

Governing Body

25 January 2017

Details	Part 1	X	Part 2		Agenda Item No.	9
Title of Paper:	Governing Body Quality Report					
Board Member:	Catherine Jackson					
Author:	Catherine Jackson/Carolyn Trembath					
Presenter:	Catherine Jackson					
Please indicate:	For Decision		For Information	X	For Discussion	

Executive Summary

Summary	<p>The Quality Dashboard provides an overview of:</p> <ul style="list-style-type: none"> • The 2017/18 Assurance Framework requirements and mode of assessment • Quarter 2 checkpoint assurance visit • 2017/18 Quality Premium • 2015/16 Quality Premium provisional results • 2017/18 CQUINs • Quality in General Practice • Provider Quality Updates • Prescribing and Public Health 					
Risk	High		Medium		Low	X
Recommendations	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note the main focus areas raised. • Note the recommendations and take action where required 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	X
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	X
Supports NHS Bury CCG Governance arrangements	

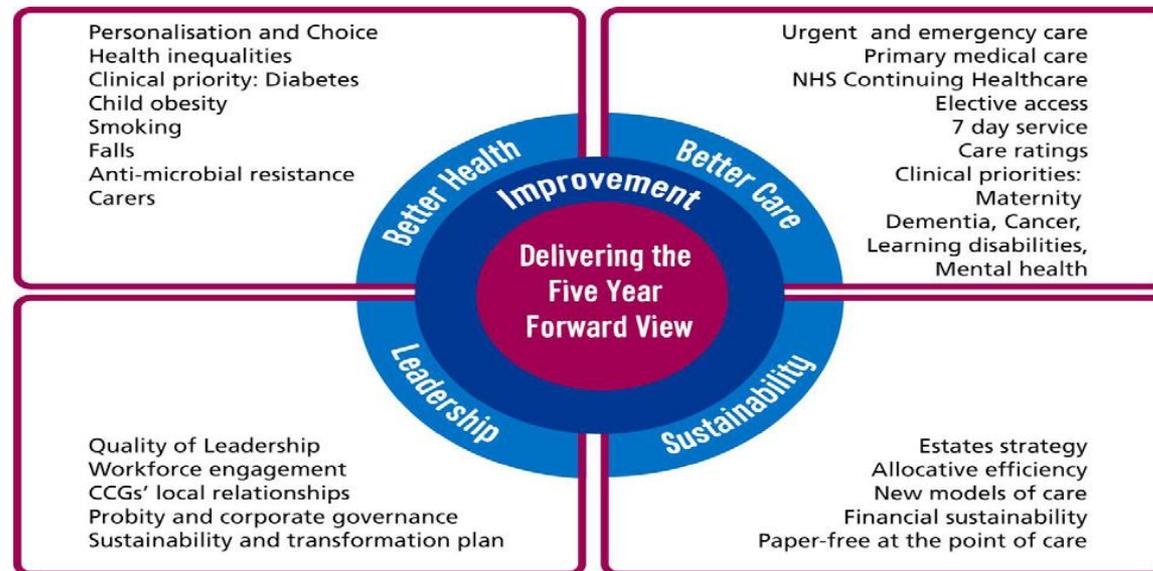
QUALITY REPORT

Governing Body January 2017

Assurance Framework 2017-18

As part of the successful devolution of statutory responsibilities to Greater Manchester (GM), an accountability framework was agreed between NHS England and GM which sets out a responsibility to manage and improve system performance with a specific duty to conduct an annual performance assessment of each CCG. The responsibility to undertake this within GM is delegated to the Chief Officer of the Greater Manchester Health and Social Care Partnership (GMH&SCP).

Assurance and delivery is based on the four key areas in the system working together. Below sets of the priorities for GM.



A multi-organisational Quality Board and Quality Surveillance Groups (QSGs) sub-groups hosted by GMH&SCP allow system oversight and identification of thematic issues across the health economy.

The Bury Quality and Safeguarding Team are accountable to the CCG Governing Body, Quality Board and GMH&SCP for delivery against the 'Quality Improvement' agenda.

January update

GMH&SCP Q2 CCG Assurance Visit - the CCG quality areas of focus were,

- Transforming Care (Winterbourne)
- Safeguarding
- Cancer Care Plans and End of Life Care
- Serious Incident Reporting
- Transforming Care
- Care Homes
- Single Sex Accommodation breaches
- Workforce Capacity

No further assurance has been requested, we are awaiting the report detailing the outcome for the visit.

