

Title of Meeting:	Governing Body	Agenda Item 6.1										
Date of Meeting:	2 August 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											
Private												
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. Where there remain 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	X	NO	
-----	---	----	--

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline
1-1	Operational challenges including capacity issues in services commissioned by the CCG and provided in the community may impact on the timeliness of assessment, quality of services and support for vulnerable people in their own home.

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 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
01423 799328

NHS Harrogate and Rural District CCG Governing Body Quality and Safety Report

INTRODUCTION

The following report will provide Governing Body with an overview on any risks or issues relating to Quality and Safety in commissioned services for the population of Harrogate and Rural District (HaRD). The content of this report has been discussed in detail at CCG Quality and Clinical Governance Committee (QCGC).

1. SAFEGUARDING

The following updates are important for Governing Body to note.

1.1 Day / Residential College

We have been notified by the CQC that a local day / residential college is providing aspects of personal care to patients with learning disabilities for which they are not registered with the CQC to provide. From a safety perspective there are no immediate concerns apparent regarding the ability of the carers this relates to, however a framework to ensure training and competency is required to be in place. The process for ensuring appropriate CQC registration is underway.

As a result the college is developing a new role to support clinical practice and governance processes. HaRD CCG is providing support to ensure the role meets the clinical requirements of the service.

1.2 Outcome of Patient Death Inquest

An inquest was held on the 15th May 2018 into the death of a resident from a local care home in February 2016. The inquest was assured that the necessary improvements within the Care Home had been addressed.

There was a delay however with the timing of the Safeguarding Case Conference which did not take place until May 2018. As a result an Agency Nurse on duty at the time of the incident in the care home was referred to the NMC. A Multi-Agency Review of the case has been requested due to the delays in the safeguarding review and case conference.

1.3 HDFT – Children’s Safeguarding update

The HDFT / CCG Quality and Performance Meeting on the 2nd May focussed upon an update from HDFT regarding Children’s safeguarding activities.

An updated Action Plan for the CQC Children Looked-after and Safeguarding (CLAS Review) has been received. The review took place in February 2017 and was published in August 2018. The update has demonstrated significant progress with clear actions identified. In recognition of the expansion of the 0-19 year service, HDFT are progressing a Safeguarding Children role specific for the needs of the acute hospital. Progress will continue to be monitored by the contract Quality and Performance Sub Group with updates provided quarterly.

2. INCIDENTS

A 2017/18 Quarter 4 serious incident report has been submitted to QCGC in June 2018. The report provided an overview of all serious incidents for all providers and processes in place to monitor trends and actions arising. A Quarter 1 report for 2018/19 will be reviewed by QCGC in August 2018. The following Incidents are important for Governing Body to note:

2.1 Serious Incidents - HDFT

- **Loss of Pathology samples.**
QCGC were informed of this incident in February. HDFT have completed their investigation with a detailed Action Plan shared with the CCG.
- **Patient death following delayed diagnosis of bowel perforation.**
This incident took place in December 2017.

A thorough Investigation has been undertaken by HDFT and submitted with a detailed Action Plan addressing the key issues and recommendations from the reports.

Progress against the Action Plans will be monitored via the contract Quality and Performance Sub Group.

2.2 Primary Care Incident – Update

Church Lane Surgery reported an incident relating to practice undertaken by Primecare on their behalf, resulting in delays in patient visits on 26th February 2018.

The investigation has now concluded with assurance received by the CCG's Primary Care Steering Group regarding actions to prevent recurrence. The investigation provided assurance that no patient harm arose as a result.

3. PROVIDER SERVICES

3.1 Community Equipment Services

Progress is being made to revise the Quality and Governance arrangements regarding community equipment services provided by Medequip. Vale of York CCG

is the lead commissioner on behalf of all four North Yorkshire CCG's. The revised Governance arrangements include the development of a Partnership Board with representation from key provider stakeholders in addition to commissioners. Numbers of issues locally regarding equipment are small, however the main issues have surrounded delays in collection of equipment no longer needed (particularly following patient death and the empathy demonstrated) and faulty equipment. Quality metrics are under development. The next meeting is scheduled for September 2018, following which an update will be provided to QCGC.

