

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item: 5.2</b>																						
<b>Date of Meeting:</b>	<b>6 December 2018</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td align="center">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>Paper Title:</b>	<b>Chief Officer Report</b>																							
<b>Responsible Governing Body Member Lead</b> Amanda Bloor, Chief Officer		<b>Report Author and Job Title</b> Amanda Bloor, Chief Officer																						
<b>Purpose (this paper if for)</b>	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td align="center">X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information			X														
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<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> No																								
<b>Executive Summary</b> 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.																								
<b>Recommendations</b> The Governing Body is asked to receive the report as assurance.																								
<b>Monitoring</b> The Chief Officer produces a written report for each Governing Body meeting.																								
<b>CCGs Strategic Objectives supported by this paper</b> <table border="1"> <tr> <th></th> <th>CCG Strategic Objective</th> <th>X</th> </tr> <tr> <td>1</td> <td>Quality, Safety and Continuous Improvement</td> <td align="center">X</td> </tr> <tr> <td>2</td> <td>Better Value Healthcare</td> <td align="center">X</td> </tr> <tr> <td>3</td> <td>Well Governed and Adaptable Organisation</td> <td align="center">X</td> </tr> <tr> <td>4</td> <td>Health and Wellbeing</td> <td align="center">X</td> </tr> <tr> <td>5</td> <td>Active and Meaningful Engagement</td> <td align="center">X</td> </tr> </table>					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			
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<b>Does this paper provide evidence of assurance against the Governing Body Assurance Framework?</b>  <table border="1"> <tr> <td><b>YES</b></td> <td></td> <td><b>NO</b></td> <td align="center">X</td> </tr> </table>				<b>YES</b>		<b>NO</b>	X																	
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<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	There are no implications detailed within the report.
<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>	Not applicable.
<b>Financial / resource implications</b>	Not applicable.
<b>Outcome of Impact Assessments completed (e.g. Quality IA or Equality)</b>	None identified.

**Amanda Bloor  
Chief Officer  
December 2018**

## Chief Officer Report

December 2018

### 1.0 Council of Members meeting

The Council of Members (CoM) last met on Tuesday, 20 November 2018.

Council of Members heard updates on the CCG's financial position, WY&H Health and Care Partnership and Clinical Forum updates. Operational business discussions included detailed discussions on referral audits and the approach to Primary Care pathways.

### 2.0 Aligned Incentive Contract (AIC)

Both the CCG and HDFT continue to have discussions with the regulators to enable an understanding of the challenges involved in delivering the Aligned Incentive Contract. Further work is required to ensure that we deliver a safe winter in addition to meeting our constitutional targets.

Demand management remain a key focus to ensure that this is managed in line with previous years, alongside the joint work to deliver cost reductions.

### 3.0 Harrogate System Leadership Executive

Positive work continues in respect of partnership working across the Harrogate and rural district. The Harrogate System Leadership Executive (HSLE) held its third meeting on 22 November 2018. Items discussed included:

- Key messages from the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) System Leadership Executive.
- An update from the Harrogate Integrated Health & Social Care (HIHSC) programme board.
- An update on One Public Estate (OPE)
- An update on Harnessing the Power of Communities
- HaRD Winter Resilience Plan 2018/19
- An update on Local Authority Winter money

### 4.0 Sustainability Transformation Partnership Update

Harrogate and Rural District CCG (HaRD CCG) is one of 6 places within the West Yorkshire and Harrogate Health and Care Partnership (HCP). The most recent public Joint Committee took place on 6 November. A summary of the key decisions are as follows:

Improving Stroke Outcomes
The Committee considered the latest in a series of updates from the Stroke Task and Finish Group. The report brought the programme to a conclusion and summarised progress in three areas – commissioning and delivering high quality, sustainable stroke care, reducing variation and plans for the whole care pathway.
The Joint Committee: <ol style="list-style-type: none"><li>1. Approved four hyper acute stroke units as the 'optimal' service delivery model for sustainable and 'fit for the future' hyper acute stroke care – Bradford, Calderdale and Huddersfield, Leeds and Mid Yorkshire.</li><li>2. Approved the recommendation that all commissioners utilise the agreed hyper acute stroke service specification when commissioning hyper acute care services.</li><li>3. Acknowledged that local plans to take people with suspected stroke in Harrogate to a specialist hyper acute stroke service in either Leeds or York will be led by Harrogate. Plans will maintain a rehabilitation service for stroke patients at Harrogate District Hospital, to which they can be transferred after receiving hyper acute stroke care.</li><li>4. Supported there is no requirement to further engage or consult across the whole of WY (taking into account the views of local people and the Joint Health Overview and Scrutiny Committee).</li><li>5. Noted the views of stakeholders, in line with the NHS England service change</li></ol>

assurance process.
6. Approved the recommendation to re-establish a sustainable WY&H stroke clinical network.
7. Noted work underway to further improve quality and outcomes across the whole of the stroke pathway and support the aspiration to adopt a standardised 'whole pathway' stroke service specification across WY&H as soon as possible.
8. Noted that a paper will be presented to the System Leadership Executive Group in December 2018 to ensure there is a continued focus on further improving stroke outcomes across WY&H.
<b>West Yorkshire and Harrogate Healthy Hearts project</b>
The Committee reviewed progress on the project, which aimed to reduce cardio-vascular disease, and built on the stroke prevention work. A number of places across WY&H were already doing similar work, and the project provided the opportunity to improve outcomes by standardising the approach across WY&H. A successful formal launch had taken place in September.
The Joint Committee: Noted the update on the project.
<b>Joint Committee governance</b>
The Committee reviewed the draft terms of reference of the Patient and Public Involvement (PPI) Assurance Group, made up of CCG PPI lay members. The Committee also reviewed the significant risks to the delivery of the Committee's work plan and arrangements for managing system-wide risks.
The Joint Committee:
1. Agreed the terms of reference of the PPI Assurance Group.

