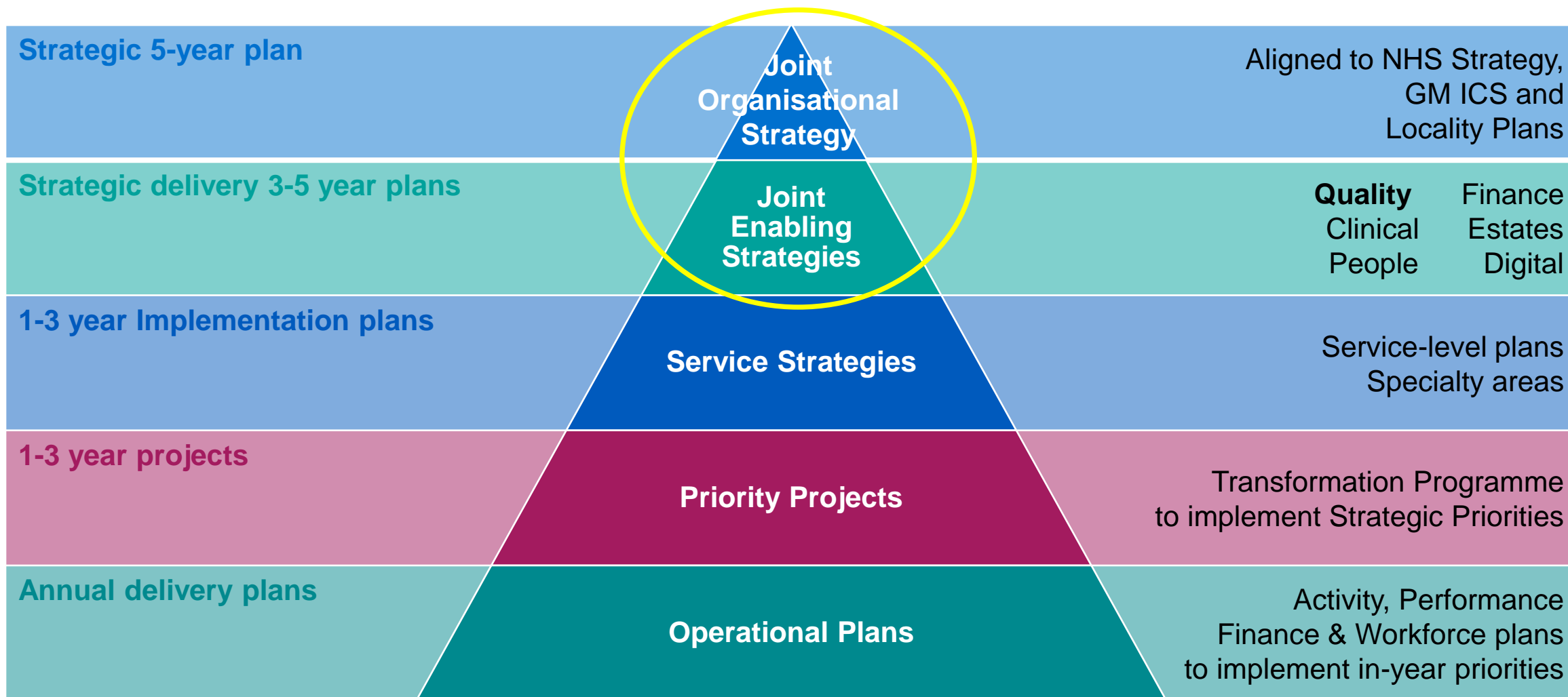


Development of a Joint Quality Strategy

Trust's Strategic Framework



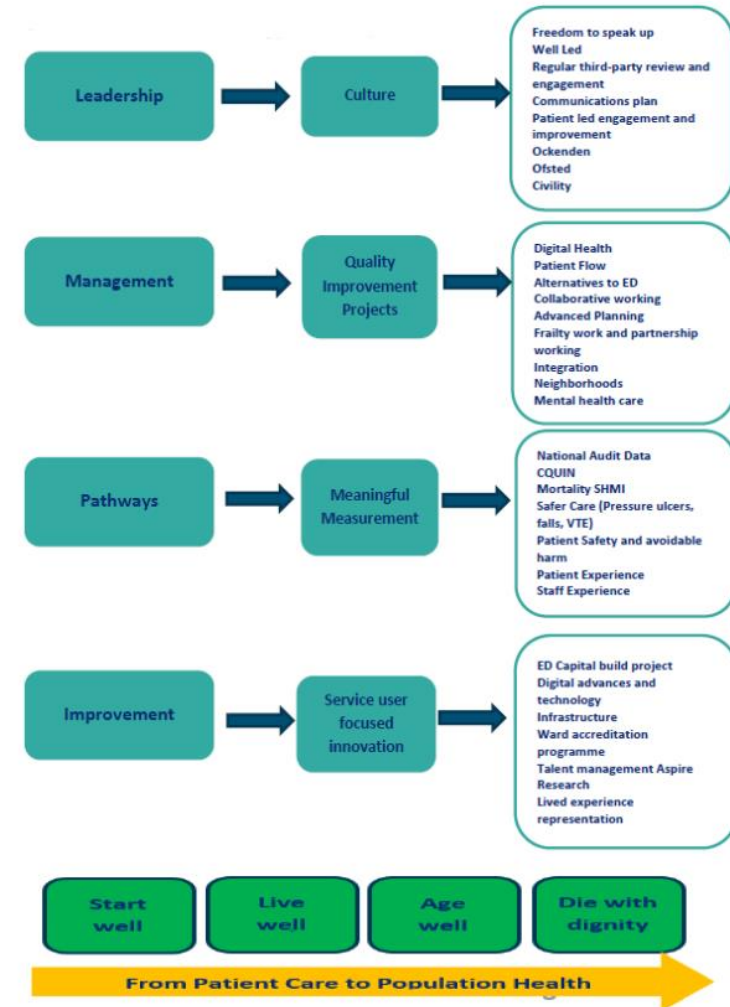
Quality Strategies

- Stockport's current Quality Strategy was 2021 -2024
- Tameside's strategy runs until 2026
- Developing a refreshed joint strategy will involve internal and external key stakeholders and will be supported by the Strategy and Partnerships Team.
- The Chief Nurse(s) and Medical Director(s) are the Senior Responsible Officers for development and oversight of the Strategy via the Trust governance processes.
- It is important that we engage with colleagues and patient's in the development of this strategy to ensure it reflects the vision of organisation and patients needs

Current Quality Strategies

Currently both Quality Strategies have four key aims for improvement with numerous metrics that sit under each area:

- Aim 1 – Start well – Improve first 1,000 days of life
- Aim 2 – Live well – Reduce avoidable harm
- Aim 3 – Age well – Reduce avoidable harm
- Aim 4 – Die well with dignity – Improve last 1,000 days of life



Quality Accounts 23/24

Some areas of focus for the 23/24 Quality Accounts across both organisations were:

- Falls
- Pressure Ulcers
- Sepsis
- Maternity and Neonatal service
- Mortality reviews
- TaGSTARS/STARS programmes
- Health inequalities

Stockport – Quality Highlights



Tameside and Glossop
Integrated Care
NHS Foundation Trust



Stockport
NHS Foundation Trust

Quality Highlight

Exception reports included this month relate to performance against Sepsis, Infection Prevention Control, Falls, Pressure Ulcers, and Maternity.

- SHMI Mortality rates continue to be low, with Stockport reported with the lowest rates across GM.
- The Trust continues to perform well against the Sepsis timely recognition target. Antibiotic administration 12-month rolling performance remains consistently below target, however, in-month performance for December shows 91% of audited patients received IV antibiotics within agreed timescales. Transformation team are now supporting to enable further service improvement.
- Reported infection rates for C. diff and MRSA show strong deterioration in performance for February, with an additional 7 C. diff cases, and 2 MRSA cases reported.
- Most falls are showing a deterioration in performance, with a strong deterioration in falls causing moderate harm and above.
- The number of hospital-acquired category 3&4 pressure ulcers show sign of improvement, with none reported in February 2025. Numbers of community-acquired category 2 pressures ulcers do show strong increase in numbers.
- The Trust written complaints rate has not changed significantly, although the last 6 months have seen rates increasing. Timely response to complaints has improved for December, achieving the 95% target for the first time since July 2024.
- Smoking during pregnancy performance has not changed significantly, and although performance is reported above the target threshold for February 2025, the 4% target is national ambition by the end of 2028. A new improvement trajectory is in development to allow more effective measurement in the future.

