

# Governing Body

22 March 2017

<b>Details</b>	Part 1	<b>X</b>	Part 2		Agenda Item No.	<b>10</b>
Title of Paper:	Quality Report					
Board Member:	Catherine Jackson, Executive Nurse					
Author:	Catherine Jackson/Carolyn Trembath					
Presenter:	Catherine Jackson, Executive Nurse					
Please indicate:	For Decision		For Information	<b>x</b>	For Discussion	

## Executive Summary

<b>Summary</b>	<p>The Quality Dashboard provides an overview of:</p> <ul style="list-style-type: none"> <li>• The 2016/17 CCG Improvement and Assessment Framework (IAF) Quality of Leadership self-assessment</li> <li>• Pennine Acute CQC update</li> <li>• Pennine Care FT</li> <li>• Quality in General Practice</li> <li>• Advancing Quality</li> <li>• Q3 CQUINs</li> <li>• 2016/17 Quality Premium progress</li> </ul>					
<b>Risk</b>	<b>High</b>		<b>Medium</b>		<b>Low</b>	<b>x</b>
<b>Recommendations</b>	<p>Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Note the main focus areas raised.</li> <li>• Note the recommendations and take action where required</li> </ul>					

## Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	<b>y</b>
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	<b>y</b>
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?	<b>Y</b>
Supports NHS Bury CCG Governance arrangements	

# QUALITY REPORT

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Governing Body - March 2017

# March update

The CCG completed the 2016/17 CCG Improvement and Assessment Framework (IAF) Quality of Leadership Indicator self-assessment to support the organisation's Q3 assurance meeting with Greater Manchester Health & Social Care Partnership. The Quality and Safeguarding sections have been assessed as **Green Star** which is the highest rating. The Q3 meeting will be held on 20<sup>th</sup> March.

1. Quality (Q)	
<p>There is a focus on quality at governing body level with frequent and regular reports to the governing body and discussions focusing on driving improvements in quality, safety, outcomes and delivery of Constitutional standards.</p>	<p>The CCG has a Quality and Performance Committee within its governance structure which meets on a monthly basis. Separate quality and performance reports are presented to this committee and from here they progress to the formal bi-monthly Governing Body. Performance against Constitutional standards is covered primarily by the Performance report whilst the Quality report includes the following key areas:</p> <ul style="list-style-type: none"> <li>• Monthly strategic updates</li> <li>• Quality in General Practice</li> <li>• Pennine Acute (PAHT) quality updates</li> <li>• Pennine Care (PCFT) quality updates (both mental health and community)</li> <li>• Nursing home updates</li> <li>• Improvement Plans responding to CQC recommendations from reviews of Care Homes and NHS providers</li> </ul> <p>On a quarterly basis, the Quality report also includes updates on Transforming Care, Continuing Healthcare (CHC), Personal Health Budgets (PHB), Public Health, Walk Around reports, Provider Quality Accounts, Quality Premium, CQUIN (Commissioning for Quality and Innovation) and Mortality (inc Learning Disabilities and Mental Health).</p>
<p>The CCG has effective systems and processes for monitoring and acting on a range of information about quality, from a variety of sources, including patient feedback, so that the CCG is able to identify early warnings of a failing service.</p>	<ul style="list-style-type: none"> <li>• NES (North East Sector) Serious Incident (SI) Panels meets on a monthly basis to review any incidents reported by NHS and non-NHS providers. The panel has responsibility of issues reported to NHS England.</li> <li>• Monthly Infection Control panels for both acute and community providers that include the local authority.</li> <li>• The CCG has centralised email addresses to receive notification of safeguarding and serious incidents.</li> <li>• Lessons learned and themes from complaints and SI's are discussed at all contract/quality meetings with providers and issues escalated as necessary.</li> <li>• The CCG commission Greater Manchester Shared Services to provide comprehensive patient services functions which supports complaints, complements, Patient Advice and Liaison (PALs) and MP enquiries. Quarterly reports are received and following review through the respective quality, commissioning and business delivery teams are submitted to the Quality and Performance Committee for action.</li> <li>• Updates in respect to complaints relating to primary care, which are processed outside this arrangement by NHS England are also received and reviewed. Updates are also provided to the Primary Care Workstream and Patient Cabinet. This allows triangulation of concerns and queries.</li> <li>• An electronic system (Datix) has been introduced to enable colleagues in General Practice to report quality concerns and issues. Analysis of themes are undertaken for discussion with relevant providers and then feedback on improvements is disseminated.</li> <li>• A quarterly patient services report is submitted to the Quality and Performance Committee which included details of all PALS contacts</li> </ul>

