

Meeting: Governing Body (Meeting in Public)			
Meeting Date	22 July 2020	Action	Consider
Item No.	9a	Confidential	No
Title	Quality and Performance Committee Chair's Report		
Presented By	Peter Bury, Lay Member – Quality and Performance		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		

Executive Summary
The minutes from the Quality and Performance Committee meeting held on 10 th June 2020 are attached for information
Recommendations
It is recommended that the Governing Body: <ul style="list-style-type: none"> Receive the minutes of the Quality and Performance Committee Meeting held on 10th June 2020

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input checked="" type="checkbox"/>
SO3 Budget To deliver a balanced budget	<input checked="" type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<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:	
GBAF N/A	

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

Implications						
patient experience implications?						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	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 including Conflicts of Interest?	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 checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Quality and Performance Committee		Items discussed

Title	Part 1 Minutes of the Extraordinary Quality and Performance Committee		
Author	Julie Hall, PA Bury CCG		
Version	1.0		
Target Audience	Virtual Quality and Performance Committee		
Date Created	11.06.20		
Date of Issue	03.07.20		
To be Agreed	08.07.20		
Document Status (Draft/Final)	Final		
Description	Extraordinary Virtual Quality and Performance Committee 10 June 2020		
Document History:			
Date	Version	Author	Notes
11.06.20	0.1	Julie Hall	Notes forwarded to Margaret O'Dwyer for any amendments.
12.06.20	0.2	Julie Hall	Amendments made. Notes forwarded to members for any further amendments
13.06.20	0.3	Julie Hall	Amendments received from Maxine Lomax.
08.07.20	1.0	Julie Hall	Ratified, subject to minor change made to the last sentence at 4.4.
Approved:			
Signature:			
		 Peter Bury, Chair

Extraordinary Quality and Performance Committee

MINUTES OF MEETING

Extraordinary Quality and Performance Committee, 10 June 2020

Chair – Peter Bury

ATTENDANCE

Members

Peter Bury (**PB**), Lay Member (Chair), Bury CCG
Margaret O'Dwyer (**MO'D**), Commissioning, Bury CCG
Catherine Jackson, (**CJ**), Executive Nurse, Bury CCG
Maxine Lomax (**ML**), Designated Nurse for Safeguarding, Bury CCG
Dr Cathy Fines (**CF**), Clinical Director, Bury CCG

Others in attendance

Sarah Tomlinson (**ST**), Quality & Performance Manager, Bury CCG
Amanda Symes (**AS**), Head of Adult Safeguarding, Bury Local Authority
Julie Hall, PA, Bury CCG (minutes)

MEETING NARRATIVE & OUTCOMES

1 Welcome, Apologies And Quoracy

- 1.1 Peter Bury welcomed those present to the meeting.
- 1.2 Apologies were noted from:
Howard Hughes (**HH**), Clinical Director, Bury CCG
Susan Sawbridge (**SS**), Performance Manager, Bury CCG
Carolyn Trembath (**CTr**), Head of Quality, Bury CCG
- 1.3 Peter Bury advised that the quoracy requirements had been satisfied.

2 Declarations Of Interest

- 2.1 Peter Bury reminded Quality and Performance Committee members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of NHS Bury Clinical Commissioning Group.
- 2.2 Declarations made by members of the Quality and Performance Committee are listed in the CCG's Register of Interests which is presented under this agenda and also available from the CCG's Corporate Office or via the CCG website [here](#).
- 2.3 **Declarations of interest from today's meeting**
There were no declarations of interest from today's meeting.
- 2.4 **Declarations of Interest from the previous meeting**
There were no declarations of interest from the previous meeting.

3 Minutes and action log from the last meeting

- 3.1 The minutes from the previous meeting were agreed as an accurate record, with the exception of a typo which will be amended.
- 3.2 The action log was discussed and updated.

