NHS
Harrogate and Rural District
Clinical Commissioning Group

Title of Meeting:	**Governing Body**	**Agenda Item: 5.2**
Date of Meeting:	**1 February 2018**	
Paper Title:	**Chief Officer Report**	

Session (Tick)	
Public	X
Private	
Workshop	

Responsible Governing Body Member Lead	**Report Author and Job Title**
Amanda Bloor Chief Officer	Amanda Bloor Chief Officer

Purpose (this paper if for)

Decision	Discussion	Assurance	Information
		X	

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: No

Executive Summary
The purpose of this report is to provide a brief update from the Chief Officer to members of the Governing Body on strategic and operational areas not covered on the main agenda.

Recommendations
The Governing Body is asked to receive the report as assurance.

Monitoring
The Chief Officer produces a written report for each Governing Body meeting.

CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	Quality, Safety and Continuous Improvement	**X**
2	Better Value Healthcare	**X**
3	Well Governed and Adaptable Organisation	**X**
4	Health and Wellbeing	**X**
5	Active and Meaningful Engagement	**X**

CCG Values underpinned in this paper

	CCG Values	X
1	Respect and Dignity	**X**
2	Commitment to Quality of Care	**X**
3	Compassion	**X**
4	Improving Lives	**X**
5	Working Together for Patients	**X**
6	Everyone Counts	**X**

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	There are no implications detailed within the report.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	Not applicable.
Financial / resource implications	Not applicable.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	None identified.

Amanda Bloor
Chief Officer
February 2018

Chief Officer Report
1 February 2018

1.0 NHS England Assurance Meeting

On 18 January 2018, the Chief Officer, Chief Finance Officer and Director's attended the Quarter 3 assurance meeting with NHS England.

2.0 Council of Members meeting

The Council of Members (CoM) last met on Tuesday, 16 January 2018.

Council of Members heard updates on the CCG's financial position, the management of the referrals to secondary care, community services, managing winter pressures, agreed to complete the annual effectiveness survey and an update from the West Yorkshire & Harrogate Sustainable Transformation Partnership (STP), with the Council of Members approving the updated Joint Committee workplan.

3.0 Sustainability Transformation Partnership Update

Harrogate and Rural District CCG (HaRD CCG) is one of 6 places within the West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP).

The fourth public Joint Committee took place on 9 January 2018.

The Joint Committee viewed videos about the experience of patients with cancer, highlighting variation in general practice and the need for effective early diagnosis, supported by high quality, timely information.

The Committee noted the Cancer Alliance vision. Partnership working had enabled the Alliance to bid successfully for additional funding, linked to delivery of the 62 day standard for cancer waits. The cancer workstreams were tobacco control, early diagnosis, high quality services, patient experience and living with and beyond cancer.

The Committee noted awareness-raising campaigns to improve early diagnosis and screening take-up. Campaigning involved the NHS and public health working closely together. Cancer work was being co-ordinated with other STP programmes, including primary care and support for healthier lifestyle choices. The Committee noted the need for strong links between the Alliance and place and for effective diagnosis for groups such as young people. The Alliance was only as strong as the weakest place, and all partners needed to work together effectively.

The Committee noted the focus on awareness raising and early diagnosis, but questioned whether the system had the capacity to cope. It heard about the difficulties of early diagnosis and the need to stop people 'ping-ponging' around the system. A multi-disciplinary team approach to assessment was more efficient and used resources more effectively. It could reduce demand on general practice by finding the right answers more quickly for cancer and non-cancer patients.

The Committee explored diagnostic capacity, smoking cessation and maximizing 'every contact counts' efforts across the acute sector. It heard about the need to understand and support carers and to ensure strong patient engagement. The Committee heard about the important contribution of local authorities to the prevention agenda.

The Alliance was not a separate entity, but consisted of all partners working collaboratively. There was a need to move towards delivery of a common set of agreed outcomes, with stronger system leadership. A key role of the Alliance was to support all partners to make good, evidence-based decisions.

The Joint Committee:

1. Noted Cancer Alliance progress to date.
2. Noted that the brief for the Alliance is expanding beyond the scope of the original WY&H programme objectives due to national expectations and the coordination and leadership needs of the local system.
3. Supported the Alliance ambition to develop a stronger system leadership role to drive improved outcomes and experience and requested a progress update and options for how this could be delivered in practice at the development session in February 2018.

4.0 Health and Wellbeing Board Update

The Health and Wellbeing Board (HWBB) met on 24 January 2018 and the following items were discussed and noted:

- HWB development session and agreed workplan including focussed areas for the HWBB to lead on
- North Yorkshire Safeguarding Children Board – Annual Report 2016/17
- Healthy Weight, Healthy Lives Strategy – Annual Progress Report 2017
- North Yorkshire Joint Alcohol Strategy 2014/19 – Annual Progress Report 2016

5.0 Harrogate District Public Sector Leadership Board

The Harrogate District Public Sector Leadership Board met on 22 January 2018 and the following items reports were discussed and noted:

- One Public Estate
- HR and implications from Brexit – consultation results
- Employment and skills highlight report
- Financial and social inclusion
- Health and wellbeing highlight report
- Sustainable public service provision across the Harrogate district.

