

Meeting: Governing Body			
Meeting Date	24 January 2018	Action	Receive
Item No.	11a	Confidential	No
Title	Quality and Performance Committee Chair's Report		
Presented By	Peter Bury, Lay Member (Quality) and Chair of the Quality and Performance Committee		
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Clinical Lead	-		

Executive Summary
<p>This paper is presented to the Governing Body to provide an update of the Quality and Performance Committee meeting held on 13th December 2017.</p> <p>A meeting of the Quality and Performance Committee also took place on the 10th January 2018 and a verbal update will be provided on any key issues arising from this meeting.</p>
Recommendations
<p>It is recommended that the Governing Body</p> <ul style="list-style-type: none"> • Receive the update provided

Links to CCG Strategic Objectives	
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	

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

patient experience implications?						
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	13/12/2017	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 September 2017.

- **Elective Care Performance Measures**

2.2 It was noted that there was a significant level of challenge at the recent CCG assurance meeting in this area. In respect of the North East Sector (NES) wide position, Bury was not an outlier.

2.3 It was highlighted that there was a piece of software namely 'Consultant Connect' that could potentially help deflect some elective activity. Dr Cathy Fines, Clinical Director agreed to share this information with Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery at the CCG in the first instance.

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

2.4 NHS Bury CCG achieved 89.7% against the 93% target in September 2017. This confirmed under-performance for Q2.

2.5 In line with recent months, most breaches related to capacity issues in Lower GI at PAHT where performance in August was also below standard at 86.8% across all tumor groups. Due to the breaches noted, under-performance for Quarter 2 was confirmed. Quarter 3 remained at risk due to significant breaches carried forward from September 2017.

2.6 At a PAHT level, there were 804 Lower GI breaches in September 2017, resulting in performance of 42.1% for that specific tumor group across all CCGs. For PAHT to manage the backlog and new demand, a commitment to create an additional 300 slots per week has been made. PAHT believes there is currently a gap of 4 whole time equivalent Consultants.

2.7 PAHT has developed a Digestive Diseases Improvement Plan which sets out options for NES CCGs to consider with a view to returning to compliance. Each option has associated investment requirements and affects both RTT and cancer performance across General Surgery, Colorectal and Gastroenterology.

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

2.8 Underachievement was noted against this target during September 2017 with performance at 73.1% against the target of 93%, as shown below:

2.9 Both the demand of 52 and breaches of 14 were slightly lower in September than the previous month, though breaches remain generally high compared to previous years. All breaches noted in September were attributable to Bolton FT, with most relating to

capacity.

2.10 The position at Bolton FT had started to improve and the trust expected performance to return to the constitutional standard by the end of December 2017. As Bury performance was mainly impacted by Bolton, NHS Bury CCG expected to recover at the same point. In the interim, PAHT has confirmed that they do not have capacity to accept new or redirected referrals at this time.

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

2.11 In summary, there were 1032 bed days lost due to delays in September 2017 for Bury patients. This was a significant increase on the August 2017 position of 797 days and was more than double the figure seen in September 2016.

2.12 A deep dive review within this area was currently being undertaken by the Local Authority (LA) of delays on the NMGH site. The outputs from that discussion have not been seen as yet however would be shared in due course.

- **A and E Performance**

2.13 The December 2017 performance to date was showing a decrease in performance as follows: -

- FGH 87%
- Oldham 79%
- NMGH 69%
- Stockport 68%

- **National Funding developments**

2.14 The Chancellor's Autumn Statement was discussed which included a significant recurrent allocation to CCGs for 18/19 which equates to £1.6b across the country. The allocation would be split; £1b for elective activity and £0.6b for emergency activity.

2.15 Given the national focus and Bury's significant pressures, the national guidelines for next year and the refresh of allocations may need to be reviewed at a Governing Body level to look at options.

- **IAPT Indicators**

2.16 NHS Bury CCG achieved all IAPT indicators in August 2017. As IAPT data was published later by NHS Digital than for other speciality areas, the position for September 2017 was currently unavailable.

2.17 Provisional data for September showed all four IAPT measures being met in that month too. This, along with the Quarter 2 position, would be confirmed in the next report.

3.0 Quality Dashboard

3.1 The Quality Dashboard included an overview of the Learning disabilities mortality review (LeDeR) programme, Mental Health Act 1983 (MHA) changes, Pennine Acute Hospital

4.0 Deep Dive and Risk Retention Review

4.1 Two risks were identified for a deep dive exercise in December 2017. The two risks for review were:

- Failure to complete timely serious incident investigations leading to the inability to corroborate the number or level of harm to patients at PAHT – this risk was not recommended for closure as further assurance was required.
- Data errors held on PCFT's current child health information system - Community Child Health 2000 (CCH2000) – the Committee were confident that the 'safety nets' were in place and as such recommended this risk for closure with the caveat to ensure this was in line with NHS England's risk register.

5.0 Risk Report

5.1 The following key points were highlighted from the risk register: -

- Of the 32 risks being monitored across the organisation, 14 of these reflected the work of this Committee.
- There was 1 risk recommended for closure which was discussed in the deep dive and risk retention review item.
- Quality Premium – it was noted that although the CCG was performing well on local standards, if the national standards were not met the CCG will lose out on the payment. The areas of concern include the A&E 4 hour wait target; RTT, cancer 62 days and ambulance standards.

5.2 There were 2 new risks added to the risk register as follows: -

- RR_SD_C_69 Special Education Needs and Disability (SEND) – statutory duty discharge – this would be followed up the discussion with the Local Authority in relation to this being a joint risk.
- RR_Q_C_70 Pressure on A&E and associated Mental Health Out of Area Placements

6.0 Assurance Audit of Safeguarding Practice in Bury GP Practices

6.1 A report was submitted that outlined the work completed by the CCG safeguarding team with all practices within Bury to assess the level of compliance with the Greater Manchester Safeguarding Standards. The outcomes were fed back to the GP safeguarding leads and an action plan agreed.

6.2 The assurance visits gave a high level of assurance for both adults and children, although there were some points of learning, they did not reflect any unsafe practice, the safeguarding team would work with the practices on these points.

6.3 The outcomes would be shared with the Adult and Children's Safeguarding Boards as good practice.

7.0 Briefing on Clinical Commissioning Groups Safeguarding Children's, young people, and adult at risk contractual standards & training strategy 2018-19

7.1 The strategy was presented to the Committee requesting acceptance for the document to be included in the 2018/19 contracts. There were very few differences from last year's strategy.

7.2 This document would need to be reviewed further and included in the 2018/19 contracts.

Peter Bury

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

January 2018