

Board report

Quality and Performance

15th March 2023

Quality and performance Update

Date: 15th March 2023

Subject: Quality and performance update

Report of: Mandy Philbin – Chief Nursing Officer & Steve Dixon – Chief Delivery Officer

SUMMARY OF REPORT:

This paper reports to Board the material issues relating to quality and performance.

The paper covers:-

- Reporting against all constitutional standards and system oversight framework indicators. In time, additional measures will be added relating to the broader range of objectives of NHS Greater Manchester.
- The material risks / issues raised by localities; system boards; Joint planning and delivery committee; and Quality and Performance Committee.
- An update on the 23/24 planning process as relates to performance and quality.
- Draft Quality and Performance Committee terms of reference for approval

KEY MESSAGES:

The health and care system in Greater Manchester is under extreme pressure and this is expected to continue. This generates risks to quality and performance which are highlighted to the Board. Board is asked to note material performance risks to elective 78 week waits, ambulance response/handover and cancer 62 day waits. Board is asked to note quality risks relating to learning disabilities and autism services, updates to maternity visits and providers with enhanced surveillance where additional support is being provided.

The pressures described in the report constitute a significant risk to the quality of delivery and experience for our population.

RECOMMENDATIONS:

Board is asked to note and / or discuss :-

- The overall position regarding performance and quality
- Material challenges set out in 2.4. which are discussed in more detail in system boards; localities; quality and performance committee; and Joint planning and delivery committee.
- Note performance risks for 2023/24 as set out in section four
- Updates in relation to providers in enhanced surveillance or regulatory activity
- Approve the draft Quality and Performance Committee terms of reference

1.0 INTRODUCTION

- 1.1. This paper advises Board on the levels of assurance regarding performance and quality. It is drawn from review of performance and quality indicators within localities, system boards and committees within NHS Greater Manchester Integrated Care (NHS GM). The paper highlights material issues for Board attention.

2.0 CONSTITUTIONAL STANDARDS AND SYSTEM OVERSIGHT FRAMEWORK (SOF)

- 2.1 NHS GM is held to account by NHS England for constitutional standards and system oversight framework (SOF) indicators¹. These indicators span quality and performance measures, each having a grounding in population health; patient outcomes; and / or patient experience.

- 2.2 The full set of indicators for NHS Greater Manchester is set out in appendix one. This comprises constitutional standards and SOF indicators. These show a significant number of indicators which are not meeting standards (key risks amongst these highlighted in 2.4). This reflects the nationwide challenges of high demand on services and the backlog of care arising from the Covid pandemic.

- 2.3 There are a common root causes behind many of these indicators. These are challenges across the NHS nationally. These include:-

- High demand for services
- Workforce recruitment, retention and sickness/absence levels
- Financial resources

- 2.4 The most material challenges are summarised below.

- **Elective:** GM is working towards the national ambition to reduce patients who have waited the longest as well as those who are clinical priorities. We are anticipating we will have no patients waiting over two years at the end of March 2023. This includes those patients who had previously chosen to wait for personal reasons or who had complex requirements. We are currently focused on treating patients who have waited over 78 weeks. Between July 2022 and end March 2023 this cohort of patients in GM was approximately 84,000. We are currently anticipating approximately 600 patients from this cohort will remain at the end of the financial year. Some of these patients will have chosen to wait and some will have complex requirements. We continue to work with these individuals to identify suitable treatment options and treatment dates.
- **Cancer** – GM are working towards the national ambition to reduce the volume of patients on an active cancer patient tracking list (PTL) who are beyond 62 days. This includes patients who do not have cancer but whose diagnostic pathway takes them beyond 62 days. At the end of March 2023 we anticipate

¹ <https://www.england.nhs.uk/nhs-oversight-framework/>

the number of patients to be approximately 1,160. This demonstrates significant improvement in the last 6 months (from 2,214), with a strong focus on reducing those who have waited the longest. Some of these patients will have chosen to wait longer, and some will have highly complex requirements. Achievement of the 62 day cancer target has improved from 54% in October to 62% in January.

GM is equally committed to improving the 28 day Faster Diagnosis standard. The latest reported position was 64.9% against the target of 75% (54% in October). At present focus remains in key specialty areas (skin, colorectal and gynaecology) where significant work is underway to drive improvements.

- **Urgent and emergency care (A&E)** Access standards are challenged. Bed occupancy rates continue to be high, impacting upon flow. Significant numbers of beds continue to be occupied by people with no medical requirement to be there. Patient safety and experience is impacted by delays and staff resilience is affected. The UEC action plan, including requirements set out in guidance 'Going further on our winter resilience plans'² are led by the Urgent Care Board strategically and the System Operational Response Taskforce (SORT) from an operational perspective.
- **Urgent and emergency care (ambulance services)** Ambulance response and handover times raise safety issues. GM has consistently achieved access standards for the highest acuity calls. However, category 2 calls remain a concern.
- **Mental health** – challenges regarding IAPT, out of area placements and bed occupancy. Workforce recruitment and retention remains a significant root cause and challenge. To resolve this a mental health workforce group has been established with a dedicated workforce lead role. Close working with finance regarding mental health investment levels continues. Intense scrutiny by system partners continues at Greater Manchester Mental Health Foundation Trust against a wider improvement plan as part of the SOF 4 NHSE framework.
- **Maternity** – Stillbirths per 1,000 are in the lower quartile range (3.9 per 1000 v 3.3 per/1000). Focus is on implementation of the seven immediate and essential actions within the Ockenden report and the implementation of 'saving babies lives bundle'. Recruitment is a significant challenge. International recruitment is now underway, as is focus upon retention of existing staff. Learning from the East Kent maternity review will, alongside, Ockenden form part of improvement work and monitoring. This will be overseen by the Local Maternity and Neonatal System (LMNS).

To date, the CQC has undertaken inspection visits at Royal Oldham and Bolton Hospitals. Oldham received a full inspection of their maternity service and has received a final report, with a rating of 'Requires improvement'. Bolton has received a selected inspection, reviewing the CQC Domains relating to 'Safety' and 'Well led' and has received a rating of requires improvement for Safety and Well led.

² <https://www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/>

The ICB, Regional Maternity team and LMNS are working together to agree an approach to support the Trusts.