4	Quality Dashboard
4.1	CJ presented the quality dashboard, highlighting the key points.
4.2	The report highlighted the key points from the appended Operating Framework as the NHS begins the second phase of its response to the COVID-19 outbreak. This aims to maintain the capacity to provide high quality services for patients with COVID-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery.
4.3	The Continuing Health Care (CHC) team has been asked by GM for a recovery plan for restarting CHC assessments from September. This has been completed in part and submitted. To date, the current backlog of assessments is 350. These are people who, following national COVID-19 guidance, have been placed without the usual multi-disciplinary assessment. The CHC team has requested advice from GM as how to manage the backlog, as although all people are being tracked and traced, the demand is high and CHC team does not have the resources to complete retrospective assessments.
4.4	MO'D commented that 350 is a significant number with financial implications. MO'D asked if there have been any issues in terms of people being in the right placement during COVID and what proportion we would expect to meet the eligibility criteria for NHS funding. CJ reported that level of detail is not currently available and a deep dive is needed. The choice element was removed (particularly as some places were closed for a limited time), so people may be in places they do not want to be. However, the process has been managed well and there is no evidence to show that people are where they don't want to be.

ID	Type	The Quality and Performance Committee	Owner
		Considered the report and provided feedback.	
		Noted the focus areas raised.	
		Note recommendations and took action where required.	

5	Waterfold Drive Through COVID19 Testing Facility - Standard Operating Procedure
----------	--

5.1	CJ presented this Standard Operating Procedure (SOP) to the Quality and Performance Committee from a governance perspective to ensure that what is being undertaken and how it is being reported is noted. CJ reported that the Waterfold testing site is going well, the criteria for testing has changed. People do not have to have symptoms to have a test, anyone who needs to provide a negative test can also now be tested. There is also an online booking page; numbers are increasing and the process has been tightened. PB referred to the Operating Framework and enquired about testing and the time taken to receive results. CJ reported that this is quicker now at 48 hours rather the 72 hours. The national aim is to get a turnaround of 24 hours but we are not there yet.
-----	---

ID	Type	The Quality and Performance Committee	Owner
		Noted and accepted the Waterfold Drive Through COVID19 Testing Facility - Standard Operating Procedure.	

6	Training offered in Care Homes
----------	---------------------------------------

6.1	ML presented a report to provide assurance to the CCG that a response to a request from the Chief Nurse for England, for CCGs, to assist and support care homes via a 'Training the Trainers' model on the use of personal protection equipment and infection prevention and control, was implemented.		
6.2	The CCG had to offer training to all care homes in Bury where older people are living. Most homes in Bury did not want the training as it was felt it had come too late in the crises. A lot of the work had also already been undertaken by Health Protection colleagues and the Safeguarding team over a number of years		
6.3	The training was offered to all relevant care homes, including mental health care homes, and was delivered to 9 in total. The final sitrep to NHSE/I showed 100% compliance with the original ask which related solely to the offer of training. Training for care homes with clients with a learning disability will be picked up as and when required.		
6.4	ML commented that this was a good example of cross cutting work across the One Commissioning Organisation.		
ID	Type	The Quality and Performance Committee	Owner
		Received and noted the report.	

7	Learning Disability Mortality Review (LeDeR) Programme Annual Report 2019/2020		
7.1	ST presented Bury CCG's first annual report of the Learning Disability Mortality Review (LeDeR) programme. The report is a summary of the work done locally and nationally since the programme was launched in 2017.		
7.2	The programme is having a positive impact nationally and locally, with an increasing number of reviews generating learning, despite the ongoing challenge of it not being a statutory process and a lack of recurrent funding.		
7.3	Completed local reviews have identified high levels of good practice and some areas for improvement; with both similar to national findings. Local learning will be taken to the Transforming Care Group, which has oversight of the LeDeR programme.		
7.4	In terms of COVID there is a national concern about the possible use of blanket DNACPRs. To date, there have been 5 local deaths reported to the programme since March 2020, 3 of which were COVID related. Following a national ask, a rapid review has been undertaken of 2 of these 3, with no issues identified about the use of DNACPRs. Previous completed local reviews have also not identified any concerns with the use of DNACPRs.		
7.5	AS asked what buy in there had been from Health and Social Care to this programme and whether the report will be shared with Local Authority colleagues to enable learning. ST confirmed positive responses from all providers and the report will go the Transforming Care Group, which includes 2 Health and Care Local Authority representatives.		
7.6	CJ thanked ST for all the work put into the report. The report will also be made available in an easy read format.		
ID	Type	The Quality and Performance Committee	Owner

Recommend this report be presented to the Governing Body for publication.

