

# Paper 13 Appendix 13b

## NHS Bury CCG Quality Report

Authors: Catherine Jackson, Carolyn Trembath, Michael Hargreaves

Updated: 18<sup>th</sup> May 2016

Key Current Quality Activity/Highlights	
Provider	Update
Pennine Acute	<p><b>Single Hospital Site Review</b> Increased pressures at North Manchester General Hospital (NMGH) are being impacted due to the single hospital site review taking place. Feedback is that opportunities for developing skills across the organisation are becoming limited for those on the NMGH site. Risks around resultant impact on staff retention and recruitment to vacancies at NMGH are being explored.</p> <p><b>Paediatrics</b> New senior paediatric nursing role commences imminently coming from Central Manchester. The Trust has been undertaking overseas recruitment and is also looking at other joint appointments with Central Manchester Foundation Trust to developing rotas and skill-mix across the organisations. This is one of the positives for single hospital service allowing development opportunities for bands 4 and 5 staff. Beds are likely to remain closed for a minimum of 4 months unless staffing pressures reduce. Greater Manchester Paediatric Bed Bureau has reported that thus far GM paediatric beds are coping with the PAHT bed closures, though there is a requirement to look at bed availability across all Trusts.</p> <p><b>Complaints - improvement on trajectories</b> Complaints management continues to improve. Currently there are 260 open complaints, 5 over 300 days but these now progressing to closure. Target is still to have 0 complaints still ongoing over 100 days by end of July, currently 60. Total number of open complaints aiming to be below 90 by end of year. Timescales for responding to patients is improving with challenges into divisions on a daily basis to maintain emphasis on resolution. There is a need to triangulate with claims, incidents, patient experience though high level themes are already known linking to outputs from patient survey and complaints. It was agreed that a monthly position statement on trajectories will be shared going forward.</p> <p><b>New Senior Team</b> North East Sector CCG Chief Operating Officers' now meeting with the Trusts Senior Management Team to review progress of the 100 day review being led by Sir David Dalton to give assurance back to NHS England. A tracker to record progress has been developed and will be managed by the CCG Quality Leads. It is acknowledged the progress that has already been made by PAHT.</p>
Other GM Acute Trusts	<p>Trusts where Monitor has taken enforcement action:</p> <ul style="list-style-type: none"> <li>•Stockport Foundation Trust</li> <li>•Tameside Foundation Trust</li> <li>•University Hospital of South Manchester NHS Foundation Trust</li> </ul> <p>The enforcement relates to A&amp;E performance, delayed transfers of care, 18w RTT and outliers on a range of indicators</p>

# NHS Bury CCG Quality Report

## Key Current Quality Activity/Highlights

Provider	Summary
Pennine Care Community Services	<p><b>Contract, Quality, Performance Group</b> New terms of reference being compiled as the community services Bury contract will have new accountabilities in 2016/17. Robust Key Performance Indicators and CQUINs are now agreed for the 16/17 contract.</p> <p><b>Contract Performance Reporting</b> Fundamental review to take place to ensure report is fit for purpose along with distribution list to ensure is received appropriately in the CCG and demonstrates accurate service delivery.</p> <p><b>Looked After Children (LAC) Assessments</b> – Further review as to initial LAC assessments process has taken place. Going forward will review each key element to ensure that this is delivered within predefined time scales to enable appropriate escalation.</p> <p><b>Core and Essential Skills Training (CEST)</b> – Safeguarding training compliance continues to improve. Feedback on poor compliance with Paediatric and Adult Basic Life Support Training uptake outstanding and escalated. It is proposed that one of the Quality Deep Dives will focus on CEST and particularly Life Support Training.</p> <p><b>Q4 CQUIN</b> Evidence received and update will be provided in June on review progress.</p> <p><b>Routine CQC Inspection</b> Dates now confirmed - in late spring for community services and early summer for MH Services . Routine unannounced inspections in both community and mental health services are also scheduled for later on in June 2016 . CCGs have been invited to a CQC focus meeting at PCFT on 16<sup>th</sup> June along with NHSE.</p>
Pennine Care Mental Health	<p>Monthly contract and quality meeting replaced last month with an annual review of contract and quality governance. Following this workshop a number of changes have been agreed including removal of the Part 1 commissioner only discussion to allow greater time for collaborative discussion with the provider. An additional sub-group was proposed around finance and contractual variations, which again should allow a more focussed discussion of key performance, quality and service development areas.</p> <p>CQUIN Q4 review is to take place in the next 2 weeks. An agreement was reached around the Health and Wellbeing Greater Manchester CQUIN for 2016/17 – the provider will work towards implementation of Option B – supported by locally sourced evidence of the impact of implemented initiatives.</p>
Primary Care/Out Of Hours	<p><b>Out Of Hours</b> – National quality indicators on track. Acceptance from the provider that the reduction in demand following the introduction of 111 has had a significant positive impact on performance.</p>
Bury Hospice	<p><b>Bury Hospice</b> - Work continues at Bury Hospice in relation to a review of the previous management arrangements. There is currently an acting chief officer in post and Bolton Hospice are supporting the Board of Trustees at this time, they have appointed new Trustees and vacancies are in the process of being filled. The Hospice has had a CQC inspection, initial feedback was positive, the report is awaited. Additionally, the CCG Safeguarding Team have been supporting the Clinical Director with training and peer support.</p> <p>Members of the hospice senior management team have been involved in the strategic planning of Palliative and End of Life Care across the Bury conurbation. Communications are ongoing between NHS Bury CCG and the hospice regarding partnership working and the potential for the co-location of Palliative and End of Life service delivery</p>