2017/18 Quality Premium (QP) – value approx £1m

The five mandatory national indicators are worth 85% in total of the overall QP; cancer-early diagnosis, patient survey of GP practices, Continuing Health Care (CHC) assessments, access to mental health services and management of blood stream infections. One local indicator worth 15% will be developed based on the 'Right Care' Programme. The local indicator when agreed by the CCG will be confirmed to NHS England later in January 2017.

2017/18 Commissioning for Quality and Innovation (CQUINs)

- The 2017- 2019 CQUIN scheme enables providers to earn up to 2.5% of the annual contract value with commissioners.
- 1.5% of the 2.5% will be linked to delivery of nationally identified clinical quality improvements. There are different indicator sets for acute, community, mental health, independent sector and ambulance providers. The schemes will run for 2 years.
- 0.5% of the 2.5% will be available subject to provider engagement and commitment to the local Sustainability and Transformational Plans.
- 0.5% of the 2.5% will be achieved by providers demonstrating financial systems balance and controls.

PCFT were rated overall as 'Requires Improvement' by the CQC

Caring – Good

Responsive – Good

Safe, Effective, Well-led requires improvement

Quality Premium Outcome 2015/16

Total achievement– 83.3% (all except DTOC) = £793.5k, less 30% re A&E 4 hour waits penalty = £555.4k of £952k available				
Indicator	CCG Lead	QP Value (%/£)	Achieved?	Data Source
Reducing potential years of lives lost through causes considered amenable to healthcare	Michael Hargreaves	n/a	Removed as NHS Digital not able to measure	NHSE – HSCIC
Avoidable emergency admissions	David Latham	16.7%/154.5k	Y	NHSE – HSCIC
Delayed transfers of care (DTOC) which are an NHS responsibility	David Latham	16.7%/154.5k	N	Unify
Reduction in the %people with severe mental illness who are currently smokers	Usman Darsot	11.1%/102.7k	Y	Vision (GP system)
Increase in the proportion of adults in contact with secondary mental health services who are in paid employment	Usman Darsot	22.2%/205.4k	Y	MHMDS Unify
Improving antibiotic prescribing in primary and secondary care: 1. reduction in the number of antibiotics prescribed in primary care 2. reduction in the % of broad spectrum antibiotics prescribed in primary care 3. secondary care providers validating their total antibiotic prescription data	Jeanette Tilstone	5.55%/51.34k 3.33%/30.8k 2.22%/20.54k	Y Y Y	ePACT
Find Your 1%’ – Increasing the proportion of registered patient on the palliative care register	Delwyn Wray	11.1%/102.7k	Y	Vision (GP System)
IAPTS - % increase in the number of patients with LTCs seen by the service	Usman Darsot	11.1%/102.7k	Y	PARIS (PCFT data system)

NHS Digital could not measure the data for the indicator ‘Reducing potential years of lives lost through causes considered amenable to healthcare’ the 10% was reallocated equally across the remaining indicators

Quality Premium Outcome 2015/16

2015/16 Quality Premium - NHS Constitution Indicators			
Indicator	QP Value (%/£)	Target	Achieved?
RTT-incomplete	-30%	92%	Y
A&E 4 hour waits	-30%	95%	N
Cancer waits – 14 days	-20%	93%	Y
Category A Red 1 ambulance calls	-20%	75%	Y

Note: Failure to achieve any of the NHS Constitution Indicators above results in a percentage reduction of the total achievement on the previous slide.

General Practice

The cancer and end of life work stream are working with practices; recent workshops on cancer care planning were well attended.

All 31 of Bury's Practices are signed up to the Quality in Primary Care Contract. An operational group has been established to monitor performance and address any issues. As at the end of Q3 all practices are on track to deliver all of the contractual KPIs.

Friends & Family Test (FFT) Results - 97% of practices submitted FFT results in October 2016 (most recent month available). The number of responses per practice was low with only 389 patients participating.

BARDOC (out of hours GP provider) has agreed to support the locality with infection outbreak management in Nursing and Residential Homes.

CQC General Practice Inspection outcomes

Blackford House assessed as 'Good'.

The Elms and Woodbank were both assessed as 'Requires Improvement'.

