

Meeting: Governing Body			
<b>Meeting Date</b>	25 July 2018	<b>Action</b>	Receive
<b>Item No.</b>	9a	<b>Confidential</b>	No
<b>Title</b>	Quality and Performance Committee Chair's Report		
<b>Presented By</b>	Peter Bury, Lay Member – Quality and Performance		
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<b>Clinical Lead</b>	-		

Executive Summary
This paper is presented to the Governing Body to provide an update of the Quality and Performance Committee meeting held on the 11 <sup>th</sup> July 2018.
Recommendations
It is recommended that the Governing Body: - <ul style="list-style-type: none"> <li>Receive the update provided</li> </ul>

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 patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

from the proposal or decision being requested?						
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	11/07/2018	The Committee discussed the items included in the update.

## **1.0 Deep Dive and Risk Retention Review**

- 1.1 A deep dive and risk retention review around risk WS\_MH\_SD\_15 Mixed Sex Accommodation (SSA breaches) was presented to the Committee.
- 1.2 It was reported that this risk had been assessed as a statutory duty level 9 risk, against a target level of 4, to be achieved by March 2019. The due dates assigned to this risk remained tentative as Pennine Care Foundation Trust were still in the pre-consultation phase with staff, patients and families which was due to be completed by the end of August 2018. Pennine Care would then be in a better position to decide what the next steps are regarding a wider formal public consultation including the CCG.
- 1.3 The Committee was reminded that this risk materialised as Pennine Care Foundation Trust were unable to provide same-sex accommodation within their current acute ward configuration. Pennine Care Foundation Trust was therefore required to undertake a considerable service redesign across their entire footprint which consists of 5 localities.
- 1.4 The estates issues would be tackled using a phased approach, and as part of this phased approach, Pennine Care Foundation Trust would review the outcomes after each phase is completed before embarking on the next. This would provide an opportunity to learn, assess and manage any emerging risks to their plan prior to the next phase being implemented. This approach would also enable other transformation and improvement schemes to mature (hopefully reducing demand on inpatient services). However, as PCFT has identified the other 4 boroughs across their footprint (HMR, Oldham, T&G and Stockport) as greater priority over Bury's reconfiguration, the proposed changes to Bury's wards is subject to review and change.
- 1.5 It was noted that this risk was outside of the CCG's gift to influence however monitoring the consultation process would be undertaken to provide assurance.
- 1.6 Following the Deep Dive, the Committee agreed the domain should be maintained; the likelihood score should be changed to 4; and the impact score should be changed to 4. The starting point should be 16 with a target risk of 4.

## **2.0 Risk Report**

- 2.1 The latest Risk Report was presented to the Committee.
- 2.2 It was reported that there are 2 risks which have remained unchanged during this reporting period namely:
  - WS\_MH\_SD\_15 Mixed Sex Accommodation (SSA Breaches). Following the risk deep dive on this risk today, this will be changed following the meeting.
  - WS\_MC\_R\_04 PAHT SEND Priority 8 – improve the arrangements for joint commissioning. This remains at a score of 12 but there have been some developments in terms of a Joint Commissioning Strategy (JCS) and progress to date in terms of how the CCG view is extracted on that. CF reported that the JCS had been signed off by Stuart North; MO'D agreed to follow this up.

### 3.0 Performance Report

3.1 The latest Performance Report was presented to the Committee which outlined the performance for the first month of the new financial year. The following key points were noted: -

- **Data collections** - from April 2018 there would be a different arrangement; for month 1 delays would not show but these would come in when the national reporting template was refined. Also the ambulance response times would be reported on which was the first time these have been included in the Performance Report to this Committee and Governing Body.
- **RTT** – it has been agreed with the main provider that the national planning guidance would be applied; no more patients to be waiting at the end of March 2019 as in March 2018.
- **Cancer: 2 week wait breast** – a large increase had been seen in GP referrals in April 2018, the Trust has been asked to if there was any information available that could explain the increase. Pennine Acute has given assurance that performance would turn around once the June data is available. Bolton was still experiencing workforce issues. It was noted that any patient presenting with breast symptoms had to go through the 2 week service. It was suggested that the increase in referrals in April 2018 could be as a result of the mammogram issue reported in the news raising people’s awareness. It was reported that there has been an increase in 2 week waits in general with a similar pattern for breast. The CCG would be endeavoring to look into the increase to try and ascertain the reasons behind the rise.
- **Cancer 62 day** – there had been a letter from the Trust ETG to arrange a meeting with the 4 CCGs and the Trust to discuss Cancer 62 day waits. Jon Rouse was chairing the meeting which was taking place on Monday 16 July 2018. A further update on this matter would be fed back to the next Committee Meeting.
- **Diagnostics** – local providers performing well. There has been a drop in performance in May for echocardiography, however this should be back on track in June.
- **Diagnostic performance** - has been impacted by breaches at SRFT and MFT. MFT has said that diagnostic performance would be back on track by October. SRFT had not confirmed when it expects to be back on track and this would be followed up accordingly with the Trust. MRI diagnostics is affecting a number of CCGs in achieving the target.
- **Delayed Transfers of Care (DToC)** – Continued reduction in delay days attributable to the implementation of the GM policy covering Family Choice.
- **A & E 4 hour waiting times** – Oldham data included in the overall performance data, however the breakdown was not yet available as this included the WiC data and was reliant on the FTS data from Pennine Acute. FGH were on track and held a consistent target for Quarter 1, but missed the target by 0.3%. Attendances for the last fortnight were high due to respiratory problems.
- **Ambulance response times** – there were 4 new measures which were outlined to members.

3.3 A copy of the Performance Report was included for discussion on today’s Governing Body agenda.

### 4.0 Quality Dashboard

4.1 The latest Quality Dashboard was presented to the Committee.

4.2 The key areas of the report were outlined and a copy of the Quality Dashboard was included for discussion on today's Governing Body agenda.

## **5.0 Safeguarding Children and Adults at Risk Annual Report**

5.1 The Safeguarding Children and Adults at Risk Annual Report was submitted which highlighted the following key points: -

- The same format has been used as in previous years, the Adults and Children's annual report were merged last year.
- Staff training was compliant with 80% of staff completing their mandatory training. End of Quarter1 figures show 82% compliance.
- GP visits – work was underway to change a number of items in the VISION System to ensure the GP services commissioned have effective safeguarding arrangements and are compliant with the MCA.
- React to Red has now come to an end. The final cohort took place in June 2018, all residential and domiciliary care providers have now been captured.

5.2 This report would be submitted to a future Governing Body meeting for assurance purposes.

**Peter Bury**  
**Lay Member – Quality and Performance**