# NHS Bury CCG Quality Report

## CCG Key Quality Indicators

Indicator	Commentary
Healthcare Acquired Infection	<ol style="list-style-type: none"> <li data-bbox="493 301 2016 358"><b>HCAI</b> - There were 3 reported cases of MRSA against the CCG trajectory of 0 and 46 cases of C-Difficile against the CCG trajectory of 45 in 2015/16. There have been no reported cases of MRSA since August 2015. 58% of C. Difficile cases were community attributed and 42% secondary care attributed.</li> </ol>
Single Sex Accommodation Breaches	<ol style="list-style-type: none"> <li data-bbox="493 389 2016 418">No SSA breaches reported since 1<sup>st</sup> April 2016</li> </ol>
Patient Reported Experience	<ol style="list-style-type: none"> <li data-bbox="493 464 2016 544">Friends and Family Test response rates at PAHT continue to be lower than expected. Trusts Patient Experience Committee is currently reviewing the strategy for engaging patients in surveys and feedback to look to increase participation. The proportion of patients that would recommend PAHT as a an organisation to deliver care continues to be at or above national average.</li> </ol>

## NHS Bury CCG Quality Report

## Proposed Provider Assurance Visits – 2016/17

Provider	Date	Services/Scope of Visit
Bolton Foundation Trust	Q1	Maternity Services
NWAS	Q1	Ambulance Transport
Pennine Care Community Services	Q1 – Q4	Wound Care and Lymphoedema Service Falls Service Tissue Viability Infection Control Bealey Community Hospital
Pennine Acute	Q1	A&E Discharge Liaison
Pennine Care	Q1-Q2	Community Mental Health

## NHS Bury CCG Quality Report

CQC Inspections		
Provider	Inspection Date	Outcome and Next Steps
The Healthlands Village Care Home	January 2016	Good, 1 area outstanding. Very positive report concerning all aspects of care and other needs. No further action.

## NHS Bury CCG Quality Report

### Current and Planned Quality Improvement Initiatives

Initiative	Progress	Summary of objectives and progress to date
<p>Lifestyle Changes for Patients Undergoing Elective Surgery</p>	<p>Ongoing</p>	<p><b>Michael Hargreaves</b> - This scheme aims to improve outcomes and reduce complications for patients undergoing certain elective procedures by encouraging lifestyle changes. These changes include quitting smoking and weight loss for patients with a high BMI. This a joint CCG and public health initiative, led by Margaret O'Dwyer, Dr Kiran Patel and Lesley Jones and project managed by Michael Hargreaves. The expectation is that pathway changes will be implemented early in the summer of 2016.</p> <p><b>Update, May 2016</b> – Feedback has been received from all sectors and the Clinical Cabinet and also from the CCG's Patient Cabinet around proposed patient information literature. Final amendment to be made before publication of final report ahead of the July Clinical Cabinet. Production of a small number of patient information videos is to be commence in the next few weeks beginning with a message from Dr Patel.</p>