The CCG continues to support 5 practices with their CQC action plans; Garden City, Longfield, Fairfax, The Elms and Woodbank

Pennine Acute Hospital Trust

The CQC report was published (August 2016). The CQC identified 77 'Must Dos' and 144 'Should Dos' to ensure sustainable improvement to care delivered across the Pennine Trust services.

Scrutiny of the CQC improvement plan lies with the GMH&SCP Improvement Board and CQC. Locally the North East Sector CCG Executive Nurses and Quality Leads track the action plan in detail.

The key areas for improvement identified were:

- Patient safety, harm and outcomes
- Systems of assurance and governance arrangements
- Operational management and data quality
- Workforce capacity and capability
- Leadership and external relations

Workforce remains the main barrier to delivering improvement at the Trust. PAHT are subject to the same staffing recruitment and retention pressures as all Trusts across the UK and continue to supplement their workforce with short term temporary staffing. As far as possible PAHT use their own staff to cover gaps on shift.

PAHT have a programme in place 'Healthy Happy Here' to help improve people's working lives to tackle sickness and absence and improve staff retention.

A significant number of recruitment drives have been undertaken to increase the numbers of nursing, midwifery and clinical staff across the Trust.

Additional clinical and operational support is being provided by Salford Royal NHS Foundation Trust and Central Manchester NHS Foundation Trust particularly in A&E at North Manchester General Hospital, Maternity, Critical Care and Paediatric services.

Pennine Care Foundation Trust - Mental Health Services

Quality and performance of PCFT mental health services are overseen by joint reviews by the North East Sector CCGs.

National Quality Standards

Out of the 5 National standards reportable in the November (most recent reporting month), 4 were achieved:

- Duty of Candour (Compliant)
- Mental Health Minimum Data Set (MHSDS) Improving Access to Psychological Therapies Outcome Data (98%)
- MHSDS NHS Number (100%)
- Single Sex Accommodation Breaches (0)

Ethnicity coding stands below target at 87% against a target of 90%

The key areas of development are:

- A Trust-wide Data Quality Improvement Plan
- Staff participation in Core and Essential Skills Training (CEST) with focus on Level 3 Children's Safeguarding, Basic Life Support training and Infection Control.
- 30 Day Readmissions (12.85% against the <10.70% Target)
- Rapid Assessment, Interface and Discharge (RAID) 4 hr A&E Breach Target (96% against the 98% Target)
- Provider Cancellations - Older Peoples Services (7.2% against the <3% Target)

2017 – 2019 Contract was signed on 23rd December in line with NHS England deadlines.

Pennine Care Foundation Trust - Community Services

Quality and performance of PCFT community services is overseen by the monthly Clinical, Quality and Performance Group (CQPG) chaired by the CCG.

A Trust-wide Data Quality Improvement Plan has been launched.

Looked After Children (LAC) assessments remain a focus

Local meetings in progress to resolve capacity and quality issues in the following services:

- Paediatric community eye services
- Paediatric Dietetics
- Posture and Mobility
- Staff participation in Core and Essential Skills Training (CEST) with focus on Level 3 Children's Safeguarding and Basic Life Support training.

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Public Health

FAIRNESS FIRST - addressing inequalities in Bury. Director of Public Health Annual Report 2015/2016 was published in October and is available from the local authority.

The focus of this year's report is health inequalities. There has been growing recognition of the existence and the injustice of the geographical inequalities within the borough.

This has started to shape Public Health's policy response through their economic development strategy and their service response via the development of neighbourhood working.

The report intends to extend the understanding of health inequalities within our communities by focusing on the experiences of key groups of people.

It highlights how social, cultural and practical barriers prevent individuals from gaining access to the resources and services required to achieve good health. Beyond the legal framework there is a moral and an economic case for being concerned about inequalities. Those who experience inequalities endure hardship, misery, stigma and isolation, which no-one in a civilised society would wish to inflict on another. It is also clear that unequal societies have poorer outcomes in a range of measures including obesity, drug dependency, mental illness and infant mortality. In addition, more unequal societies have higher rates of teenage pregnancy, lower educational attainment and lower levels of child wellbeing.

This report supports the on-going work in Bury in addressing locally the challenge of inequalities which significantly affect health outcomes. Integrated commissioning with the Local Authority will be integral to addressing the key messages in the Director of Public Health's annual report.

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