

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item 6.1</b>										
<b>Date of Meeting:</b>	<b>4 October 2018</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td>X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Workshop</b></td> <td></td> </tr> </table>			Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Workshop</b>	
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<b>Public</b>	X											
<b>Private</b>												
<b>Workshop</b>												
<b>Paper Title:</b>	<b>Quality and Safety Report</b>											
<b>Responsible Governing Body Member Lead</b> Joanne Crewe, Director of Quality and Governance / Executive Nurse		<b>Report Author and Job Title</b> Paula Middlebrook Head of Nursing and Quality										
<b>This Paper is for:</b>	<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	
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		X										
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> If yes, state the Committee / Meeting: Yes. Quality and Clinical Governance Committee												
<p><b>Executive Summary</b> 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><b>Recommendations</b> The Governing Body is requested to:</p> <ul style="list-style-type: none"> <li>• Accept this update on the quality and safety information and activity.</li> <li>• 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.</li> </ul>												
<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Quality and Safety reports are brought to each Quality and Clinical Governance Committee for discussion and assurance.</li> <li>• Improvement action plans are monitored through the relevant provider quality contract meetings or a subject specific quality improvement meeting where necessary.</li> </ul>												
<b>CCGs Strategic Objectives supported by this paper</b>												

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	
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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.

<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	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.
<b>Management of Conflicts of Interest</b>	No conflicts of Interest have been identified prior to the meeting.
<b>Communication / Public and Patient Engagement</b>	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
<b>Financial / resource implications</b>	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
<b>Outcome of Equality Impact Assessment</b>	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 to note this month.

##### **1.1 Learning Difficulties Mortality Review Program (LeDeR)**

The National Learning Disabilities Mortality Review (LeDeR) Programme has been established as a response to the recommendations from the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD 2013). CIPOLD reported that people with learning disabilities are three times more likely to die from causes of death that could have been avoided with good quality healthcare.

The LeDeR programme seeks to support local systems to embed reviews of deaths of people with learning disabilities. The overall aim of the LeDeR programme is to drive improvement in the quality of health and social care services for people with a learning disability to help reduce premature mortality and health inequalities.

A Specialist Practitioner for LeDeR has been recruited. This is a one year fixed term post for two days per week funded by NHSE. The aim of the post is to further develop and embed the LeDeR Programme across the 4 North Yorkshire CCG's and multi-agency partners.

A clear governance framework is required due to the multi-agency partners who contribute to the care and health of people with learning disabilities and the need to ensure local, regional and national learning is taken forward. This is currently being finalised along with the development of a North Yorkshire Steering Group to provide oversight, support and governance to local delivery of the programme.

##### **1.2 Deprivation of Liberty Safeguards (DoLS) and the proposed new Liberty Protection Safeguards**

In July 2018, the Government published a Mental Capacity (Amendment) Bill, which if passed into law will reform the Deprivation of Liberty Safeguards (DoLS), and replace them with a scheme known as the Liberty Protection Safeguards (although the term is not used in the Bill itself).

Timescales as yet are unclear regarding potential approval and subsequent implementation, however there are significant changes which will require changes to procedures, training and potential CCG resource implications. Further work is planned with safeguarding Leads to understand the impact and potential approach for implementation.

## **2. INCIDENTS**

### **2.1 Serious Incident – ‘Docman’**

On 3<sup>rd</sup> August 2018 the CCG were made aware of a national serious incident relating to the software ‘Docman’ which is used in some GP practices. The software, ‘looks’ in the practice’s email inbox and attaches letters relating to a specific patient’s care to the patient record.

A GP practice in London identified that some letters had not been processed and, although practices had safety netting procedures in place, some letters had not been attached to the appropriate patient record.

Two practices were affected within the HaRD CCG locality and were made aware on 9<sup>th</sup> August. A thorough investigation at practice level has been undertaken to identify any patients affected. Early indication is that there has been no identified patient harm. The IT fix has now been installed to prevent further occurrence.

## **3. PROVIDER SERVICES**

### **Quality Assurance Frameworks**

The commissioner Quality Assurance Frameworks for both the Acute (Harrogate and District NHS FT) and Mental Health (Tees Esk and Wear Valleys NHS FT) provider services are currently being reviewed in line with the CCGs Commissioning for Quality Framework.

### **3.1 Community Wheelchair and Equipment Services**

The coordinating commissioner for both the wheelchair and community equipment contract is VOY CCG. Each commissioner remains responsible for payment and exercising its statutory duties to commission health services.

Revised Governance arrangements are currently being implemented for these contracts which include clinical representation to ensure robust processes to manage the financial and quality aspects of the contracts.

### **3.2 Community Care Teams (CCTs)**

Work has completed to understand the issues impacting upon the CCT's hosted by Harrogate and District NHS FT.

An Action Plan to address the issues identified has been developed and will be taken forward in the medium term in line with the work stream for Integrated Care.

In the interim a revised service Specification has been developed and we will be consulted with Council of Member GP representatives throughout September / October. The purpose of the revised specification is to ensure clarity regarding the service provided for both the CCTs and referrers to the service.

### **3.3 Maternity Services NHS Resolution – Incentive Scheme**

Maternity providers are required to comply with the Maternity Services NHS Resolution scheme. The scheme rewards providers that take steps to improve delivery of best practice and safety within maternity and neonatal services.

