, RCO:80%, SCO:43%. KPI's continue to improve with risks comprising the CRR. KPI's monitored locally & via the monthly NCA Risk Management Group. Support continues to develop standardised risk scoring & aggregation aligned to the 24/25 BAF. KPI performance has improved significantly - 83% against an 80% target.

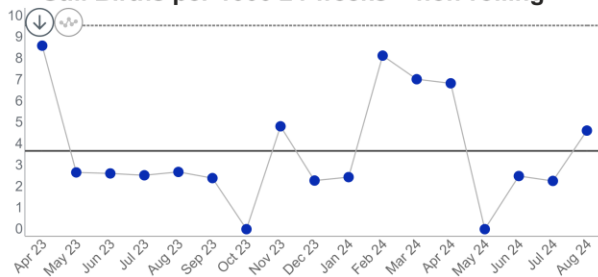
Areas of Concern

The 'Pando' App trial at OCO has been postponed due to inconsistent and incomplete investigation summary's, causing delays in timely bedside photography of skin of concern. The NHS has published its standard contract thresholds for CDI for 2024/25, with a 5% reduction required based on last year. The increase was slightly better than last month's 25% increase, with the largest increase in Oldham and the biggest decrease in Bury

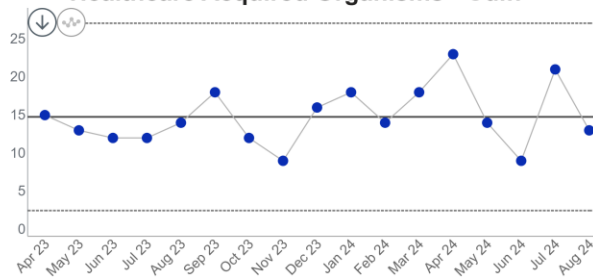
Forward Look (with actions)

TVN chair to work with colleagues on digital and medical illustrations. Datix system changes needed for pressure ulcer data recording-Meeting on 18th September. Focus on standardizing risk scoring and aligning risks with the BAF. Head of risk to introduce new scoring guides at CO risk groups and create a scoring TNA to be completed throughout Sept/Oct 24.

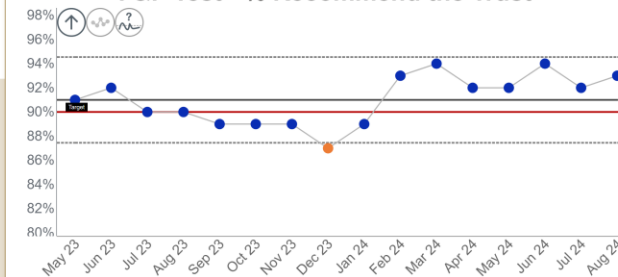
Still Births per 1000 24 weeks + non-rolling



Healthcare Acquired Organisms - Cdiff



F&F Test - % Recommend the Trust



Technical Analysis

The number of still births per 1000 ranges from 0-9 since April '23 demonstrating natural cause variation. The August position increased above the baseline for the first time since April 2024, increasing to 4.62.

The average number of cases since April '23 is 15 per month with April '24 peaking at 23 cases. These data are demonstrating natural variation, August's position is 13, an decrease of 8 cases from July

The target responses is close to the average performance meaning that we will inconsistently achieve this target. The last 8 months performance have been above the average.