The remaining maternity units in GMEC will be inspected in the coming year. The LMNS has been working with key partners such as the SCN and Health Innovation Manchester to implement several programmes of training to underpin and enhance clinical assessment, escalation and to support implementation of the Saving Babies' lives Care Bundle with the aim to further reduce our stillbirth and neonatal death rates. These include:

- Supporting the implementation of Birmingham Symptom-specific Obstetric Triage System (BSOTS) to improve the clinical risk assessment when women present at the hospital
- Roll-out of Intelligent Intermittent Auscultation training
- Scoping intrapartum risk assessments in low-risk settings
- Appointed a GMEC Fetal Monitoring lead
- Created Fetal Monitoring Training standards which outline what each provider should be providing in terms of staff training
- All providers have appointed lead Obstetricians and Lead midwives for fetal monitoring
- Established a fetal monitoring forum that meets 3 or 4 times per year
- Developed GMEC-wide guidance for intrapartum and antenatal electronic fetal monitoring
- Rolling out across GMEC maternity providers the RCOG Each Baby Counts escalation training to improve how to communicate and approach escalation

- **Primary care** – NHS GM is in the bottom quartile for numbers of general practice appointments per 10k weighted patients. Not all GM appointments are captured by NHS Digital, including notable under-reporting of online consultations. This will understate Greater Manchester compared to other ICSs. Actions are in place to increase overall dental activity in line with contracted activity to improve access to services

3.0 QUALITY AND SAFETY- PROVIDERS WITH ENHANCED SURVEILLANCE REGULATORY ACTIVITY

Greater Manchester Mental Health Trust (GMMH) oversight continues at SOF 4, led by NHSE NW Regional Team supported by the ICB. Progress against the action plan is monitored by the established Improvement Board. Transition to ICB oversight has been worked through and will be discussed at the next Improvement Board to enable GM ICB to take the lead on assurance and improvement and work with GMMH senior team. A programme of work with the Clinical Leadership Network will enable us to develop a shared vision, supporting and empowering system leaders to contribute, collectively own and embed an approach which can be extrapolated to any part of the system going forward.

Brightmet Centre for Autism: CQC have issued a notice of proposal to deregister the service (slow closure of the service). Please note no conditions such as admissions restriction will be placed on the service during this period of review.

The Provider confirmed representation against the notice of proposal has been submitted and will be reviewed by end of March 2023(CQC have 60 day timescale from date of submission). A number of whistleblowing concerns have been raised in the last weeks with CQC from patients, family, and staff – all relating to the original issues raised by the inspection. The ICB has increased oversight visits, supported by NHS England regional team, into the provider from once a month to once a week alongside placing commissioner individual visits to ensure oversight of quality and safety. CQC have the authority to revisit, unannounced, and decide to enact a fast closure should they feel this is necessary, hence the focussed work to transition individuals to new placements in a safe but timely manner to try to avoid abrupt disruption of service which will have significant impact for these.

3.1 Updates on Providers under enhanced quality surveillance:

Provider	Overview of Concern
Edenfield Unit	Allegations of abuse and sub-standard care highlighted by the BBC in September 2022.
Brightmet Centre for Autism	Inadequate rating issued by CQC in August 2022.
Cygnnet Hudson Unit	Inadequate rating issued by CQC in September 2022 in relation to safety, governance, advocacy, safeguarding.
Willows Green Healthcare Limited	Concerns raised from Manchester CCG following quality visit – subsequent Section 29 warning notice from CQC and inadequate rating published on 07 th February.
Elysium Healthcare St Mary's Hospital, Warrington	Closure of Leo Ward Working with Cheshire and Merseyside ICB and NHS England to identify suitable placements for 2 patients who have no identified onward placement.

3.2 NHS Patient Safety Strategy

The implementation of the NHS Patient Safety Strategy 2019 continues with progress being made against the national priorities. To note is the establishment of the NHS Trust Patient Safety Incident Response Framework (PSIRF) Implementation Group and the GM ICS Patient Safety Strategy Steering Group. GM ICS will also be one of the first ICS in the country to implement PSIRF in primary care and we are working closely with the national team to help shape and influence this. Closedown of legacy serious incidents continues to support this work and the move to PSIRF. A development

session was held in the February GM Quality and Performance Committee on the NHS Patient Safety Strategy and our responsibilities as an ICB in respect of this.

3.3 CQC Model: Local Authority Assurance and Integrated Care systems oversight

When the Health and Care Act 2022 formally established integrated care boards (ICBs) to deliver system-wide strategic plans for the delivery of health and care services across local areas, it also provided a new role for CQC to review and assess the integrated care systems associated with each ICB.

Key areas of focus will be how well ICSs understand the health and care needs of local people, having good leadership in place, how local partnerships develop to make a positive difference and system-level planning that include all health and care services to address population needs and health and care inequalities. These reviews and assessments will start in April 2023.

CQC have recently published interim guidance on local authority assessment. Read the update here: [Our approach to assessing local authorities - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/news/our-approach-assessing-local-authorities) <https://www.cqc.org.uk/news/our-approach-assessing-local-authorities>. Over the coming year there will be 5 pilot assessments between April and September and up to 20 initial assessments from October to December. Early conversations taking place to use Stockport locality as a test site.

3.4 Commissioning Audit of current domestic abuse support models in healthcare settings.

In 2021 the Domestic Abuse Act outlined the government's commitment to tackling domestic abuse at every stage from prevention through to rehabilitation. The Domestic Abuse Act put an emphasis on strengthening the response across all agencies, making domestic abuse everyone's business. ICBs are therefore required to set out how they are addressing the needs of victims of domestic abuse in their Joint Forward Plans.

In response to the Domestic Abuse Act and other relevant legislation and strategic commitments, NHS England (NHSE) has established a Domestic Abuse and Sexual Violence Programme. The programme aims to transform the NHS's response to domestic abuse and sexual violence, focussing on prevention, early identification and support for victims and survivors.

The Domestic Abuse Support Models project sits within that programme and aims to better understand what models of support and interventions that victims/survivors of domestic abuse can access in healthcare settings in England. This information should assist systems to improve and create consistency in that support offer and provide ICBs with useful information for the Joint Forward Plans.

As part of this programme, NHSE will run a commissioning audit of current domestic abuse support models (audit) available across healthcare settings nationally. The audit, which will run from February to May 2023, aims to identify the offers that are available, where they are being delivered, and how they are funded, with the intention of identifying and sharing good practice and key gaps in services. The second phase of this work will provide an opportunity for some funding for new or existing models of support in healthcare settings.