# Pennine Acute Hospital Trust (PAHT)

- The CQC (Care Quality Commission) (August 2016) identified 77 'Must Dos' and 144 'Should Dos' to ensure sustainable improvement to care delivered across the Pennine Acute NHS Trust services. The full report corroborates the findings of Salford Royal NHS Foundation Trust's (SRFT) local diagnostic review. Scrutiny of the Trusts improvement plan lies with the GMH&SCP Improvement Board, CQC and locally the CCG Executive Nurses and Quality Leads.
- The Trust developed a CQC Action Plan and they are refreshing their Quality Strategy "Igniting Quality Improvement".
- The Improvement Board with key stakeholders continues and the formation of the sub-groups, Urgent Care, Maternity & Paediatric, and Quality Review Committee is in hand and the first meetings took place at the end of February.
- Furthermore, there is scrutiny of quality and performance locally, across the NES and at GMH&SCP Quality Board.

## Current issues

- A&E performance and flow through the hospital
- 12 hour wait in the A&E department
- Ambulance handover delays
- Complaints management
- Serious incidents - open StEIS incidents
- Progress regarding the Diagnostics Improvement Plan
- Patient care planning, management and escalation

Recruitment and retention of staff is the main barrier to the success of the Trust's Improvement Plan though they have clear tactics and evidence of an improving picture.

## Quality on the Wards

Nursing care on the wards has been energised with the role out of the Nursing Assessment and Accreditation System (NAAS) which has been used successfully at SRFT to bring all wards up to the required standards, reduce variability, and improve patient care, safety and experience.

The NAAS programme helps support ward managers providing them with a clear framework for managing their environments and delivering excellence. The NAAS programme will have all the wards assessed by June 2017 and action plans developed where required. NAAS is a rolling programme to ensure standards are maintained in the long term.

# Pennine Care NHS Foundation Trust (PCFT) - Mental Health

PCFT's CQC report was published 9<sup>th</sup> December 2016 (inspected 13 – 16 June 2016 Mental Health and Community services):

## Overall rating - Requires improvement

- **Safe – require improvement**
- **Effective – requires improvement**
- **Caring – good**
- **Responsive – good**
- **Well-led – requires improvement**

The CQC report was presented at the Quality Summit in January 2017 and PCFT had 28 days to respond to with an Action Plan. PCFT has developed a Trust-wide action plan and as yet it is not anticipated that this will be split out to be borough specific.

The CQC action plan has an executive sponsor for each theme and an owner for each action. Monthly meetings with the CQC will monitor the action plan progress providing a robust forward view in terms of assessment. Short term actions are being worked on immediately. There was recognition from the CQC that many of the actions in the plan could not be carried out by PCFT alone and that good partnership working across the health economy was essential.

## Quality Developments

**Update on LD Greenlight toolkit** – the toolkit which is an audit tool developed nationally will review how well mental health services support people with learning disabilities and autism. The outcome is to provide more specialist services and to provide assurance care needs are being met.

**Did Not Attend Report** – the Trust has been looking into how they respond to DNAs across mental health services. There are a variety of activities such as text reminders for appointments, they have changed the timing of reminder letters and have implemented a telephone reminder service. Reporting provides granular detail to enable monitoring at service level.

