# Governing Body

**24 May 2017**

| **Details** | Part 1 | **X** | Part 2 | | Agenda Item No. | **7** |
|---|---|---|---|---|---|---|
| Title of Paper: | Governing Body Quality Report | | | | | |
| Board Member: | Catherine Jackson, Executive Nurse | | | | | |
| Author: | Catherine Jackson/Carolyn Trembath | | | | | |
| Presenter: | Catherine Jackson, Executive Nurse | | | | | |
| Please indicate: | For Decision | | For Information | **X** | For Discussion | |

**Executive Summary**

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|---|---|---|---|---|---|---|
| **Summary** | The Quality Dashboard provides an overview of:<br>• Learning from Deaths requirements<br>• Pennine Acute<br>• Pennine Care FT<br>• Quality in General Practice<br>• Public Health Budgets<br>• Public Health – E Coli update<br>• 2016/17 Quality Premium progress | | | | | |
| **Risk** | **High** | | **Medium** | | **Low** | **X** |
| **Recommendations** | Governing Body is asked to:<br>• Note the contents of the report | | | | | |

**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 will 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) | |

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|---|---|---|---|
| Equality Analysis Assessed? | | Supports NHS Bury CCG Governance arrangements | **X** |

# QUALITY REPORT

Governing Body - May 2017

# May Update

**Learning from Deaths**

- In December 2016 the Care Quality Commission (CQC) published a report of their review of how Trusts investigate and learn from patients' deaths. It focused mainly on investigation of serious cases, closely aligned to the Serious Incident Framework. It made a number of recommendations to national bodies.
- NHS England published their response in April https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf
- The CQC report made ten recommendations for providers, these included putting processes in place to ensure a consistent approach to reviewing and learning from deaths, involving families more, including all patients with a learning disability.
- The CCG is working with local providers to ensure they are addressing the recommendations. Additionally, we are ensuring that our local Serious Incident Panel's responsibilities reflect the recommendations.

# Pennine Acute Hospital Trust (PAHT)

- Scrutiny of quality and performance concerns continue to be undertaken across the North East Sector (NES) and at Greater Manchester Health & Social Care Partnership (GMHSCP) Quality Board**.**

- The Trusts 2016/17 Quality Account to be included as part of the CCG Quality Leads workplan in 2017/18.

**Current issues**

- A&E performance and flow through the hospital
- 12 hour waist in the A&E department
- Ambulance handover delays
- Complaints processes backlog of open complaints, trajectory not met
- Serious incident reporting
- Venous thromboembolism (VTE) recording and reporting
- Duty of Candour
- Lack of progress regarding the Diagnostics Improvement Plan
- Joint Advisory Group (JAG) accreditation for endoscopy services

**Quality Deep Dives planned on a monthly basis as follows:**

1. Falls (May)
2. Care of the deteriorating patient (June)
3. Surgical decision making (July)
4. Missed / delayed diagnosis (Aug)
5. VTE management and incidents involving anti-coagulation (Sept)

A series of Key Lines of Enquiry (KLOES) for each deep dive will provided to PAHT based on a table top review of open reported serious incidents. Open incidents to be closed in the deep dive category subject to the KLOEs being addressed

Mersey Internal Audit Agency (MIAA) to review incident reporting processes in the Trust later this year.

# Pennine Care NHS Foundation Trust (PCFT) - Community Services

**CQC inspection (June 2016)**

- PCFT's CQC inspection identified 11 'must dos' (legal requirements) & 11 'should dos' (recommendations) for community services.
- The Contract Development and Management Board (CDMB) requested PCFT to add borough specific information to their generic formal action plan.
- CQC re-inspection is planned during summer 2017

**Quality Updates**

**Community Eyes** - children repeat Did Not Attends (DNA's) are now being notified automatically to GPs. PCFT Township Leads will then review if there is an issue identified across services and decide if a Multi-disciplinary Team (MDT) meeting is needed including liaison with the GP.

**Township Model** - Township Leads embedded in the organisation using multidisciplinary working, building on Prestwich workstream (Public Sector Reform hub) as best practice. Discussion underway with social care and joint working is planned to be in place by September. Integrated working to be launched later this year.

**Looked After Children (LAC) assessments** – performance slipped again in recent weeks, focus area of work for May 2017 meeting with community services Bury with Safeguarding Leads attending.