3.5 Special Educational Needs and Disability

In November 2022, Ofsted and the CQC published their revised framework for inspecting local area arrangements for Children and Young People with special educational needs and/or disabilities (SEND). Most GM areas will be due an inspection under the new framework within the next 12-18 months. In preparation, GM hosted an away afternoon for all Designated Clinical Officers and Children Commissioners where an area gave an update on their recent experience of inspection. GM is working with the DfE and NHS England to plan a further bespoke workshop around the new inspection framework for staff. In addition, taped webinars and information has been circulated.

GM has undertaken a comprehensive local area multi-agency inspection readiness audit to support joint working between health partners and local authorities. It pulls together the key pieces of evidence that the local area wishes to assure themselves and provide a high-level overview of progress against 5 main areas: leadership, SEND arrangements, support, engagement and co-production and impact and performance. The results of such are being collated and will form part of a priority workplan. In addition, providers have been asked to undertake a provider audit against three areas pertaining to statutory responsibilities including governance and delivery, communications and SEND data.

It is known that therapies and CAMHS service wait times are variable within GM, especially following COVID 19. GM are working with the Council for Disabled Children to develop a SEND data framework that will promote a consistent methodology for data collection and monitoring within GM. The aspiration is for framework of outcome measures to be within tableau. As this is in development, a scoping of initial measures is being undertaken which will give GM greater insight into therapy and CAMHS service wait times. The GM SEND Performance and Quality Oversight Group has been formed in response to the changes introduced by the Health and Care Act 2022 and to have oversight that GM Integrated Care system is delivering its statutory duties.

3.6 Other key Areas of Focus

- As part of the developing oversight framework provider walkrounds are being put in place, these will also be key in developing relationships and addressing any areas of concern as they arise. The first walkround to take place will occur on the 3rd of April when the chief nurse will be visiting Wrightington Wigan and Leigh Foundation Trust with colleagues, a further update will be provided following this.
- The Children and Young People Integrated Care Partnership has been agreed and is now moving forward as part of the function work to develop a system board. Work has been requested to review Children and Young People data looking at some key indicators for asthma, diabetes and epilepsy but with a wider focus on early years intervention, deprivation and some hot spot funding has been secured from NHS England as part of the programme and SCN children and young people workstream. The same has been requested for learning disability and autism programmes to help understand the wider health inequalities.

4.0 2023/24 Planning

4.1 Planning guidance for the 23/24 period was issued at the end of December ³. The Strategy Directorate is coordinating the overall planning process across the ICS and is covered in a separate paper. The planning guidance presents challenges across a number of areas, consistent with current year performance. The highest performance risks are as follows:-

- Improve category two ambulance response times to an average of 30 minutes
- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March '24.
- Eliminate waits of over 65 weeks by March 2024 and achieve forecast activity levels
- Work towards eliminating inappropriate adult acute out of area placements
- Reduce reliance on inpatient care for adults with learning disability and/or autism to a rate of less than 30 per million population

5.0 RECOMMENDATIONS

5.1 Board is asked to discuss:

- The overall position regarding performance and quality
- Material challenges set out in 2.4. which are discussed in more detail in system boards; localities; quality and performance committee; and Joint planning and delivery committee.
- Note performance risks for 2023/24 as set out in section four
- Updates in relation to providers in enhanced surveillance or regulatory activity
- Approve the draft Quality and Performance Committee terms of reference

Appendices:

Appendix one – NHS GM performance against system oversight framework

Appendix two – Draft terms of reference for the Quality and Performance Committee for approval

³ <https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/>

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	Colour For Percent target
Belonging in the NHS	S071a	S071a: Proportion of staff in senior leadership roles who are from a BME background	Annual	Nov 22	▲	24.0%			39.0%	42.7%	Red
	S072a	S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	Annual	Nov 22	▲				55.8%	56.6%	No RAG
Cancer	CAN001	CAN001: Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	Month	Dec 22	▲	93.0%	8,662	12,139	71.4%	69.7%	Red
	CAN002	CAN002: Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	Month	Dec 22	▲	93.0%	234	413	56.7%	54.8%	Red
	CAN003	CAN003: Cancer - 31-Day Wait From Decision To Treat To First Treatment	Month	Dec 22	▲	96.0%	926	981	94.4%	95.3%	Red
	CAN004	CAN004: Cancer - 31-Day Wait For Subsequent Surgery	Month	Dec 22	▲	94.0%	121	130	93.1%	89.6%	Red
	CAN005	CAN005: Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	Month	Dec 22	▲	98.0%	174	175	99.4%	100.0%	Green
	CAN006	CAN006: Cancer - 31-Day Wait For Subsequent Radiotherapy	Month	Dec 22	▲	94.0%	417	419	99.5%	99.5%	Green
	CAN007	CAN007: Cancer - 62-Day Wait From Referral To Treatment	Month	Dec 22	▲	85.0%	335	540	62.0%	59.6%	Red
	CAN008	CAN008: Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	Month	Dec 22	▲	90.0%	58	79	73.4%	67.1%	Red
	CAN009	CAN009: Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Month	Dec 22	-		196	248	79.0%	75.8%	No RAG
	CAN010	CAN010: Cancer - 104-Day Wait	Month	Dec 22	▼	0.0%	80		80.00	103.00	Red
	PAT001	PAT001: Cancer Patient Experience	Annual	Mar 22	▲		9		8.93	8.83	No RAG
	S010a	S010a: Total patients treated for cancer compared with the same point in 2019/20	Month	Nov 22	▲	100.0%			85.9%	88.8%	Red
	S012a	S012a: Proportion of patients meeting the faster cancer diagnosis standard	Month	Nov 22	▲	75.0%	8,434	13,505	62.5%	59.4%	Red
	Elective care	DIA001	DIA001: Diagnostics Tests Waiting Times	Month	Dec 22	▼	1.0%	7,114	40,086	17.7%	20.8%
RTT001		RTT001: Referral To Treatment - 18 Weeks	Month	Dec 22	▲	92.0%	147,485	269,224	54.8%	56.7%	Red
RTT002		RTT002: Referral To Treatment - 52+ Weeks	Month	Dec 22	▼	0.0%	20,920		20,920.00	21,731.00	Red
RTT003		RTT003: Referral To Treatment - % Waiting List Change from March 2018	Month	Dec 22	▼	0.0%	126,380	412,068	61.3%	61.1%	Red
S007a		S007a: Total elective activity undertaken compared with 2019/20 baseline	Month	Sep 22	▲	104.0%			78.4%	88.6%	Red
S007b		S007b: Elective Activity : Completed pathway elective activity growth	Month	Oct 22	▲	110.0%			80.8%	81.9%	Red
S009a		S009a: Total patients waiting more than 52 weeks to start consultant led treatment	Month	Nov 22	▼				21,731.00	22,114.00	Red
S009b		S009b: Total patients waiting more than 78 weeks to start consultant led treatment	Month	Nov 22	▼				3,488.00	3,181.00	Red