	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Quality Scorecard							
Mortality: SHMI	Dec-23 to Nov-24	≤ 100		↑	93	●	●
Sepsis: Antibiotic administration	Jan-24 to Dec-24	≥ 90%		→	76.6%	▲	▲
Sepsis: Timely recognition	Jan-24 to Dec-24	≥ 90%		↑	97.9%	●	●
C.diff infection rate	Mar-24 to Feb-25	≤ 32.75		↓	42.96	▲	▲
Covid-19 infection rate	Mar-24 to Feb-25			→	1.26		
E. coli infection rate	Mar-24 to Feb-25	≤ 31.41		→	34.74	▲	▲
MRSA infection rate	Mar-24 to Feb-25	≤ 0		↓	0.91	▲	▲
Stroke: Overall SSNAP Level	Sep-24	≥ C		→	A	●	●
Falls causing moderate+ harm	Feb-25	≤ 22	4	↓	2	▲	●
Falls due to lapses in care	Feb-25	≤ 425	174	→	18	●	●
Falls rate	Feb-25	≤ 3.51	2.82	→	3.06	●	●
Pressure Ulcers: Community, Cat 2	Feb-25	≤ 114	119	↓	20	▲	▲
Pressure Ulcers: Community, Cat 3&4	Feb-25	≤ 38	52	→	7	▲	▲
Pressure Ulcers: Hospital, Cat 2	Feb-25	≤ 79	54	→	3	●	●
Pressure Ulcers: Hospital, Cat 3&4	Feb-25	≤ 8	16	→	0	●	▲
Complaints: Timely response	Feb-25	≥ 95%	93.7%	→	96.9%	●	●
Complaints: Written Complaints Rate	Feb-25	≤ 7.9	9.27	→	7.71	●	●
Never Event Incidence	Feb-25	≤ 0	1	→	0	●	●
Patient Safety Alerts	Feb-25	≤ 0	14	↑	0	●	●
Patient Safety Incident Investigatio...	Feb-25		26	→	3		
Patient Safety Incident Rate	Sep-24 to Feb-25			→	93.68		
Early Neonatal Deaths	Feb-25	≤ 0	2	→	0	●	●
Maternity Diverts	Feb-25	≤ 0	4	→	0	●	●
Registrable Stillbirth Rate	Feb-25	≤ 0	4	→	4.69	▲	▲
Registrable Births	Feb-25	≤ 0	10	→	1	▲	▲
Smoking In Pregnancy	Feb-25	≤ 4%	4.5%	→	5.8%	▲	▲

Legend

1-month Forecast

The 1-month Forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence, or historical trends.

Current Period

- target achieved
- ▲ target not achieved

6-month Trend

- ↑ strong improvement
- improvement
- no significant change
- ↓ deterioration
- ↓ strong deterioration

Tameside – Quality Highlights



Tameside and Glossop
Integrated Care
NHS Foundation Trust



Stockport
NHS Foundation Trust

Tameside and Glossop Integrated Care FT Quality Account 2024/25



Tameside and Glossop
Integrated Care
NHS Foundation Trust

Key Performance Indicators	Target 24/25	Actual YTD	4 month Trend	Actual Month	Current Period	1 month Forecast
Quality						
Mortality						
SH-MI (rolling 12 months-to October 2024)	≤ 100	103.76	→	NA	▲	NA
Infection Prevention and Control						
MRSA - actual cases (YTD)	0	4	→	NA	●	▲
C. difficile - actual cases (YTD)	< 59	106	→	NA	●	▲
E.coli (YTD)	< 119	197	→	NA	●	▲
MSSA (YTD)	< 46	53	→	NA	●	▲
Patient Safety and Experience						
Re-admissions within 30 days (January 2025)	≤ 12%	11.8%	→	12.8%	▲	▲
Serious Incidents Confirmed	> 1	7	→	0	●	●
Pressure Ulcers: hospital-acquired (category 3 and 4)	NA	63	→	4	●	●
Never Events	0	3	→	0	●	●
Number of falls with harm incidents reported	< 16	37	→	2	●	●
Falls With Harm (rate per 1000 bed days)	NA	NA	→	0.16	●	●
Medication Incidents With Harm	0	3	→	2	●	●
FFT positive responses (all)	≥ 95%	89.9%	→	89.7%	●	▲
Complaints Responded within agreed timescale	≥ 90%	95.6%	→	96.7%	●	●
Stroke						
SSNAP Grading	B	NA	→	A	●	NA
Emergency Department						
Trolley waits in ED (>12 hrs)	0	3610	→	327	●	●
Notify to Handover ->60mins	≤ 10	881	→	35	●	●
Maternity						
Early Neonatal Deaths (≤24weeks)	0	0	→	0	●	●
Number of Stillbirths	NA	6	→	1	●	●
Stillbirths- rate per 1000	3.85 per 1000	NA	→	5.3	●	●
Smoking at time of delivery	4.5%	6.4%	→	4.9%	●	▲
Diverts- Number of occasions (January 2025)	≤ 3	34	→	2	●	●
Neonates With a diagnosis of HIE (Grade 2 and 3) ≥ 37 weeks	1 per 1000	NA	→	12.2	●	▲
Regulatory						
CQC Rating*	-	Good	-	-	-	-