Actions

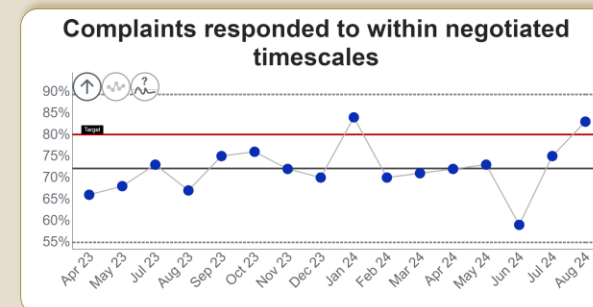
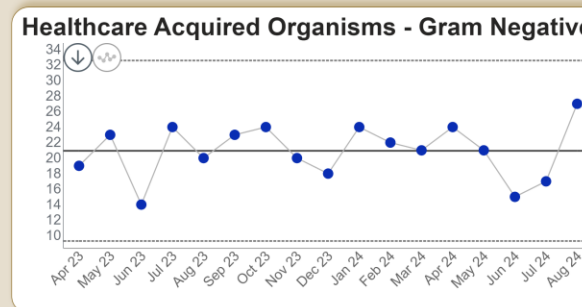
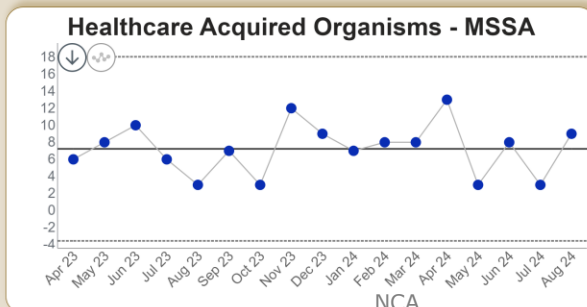
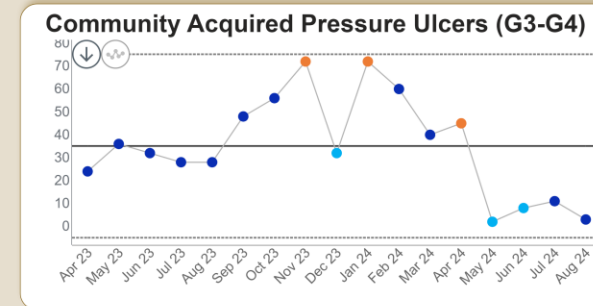
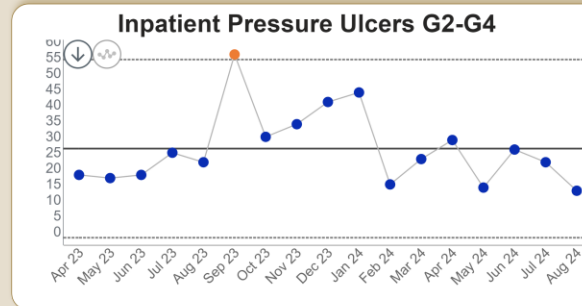
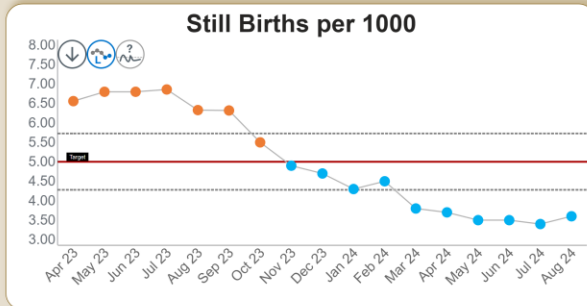
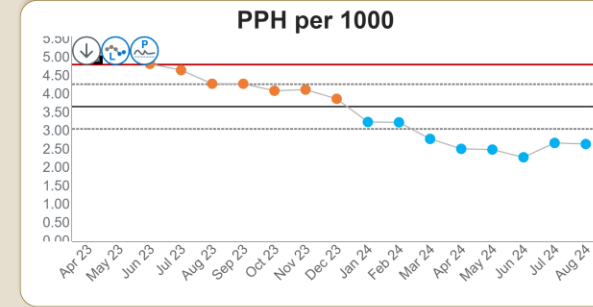
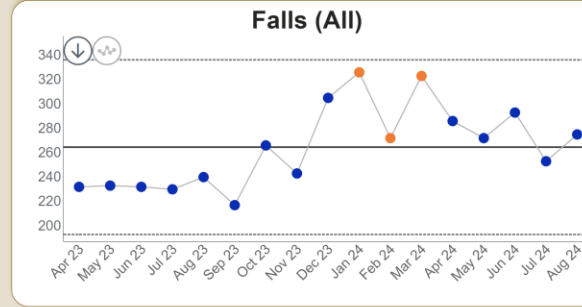
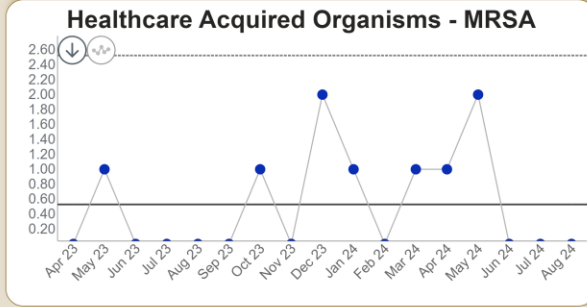
2 stillbirths in August 2024
At 25 weeks it was identified that baby was severely small for gestational age and several fetal anomalies. Baby was stillborn at 26 weeks.
Second stillbirth occurred in a twin pregnancy prior to transfer from another Trust.

GM system improvement plan for CDI was slightly delayed, with recommended actions including improving compliance with IPC mandatory training, implementation SICP's monitoring tool, enhancing IPC training, and refocusing on antimicrobial stewardship.