Colour For Percent target

- Green
- Red

Target RAG

- Green
- No RAG
- Red

Target RAG fixed

- Green
- No RAG
- RED

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	% Difference From Target
Belonging in the NHS	S071a	S071a: Proportion of staff in senior leadership roles who are from a BME background	Annual	Nov 22	▲27.0%
	S072a	S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	Annual	Nov 22	
Cancer	CAN001	CAN001: Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	Month	Dec 22	▼-21.6%
	CAN002	CAN002: Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	Month	Dec 22	▼-36.3%
	CAN003	CAN003: Cancer - 31-Day Wait From Decision To Treat To First Treatment	Month	Dec 22	▼-1.6%
	CAN004	CAN004: Cancer - 31-Day Wait For Subsequent Surgery	Month	Dec 22	▼-0.9%
	CAN005	CAN005: Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	Month	Dec 22	▲1.4%
	CAN006	CAN006: Cancer - 31-Day Wait For Subsequent Radiotherapy	Month	Dec 22	▲5.5%
	CAN007	CAN007: Cancer - 62-Day Wait From Referral To Treatment	Month	Dec 22	▼-23.0%
	CAN008	CAN008: Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	Month	Dec 22	▼-16.6%
	CAN009	CAN009: Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Month	Dec 22	
	CAN010	CAN010: Cancer - 104-Day Wait	Month	Dec 22	▲
	PAT001	PAT001: Cancer Patient Experience	Annual	Mar 22	
	S010a	S010a: Total patients treated for cancer compared with the same point in 2019/20	Month	Nov 22	▼-14.1%
	S012a	S012a: Proportion of patients meeting the faster cancer diagnosis standard	Month	Nov 22	▼-12.5%
	Elective care	DIA001	DIA001: Diagnostics Tests Waiting Times	Month	Dec 22
RTT001		RTT001: Referral To Treatment - 18 Weeks	Month	Dec 22	▼-37.2%
RTT002		RTT002: Referral To Treatment - 52+ Weeks	Month	Dec 22	▲
RTT003		RTT003: Referral To Treatment - % Waiting List Change from March 2018	Month	Dec 22	▲61.3%
S007a		S007a: Total elective activity undertaken compared with 2019/20 baseline	Month	Sep 22	▼-25.6%
S007b		S007b: Elective Activity : Completed pathway elective activity growth	Month	Oct 22	▼-29.2%
S009a		S009a: Total patients waiting more than 52 weeks to start consultant led treatment	Month	Nov 22	
S009b		S009b: Total patients waiting more than 78 weeks to start consultant led treatment	Month	Nov 22	

Colour For Percent target

- Green
- Red

Target RAG

- Green
- No RAG
- Red

Target RAG fixed

- Green
- No RAG
- RED

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	Colour For Percent target
Elective care	S009c	S009c: Total patients waiting more than 104 weeks to start consultant led treatment	Month	Nov 22	▼	0.00			63.00	54.00	Target RAG Red
	S013a	S013a: Diagnostic activity levels: Imaging	Month	Nov 22	▲	120.0%	74,727	88,989	84.0%	80.6%	Target RAG Red
	S013b	S013b: Diagnostic activity levels: Physiological measurement	Month	Nov 22	▲	120.0%	6,712	9,160	73.3%	65.8%	Target RAG fixed Red
	S013c	S013c: Diagnostic activity levels: Endoscopy	Month	Nov 22	▲	120.0%	5,316	8,218	64.7%	77.1%	Target RAG fixed Red
	S013d	S013d: Diagnostic activity levels: Total	Month	Nov 22	▲	120.0%	86,755	106,367	81.6%	79.1%	Target RAG fixed Red
Growing for the future	S074a	S074a: FTE doctors in General Practice per 10,000 weighted patients	Month	Sep 22	▲		2,008	3,339,394	6.01	6.04	
	S075a	S075a: Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	Quarter	Aug 22	▲		1,228	3,339,394	3.68		
Leadership	S060a	S060a: Aggregate score for NHS staff survey questions that measure perception of leadership culture	Annual	Nov 22	▲				6.82/10		
Learning disabilities and autism	S029a	S029a: Inpatients with a learning disability and/or autism per million head of population	Quarter	Nov 22	▼	30.00	110	2,163,874	51.00	57.00	
	S030a	S030a: Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	Quarter	Nov 22	▲	100.0%	4,731	17,179	27.5%	10.0%	
Looking after our people	S063a	S063a: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	Annual	Nov 22	▼				11.8%	12.5%	
	S063b	S063b: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	Annual	Nov 22	▼				18.1%	17.6%	
	S063c	S063c: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	Annual	Nov 22	▼				25.0%	22.6%	
	S067a	S067a: Leaver rate	Month	Oct 22	▼		6,586	77,999	8.4%	8.4%	
	S068a	S068a: Sickness absence rate	Month	Aug 22	▼		159,008	2,576,453	6.2%	6.6%	
	S069a	S069a: Staff survey engagement theme score	Annual	Nov 22	▲				5.57/10	5.65/10	
Maternity and children's health	MH001	MH001: First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	Month	Jun 22	▲	95.0%	77	92	83.7%	85.9%	
	MH002	MH002: First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	Month	Jun 22	▲	95.0%	526	562	93.6%	93.9%	
	MH004	MH004: Access Rate to Children and Young People's Mental Health Services	Month	Jun 22	▲	34.0%	31,640	59,099	53.5%	52.7%	
	S022a	S022a: Stillbirths per 1,000 total births	Annual	Nov 21	▼		130	33,532	3.88	3.57	
	S104a	S104a: Neonatal deaths per 1,000 total live births	Annual	Nov 21	▼		42	33,402	1.26	1.24	
Mental health services	DEM001	DEM001: Estimated Diagnosis Rate For People With Dementia	Month	Dec 22	▲	66.7%	1		69.9%	70.0%	
	EIP001	EIP001: Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	Month	Jun 22	▲	60.0%	190	245	77.6%	78.8%	