## 5.0 West Yorkshire and Harrogate Cancer Alliance Board

The Board has an overall aim to improve the lives of all those affected by cancer across our area. The Chief Officer for the CCG is the commissioning SRO for the Cancer workstream in the HCP and the Vice chair of the Cancer alliance board.

The Board last met on 30 October 2018. Items discussed included:

- A report on the risk register relating to the workstream
- A highlight report for each of the Alliance work streams
- A newly developed dashboard of data/metrics
- A discussion around Health Education England cancer workforce planning discussion
- A discussion on developing our partnerships to deliver sustainable quality improvements.

## 6.0 Health and Wellbeing Board Update

The Health and Wellbeing Board last met on 23 November 2018. Items discussed included:

- A discussion on the Board membership. The Board approved its membership being extended to include a Co-opted Member, one representative from the Emergency Services.
- The approval of the Summit Report which summarised the key issues, ideas and themes generated during the Health and Wellbeing Board Mental Health Summit – 'Mental Health Moving in the Right Direction on 30 May 2018.
- An update on progress on the Digital Theme.

The next meeting is scheduled for 29 January 2019.

## 7.0 Urgent and Emergency Care Update

The HaRD A&E Delivery Board Winter Resilience plan for 2018/19 is submitted for assurance. This describes the health and social care system response to winter pressures.

The West Yorkshire and Harrogate shadow Integrated Care System (WY&H ICS) continues to develop plans for the delivery of the Integrated Urgent Care specification by the end of March 2019. HaRD CCG is working with the WY&H ICS and our local partners to ensure the CCG delivers its' responsibilities to ensure a joined up urgent care service for the population of HaRD CCG.

Harrogate District Foundation Trust (HDFT) has received capital funding to support the development of an ambulatory care service. The service will re-locate from its current location to be closer to A&E and is on track to be operational from 17<sup>th</sup> December. The current medical assessment service will relocate in December and the surgical assessment service will combine with medicine in 2019.

HDFT continues to perform well for the A&E 4 hour wait target. As at 27 November performance was at 94.8% (target 95%). In addition considerable work has been targeted at improving discharge pathways for patients. This has resulted in a sustained achievement of the Delayed Transfers of Care (DTC) target. Performance is currently at 2.5% against a target of 3.5% and is significantly improved since 2017/18 (see table below).

The HDFT stranded patient target, all patients with a length of stay (LOS) over 21 days, is for no more than 53 patients over 21 days LOS. Although the performance is variable it has reduced and at end of November is on target to achieve 53. There is a risk that increased demand and patient complexity will adversely impact this target.

	17/18		18/19	
	Target	Actual	Target	Actual
Apr	3.5%	4.4%	3.5%	3.8%
May	3.5%	3.5%	3.5%	2.5%
Jun	3.5%	7.1%	3.5%	4.5%
<b>Q1</b>	<b>3.5%</b>	<b>5.0%</b>	<b>3.5%</b>	<b>3.6%</b>
Jul	3.5%	7.8%	3.5%	3.7%
Aug	3.5%	6.0%	3.5%	2.0%
Sep	3.5%	5.0%	3.5%	2.1%
<b>Q2</b>	<b>3.5%</b>	<b>6.3%</b>	<b>3.5%</b>	<b>2.6%</b>
Oct	3.5%	4.5%	3.5%	2.5%

As reported in to the Governing Body in September, The World Cycling Championships will be taking place in North Yorkshire from 22 – 29 September 2019 with all races finishing in Harrogate. Work has commenced to understand the impact on health and social care services for each day of the event and the risks associated with this. This now includes a multi-agency planning group led by the Emergency Planning Resilience and Response Lead for NHS England, Yorkshire and Humber.

Re-procurement of the 111 service for Yorkshire and Humber, led by Calderdale CCG, remains on track to meet the end of November deadline for a decision to award a contract.

## **8.0 Better Care Fund**

Better Care Fund (BCF) schemes continue to assist with discharging patients from hospital in partnership with Harrogate District Foundation Trust (HDFT), Local Authority, Mental Health, Continuing Healthcare and voluntary sector partners. The number of continuing healthcare assessments taking place outside of hospital at care homes continues to increase.

The Improved Better Care Fund (iBCF) Living Well Co-ordinators continue to offer face to face appointments within three GP practices, Dr Ingram & partners, East Parade and Stockwell Road. The team have visited all practices to discuss the Living Well offer to primary care, this has increased the number of referrals. Since May 2018, 115 appointments have been made via the 3 pilot surgeries. The co-ordinators continue to see patients in their own homes supporting them to manage their health and stay well.

Evaluation plans are now underway to monitor patients before and after their living well intervention and case studies to take forward learning.

The A&E Delivery Board continues to receive monthly monitoring reports to oversee delivery of the schemes.

## **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.

### **Governing Body Assurance Framework**

No new risks have been added, deescalated or closed on the Governing Board Assurance Framework since the Governing Body last met in October 2018.

### **Corporate Risk Register**

No new risks have been added to the Corporate Risk Register since the Governing Body last met in October 2018.

**Amanda Bloor, Chief Officer**  
**December 2018**