Our average NCA FFT score was 95% compared to 91% in 2023. Our best performing divisions were Women & Childrens AHP OCO at 99%, Community OCO and BCO both scored 97%. Divisions requiring improvement are perinatal services at OCO scoring 87%, Medicine at BCO scoring 89% & medicine at OCO scoring 90%

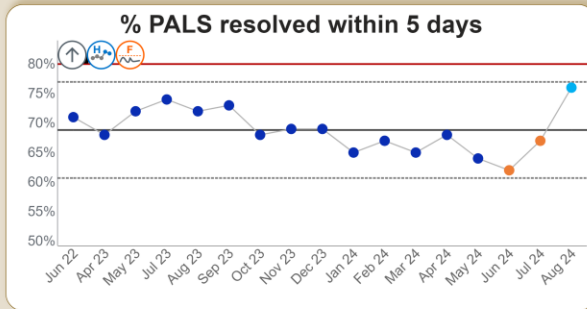
Watch Metrics

Quality



Watch Metrics

Quality



Number of significant risks (16 or above)

Current Position: 81

Number of significant risks within review date

Current Position: 75%



Rafik Bedair - Chief Medical Officer: Watch Metrics

Safety

Highlights

Retained Object Never Event at OCO in Aug investigation underway, collaboration with theatres excellence group. NE paper presented to Sept QMEG providing information on NCA position nationally & improvement actions.

Areas of Concern

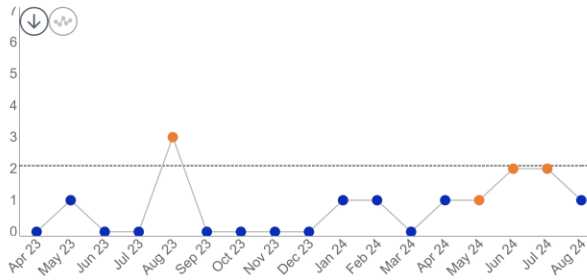
ADG's raised concerns with resources limitations post PSIRF & the impact on completion times. Escalated to Patient Safety Group via Sept AAA report from PAG with remedial actions to be considered.

Forward Look (with actions)

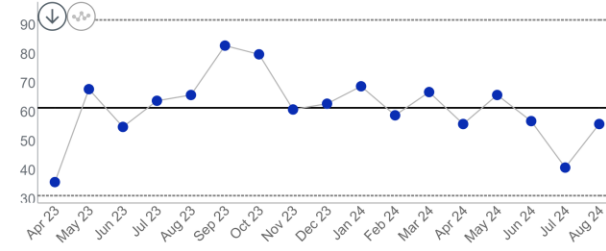
X2 gynae screening incidents with concerns to pathway management at OCO & SCO identified in Sept. Group established to review, updates via PSG.

Page 39

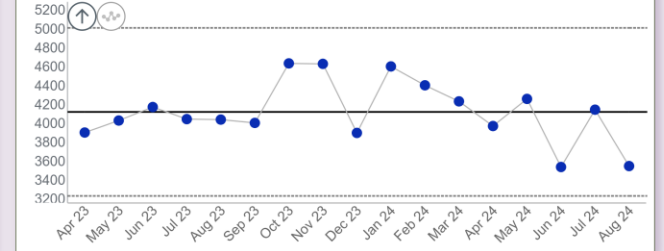
Never Events



Number of incidents with confirmed moderate and above harm



Number of incidents with confirmed no harm or near miss



Glossary

AMS	Acute Medical Service
Cdiff	Clostridium Difficile
CEO	Chief Executive Officer
CIP	Cost Improvement Programme
CO	Care Organisation
CTG	Cardiotocograph
DNA	Did not Attend
ED	Emergency Department
F&F	Friends and Family
FFT	Friends and Family Test
FGH	Fairfield General Hospital
GM	Greater Manchester
HCAI	Healthcare-associated infections
IPCC	Infection Prevention and Control Committee
IPR	Integrated Performance Report
LocSSIPs	Local Safety Standards for Invasive Procedures
MIP	Maternity Improvement Programme
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCA	Northern Care Alliance
NG	Nasogastric
PALS	Patient Advice and Liaison Services
PIFU	Patient Initiated Follow Up
PPH	Postpartum Haemorrhage
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
QMEG	Quality & Management Executive Group
ROH	Royal Oldham Hospital
RTT	Referral To Treatment
SOP	Standard Operating Procedure
SPC	Statistical Process Control
T&GICFT	Tameside and Glossop Integrated Care NHS. Foundation Trust
UEC	Urgent and Emergency Care
YTD	Year to Date

NCA
23/10/2024 10:49:26

Joint Health Overview and Scrutiny Committee for the Northern Care Alliance

Forward Plan

31st October 2024

Winter Plan – Urgent Care.

Elective care recovery – how is the NCA addressing waiting times for treatment for its population, how do we ensure that health inequalities are considered

Four Locality Partnership – how the NCA works with colleagues across Bury, Oldham, Rochdale and Salford – Dementia work

Integrated Performance Report

19th December 2024

Health and care strategy across Bury, Rochdale, Oldham and Salford

Population health and health inequalities – how we support this, introducing our public health consultant and

Our role as an Anchor organisation – local procurement, local jobs, local training etc

0-19 services and womens health including maternity

Integrated Performance Report

27th February 2025

Budget – Chief Finance Officer to attend

Integrated Performance Report

April 2025

Meeting to be arranged

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