**Sickness rates** – this has been highlighted as a hotspot which may have an impact on the delivery of services. The Trust has a strategy for managing sickness and absence which includes supporting people to come back to work, e.g. Occupational Therapy, fast-track Physiotherapy and other Health & Well Being measures.

# PCFT Community Services

The PCFT CQC Action Plan remains the main focus for the Trust currently. A local CQC Improvement Plan is under development, on-going scrutiny will be provided at the Clinical Quality and Performance Group (CQPG).

## **CQC's key findings**

Community Services inspected for the whole organisation:

- Intermediate care – GOOD
- Adult Community Services – REQUIRES IMPROVEMENT
- Children Community Services - GOOD
- End of life – REQUIRES IMPROVEMENT

## **Quality Updates and Hotspots**

**Posture and Mobility waiting times** – a review of the service has shown that despite a range of measures to reduce expenditure, provide cost effective equipment and other mitigation; along with difficulties in recruitment there are unacceptably long waits for this service. A paper detailing a new service specification will be taken to Clinical Cabinet as a priority.

**Podiatry** - the Podiatry redesign paper was presented to the Clinical Cabinet and the recommendations were approved. The service will streamline care pathways to improved waiting times.

**Dietetics** – a locum is in place until the end of May 2017. An adult dietetic clinician is undergoing paediatric dietetic training and should be fully competent by May 2017. A robust contingency plan is in place.

# General Practice

## Quality in Primary Care Contract

All 31 practices have submitted their quarter 3 Key Performance Indicator (KPI) compliance data

Phase 2 of the Quality in Primary Care Contract was circulated to practices on the 1 March for sign up. The deadline for practices to return their intentions to deliver is 17 March 2017 with a contract commencement date of 1 April 2017

## Friends & Family Test (FFT) Results

84% of practices submitted FFT results in November 2016, with 90% of patients stating they would recommend their Bury Practice to their Friends & Family.

## CQC

Longfield Medical Practice and Fairfax Group Practice rated as overall 'requires improvement' at their previous inspections in 2016 were re-inspected by CQC in January and awarded an overall rating of 'good'

Garden City rated as overall 'requires improvement' at their inspection in December 2016 will receive a further comprehensive inspection on 15 March 2017

# Advancing Quality

- AQuAs' (Advancing Quality Alliance) Advancing Quality (AQ) programme has historically been funded by CCG's by an annual membership subscription. Recognising significant financial pressures across the NHS and efficiency savings, for 2017/18 the AQuA Board have agreed to fund the programme through historic reserves, thus there will be no charge to the CCG.
- The Delivery Framework for 2017 outlines the programmes core operating model; the people, processes and systems essential to the successful and continual realisation of improved patient, quality and financial outcomes.
- Piloting work with a number of North West CCGs over the last two years has explored and tested key challenges, priorities and opportunities of an adapted programme model supporting improved care quality standards in a Primary Care setting. AQ are now able to offer a range of tailored and bespoke services related to five prevalent condition areas; Asthma, Atrial Fibrillation, COPD (Chronic Obstructive Pulmonary Disease), Diabetes and Heart Failure for General Practice.
- Further discussions within the teams at the CCGs will take place to establish how the AQ offer can be best optimised for 2017/18.

<b>Clinical Focus Areas for Secondary Care / Acute and Mental Health Providers</b>
Acute Kidney Injury (AKI)
Alcohol Related Liver Disease (ARLD)
Chronic Obstructive Pulmonary Disease (COPD)
Diabetes
Hip and Knee Replacement Surgery
Pneumonia
Hip Fracture
Sepsis
<b>Previous Clinical Focus Areas now captured under other reporting mechanisms</b>
*Early Intervention Psychosis (EIP) o data collected via Mental Health Services Data Set (MHSDS)
*Heart Failure (HF) o data collected via National HF Audit
*Stroke o data collected via Sentinel Stroke National Audit Programme (SSNAP)

