

Meeting: Governing Body (Meeting in Public)			
Meeting Date	27 November 2019	Action	Receive
Item No.	11a	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 report provides a summary of the Quality & Performance Committee meeting held on the 13 th November 2019.
Recommendations
It is recommended that the Governing Body: <ul style="list-style-type: none"> • Receive the update provided.

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 for 2019/20	<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 patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

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	13/11/2019	Items discussed

1 Patient Services Activity and Analysis report

- 1.1 A Patient Services Activity and Analysis report was presented to the Committee which covered Quarters 1 and 2 of the Financial Year.
- 1.2 It was noted that the Patient Services Function had been brought back in house from the 1st July 2019. In light of these service changes, the information within the Appendices of the report had been produced from multiple information sources. A lessons learned log has been introduced, however more work is needed to make the information more meaningful. Moving forward, the CCG would be using the Datix system to capture its Patient Services data which should reduce the amount of administration required as part of reporting process. It was noted that all of the historic data from GMSS had been uploaded onto the Datix system.
- 1.3 The Committee was asked to provide any feedback on the level of information it would find useful for future reports and a number of suggestions were made.

2. Deep Dive and Risk Retention Review

- 2.1 There were two deep dives originally scheduled for the meeting namely Mixed Sex Accommodation (SSA Breaches and Care of the Deteriorating Patient (reduction in cardiac arrests). Due to ongoing developments which could change the position in relation to these reviews, both deep dives were deferred until the next meeting.

3.0 Performance Report

- 3.1 The latest Performance Report was submitted to the Quality and Performance Committee.
- 3.2 In terms of **RTT: Incomplete patients waiting more than 18 weeks**, there has been a further increase in patients waiting for treatment; the current number is 3,000 above the required target which is to have no more patients waiting at the end of March 2020 as there were at March 18. It was noted that the most growth in patients waiting has been seen in; ophthalmology (PAHT), dermatology (SRFT) and trauma and orthopaedics (PAHT/SRFT).
- 3.3 In relation to **Ophthalmology**, there were currently 738 people waiting for treatment in ophthalmology and there had been a large increase in the number of 'unspecified' treatment. Further work needed to be undertaken in order to understand the data within this area. A couple of projects are due to commence in February/March 2020 for an Enhanced Cataract Referral Service and a Virtual Glaucoma Clinic. These projects may help with the waiting list as they will be seen by the high street Optometrist. The numbers have increased as there is also a backlog and staffing issues in terms of consultants.
- 3.4 In terms of **Dermatology**, there had been an increase of 650 patients waiting; SRFT had confirmed the position would not be recovered this financial year. Although there had been a growth of 0.2%, there has been some success since implementation of the Dermatoscope project; of the 26 practices 19 have embraced the project with some early positive results. The go ahead has been given to roll out to the remaining 7.

There had been some concern in terms of the effectiveness of the project due to lack of training for some; to address this a masterclass is being set up. It was noted that the CCG was on track to implement tele-dermatology in January 2020.

- 3.5 In relation to **Trauma and Orthopedics**, the Workforce issues had been resolved as 4 consultant posts had now been recruited to (no shortage across GM). Performance was expected to be back on track and the standard being met for T&O by Quarter 4.
- 3.6 In terms of **Diagnostics**, there had been an increase in breaches seen for NOUS / Echo due to an increase in demand and reporting. There was a need to look at how data could be shared as this would help resolve demand issues.
- 3.7 In relation to **Cancer** Performance in August for 2 week waits was 84.3% against the target of 93%. The main breach at PAHT was in gynaecology; and dermatology at SRFT. The breaches were related to capacity rather than an increase in referrals.
- 3.8 In terms of **2 week wait breast symptoms**, there had been a slight improvement in the August data; there were 16 breaches resulting in performance of 59% against the target of 93%. It was noted that Bolton Hospital were reviewing performance to look at demand from a practice level. A breast pain pathway is also being looked into further. There were meetings taking place in November 2019 to look at the one stop clinic process to ensure a more positive experience for patients and to review whether positive outcomes are still being seen. Work was being undertaken with the Trust to see if there are any adverse effects on patients due to longer waits. Performance was expected to recover towards the end of the financial year but not this year.
- 3.9 In relation to **Cancer 62 day waits**, performance for Bury CCG in August was 62% against the target of 85%. The Trust was looking to see if handover to other sites by day 34 was happening in a timely manner. There is a real focus on cancer at the GM Cancer Board. Because of the volume that comes through PAHT, this has a significant impact on the overall position for GM and the North of England. The regional Director of Performance has established a NES group with the CCG and Jon Rouse to undertake a focused piece of work on performance of cancer, A&E, elective waits and diagnostics.
- 3.10 In terms of **A&E**, as of 12th November 2019, Fairfield General Hospital was the best performing site in GM and second best to date at 82% in GM; SRFT performance is at 83%.
- 3.11 The full Performance Report was included on today's Governing Body agenda for discussion.

4. Quality Dashboard

- 4.1 The Committee received the latest Quality Dashboard and the key points were highlighted.
- 4.2 The full Quality Dashboard was included on today's Governing Body agenda for discussion.

5.0 Risk Report

5.1 The latest Risk Report was presented to the Committee.

5.2 It was reported that due to the Quality and Performance Committee scheduled for October 2019 being postponed, the report includes risk assessments undertaken during September 2019 and October 2019.

5.3 There were 36 risks being monitored across the organisation of which 20 were the responsibility of the Q&P Committee.

- During the two reporting periods 10 risks have remained unchanged.
- During the September 2019 reporting period 1 risk reached its target level.
- During the September 2019 reporting period 1 risk has reduced in score.
- During the two reporting periods 0 risks have increased in score.
- During the two reporting periods 0 risks have been recommended for closure by the risk owner (excluding the GBAF).
- During the October reporting period 1 new risk has been added to the Risk Register; WS_IC_O_PE_S_07 Growth in Elective Waits, this new risk although identified on the 10 September 2019 underwent a final review with the risk owner and was added to the Risk Register on the 29 October 2019.
- During the September reporting period 1 risk had not been reviewed, however a risk assessment has been undertaken on the 10 October 2019 and included within the report.
- During the October reporting period 4 risks have not been reviewed.

5.4 The Corporate Risk Register details risks which are scored at 15 or above (excluding the GBAF). The Quality and Performance Risk Register contains 5 risks which have been scored at this level or higher.

6.0 Advice and Guidance and Consult to Connect Evaluations

6.1 An evaluation paper on the Advice and Guidance (A&G) and Consult Connect Service (CCS) was presented. Both the services were put in place to support GPs with demand management.

6.2 It was reported that the CCG had invested in A&G to PAHT; the CCS provided a similar service and is a UK wide service which has been trialed in HMR since November 2018; the report shared is the first cut of their evaluation of the service.

6.3 The quality information looked positive; more services will be rolled out looking at greater response rates; Children's Services could be brought into this. Moving forward work would be undertaken to improve response rates; the service was still being embedded in HMR GP practices. A full evaluation would be undertaken after 18 months.

6.4 A further clinical discussion on these services would take place via the Clinical Cabinet meeting.

Peter Bury
Lay Member – Quality and Performance