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	% Difference From Target
Elective care	S009c	S009c: Total patients waiting more than 104 weeks to start consultant led treatment	Month	Nov 22	▲
	S013a	S013a: Diagnostic activity levels: Imaging	Month	Nov 22	▼-36.0%
	S013b	S013b: Diagnostic activity levels: Physiological measurement	Month	Nov 22	▼-46.7%
	S013c	S013c: Diagnostic activity levels: Endoscopy	Month	Nov 22	▼-55.3%
	S013d	S013d: Diagnostic activity levels: Total	Month	Nov 22	▼-38.4%
Growing for the future	S074a	S074a: FTE doctors in General Practice per 10,000 weighted patients	Month	Sep 22	
	S075a	S075a: Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	Quarter	Aug 22	
Leadership	S060a	S060a: Aggregate score for NHS staff survey questions that measure perception of leadership culture	Annual	Nov 22	
Learning disabilities and autism	S029a	S029a: Inpatients with a learning disability and/or autism per million head of population	Quarter	Nov 22	▲70.0%
	S030a	S030a: Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	Quarter	Nov 22	▼-72.5%
Looking after our people	S063a	S063a: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	Annual	Nov 22	
	S063b	S063b: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	Annual	Nov 22	
	S063c	S063c: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	Annual	Nov 22	
	S067a	S067a: Leaver rate	Month	Oct 22	
	S068a	S068a: Sickness absence rate	Month	Aug 22	
	S069a	S069a: Staff survey engagement theme score	Annual	Nov 22	
Maternity and children's health	MH001	MH001: First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	Month	Jun 22	▼-11.3%
	MH002	MH002: First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	Month	Jun 22	▼-1.4%
	MH004	MH004: Access Rate to Children and Young People's Mental Health Services	Month	Jun 22	▲19.5%
	S022a	S022a: Stillbirths per 1,000 total births	Annual	Nov 21	
	S104a	S104a: Neonatal deaths per 1,000 total live births	Annual	Nov 21	
Mental health services	DEM001	DEM001: Estimated Diagnosis Rate For People With Dementia	Month	Dec 22	▲3.2%
	EIP001	EIP001: Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	Month	Jun 22	▲17.6%

Colour For Percent target

- Green
- Red

Target RAG

- Green
- No RAG
- Red

Target RAG fixed

- Green
- No RAG
- RED

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	Colour For Percent target
Mental health services	IAPT001	IAPT001: Improving Access to Psychological Therapies Seen Within 6 Weeks	Month	Nov 22	▲	75.0%	2,205	3,085	71.5%	72.7%	Red
	IAPT002	IAPT002: Improving Access to Psychological Therapies Seen Within 18 Weeks	Month	Nov 22	▲	95.0%	2,860	3,085	92.7%	94.1%	Red
	IAPT003	IAPT003: Improving Access to Psychological Therapies Recovery Rate	Month	Nov 22	▲	50.0%	3,720	8,235	45.2%	46.1%	Red
	IAPT005	IAPT005: Improving Access to Psychological Therapies Access Rate	Month	Nov 22	▲	5.5%	21,500	411,421	5.2%	4.9%	Red
	S081a	S081a: Access rate for IAPT services	Month	Sep 22	▲	100.0%	19,600	25,156	77.9%	78.1%	Red
	S084a	S084a: Number of children and young people accessing mental health services as a % of population	Month	Oct 22	▲	100.0%	43,380	43,290	100.2%		Green
	S086a	S086a: Inappropriate adult acute mental health placement out of area placement bed days	Month	Oct 22	▼	0.00			2,315.00	2,070.00	Red
	S110a	S110a: Access rates to community mental health services for adult and older adults with severe mental illness	Month	Oct 22	▲	100.0%	20,170	22,402	90.0%		Red
	S125a	S125a: Adult Acute LoS Over 60 Days % of total discharges	Month	Oct 22	▼		205	1,070	19.2%		No RAG
	S125b	S125b: Older Adult Acute LoS Over 90 Days % of total discharges	Month	Oct 22	▼		105	190	55.3%	50.0%	No RAG
Outpatient transformation	S101a	S101a: Outpatient follow up activity levels compared with 2019/20 baseline	Month	Nov 22	▼	75.0%	8,608	10,768	79.9%	77.0%	Red
Personalised care	S031a	S031a: Rate of personalised care interventions	Quarter	Nov 22	▲		120,995	3,208	37.72	35.28	No RAG
	S032a	S032a: Personal health budgets	Quarter	Aug 22	▲		2,988	3,200	0.93	1.52	No RAG
Prevention and long term conditions	DTOC001	DTOC001: Delayed Transfers of Care - Bed Days	Month	Feb 20	▼	200.00	428		428.03	399.06	Red
	S051a	S051a: Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled	Quarter	Nov 22	▲		668	3,750	17.8%	40.1%	No RAG
	S053a	S053a: % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	Annual	Feb 23	▲	90.0%	41,696	46,939	88.8%	87.7%	Red
	S053b	S053b: % of hypertension patients who are treated to target as per NICE guidance	Annual	Feb 23	▲	80.0%	248,143	417,363	59.5%	46.9%	Red
	S053c	S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarter	Aug 22	▲	45.0%	59,255	96,850	61.2%	62.0%	Green
	S055a	S055a: Number GP referrals to NHS Digital weight management services per 100k population	Quarter	Nov 22	▲		586	2,226,604	26.32	38.04	No RAG
	S115a	S115a: Proportion of diabetes patients that have received all eight diabetes care processes	Quarter	May 22	▲		70,040	182,080	38.5%	30.7%	No RAG
	S116a	S116a: Proportion of adult inpatient settings offering tobacco dependence services	Month	Oct 22	▲	100.0%	1	10	10.0%	10.0%	Red
	S116b	S116b: Proportion of maternity settings offering tobacco dependence services	Month	Oct 22	▲	100.0%	3	6	50.0%	50.0%	Red
S117a	S117a: Proportion of patients who have a first consultation in a post covid service within six weeks of referral	Month	Dec 22	▲		93	131	71.0%	66.5%	No RAG	