# 2016/17 Q3 CQUIN update

- **Pennine Acute Hospital Trust – 12 CQUINs value £7.1m (combined across Bury, HMR & N Manchester contract )**
  - 8 Green (achieved)
  - 3 Amber (DTCO, Reduce Avoidable Readmissions, Diagnostic Improvement Plan, Cancer Treatment Summaries)
- **PCFT Community Services – 5 CQUINs value £385k (Bury contract)**
  - 4 Green (achieved)
  - 1 Amber (Early Discharge Navigator)
- **PCFT Mental Health – 15 CQUINs value £2.1m (combined Bury, HMR, Stockport, T&G & Oldham contract)**
  - National - 4 Green (achieved), 1 Red (Improving flu vaccination uptake for front line staff)
  - Greater Manchester - 4 Green (achieved)
  - Local - 5 Green (achieved)

# Quality Premium 2016/17

Indicator	CCG Lead	QP Value (%/£)	Target	YTD Actual	Data Period	Projected to Achieve?	Data Source
Improving antibiotic prescribing in primary care: 1. reduction in the number of antibiotics prescribed 2. reduction in the % of broad spectrum antibiotics	Jeanette Tilstone	5%/46.25k	1.22 items per Star-PU	1.161 (No. of items per STAR-PU)	Rolling 12 months to Dec 2016	Y	ePACT
		5%/46.25k	Less than 10% proportion	6.246%		Y	
Cancer – Early Diagnosis (Stage 1 & 2)	Damian Aston	20%/185k	4% point increase or at least 60%	Data unavailable	N/A	Unknown	HSCIC
E-Referrals	Kirstin Lee	20%/185k	80%, plus year on year increase or 20% point increase	76%	Nov 16	N	HSCIC
GP Patient Survey – Satisfaction with Access	Rachele Schofield	20%/185k	85% or 3% point increase	Data unavailable	N/A	Unknown	National GP Survey
Emergency Admissions for Asthma – Under 19s	Michael Hargreaves	10%/92.5k	Rate 300 (Actual 139)	23.8	YTD Dec 16	Unknown	SUS
Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression	Usman Darsot	10%/92.5k	17% (stretch target) 1.42% per month	1.14%	YTD Dec 16	N	HSCIC
Reported prevalence of hypertension on GP registers as % of estimated prevalence	Susan Storey	10%/92.5k	58%	58.08%	YTD Dec 16	Y	GP Vision
RTT-incomplete	David Latham	-25%	92%	92.8%	YTD Dec 16	Y	HSCIC
A&E 4 hour waits	David Latham	-25%	95%	77.77%	YTD Dec 16	N	HSCIC
Cancer waits – 62 days	Damian Aston	-25%	85%	82.05%	YTD Dec 16	N	HSCIC
Category A Red 1 Ambulance Calls	David Latham	-25%	75%	61.6%	YTD Dec 16	N	HSCIC

# Quality Report Forward Planner

Quality Dashboard 2017-18												
Contents	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Regular updates for:</b>												
Monthly strategic update	√	√	√	√	√	√	√	√	√	√	√	√
General Practice	√	√	x	√	√	√	√	√	√	√	√	√
PAHT	√	√	√	√	√	√	√	√	√	√	√	√
PCFT Mental Health	√	√	√	√	√	√	√	√	√	√	√	√
PCFT Community Services	√	√	√	√	√	√	√	√	√	√	√	√
Nursing Homes	√		√		√		√		√		√	
<b>Additional Information</b>												
Transforming Care			√			√			√			√
CHC Update				√						√		
PHBs update				√					√			
Public Health update	√			√			√			√		
Walk Around reports		√	√	√				√			√	
Provider Quality Accounts						√						
Quality Premium			√						√			
CQUIN update			Q3			Q4			Q1			Q2
LD Mortality update				√						√		
Mortality (HSMR/SHMI)		√						√				