Harrogate and District NHS FT (HDFT) who provide the local maternity services within HaRD have submitted to NHSE their benchmark assessment against the criteria.

There are 10 criteria, each with sub categories of questions. HDFT have reported 5 full and 5 partial compliance and an action plan to support attaining full compliance by March 2019.

Progress against the Action Plan will be monitored via the Trust's internal Maternity Services Forum which the CCG's Head of Nursing and Quality attends. Additionally this will be monitored by the Local Maternity System (LMS) and benchmarked against other providers within the LMS.

A full update against the Maternity Strategy work plan will be provided at the November 2018 Quality and Clinical Governance Committee CGC meeting by the Programme Lead for the West Yorkshire & Harrogate LMS.

## **4. COVERT MEDICINE ADMINISTRATION**

Covert Medicine administration is the intentional administration of medication to a patient without their consent.

There has been recognition of a rise in the number of residents within a local care home for covert medication prescription requests. This has prompted a collaborative review of current practices between the care home, GP, GP Lead for Safeguarding and Pharmacy Lead for Social care.

No concerns regarding inappropriate administration have been identified. Opportunities to strengthen whilst streamlining processes and provide assurance regarding appropriate discussions with patient / family / appropriate representative are key work streams.

Work will continue with the current care home, following which consideration of how more consistent approaches and potential further education can be rolled out across the system.

## 5. PERSONALISED CARE DEMONSTRATOR

The West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) has been successful in a bid to become a 'Personalised Care Demonstrator site' to improve its approaches to Personalised care.

The WY&H HCP is one demonstrator site, with all 'places' contributing to the program. The following table outlines the key areas contributing to Personalised Care.

Measure	Basis of counting	Coverage 2017-18	Coverage 2018-19	How collected	Basis of target
<b>Patient activation (or equivalent measure)</b>	Licences used	National	National	PAM team	Between 1% and 2% of population
<b>Self-care</b> Self-management Health coaching	Number of people referred	EPC sites	Demonstrator and network sites	Voluntary collection by NHSE	
<b>Community-based approaches</b> Community groups/activities Peer support	Number of people referred	EPC sites			
<b>Personalised care and support plans</b>	Number of plans or reviews	IPC sites			
<b>Personal health budgets and integrated personal budgets</b>	Number of people	National	National	NHS Digital	

An initial baseline mapping exercise has been undertaken in each of these areas. Whilst plans are in place to increase the number of people who have access to Personal Health Budgets (PHB's, there is a potential opportunity to improve the utilisation of existing self-care and community approaches through streamlining the connection between clinicians/referrers with appropriate services.

Project funding is therefore going to be utilised to appoint a project lead to support this work and help identify how we can enable more patients to access the personalised care approaches.

## 6. BREXIT – Government preparations for a March 2019 'No Deal' Scenario

There has been varied media coverage regarding the potential risks to medicines / healthcare supplies which are imported from EU countries.

The Secretary of State for Health and Social Care has written to Healthcare providers and pharmaceutical organisations to provide assurance regarding ongoing negotiations and plans in place should there be a no deal outcome.

Whilst assurance is provided, the CCG will ensure any updates provided by NHSE are cascaded and acted upon as required.

Any identified potential risks and actions will be included within the CCG's Emergency Preparedness Resilience and Response (EPRR) approach and Business Continuity Plan.

Further information can be found on the following website:

<https://www.gov.uk/government/collections/information-for-the-health-and-care-sector-about-planning-for-a-potential-no-deal-brexite>

## **7. CARE QUALITY COMMISSION (CQC) UPDATES**

### **7.1 TEWV CQC Visit**

The expected Well Led and Core service CQC inspection visits to TEWV services has been completed. The formal report is awaited and will be reviewed at the CCG / TEWV Quality and Safety sub group.

### **7.2 HDFT CQC Visit**

HDFT have submitted their Provider Information Request return to the CQC. A Well Led inspection will be undertaken over the next two months.

### **7.3 Henshaws College, Knaresborough**

Henshaws is a local day and residential specialist college based in Knaresborough for younger adults from the age of 16 years old who may have a sensory impairment, physical disability, learning disability or autism spectrum disorder. Up to 65 young people can be supported. Services are mostly commissioned by Local Authority as an educational provider.

An unannounced inspection took place in March 2018 which was partly influenced by the CQC being notified of a young person sustaining a serious injury.

The full report was published in June 2018 with an overall rating of Requires Improvement.

The full report is available on the CQC website link:

<https://www.cqc.org.uk/location/1-125001302>

Since the last inspection of 2016 the provider has started to deliver support to young people with more complex needs whereby they required nursing care.

A detailed action plan has been submitted to the CQC and CCG. Henshaws have taken appropriate internal action to address the issues identified which includes recruitment to a Clinical Lead .

#### **7.4 Tancred Hall Nursing Home**

Tancred Hall Nursing Home in Whixley received a CQC visit in March with an overall rating of Inadequate published in July 2018.

The full report is available on the CQC website link:

<https://www.cqc.org.uk/location/1-3814914258>

The home is currently undertaking self-restriction regarding the complexity of patient needs who they admit to ensure they can meet the patient's needs. There are currently no Local Authority or CCG restrictions in place.

Joint quality assurance visits between North Yorkshire County Council and Health have been undertaken throughout August and September to maintain assurance regarding progress against their Action Plan.

**Paula Middlebrook**  
**Head of Nursing and Quality**