* Governance indicators, which appear in the Single Oversight Framework

1-month forecast	4-month trend
The one-month forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence and historical trends.	<ul style="list-style-type: none"> ▲ strong improvement → no significant change ● deterioration ▼ strong deterioration
<ul style="list-style-type: none"> ● on target ▲ below target ▼ not performing 	

Key Performance Indicators	Target 24/25	Actual YTD	4 month Trend	Actual Month	Current Period	1 month Forecast
Operational						
Emergency Department						
4-hour wait (Type 1 and Type 3 activity)	≥ 78%	65.7%	→	67.1%	●	●
12-hour waits in Emergency Department	≤ 2%	10.9%	→	11.5%	●	●
Waiting Times						
RTT waits over 65 weeks (incomplete)	0	0	→	0	●	●
Diagnostic- six-week-wait target	≤ 5%	6.66%	→	0.28%	●	●
Cancer						
Cancer waits over 104 days	0	9	→	9	●	●
Cancer FDS (provisional position) (January 2025)	≥ 75%	NA	→	81.2%	●	●
Cancer waits over 62 days	0	45	→	45	●	●
Cancer- 62-day standard (January 2025)	≥ 85%	78.9%	→	83.3%	●	●
Efficiency						
Outpatient slot utilisation	≥ 92%	93.8%	→	92.5%	●	●
Outpatient DNA rate	≤ 7%	7.0%	→	6.61%	●	●
Theatre utilisation (capped)	≥ 85%	83.5%	→	83.9%	●	▲
Adult Bed Occupancy	92-95%	97.2%	→	95.6%	●	▲
Patient Flow and Demand Management						
UCR 2-hour response	≥ 70%	88.6%	→	87.2%	●	●
PIFU (% of patients on PIFU)	> 5%	NA	→	3.75%	●	●
Advice & Guidance (rate per 100)	16 per 100	NA	→	39	●	●
Long Length of Stay (21+ days)	≤ 88	93	→	93	●	●
No Criteria To Reside	< 32	55	→	55	●	●
Community						
Community Services (>52-week waits)	tbc	0	→	0	NA	NA
Workforce						
People						
Mandatory training (overall) (January 2025)	≥ 95%	NA	→	91.8%	●	▲
All Staff Turnover	≤ 12.6%	NA	→	11.0%	●	▲
Staff Sickness	≤ 5.23%	NA	→	5.4%	●	▲
Appraisals (January 2025)	≥ 90%	NA	→	87.8%	●	▲
Safe Staffing						
RNRM hrs on shift (% of planned)	> 86%	99.0%	→	99.7%	●	●
HCA hrs on shift (% of planned)	> 86%	116.8%	→	123.4%	●	●

QUALITY ACCOUNT: March 2025 Board (February 2025 performance)

Engagement questions

- Are the areas of focus from the last strategy still relevant?
- Are there any areas of learning from the last strategy?
- What areas are important for the quality strategy to focus on?
- What external factors/developments might we need to consider?

Early Considerations

- The NHS England Quality strategy development will, among others, use the framework for developing quality set out by Lord Darzi
- Darzi Review highlights quality of care chapter focused on:
 - Maternity and newborn
 - Mental health
 - Long-term conditions
 - Dementia
 - Planned care
 - Urgent and emergency care
 - End of life care
 - Avoidable deaths
- The independent Review into the operational effectiveness of the Care Quality Commission (CQC), by Dr Dash (2024).

GM Strategy & Forward Plan

We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.



Everyone has an opportunity to live a good life



Everyone experiences high quality care and support where and when they need it



Everyone has improved health and wellbeing



Health and care services are integrated and sustainable

Timelines

- February to April – Engagement workshops
- July – First draft complete
- July & August – Review and amendments
- September/October – Executive Team review and Quality Committee sign off
- November/December - Trust Board(s) sign off

Engagement

- We want to engage with colleagues across both organisations and localities
- Any thoughts/feedback on the strategy can be sent to rebecca.simmons@stockport.nhs.uk