

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	22 November 2017	<b>Action</b>	Receive
<b>Item No.</b>	7a	<b>Confidential</b>	No
<b>Title</b>	Quality and Performance Committee Chair's Report		
<b>Presented By</b>	Peter Bury, Lay Member (Quality) and Chair of the Quality and Performance Committee		
<b>Author</b>	Peter Bury, Lay Member (Quality) and Chair of the Quality and Performance Committee		
<b>Clinical Lead</b>	-		

<b>Executive Summary</b>
This paper is presented to the Governing Body to provide an update of the Quality and Performance Committee meeting held on 8 <sup>th</sup> November 2017.
<b>Recommendations</b>
It is recommended that the Governing Body <ul style="list-style-type: none"> <li>• Receive the update provided</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input checked="" type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input checked="" type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No
GBAF – not applicable	

<b>Implications</b>						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Quality and Performance Committee	08/11/2017	The Committee discussed the items included in the update.

## 1.0 Quality and Performance Committee Update

1.1 There was a full and detailed discussion on a range of standard agenda items and the following points are brought to the attention of the Governing Body:

### 2.0 Performance

2.1 The Performance Dashboard highlighted the key points in the CCG's Performance position as at August 2017.

- **Referral to Treatment (RTT): Incomplete Patients Waiting >18 Weeks (E.B.3-QPC3)**

2.2 NHS Bury CCG under-performed against the RTT standard in August 2017 with 91.3% against the 92% target. PAHT also under achieved in August with 89.9% performance noted at a trust level and 90.8% for Bury patients. This is 1% lower than the July position. Despite receiving some recovery plans from PAHT, further plans and trajectories were awaited for key specialities including colorectal and general surgery, gastroenterology, urology and gynaecology.

- **Referral to Treatment (RTT): Incomplete Patients Waiting >52 Weeks (E.B.S.4)**

2.3 There were three breaches against this standard during August 2017 for NHS Bury CCG. This takes the number of breaches for 2017-18 to 12, affecting 7 individual patients. Two of the breaches seen in August 2017 were carried forward from the previous month, one for plastic surgery at UHSM and one for Urology at Bolton FT.

- **Diagnostic Test Waiting Times (E.B.4)**

2.4 Performance of 2.3% is noted for the CCG in August 2017. Capacity issues in Endoscopy continue, however through the use of additional Waiting List Initiatives, endoscopy performance is expected to achieve the constitutional standard by November 2017. Breaches were also seen in Sleep Studies during August due to staffing issues though this is now resolved.

- **Cancer Performance Measures**

2.5 August 2017 has seen achievement for NHS Bury CCG against 4 of the 9 constitutional measures. Of particular note, 100% performance was noted against the 31 day standards for anti-cancer drug regimens and radiotherapy and against the 62 day wait screening standard. PAHT representatives were scheduled to attend the October Cancer workstream meeting with the CCG where performance, particularly against the 2 week wait and 62 day wait standards, form key agenda items

- **Cancer 2 week waits : GP referral for suspected cancer (E.B.6)**

2.6 NHS Bury CCG achieved 84% against the 93% target in August 2017, with both demand and breaches higher than the previous month. There were 104 breaches in August 2017 which were detailed within the report. In line with recent months, most breaches related to capacity issues in Lower GI at PAHT where performance in August 2017 was also below standard at 82.6% across all tumor groups. Due to the breaches noted, there is a

strong likelihood that Quarter 2 will fail and Quarter 3 is at risk if significant breaches carry forward from September.

- **Cancer 2 week waits : urgent referral for breast symptoms (E.B.7)**

2.7 Underachievement was noted against this target during August 2017 with performance at 72.9% against the target of 93%. Although demand of 59 was higher than that seen in July 2017, it was line with previous months. There were 16 breaches in August, 15 of which occurred at Bolton FT. Bolton FT has confirmed that two Consultant vacancies have now been recruited to. However, one of these will now be back-filled by locum cover due to a period of maternity leave. Once the locum post was recruited to, the capacity issues were expected to improve

- **Cancer 31 day waits : subsequent cancer treatment - surgery (E.B.9)**

2.8 Underachievement for NHS Bury CCG against this standard was noted in August with performance at 93.3% against the 94% target. The under-performance in August 2017 was the result of a single breach at Salford Royal FT where the breach reason was 'administrative delay'. PAHT achieved the standard in August 2017 with performance at 95.5% at a trust level and 100% noted for Bury patients.

- **Cancer 62 day waits : first definitive treatment within 2 months of GP referral (E.B.12)**

2.9 Under-performance is noted in August 2017 for the CCG, with 78.5% achievement against the 85% target. Some of the current and planned actions reported by PAHT to support recovery against this standard included: -

- Senior Manager-led cancer performance meetings;;
- Recruitment to surgical vacancies (locums initially);
- Increase in Clinical Nurse Specialist capacity;
- Triage / straight to scope for colorectal referrals;
- Key pathways review and redesign (lung & urology);
- Recruitment to additional trackers/MDT coordinators (potential NHS investment);
- Waiting time trajectories to be shared.