Colour For Percent target

- Green
- Red

Target RAG

- Green
- No RAG
- Red

Target RAG fixed

- Green
- No RAG
- RED

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	% Difference From Target
Mental health services	IAPT001	IAPT001: Improving Access to Psychological Therapies Seen Within 6 Weeks	Month	Nov 22	▼-3.5%
	IAPT002	IAPT002: Improving Access to Psychological Therapies Seen Within 18 Weeks	Month	Nov 22	▼-2.3%
	IAPT003	IAPT003: Improving Access to Psychological Therapies Recovery Rate	Month	Nov 22	▼-4.8%
	IAPT005	IAPT005: Improving Access to Psychological Therapies Access Rate	Month	Nov 22	▼-0.3%
	S081a	S081a: Access rate for IAPT services	Month	Sep 22	▼-22.1%
	S084a	S084a: Number of children and young people accessing mental health services as a % of population	Month	Oct 22	▲0.2%
	S086a	S086a: Inappropriate adult acute mental health placement out of area placement bed days	Month	Oct 22	▲
	S110a	S110a: Access rates to community mental health services for adult and older adults with severe mental illness	Month	Oct 22	▼-10.0%
	S125a	S125a: Adult Acute LoS Over 60 Days % of total discharges	Month	Oct 22	
	S125b	S125b: Older Adult Acute LoS Over 90 Days % of total discharges	Month	Oct 22	
Outpatient transformation	S101a	S101a: Outpatient follow up activity levels compared with 2019/20 baseline	Month	Nov 22	▲4.9%
Personalised care	S031a	S031a: Rate of personalised care interventions	Quarter	Nov 22	
	S032a	S032a: Personal health budgets	Quarter	Aug 22	
Prevention and long term conditions	DTOC001	DTOC001: Delayed Transfers of Care - Bed Days	Month	Feb 20	▲114.0%
	S051a	S051a: Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled	Quarter	Nov 22	
	S053a	S053a: % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	Annual	Feb 23	▼-1.2%
	S053b	S053b: % of hypertension patients who are treated to target as per NICE guidance	Annual	Feb 23	▼-20.5%
	S053c	S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarter	Aug 22	▲16.2%
	S055a	S055a: Number GP referrals to NHS Digital weight management services per 100k population	Quarter	Nov 22	
	S115a	S115a: Proportion of diabetes patients that have received all eight diabetes care processes	Quarter	May 22	
	S116a	S116a: Proportion of adult inpatient settings offering tobacco dependence services	Month	Oct 22	▼-90.0%
	S116b	S116b: Proportion of maternity settings offering tobacco dependence services	Month	Oct 22	▼-50.0%
S117a	S117a: Proportion of patients who have a first consultation in a post covid service within six weeks of referral	Month	Dec 22		

Colour For Percent target

- Green
- Red

Target RAG

- Green
- No RAG
- Red

Target RAG fixed

- Green
- No RAG
- RED

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	Colour For Percent target
Primary care and community services	PAT003	PAT003: General Practice Extended Access	Annual	Feb 20	▲		1		100.0%	100.0%	Target RAG Green
	S001a	S001a: Number of general practice appointments per 10,000 weighted patients	Month	Oct 22	▲		1,495,605	3,339,394	4,478.67	4,005.65	No RAG Red
	S105a	S105a: Proportion of patients discharged from hospital to their usual place of residence	Month	Nov 22	▲		17,684	19,469	90.8%	89.3%	Target RAG fixed Green
	S106a	S106a: Available virtual ward capacity per 100k head of population	Month	Dec 22	▲	40.00	400	2,571,976	15.60	17.90	No RAG Red
	S107a	S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	Month	Oct 22	▲	70.0%			94.0%	88.7%	Target RAG fixed Green
	S108a	S108a: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from a general practice	Month	Mar 22	▲		1,976	3,157,372	62.58	39.11	No RAG Red
	S108b	S108b: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS111 per 100,000 population	Month	Mar 22	▲		3,196	3,157,372	101.22	104.23	No RAG Red
	S109a	S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Month	Sep 22	▲	100.0%	3,684,874	4,813,752	76.5%	88.2%	No RAG Red
Safe, high quality care	DTOC002	DTOC002: Delayed Transfers of Care - Per 100,000	Month	Feb 20	▼		413	22	19.18	17.84	No RAG Red
	MSA001	MSA001: Mixed Sex Accommodation	Month	Dec 22	▼	0.00	1		1.40	1.53	No RAG Red
	QUAL001	QUAL001: MRSA	Month	Sep 22	▼	0.00	6		6.00	5.00	No RAG Red
	QUAL002	QUAL002: C.Difficile (Ytd Var To Plan)	Month	Sep 22	▼	0.0%					No RAG Red
	S037a	S037a: Percentage of patients describing their overall experience of making a GP appointment as good	Annual	Nov 23	▲		18,461	33,368	55.3%	71.0%	No RAG Red
	S040a	S040a: Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Month	Nov 22	▼	0.00			55.00	49.00	No RAG Red
	S041a	S041a: Clostridium difficile infection rate	Month	Nov 22	▼	1.000	965	813	1.187	1.1378	No RAG Red
	S042a	S042a: E. coli bloodstream infection rate	Month	Nov 22	▼	1.000	1,707	1,474	1.158	1.1540	No RAG Red
	S044a	S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	Month	Oct 22	▼	0.871	1,725,697	1,709,508	1.009	1.0094	No RAG Red
	S044b	S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Month	Oct 22	▼	10.0%	136,534	1,705,704	8.0%	8.0%	Target RAG fixed Green
	S121a	S121a: NHS Staff Survey compassionate culture people promise element sub-score	Annual	Nov 22	▲				7/10		No RAG Red
	S121b	S121b: NHS Staff Survey raising concerns people promise element sub-score	Annual	Nov 22	▲				6.5/10		No RAG Red
Screening, vaccination and immunisation	S046a	S046a: Population vaccination coverage: MMR for two doses (5 year olds)	Quarter	Aug 22	▲	95.0%	7,805	9,287	84.0%	86.0%	No RAG Red
	S047a	S047a: Proportion of people over 65 receiving a seasonal flu vaccinatio	Month	Oct 22	▲	85.0%	316,674	487,845	64.9%	21.7%	No RAG Red
	S048a	S048a: Bowel screening coverage : % patients aged 60 : 74 screened in the last 30 months	Quarter	Feb 22	▲	55.0%	278,306	419,464	66.3%	65.6%	Target RAG fixed Green