8	Performance Report
8.1	MO'D presented the performance report highlighting the key issues. The report outlines the CCG's 19/20 outturn position at the end of March which includes some COVID data.
8.2	Planned care elective activity
8.2.1	Some activity is starting back up to varying degrees; the report describes how significant the reduction in referrals has been. At the end of April, referrals were down by 83% for planned routine in terms of diagnostics. Planned care referrals were down by 70%. Outpatient activity was 46% down, however there was an increase in non-face to face attendances. It is hoped a further increase will be seen as part of recovery and new ways of working.
8.2.2	Advice and Guidance (A&G) is included in the report; 8 out of 10 practices have used A&G. There is a platform to build on to improve this. Further reports will include data around how many referrals for A&G have prevented an outpatient referral.
8.3	52 week breaches
8.3.1	19/20 was the first year Commissioners and Providers will incur penalties for each 52 week breach. As elective activity steps up people in the system will be moving closer to 52 weeks; with more long waits developing.
8.4	Waiting lists
8.4.1	A reduction in the growth of patients waiting for Dermatology was highlighted. A COVID stimulated real review of the waiting list was undertaken and 3,400 people removed. Regular review and validation should be undertaken.
8.4.2	There are pressures across a number of services; most seen in urology due to consultant vacancies. It was noted that in the last 2 months there had been increases in inpatients awaiting urology. MO'D referenced new employment arrangements with Pennine Acute and Salford Royal urologists working more closely together to support the resilience.
8.5	Diagnostics
8.5.1	Audiology is a key issue at SRFT due to cancellation of clinics due to COVID. Now clinics are back on line, it is expected performance figures will recover.
8.6	Cancer
8.6.1	Referrals were down from 85% to 35% but this is now picking up.
8.6.2	Cancer referrals during COVID are being looked at. Greater Manchester BI Team is undertaking a piece of work to see how many referrals translated into cancer cases and to see if there was a delay in presentations and if this has impacted on the stage of cancer and potential prognosis for patients. Action: MO'D agreed to share the outcomes from this piece of work with this Committee. Not likely to be before September 2020.
8.6.3	100 patients with a cancer diagnosis were invited for treatment; only 5 turned up, 95 turned down the treatment.

8.6.4	<p>The 2 week wait standard has been achieved for the second consecutive month. Breaches were seen in urology.</p> <p>62 day waits; performance at 81.5% in March. Although below the constitutional standard this is the highest level seen in 19/20.</p>
8.6.5	A cancer paper will be provided at the July Clinical Reference Group regarding the NCA Rapid Diagnostic Centre. COVID has been used to accelerate this piece of work, which should see some patients getting a diagnosis much sooner than is currently the case.
8.7	A&E
8.7.1	Attendances down during COVID. The outturn position showing comparisons for 18/19 and 19/20, shows an additional 3,300 attendances at FGH and 7,800 at NMGH. Smaller increase seen at Royal Oldham.
8.7.2	The Urgent Care Review model was signed off at the June Strategic Commissioning Board. Implementation needs to be undertaken quickly to build on the experience and learning from COVID.
8.8	Mental Health
8.8.1	Failure of IAPT 6 week and prevalence targets continue. The Mental Health Strategy needs to be expedited with delivery of the new model and on an agreed recovery plan.
8.9	CJ commented that the CCG needs to be sighted on any issues and harms during the COVID period with early warnings when services step back up. All information needs to be triangulated to ensure the right focus in the right areas as we go into recovery.

ID	Type	The Quality and Performance Committee	Owner
		Received the performance report.	
		Noted the updates provided.	
		Recommended the report for submission to the Governing Body.	
	Action	<p>Cancer referrals during COVID</p> <p>Greater Manchester BI Team is undertaking a piece of work to see how many referrals translated into cancer cases and to see if there was a delay in presentations and if this has impacted on the stage of cancer and potential prognosis for patients.</p> <p>MO'D agreed to share the outcomes from this piece of work with this Committee. Not likely to be before September 2020.</p>	MO'D

9	Any Other Business
9.1	There was no other business.

10	Date and Time of Next Meeting
10.1	Wednesday 08 July 2020, 10.00 – 11.00am, to be held virtually via Microsoft Teams.

ACTION LOG

Action	Assigned to	Status
<p>Cancer referrals during COVID Greater Manchester BI Team is undertaking a piece of work to see how many referrals translated into cancer cases and to see if there was a delay in presentations and if this has impacted on the stage of cancer and potential prognosis for patients. Action: MO'D/SS agreed to share the outcomes from this piece of work with this Committee. Not likely to be before September 2020.</p>	MO'D	