- **Delayed Transfers of Care (DToC)**

2.10 DToC days were monitored across the Bury Local Authority (LA) footprint and relate to delays seen at all providers. In summary, there were 797 bed days lost due to delays in August 2017 for Bury patients. This was a slight increase on the July 2017 position though is significantly higher than the 378 days noted for August 2016:

- **A&E waiting times : 4 hour waits (E.B.5-QPC4)**

2.11 PAHT underachieved against the constitutional standard of 95% in August 2017 with performance reported at 85% across all PAHT hospital sites yet performance specific to Fairfield General Hospital reported significantly above this at 90.8%. NHS Bury CCG continued to work with PAHT, as part of the NES Urgent Care Delivery Board, to support the delivery of the indicator, which is reflected on the CCG's Corporate Risk Register with an assessed score of level 16.

- **Ambulance Measures**

- 2.12 The national Ambulance Response Programme (ARP) was implemented in the North West on 7<sup>th</sup> August, following an 18 month pilot.
- 2.13 A letter relating to the intended contract variation was sent by NHS England to CCGs in September outlining an intention to be able to report against the new standards by the end of November 2017. The letter also stated that the sanctions relating to the previous ambulance standards will no longer apply, with a view to introducing new sanctions from 1 April 2018. Further guidance was awaited from NHS England with regard to the impact of the ARP on the Quality Premium for 2017-18.

- **Ambulance Handover > 30 minutes (E.B.S.7.i)**

- 2.14 The Ambulance Handover figures were reported from a PAHT perspective. There were 345 handover delays in this category reported in August 2017. This represented 5.1% of total attendances for this month at PAHT and was a slight improvement from the July position. The 345 handover delays are broken down as 39 at FGH, 158 at Royal Oldham and 148 at NMGH. This represented a decrease at both Royal Oldham and NMGH in August and a small increase of two delays at FGH. These figures were also displayed in the table in the section below along with the handover delays that are greater than 60 minutes.

- **Mental Health Performance Measures**

- 2.15 Performance against non-Improving Access to Psychological Therapies (IAPT) mental health indicators had remained positive in August 2017 with achievement noted against the Dementia diagnosis rates measures and continued 100% performance against the Care Programme Approach (7 day follow-up) measure. However, although the Early Intervention in Psychosis measure was achieved in August 2017, this was at the threshold of 50% with four breaches noted and is the lowest level seen in the current financial year. The PCFT contract performance report attributed this to higher caseload numbers due to increased referrals and assessments and also to patient DNAs. A new team member has been recruited who is due to commence in early November.

### **3.0 Deep dive and risk retention review**

- 3.1 Two risks had recently been reviewed namely RR\_Q\_QS\_36 Complaint Response – Pennine Acute and RR\_S\_QS\_33 Pennine Acute Maternity Services. The Committee recommended the closure of the risk RR\_Q\_QS\_36 Complaint Response – Pennine Acute to Audit Committee as the Committee was assured the risk was at its target level and all identified mitigating actions had been completed. The Committee was assured that the detail of the risk (RR\_S\_QS\_33 Pennine Acute Maternity Services) was adequate and articulated what the risk was to the CCG and that the actions identified would contribute to bringing the risk down to target level. This risk would remain open.

## **4.0 Risk Report**

4.1 The latest Risk Report was presented to the Committee. It was noted that there were currently a total of 27 risks being monitored across the organisation, of which 12 are included on the Quality and Performance Risk Committee's register. The Committee was confident that assurance was in place to recommend closure of the risk (R\_HR\_QS\_58 Community Paediatric Dietetic provision) to the Audit Committee subject to the issue referred to at the meeting being looked into.

## **5.0 Quality Dashboard**

5.1 The Quality Dashboard included an overview CQC review of mental health services for young people, Provider Quality Updates, A&E Quality Assurance, Diagnostic Incident reporting, SSNAP dashboard, PCFT CQC compliance action plan, Quality Premium update and Nursing Home update. The Quality Dashboard will be considered further at today's Governing Body Meeting.

## **6.0 Safeguarding update**

6.1 An update on safeguarding was provided which covered a number of key points.

6.2 Three Safeguarding refreshed policies/frameworks were presented to the Committee (The Safeguarding Children and Vulnerable Adults policy, Safeguarding Children and Vulnerable Adults: A Strategic Framework for training and Safeguarding Accountability Framework) which had been reviewed by the CCG's safeguarding teams with minimal changes as there has been no new guidance, Acts of Parliament or strategic guidance since they were last amended in November 2015. Following discussion, the Quality and Performance Committee ratified the three documents.

6.3 The Safeguarding dashboard is also included on the agenda for today's Governing Body Meeting (22<sup>nd</sup> November 2017).

### **Peter Bury**

Lay Member for Quality and Performance  
Chair – Quality and Performance Committee

November 2017