**Quarterly Deep Dives** – planned from May onwards.

# Pennine Care NHS Foundation Trust - Mental Health Services

**Information Commissioner Office (ICO) issued an undertaking PCFT due to an information governance breach (2.2.17) in Mental Health services**

- PCFT have provided the CCG with confirmation no Bury residents were affected. They explained the incidents that led to the undertaking being issued were:
  - *April 2015CAMHS, Stockport - patient letter sent to a neighbour due to a typing error*
  - *July 2016 Mental Health Services, Tameside and Glossop - letter sent to a patient's old address as a previous letter was used as a template and Trust policy to check the patient record hadn't been followed.*
- PCFT state *the root cause of these two incidents was noted by the ICO in other incidents reported by the Trust. The undertaking is therefore a cumulative action on a theme rather than a reaction to a number of large scale breaches. The fact that human error is a key factor and that the number of incidents only represents a very small percentage of the volume of letters sent every day by the Trust and its services, has contributed to the Trust receiving an undertaking, which is the lowest level of action that the ICO can impose, rather than an Enforcement Notice or Financial Penalty.*

**PCFT's Quality Account 2016/17**

- NHS Heywood, Middleton & Rochdale (HMR) CCG collated responses from Bury, Tameside & Glossop, Oldham and Stockport CCGs into a joint statement in response to PCFT's Quality Account 2016/17.

**2017/18 Contract Governance arrangements**

- Contract Monitoring arrangements between Bury and HMR CCGs with PCFT will commence in May 2017. Bury and HMR CCGs will request all decisions to come through this meeting.

# General Practice update

Quality in Primary Care Contract

Practice performance and payments for the end of year 1 are currently being ratified.

Friends & Family Test (FFT) Results

97% of Bury GP practices submitted FFT results in February, the highest in GM. A total of 427 patient responses were collected with 93% recommending their practice to friends and family.

CQC

The Birches Medical Centre are awaiting the outcomes from their CQC inspection carried out on 11 April 2017. All 31 member practices have now been inspected as part of the new CQC inspection regime to inspect and rate every GP practice in England. The majority of practices are rated good or outstanding.

# Personal Health Budgets

A personal health budget is an allocation of NHS money to someone with an identified health need so that they can buy the services they think will improve certain aspects of their healthcare and wellbeing needs. It is intended to give the recipient more choice and control over the care they receive. In 2009 a national pilot programme was launched and the 2012 evaluation concluded that personal health budgets are cost effective (with certain caveats) and a wider roll out was pursued. From October 2014 people in receipt of Continuing Health Care had a right to have a personal health budget. This was expanded in 2016/17 and CCGs were expected to be able to offer a personal health budget to anyone with a long term condition who could benefit.

A personal health budget has five essential features. The person with the personal health budget (or their representative) will:

- Know upfront how much money they have available for healthcare and support,
- Be enabled to choose the health and wellbeing outcomes they want to achieve, in dialogue with one or more healthcare professionals,
- Be involved in the design of their care plan,
- Be able to request a particular model of budget that best suits the amount of choice and control with which they feel comfortable with
- Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

During 2016-17 Bury CCG met the trajectory set of more than 50 personal health budgets to be in place during the year. At 31st March 2017 57 personal health budgets were in place:

Children - 33

Adults – 24

**The trajectory set for 2017-18 is 100**

# Public Health – reduction in E. coli infection rates


- *Escherichia coli* is one of the most frequent causes of many common bacterial infections. It occurs in urinary tract infections (UTI), traveller's diarrhoea, and pneumonia.
- Although E. coli can be mild, in vulnerable people it causes serious disease.
- The Health Secretary has launched new plans to reduce infections by half by 2020.
- E. coli infections – which represent 65% of what are called gram-negative infections – killed more than 5,500 NHS patients last year although there is large variation in hospital infection rates.
- Infection rates can be cut with better hygiene and improved patient care in hospitals, surgeries and care homes, such as ensuring staff, patients and visitors regularly wash their hands. People using catheters, which are often used following surgery, can develop infections like E. coli. This usually occurs if they are not inserted properly, left in too long or if patients are not properly hydrated and going to the toilet regularly.
- The CCG will be working locally to support all partners to reduce E. coli infections through improved education, appropriate antibiotic prescribing and increased awareness of cleanliness and hand hygiene in hospitals.
- One component of the 2017-18 Quality Premium is assigned to reducing E. coli infections in Bury residents by 10%. This will be achieved through detailed investigations into each new case of E. coli identified in either hospital and community settlings to improve our understanding of the causes and how to make improvements to our services. Additionally, the CCG will be tracking and reporting on the numbers of E. coli infections and working with General Practice on focussed targets for the reduction in prescribing unnecessary antibiotics.