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	% Difference From Target
Primary care and community services	PAT003	PAT003: General Practice Extended Access	Annual	Feb 20	
	S001a	S001a: Number of general practice appointments per 10,000 weighted patients	Month	Oct 22	
	S105a	S105a: Proportion of patients discharged from hospital to their usual place of residence	Month	Nov 22	
	S106a	S106a: Available virtual ward capacity per 100k head of population	Month	Dec 22	▼-61.0%
	S107a	S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	Month	Oct 22	▲24.0%
	S108a	S108a: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from a general practice	Month	Mar 22	
	S108b	S108b: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS111 per 100,000 population	Month	Mar 22	
	S109a	S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Month	Sep 22	▼-23.5%
Safe, high quality care	DTOC002	DTOC002: Delayed Transfers of Care - Per 100,000	Month	Feb 20	
	MSA001	MSA001: Mixed Sex Accommodation	Month	Dec 22	▲
	QUAL001	QUAL001: MRSA	Month	Sep 22	▲
	QUAL002	QUAL002: C.Difficile (Ytd Var To Plan)	Month	Sep 22	
	S037a	S037a: Percentage of patients describing their overall experience of making a GP appointment as good	Annual	Nov 23	
	S040a	S040a: Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Month	Nov 22	▲
	S041a	S041a: Clostridium difficile infection rate	Month	Nov 22	▲18.7%
	S042a	S042a: E. coli bloodstream infection rate	Month	Nov 22	▲15.8%
	S044a	S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	Month	Oct 22	▲15.9%
	S044b	S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Month	Oct 22	▼-2.0%
	S121a	S121a: NHS Staff Survey compassionate culture people promise element sub-score	Annual	Nov 22	
	S121b	S121b: NHS Staff Survey raising concerns people promise element sub-score	Annual	Nov 22	
Screening, vaccination and immunisation	S046a	S046a: Population vaccination coverage: MMR for two doses (5 year olds)	Quarter	Aug 22	▼-11.0%
	S047a	S047a: Proportion of people over 65 receiving a seasonal flu vaccinatio	Month	Oct 22	▼-20.1%
	S048a	S048a: Bowel screening coverage : % patients aged 60 : 74 screened in the last 30 months	Quarter	Feb 22	▲11.3%

Colour For Percent target

- Green
- Red

Target RAG

- Green
- No RAG
- Red

Target RAG fixed

- Green
- No RAG
- RED

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	Colour For Percent target
Screening, vaccination and immunisation	S049a	S049a: Breast screening coverage : % females aged 53 : 70 screened in the last 36 months	Annual	Feb 22	▲	70.0%	182,125	289,711	62.9%	70.2%	Target RAG Green
	S050a	S050a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period	Quarter	May 22	▲	80.0%	562,689	803,292	70.0%	69.5%	Target RAG No RAG
Urgent and emergency care	AE001	AE001: Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	Month	Jan 23	▲	95.0%	64,239	102,278	62.8%	53.8%	Target RAG fixed Green
	AE002	AE002: A&E 12 Hour Trolley Wait	Month	Jan 23	▼	0.00	2,575		2,575.00	2,991.00	Target RAG fixed No RAG
	AE003	AE003: Stranded Patients (LOS 7+ Days)	Month	Dec 22	▼	2,196.00	3,280		3,280.06	3,198.07	Target RAG fixed Red
	AE004	AE004: Super-Stranded Patients (LOS 21+ Days)	Month	Dec 22	▼		1,555		1,555.45	1,494.73	Target RAG fixed No RAG
	AMB001	AMB001: Ambulance: Category 1 Average Response Time	Month	Dec 22	▼	00:07:00	529		00:08:49	00:07:54	Target RAG fixed Red
	AMB002	AMB002: Ambulance: Category 1 90th Percentile	Month	Dec 22	▼	00:15:00	846		00:14:06	00:13:01	Target RAG fixed Green
	AMB003	AMB003: Ambulance: Category 2 Average Response Time	Month	Dec 22	▼	00:18:00	3,435		00:57:15	00:39:01	Target RAG fixed Red
	AMB004	AMB004: Ambulance: Category 2 90th Percentile	Month	Dec 22	▼	00:40:00	7,540		02:05:40	01:21:21	Target RAG fixed Red
	AMB005	AMB005: Ambulance: Handover Delays (>60 Mins)	Month	Jan 23	▼		0		10.0%	20.8%	Target RAG fixed No RAG
	S123a	S123a: Adult general and acute type 1 bed occupancy (adjusted for void beds)	Month	Dec 22	▲		4,986	5,370	92.8%	92.7%	Target RAG fixed No RAG
	S124a	S124a: Percentage of beds occupied by patients who no longer meet the criteria to reside	Month	Dec 22	▼		882	5,142	17.2%	18.1%	Target RAG fixed No RAG

GM View

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	% Difference From Target
Screening, vaccination and immunisation	S049a	S049a: Breast screening coverage : % females aged 53 : 70 screened in the last 36 months	Annual	Feb 22	▼-7.1%
	S050a	S050a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period	Quarter	May 22	▼-10.0%
Urgent and emergency care	AE001	AE001: Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	Month	Jan 23	▼-32.2%
	AE002	AE002: A&E 12 Hour Trolley Wait	Month	Jan 23	▲
	AE003	AE003: Stranded Patients (LOS 7+ Days)	Month	Dec 22	▲49.4%
	AE004	AE004: Super-Stranded Patients (LOS 21+ Days)	Month	Dec 22	
	AMB001	AMB001: Ambulance: Category 1 Average Response Time	Month	Dec 22	▲26.0%
	AMB002	AMB002: Ambulance: Category 1 90th Percentile	Month	Dec 22	▼-6.0%
	AMB003	AMB003: Ambulance: Category 2 Average Response Time	Month	Dec 22	▲218.1%
	AMB004	AMB004: Ambulance: Category 2 90th Percentile	Month	Dec 22	▲214.2%
	AMB005	AMB005: Ambulance: Handover Delays (>60 Mins)	Month	Jan 23	
	S123a	S123a: Adult general and acute type 1 bed occupancy (adjusted for void beds)	Month	Dec 22	
	S124a	S124a: Percentage of beds occupied by patients who no longer meet the criteria to reside	Month	Dec 22	

Colour For Percent target

- Green
- Red

Target RAG

- Green
- No RAG
- Red

Target RAG fixed

- Green
- No RAG
- RED



NHS Greater Manchester Integrated Care (NHS GM)

