

Title of Meeting:	Governing Body	Agenda Item 6.1										
Date of Meeting:	1 February 2018	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>			Session (Tick)		Public	X	Private		Workshop	
Session (Tick)												
Public	X											
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Workshop												
Paper Title:	Quality and Safety Report											
Responsible Governing Body Member Lead Joanne Crewe, Director of Quality and Governance / Executive Nurse		Report Author and Job Title Paula Middlebrook Head of Nursing and Quality										
This Paper is for:	<table border="1"> <tr> <th>To Approve</th> <th>To Accept</th> <th>To Assure</th> <th>To Note</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>				To Approve	To Accept	To Assure	To Note			X	
To Approve	To Accept	To Assure	To Note									
		X										
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. Quality and Clinical Governance Committee												
<p>Executive Summary This month's report will provide an overview of quality and safety issues in Harrogate and Rural District.</p> <p>These issues have already been presented and have been discussed in detail at the Quality and Clinical Governance Committee and mitigating action agreed and where there remains gaps in assurance these will be highlighted in this report.</p>												
<p>Recommendations The Governing Body is requested to:</p> <ul style="list-style-type: none"> Accept this update on the quality and safety information and activity. Agree whether they are satisfied they are sighted on the current quality and safety concerns and assured that proposed actions are appropriate to manage effectively any quality and safety issues or risks. 												
<p>Monitoring</p> <ul style="list-style-type: none"> Quality and Safety reports are brought to each Quality and Clinical Governance Committee for discussion and assurance. Improvement action plans are monitored through the relevant provider quality contract meetings or a subject specific quality improvement meeting where necessary. 												
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
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If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	The CCG has a duty to ensure delivery against the NHS constitutional standards, the 5 Year Forward View Planning Guidance that sets out the steps to be taken to deliver the Government's Five Year Forward View and the outcomes/measures detailed within the national 2017/18 CCG Improvement and Assessment Framework.
Management of Conflicts of Interest	No conflicts of Interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	Active and Meaningful engagement is one of the organisations strategic objectives and therefore performance against this objective will be measured in the CCGs performance framework
Financial / resource implications	The CCG has a duty to operate within the financial business rules as laid down by NHS England. CQUINs has a financial value attached to outturn contract value
Outcome of Equality Impact Assessment	Where any policies, projects or functions are identified as having adverse effects on people who share Protected Characteristics the assessment and action plans will be included. As a formal impact assessment is not appropriate for this report.

Paula Middlebrook
Head of Nursing and Quality
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NHS Harrogate and Rural District CCG Governing Body Quality and Safety Report

1. INTRODUCTION

The following report contains highlights for Governing Body relating to Quality and Safety. Issues would normally be discussed at Quality and Clinical Governance Committee (QCGC) prior to Governing Body. As there was no QCGC meeting in January 2018 this report will include only areas discussed at the previous QCGC in December and key areas requiring escalation to Governing Body ahead of the next meeting.

2.0 CARE QUALITY COMMISSION (CQC)

2.1 The Retreat at York

The specialist mental health unit at York was visited in February 2017 by the CQC and rated as Inadequate.

A subsequent CQC visit has taken place in November 2017 and is now awaiting publication.

2.2 The Moors Care Centre, Ripon

A CQC visit took place in May 2017 when the service was rated overall Good. A subsequent targeted CQC inspection took place in October 2017. This was following a safeguarding concern being raised. A formal report has now been received. As a result the following ratings have been published.

Overall Rating:	Requires Improvement
Is the Service Safe:	Requires Improvement
Is the Service Caring:	Requires Improvement
Is the Service Well Led:	Inadequate

Patients currently residing in the care home have been assessed with no concerns identified in relation to their care. This continues to be monitored.

The CCG has undertaken a Quality Assurance visit in November and saw improvements being made within internal leadership. However due to the need to allow time for embedding of new leadership the care home remains suspended to new health funded placements. Further Assurance visits will be planned jointly with the Local Authority.

3. COMMUNITY SERVICES

3.1 Community Care Teams (CCTs)

Due to the pressures experienced and inability of Harrogate and District NHS FT (HDFT) Community Care Teams to meet demand, a joint investigation has commenced between HaRD CCG and HDFT. Whilst good progress is being made it is anticipated that a final report will be produced mid February 2018.

The scope has been agreed as follows:

- **Capacity** – to understand the capacity of the funded service and impact upon current capacity due to unexpected loss of personnel
- **Demand** – to understand the trend in demand and variation being experienced. This needs to be understood at Practice level and by referral need
- **Action Plan** – to develop a Joint action plan to ensure the delivery of a sustainable effective service.