3.2 Breast Symptomatic Two Week Referrals

HDFT have reported three consecutive months of failing the two week standard for patients referred with breast symptoms.

Following review, HDFT have reported that work has commenced to invest in and revise the breast surgical and radiology workforce to ensure appropriate clinical capacity to meet patient need. Further discussions are also taking place between HDFT and York Teaching Hospitals NHS FT regarding opportunities for closer working to enable greater flexibility and robust services.

No patient harm has been identified.

This will continue to be monitored via both Cancer Locality Steering Group and CCG / HDFT Quality and Performance Group.

3.3 Education Health and Care Plans for Children (EHCP)

An EHCP is for children and young people between 0 and 25 in education who have additional needs. The plan coordinates child's educational, health and social needs and sets out any additional support they may need. Advice should be received within 6 weeks of being requested.

The performance for 2017/18 for returns received on time dropped from 84% in Q3 to 69% in Q4 against a target of 90%. The year-end position was 77%. The Head of Children's Commissioning has met with Harrogate District NHS Foundation Trust and North Yorkshire County Council to better understand how the EHCP data is collated. An Update will be provided to Quality and Clinical Governance Committee in August 2018.

3.4 Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)

ReSPECT is a process that creates personalised recommendations for clinical care in a future emergency. It provides professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning.

ReSPECT has been introduced in some localities within the country as part of a formal research evaluation taking place over 3 years. However there has not yet been a formal published evaluation of the tool.

It is being promoted by the Resuscitation Council (UK), however there is no National or Regional mandate to implement at present. As a result individual organisations are planning to implement in an uncoordinated approach.

For the Harrogate locality there are concerns that the associated paper based documentation is a retrograde step to the currently developed initiative Electronic Palliative Care Co-ordination Systems (EPaCCS).

The local concern is that patients could be discharged from neighboring organisations or tertiary centres having had a detailed ReSPECT discussion with associated documentation. However with no roll out planned regarding local health or emergency services such wishes may not be promptly recognised by attending teams.

The approach locally has been discussed at the Locality End of Life Steering Group where concerns have been identified regarding the risks of a fragmented implementation. Discussions are therefore ongoing in order to determine the most appropriate local approach.

Further information can be found on the following website:

<https://www.respectprocess.org.uk/>

4. CONTINUING HEALTH CARE (CHC)

4.1 CHC Quality Premium

There are two Quality Premium in place relating to Continuing Healthcare. Both have been achieved for Q1, with a clear workplan in place to ensure a sustained approach to continued attainment.

- reduce the number of Continuing Healthcare Assessments (referred to as DST's) undertaken in an acute setting (maximum of 15%).
- ensure patients have DSTs within 28days of referral (target 80%)

4.2 Personal Health Budgets (PHB's)

A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the commissioner. This is not new money, but a different way of spending health funding to meet the needs of an individual.

Personal health budgets are one way to give people with long term health conditions and disabilities more choice and control over the money spent on meeting their health and wellbeing needs.

Following evidence that PHB's improve outcomes for people, NHSE has notified all CCG's of the expectation that from 1 April 2019 personal health budgets should be offered as a default for delivering NHS CHC funded home care packages. The remainder of 2018 is being seen as a transitional year whereby any patients in receipt of a CHC review should be offered a PHB, thereafter PHB's being offered for all new cases following April 2019.

The CCG is not currently in a position to offer new patients PHB's, following the notice serviced on our current provider. However work is underway with NYCC to develop a joined up approach across both organisations with the expectation new PHB's will be offered from September 2018.

Progress will continue to be monitored at the North Yorkshire CHC Program Board.

5. CARE QUALITY COMMISSION (CQC) UPDATES

5.1 TEWV CQC Visit

The expected Well Led and Core service CQC inspection visits to TEWV services have commenced. Outcomes will be reported via the monthly CCG / TEWV Quality and Patient Safety sub group.

5.2 HDFT CQC Visit

HDFT received their Provider Information Request in July from CQC. Once the information is reviewed by the CQC within their internal Regulatory Planning meeting both the Trust and CCG will be notified of the expected level of inspection which will take place within the subsequent 12 weeks. This is likely to include a Well Led inspection and at least one unannounced core service inspection.

Paula Middlebrook
Head of Nursing and Quality