6.0 Better Care Fund Update

Our Better Care Fund (BCF) programme has now been through a regional assurance process by NHS England and in December 2017 we received confirmation that our plans had been approved. NHS England recognises the plan had been agreed by all parties including the CCG, Local Authority and North Yorkshire Health and Wellbeing Board. We continue to work on the delivery of the projects and the main focus is on reducing delayed transfers of care to ensure patients do not stay in hospital longer than is required. The schemes include a joint discharge team with Harrogate District Foundation Trust, Local Authority and Continuing Healthcare colleagues to review patients and assist with discharging patients. There has also been an increased number of continuing healthcare assessments taking place outside of the hospital. Throughout the winter months there are additional rehabilitation beds in the community, extra therapy support and additional staff in the hospital to act as discharge co-ordinators on the wards to prepare patients for discharge and chase delays. As part of the Improved Better Care Fund (iBCF) schemes, an additional 3 Living Well Coordinator posts started in post in January 2018. There are plans in place to offer appointments for face to face consultation in 2 GP practices as well as patients being seen at home. The Coordinators will spend time with individuals to support them to make simple changes to manage their health and stay well. The A&E Delivery Board oversees the delivery of the schemes and receives monthly monitoring reports.

7.0 Winter Planning Update

HaRD CCG recognises the hard work and dedication of all staff across health and social care throughout the very busy and challenging Christmas and New Year period.

As previously reported there has been increased focus on planning, preparation and delivery of A&E performance for winter 2017/18. From 18 December 2017, NHS England North operated a Winter Operations room 7 days a week. This will remain in place until post Easter 2018. Normal escalation processes operate 'in-hours' and all A&E Delivery Boards are required to submit exception reports at weekends and bank holidays where a local system meets any one of a set of criteria e.g. the 4 hour wait is less than 87%, ambulance handovers are over 60 minutes, any 12 hour trolley waits. The National Emergency Pressure Panel wrote to Trusts and CCGs on 21 December advising that Trusts consider reducing or cancelling routine elective admissions. It was also confirmed that mixed-sex wards can be used if necessary to maintain patient safety.

In the period 30 December 2017 to 18 January 2018, 32 out of 85 elective admissions were cancelled due to lack of beds at Harrogate and District NHS Foundation Trust (HDFT). Acute admissions for flu have averaged 3-5 per day with approximately 20 in-patients at any one time. HDFT has opened escalation beds to maintain patient flow. HDFT Community Services have reported some operational issues over the past few weeks relating to staffing levels and work load pressure. Short term sickness remains an issue and has resulted in some reduction in service provision. This is being managed by Head of Quality and Head of Contracting. The GP Out of Hours Service saw significant activity pressures over the holiday period which resulted in long patient waits. This will be reviewed as part of the winter de-brief through the A&E Delivery Board.

HDFT implemented an 'Every Hour Matters' week from 2-7 January 2018. This meant that all key partners were on site and able to respond to system requests and patient demand and take action to manage patient flow, ensure quality and safety and improve the 4 hour performance in A&E.. A&E performance dropped to 78% on 1 January but recovered to over 95% by 5 January 2018. Performance for 2017/18 up to 18 January 2018 is 95.84%.

Performance is monitored by the HaRD CCG A&E Delivery Board and a winter de-brief event will be held at end of February 2018 to learn lessons from this year's plans and ensure that plans for the Easter bank holiday period are in place.

8.0 Improving Ambulance Services

Ambulance Response time

A new series of standards, indicators and measures has been introduced through the Ambulance Response Programme (ARP) for publication in the NHS England Ambulance Quality Indicators (AQI). This will include new target response times which cover every single patient, not just those in immediate need. The standards been developed to ensure that all aspects of ambulance performance are measured accurately and consistently. It also sets out a framework to ensure that the operating model allows for local flexibility where that adds value for patients.

The new system aims to:

- Change the dispatch model of the ambulance service, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions.
- Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients the mean response time in addition to the 90th percentile will be monitored.

- Change the rules around what “stops the clock”, so targets can only be met by doing the right thing for the patient.

Performance expectations
From the date of the contract variation letter from NHSE (7 September 2017), the sanctions set out in the NHS Standard Contract which relate to the old Ambulance standards will not apply. Updated sanctions, reflecting the new standards currently being introduced, will be considered from 1 April 2018. NHS Improvement will similarly not investigate or intervene in ambulance trusts on the basis of performance standards whilst the old set are being phased out and the new set phased in.

9.0 CCG Significant Risks

The Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) are important governance documents that facilitate the effective management of the CCGs strategic and operational risks. The GBAF and CRR are repositories of current risks deemed significant to the organisation that are rated at 12 and above. Each risk includes a risk rating and controls in place to mitigate the risk. The Governing Body receives the GBAF three times yearly (twice in public and once in a Governing Body workshop) and the CRR twice yearly to provide assurance that appropriate controls are in place in order to manage and reduce the risks effectively.

The GBAF and Risk Registers are reported in detail at agenda Item 9.1 and 9.2.

10.0 Changes to the Governing Body Membership

As reported at the meeting in December 2017, a number of Governing Body Member posts were being recruited to.

I am pleased to confirm that, from 1 January 2018, Dr Ian Woods is the new Secondary Care Doctor and Sheenagh Powell is the Vice-Chair / Lay Member for Governance.

I am also pleased to confirm that from 1 February 2018, Kate Kennady and Lance Gilroy will join the CCG as the new Lay Members for Patient and Public Involvement.

Amanda Bloor, Chief Officer
February 2018