# NHS Bury CCG Quality Report

**Projected Total Achievement – Between 30% (£277.5k) and 85% (£786.25k)**

2015/16 Quality Premium Status Report							
Indicator	CCG Lead	QP Value (%/£)	Target	YTD Actual	Data Period	Projected to Achieve?	Data Source
Reducing potential years of lives lost through causes considered amenable to healthcare	Michael Hargreaves	10%/92.5k	<2270	Data Published – Sept 2016	N/A	<b>Uncertain</b>	NHSE – HSCIC
Avoidable emergency admissions*	David Latham	15%/138.75k	YTD 4,482*	4,298*	Apr to Mar 16	<b>Y *(Proxy Indicator)</b>	NHSE – HSCIC
Delayed transfers of care which are an NHS responsibility	David Latham	15%/138.75k	YTD 2,839	3,381	Apr to Mar16	<b>N</b>	Unify
Reduction in the %people with severe mental illness who are currently smokers	Usman Darsot	10%/92.5k	<58%	56.1%	As at Dec 15	<b>Y (Likely)</b>	Vision (GP system)
Increase in the proportion of adults in contact with secondary mental health services who are in paid employment	Usman Darsot	20%/185k	2.3%	3.0%	As at Dec 15	<b>Y (Likely)</b>	MHMDS Unify
Improving antibiotic prescribing in primary and secondary care:							
1. reduction in the number of antibiotics prescribed in primary care		5%/46.25k	1.245 (No. of items per STAR-PU)	1.214 (No. of items per STAR-PU)		<b>Y</b>	
2. reduction in the % of broad spectrum antibiotics prescribed in primary care	Jeanette Tilstone	3%/27.75k	Less than 11.3%	6.48%	Rolling 12 months to Feb 2016	<b>Y</b>	ePACT
3. secondary care providers validating their total antibiotic prescription data		2%/18.5k	Y/N	Y		<b>Y</b>	
Find Your 1%' – Increasing the proportion of registered patient on the palliative care register	Delwyn Wray	10%/92.5k	>0.36%	0.41%	As at Mar 16	<b>Y</b>	Vision (GP System)
IAPTS - % increase in the number of patients with LTCs seen by the service	Usman Darsot	10%/92.5k	>540	1,428	As at Jan 16	<b>Y</b>	PARIS (PCFT data system)

## NHS Bury CCG Quality Report

## 2015/16 Quality Premium Status Report - NHS Constitution Indicators

Indicator	QP Value (%/£)	Target	YTD Actual	Data Period	Projected to Achieve?
RTT-incomplete	-30%	92%	95.3%	YTD Mar 16	Y
A&E 4 hour waits	-30%	95%	85.3%	YTD Mar 16	N
Cancer waits – 14 days	-20%	93%	94.8%	YTD Feb 16	Y
Category A Red 1 ambulance calls	-20%	75%	74.82%	YTD Mar 16	Y*

**Note:** Failure to achieve any of the NHS Constitution Indicators above will result in a percentage reduction of the total achievement on the previous slide. For example if the total achievement on the previous slide is £786.25k and the A&E 4 hour target is not achieved, then the £786.25k will be reduced by 30% leaving a final award of **£550.375k**

**\*Please note the letter below from Blackpool CCG regarding the Category A Red 1 ambulance waits achievement:**

'CCG COOs

Dear Colleague

**Re: CCG Quality Premium**

Ambulance Red 1 performance impacts on the CCG Quality Premium payments if the 8 minute standard is not achieved. A deduction of 20% is made, which for the North West would be equivalent to circa £7.4m.

NWAS has reported a year-end figure of 74.82% which unfortunately means that the target has not been achieved.

I have, however, raised with NHS England some anomalies in respect of pilot schemes and the use of Fire and Rescue responses.

I wish to inform you that NHS England has taken a pragmatic view of joint working and the use of resources and its impact on performance. The result is that for CCG Quality Premium purposes, the ambulance Red 1 standard has been achieved and no deduction will be made.

Yours sincerely

Allan Jude

Director of Ambulance Commissioning

Blackpool CCG

c.c. County Ambulance'