4. MENTAL HEALTH

4.1 Workforce

Concerns remain regarding staffing levels in various mental health services provided by Tees Esk and Wear Valley NHS Foundation Trust. We recognise there are national challenges to recruitment and continue to seek local assurance regarding workforce and any impact upon performance, quality and safety. This has been escalated to Contract Management Board.

4.2 Eating Disorder Services for Adults and Children / Younger People

TEWV is the current provider of the Children and Young Peoples Eating Disorder Service (CEDS)

Following growing concern regarding their ability to meet the performance trajectory for access and waiting times, advice has been sought from NHS England. A focussed deep dive has been requested to understand the clinical pathways for patients and associated administrative / IT reporting arrangements. This has been escalated to Contract Management Board.

5. INFECTION PREVENTION AND CONTROL (IPC)

Below is a summary of key performance and activity regarding prevention of health care associated infections (HCAI's).

We continue to have the lowest incidence in North Yorkshire and York.

5.1 E coli Bacteraemia

In May 2017 the Secretary of State for Health launched an ambition to reduce healthcare associated Gram-negative bloodstream infections (BSIs) by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. HaRD CCG is meeting the target on this measure.

Clinical commissioning groups are required to work to achieve the Quality Premium (from April 2017, for two years), and aim to reduce all E. coli BSIs by 10% in Year 1. For HaRD CCG this translates to a target (maximum limit) of 108 cases.

We continue over trajectory at 97 cases against a limit of 108. We continue to monitor this closely. We are at risk of missing our target this year but our trajectory is in line or better than our local CCGs. We are working closely with the Community Infection Control Team, our colleagues in Hambleton, Richmondshire and Whitby CCG, NYCC and care home colleagues on our plan for reduction with the first District wide meeting held in December 2017.

6. CONTINUING HEALTHCARE (CHC)

We continue to work to improve our position against the Quality indicators for the NHSE CHC Assurance process. The Programme Director for the North Yorkshire CCG's has reported against the work being undertaken across all aspects of Continuing Healthcare processes.

Assurance has been provided regarding performance data collection.

We remain concerned regarding the processes in place for retrospective reviews and the risk this poses financially, but significantly for the quality of patient experience and adherence to the National Framework. This is a key area within the work plan.

7. SERIOUS INCIDENTS

The following are key areas for escalation to Governing Body. A detailed quarterly report will be provided to QCGC in February 2018.

7.1 HaRD CCG Referral Management System (RMS) Serious Incident Update

A final report with a detailed action plan is available. The incident remains open until the assessment of harm for all patients has been completed. No physical harm has yet been identified, however we still have a small number of patients who's GP has not yet completed an assessment of harm. These are now being followed up with an aim for completion by the end of February 2018.

7.2 Yorkshire Ambulance Service (YAS)

There have been 2 SIs reported in Q3 for HARD CCG.

- One relates to an individual involved in an accident who refused ambulance transfer to hospital and subsequently died. The investigation has been

completed with areas for improvement surrounding YAS documentation of advice and risk explanation to patient being areas for improvement.

- One relates to a patient who telephoned NHS 111 for advice and subsequently died. This remains under investigation and has been referred to the coroner.

7.3 Harrogate and District NHS Foundation Trust (HDFT)

Significantly there has been an increase in the number of reported Slips/Trips/Falls causing harm with 20 SIs YTD, in comparison to 10 Falls SIs in the same time period for 2016/17. This continued increase has been discussed with the Trust and subject to Trustwide deep dive utilising varying methodology to identify themes and potential further actions to aid reduction.

Outcomes will be discussed at the February Joint SI meeting between HaRD and HDFT.

8. YOEKSHIRE AMBULANCE SERVICE NHS 111 / 999 SERVICE DEEP DIVE

A Deep Dive report regarding NHS 111 and 999 services was provided to December QCGC.

A bi monthly Quality Group is held with representatives from all sub regional CCG's, YAS and GPOOH's as a forum to discuss key areas relating to Quality. YAS have developed a detailed Quality Dashboard which can be drilled down to sub-regional level and by service (i.e. 999 or 111) but not by CCG. This is well developed for 999 services, but requires further development within NHS 111. The dashboard includes information relating to Incidents, Complaints, safeguarding issues, Patient feedback, Infection Prevention and control, Friends and Family tests.

QCGC were assured regarding processes in place to monitor performance, quality and safety.

Moving forward a Deep Dive into a key service area will form one part of the Quality and Safety Report to QCGC.

Paula Middlebrook
Head of Quality and Nursing