Quality and Performance Committee

Terms of Reference

DRAFT

DOCUMENT CONTROL SHEET

Name of Document:	Quality and Performance Committee Terms of Reference
Version:	5
File location / Document name:	
Date of this version:	February 2023
Produced by:	Mandy Philbin
Reviewed by:	Quality and Performance Committee
Ratified by (Committee)	
Date Ratified:	
Distribute to:	Quality and Performance Committee members
Date due for Review:	
Enquiries to:	Mandy Philbin (GM Chief Nursing Officer)

Revision History

Revision Date	Summary of changes	Author(s)	Version Number
July 2022	Draft as outlined in NHS GM Governance Handbook (July 2022)		1
September 2022	Extensive review following appointments of various Chief Officers	Mandy Philbin	1
November 2022	Received and reviewed by members at QPC meeting held on 17 November 2022 – changes to members and attendees lists	Mandy Philbin	2
December 2022	Received and review by members at QPC meeting held on 22 December 2022 – requested further amendments to membership versus attendees due to new members invited	Mandy Philbin	3
January 2023	Review of membership versus attendees and quorum.	Mark Palmeria	4
January 2023	Agreement of changes to v4 and formal sign off at 30 January 2023 meeting of QPC.	Mandy Philbin	5

Approvals

(This document requires approval at the Quality and Performance Committee)

Committee	Date of Issue	Version Number
Quality and Performance Committee	30 January 2023	5

1. Constitution

- 1.1 The Quality and Performance Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2. Authority

- 2.1 The Quality and Performance Committee has delegated responsibility by the Board to:
 - Investigate any activity within its terms of reference
 - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference
 - Commission any independent investigations and reports it deems necessary to help fulfil its obligations
 - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
 - Receive regular reports from the GM System Quality Group (SQG) to understand the risks and issues in relation to quality and performance across the GM system. The SQG provides an arena to discuss and understand quality of care in an in-depth way, and the SQG TOR have been established to ensure that reporting and escalations regarding issues are presented to each committee as a routine agenda item
 - Receive reports from the Clinical Effectiveness and Governance Sub-Committee with any issues relating to quality and performance that would benefit from their inclusion or require Board authorisation and any sub-groups thereof
 - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/not delegate any decisions to such groups
- 2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. Purpose

- Using an improvement culture to support assurance of sustained quality that than one just of performance management
 - Provide clear accountability and responsibility for quality
 - Bring together the right people to respond together in a timely and proactive way addressing gaps in intelligence
 - Develop a shared vision for quality and patient safety with oversight of the delivery of the strategy
 - Use as an assurance mechanism for the progress of system wide addressing inequalities and advancing equality strategies and plans.
- 3.1 To ensure that NHS GM IC fulfills its statutory duties and contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on:
- Delivery of functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.
 - Ensuring that both quality and performance data and information is used to support improvements and sustain best practice
 - Effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.
- 3.2 The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.
- 3.3 The Quality and Performance Committee has no executive powers, other than those delegated in the SoRD.

4. Membership and attendance

Membership

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution, and will include the Chief Delivery Officer, Chief Medical Officer and the Chief Nursing Officer.
- 4.2 The Board will appoint no fewer than four members of the Committee including two who are Independent Non-Executive Members of the Board.
- 4.3 Members will possess between them knowledge, skills and experience in the provision of quality of care, and people's experience of care.
- 4.4 When determining the membership of the Committee, active consideration will be made to diversity and equality, and the committee should include a member that represents (in the broadest sense) people who are accessing services.
-

Chair and Vice Chair

- 4.5 In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.
- 4.6 The Chair of the Committee shall be independent and therefore may not chair any other committees.
- 4.7 Committee members may appoint a Vice Chair with discussion with the Chair.
- 4.8 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Members

- 4.9 Only members of the Committee have the right to attend Committee meetings:
- Non-Executive Director (Chair)
 - Non-Executive Director (Deputy Chair)
 - ICB Chief Delivery Officer
 - ICB Chief Medical Officer
 - ICB Chief Nursing Officer
 - ICB Primary Care Partner Member
 - ICB Secondary Care Partner Member
 - ICB VCSE Partner as nominated lead
 - Healthwatch on behalf of patient representation

Attendees

- 4.10 All meetings of the Committee will also have representation from the following individuals. These individuals are not members but Attendees of the Committee:
- CQC
 - Place Based Leads
 - Improvement agencies
 - Primary Care Board
 - Provider Federation Board
 - Population Health Board
 - Health Innovation Manchester's Director of Nursing
 - Lead for Patient Safety NHS GM
 - Lead for Quality Assurance NHS GM
 - Deputy Chief Medical Officer NHS GM
 - Deputy Chief Nurse NHS GM
- 4.11 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 4.12 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.

- 4.13 The Chief Executive should be invited to attend the meeting at least annually.
- 4.14 The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

Attendance

- 4.15 Where a member or attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable deputy may be agreed with the Chair.

Access

- 4.16 Regardless of attendance, the minutes of the meeting will be published and shared with the Integrated Care Board.

5. Meetings Quoracy and Decisions

- 5.1 The Quality and Performance Committee will meet monthly a minimum of 10 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.
- 5.2 The Board, Chair or Chief Executive may ask the Quality and Performance Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 5.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quorum

- 5.4 For a meeting to be quorate a minimum of 3 Members of the Board are required, including The Chair or Vice Chair, the Chief Medical Officer or Chief Nursing Officer and the patient representative.
- 5.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 5.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

- 5.7 Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 5.8 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 5.9 Any deputy agreed by the Chair will have the same decision making and voting rights as the committee member.
- 5.10 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

5.11 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

6. Responsibilities of the Committee

6.1 The Committee's duties can be categorised as follows:

- Be assured that there are robust processes in place for the effective management of quality and performance
- Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care
- Oversee and monitor delivery of the ICB key statutory requirements such as safeguarding and Continuing Health Care
- Review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner
- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place
- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD report)
- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g. System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc.)

7. Behaviours and Conduct

ICB values

- 7.1 Members will be expected to conduct business in line with the ICB values and objectives.
- 7.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

- 7.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

8. Accountability and reporting

- 8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 8.2 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.
- 8.3 The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 8.4 The Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:

9. Secretariat and Administration

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
 - The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead
 - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements
 - Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary
 - Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept
 - The Chair is supported to prepare and deliver reports to the Board
 - The Committee is updated on pertinent issues/ areas of interest/ policy developments
 - Action points are taken forward between meetings and progress against those actions is monitored

10. Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval:

Date of review:

DRAFT