# Quality Premium 2016/17 forecast outturn as of April 2017

The forecast has been updated (in blue). This now suggests we will achieve our local stretch target of 17% for the mental health IAPT indicator, generating a further £92,500. This results in the total net payable to the CCG increasing from the previously predicted £69,375 to £92,500, an increase of £23,125.

| Measures | Requirement | Contribution | Narrative | QP £ value if achieved | QP £ prediction based on March 2017 data |
|---|---|---|---|---|---|
| Cancer – diagnosis at stage 1 & 2 | 1. 4% increase in 2016 calendar year compared to 2015 calendar year.<br>OR<br>2. At least 60% of all cancers diagnosed at stages 1 and 2 in 2016 calendar year. | 20% | **Unknown** as no data reported since Q4 2014.<br><br>Payment to be made in 2 stages in December 2017 and then in January/February 2018 following analysis of data by PHE | £185,000 | unknown |
| Overall experience of making a GP appointment | 3% point increase in respondents who had a '*very good*' or '*fairly good*' experience (= target 77%)<br>(Question 18 in GP Patient Survey (GPPS)) | 20% | **Unknown** as 2016/17 GP Patient Survey results published July 2017 (2015/16 - 74%) | £185,000 | unknown |
| E-Referrals - increase in proportion of GP referrals made by e-referrals | Based on March 2017 performance only 80% (March 2017) AND demonstrate a year on year increase | 20% | 78.01% at end of January 2017 - Feb data due 17th May, March data due mid June.<br>Payment based on Bury's whole health economy utilisation of e-referrals (Bury RBMS managed e-referrals - 91%) | £185,000 | unknown |
| Improving antibiotic prescribing in primary care<br><br>Part a) reduction in the number of antibiotics prescribed in primary care (worth 50%) | 1.22 items per Star-PU | 5% | 1.171 at the end of January 2017 (Feb data due 17th May) | £46,250 | £46,250 |
| Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care (worth 50%) | Less than 10% proportion | 5% | 5.963% at the end of January 2017 (Feb data due 17th May) | £46,250 | £46,250 |
| Emergency admission rate for children with asthma per 100,000 population aged 0–18 years | Under 300 rate of admissions (= no more than 139 actual admissions) | 10% | YTD 205.7 (95 actual admissions at end of January 2017) (Feb data due 5th May) | £92,500 | £92,500 |
| Reported prevalence of hypertension on GP registers as % of estimated prevalence | 58% | 10% | YTD 58.9% at end of March 2017 | £92,500 | £92,500 |
| Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression | 17% | 10% | Provisional data for March 2017 from PCFT gives a 16/17 outturn of 17.04%. While this has exceeded our local stretch target of 17%, official published data from HSCIC will not be available until July 2017. However, this data will be subject to further interpretation by NHSE to determine if this indicator is achieved. | £92,500 | **£92,500** (previously £0 as the CCG understood achievement was unlikely) |
| | **Total** | **100%** | | **£925,000** | **£370,000** |

# Quality Premium 2016/17 – Constitutional Measures

| Measures | Requirement | Contribution | Forecast | | |
|---|---|---|---|---|---|
| RTT - maximum 18 weeks | 92% - Bury CCG's 16/17 Q4 operating plan<br><br>(92% national standard )<br>(93.42% PAHT's S&TF bespoke target) | 25% | YTD 92.7% at end of January 2017<br>(Feb data due 17th May)<br>March data due mid June) | £0 | £0 |
| A&E - maximum 4 hour waits | 95% - Bury CCG's 16/17 Q4 operating plan<br><br>(95% national standard )<br>(95.57% PAHT's S&TF bespoke target) | minus 25% | YTD 78.77% at end of March 2017 | £0 | - £92,500 |
| Cancer - maximum 62 day wait from GP referral to treatment | 86% - Bury CCG's 16/17 Q4 operating plan<br><br>(85% national standard)<br>(85.29% PAHT's S&TF bespoke target) | minus 25% | YTD 84.5% at end of January 2017<br>Feb data due 17th May)<br>March data due mid June) | £0 | - £92,500 |
| Ambulance response - maximum 8 minute for category A (Red 1) | 75% | minus 25% | YTD 57.6% at end of March 2017 | £0 | - £92,500 |
| | | | | £0 | - £277,500 |

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|---|---|---|
| **NET TOTAL PAYABLE** | **£925,000** | **£92,500** |