

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item 6.1</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>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 in the Harrogate and Rural District.</p> <p>These have already been presented and discussed in detail at the Quality and Clinical Governance Committee and mitigating action agreed where required. 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 / and 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**

#### **1.1 Children's safeguarding**

The following updates are important to note this month from the Children's Safeguarding team

- Discussions are underway with key partners around establishing the new safeguarding partnership arrangements, including Child Death Overview Panels (CDOP). This is a key requirement following publication of the HM Government 'Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children' (July 2018)

The consultation around the re-procurement of the 0-19 service has commenced and assurance that the Designated Professionals team will attend to provide a safeguarding children perspective.

- The new peri-natal mental health pathway is due to be launched. It is anticipated that the service will be fully operational from February 2019.

### **2. INCIDENTS**

The following updates are important to note this month

#### **2.1 Incidents and Soft Intelligence in Primary Care**

Work is being undertaken to develop further guidance for Primary Care Incident and Soft Intelligence Reporting. There is variability regarding use of soft intelligence and in some instances the Soft Intelligence should be logged as an Incident.

Soft Intelligence received has been shared with the respective providers.

Advice is being sought from NHSE and benchmarking across other CCG Primary Care providers to determine what should be consistent practice. An update with

recommendations will be provided to Quality and Clinical Governance Committee in January 2019.

## **2.2 Healthcare Safety Investigation Branch (HSIB) and Maternity**

The Healthcare Safety Investigation Branch (HSIB) is funded by the Department of Health and Social Care and hosted by NHS Improvement. It is operationally independent and separate from all the regulatory bodies like the Care Quality Commission (CQC).

HSIB is rolling out the undertaking of investigations that meet the Royal College of Obstetricians and Gynaecologists 'Each Baby Counts' (EBC) criteria for intrapartum stillbirth, neonatal deaths and severe brain injuries, as well as all maternal deaths (up to 42 days following delivery).

The aim is to bring a national standardised approach to maternity investigations without attributing blame or liability and ensure wider dissemination of learning.

The HSIB investigation will replace the local investigation if it meets the criteria. The new process will be launched from the 3<sup>rd</sup> December in Harrogate. HSIB has met with local maternity providers to ensure clarity of process.

## **3. PROVIDER SERVICES**

### **3.1 Leg Ulcers and Lymphoedema services**

A work stream has commenced to review the current pathways in place for the management of leg ulcers and integration of lymphoedema expertise to ensure consistency of clinical practice.

Initial discussions have been held with a view to piloting a new model within an agreed locality. Revised clinical pathways, governance framework and training are to be developed in order to support this. This work stream is being led by the Director of Quality and Governance and is envisaged to be piloted over the next three months. An update will be provided to Quality and Clinical Governance Committee in January 2019.

### **3.2 Community Wheelchair Services**

The CCG has been alerted to concerns from service users regarding delays in provision of replacement wheelchairs when the service user has outgrown their current wheelchair. Each case has been resolved following individual escalation.

A revised governance framework has been established to support and monitor the wheelchair services contract provided by Nottingham Rehabilitation Services (NRS)

to ensure transparency regarding all aspects of quality and performance. A HaRD CCG representative is now present on the newly developed North Yorkshire Partnership Board with its inaugural meeting having taken place in November 2018.

Service user feedback will continue to be closely monitored.

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

A Draft service specification for the CCTs has been developed and shared with the Council of Members and Local Medical Council (LMC) representatives.

Amendments to the specification are required before approval as an interim service descriptor. We aim to complete this jointly with Harrogate and District NHS FT as the service provider by December 2018. Work will then progress to develop integrated working across all service providers from April 2019.

### **3.4 Henshaws College**

Henshaws College is a local day and residential college in Knaresborough for young people and adults (from the age of 16) with physical or Learning disabilities. An unannounced CQC inspection took place in March 2018 due to concerns raised following a serious safety incident. During the inspection it was identified that the college were undertaking delegated nursing tasks without the appropriate CQC registration and nursing / clinical oversight and governance. The college has made significant changes to its management and governance structure including appointment of a new clinical lead and (Registered Nurse) and Care Manager.

Due to staffing gaps the college suspended 14 students in October until January 2018 when it is anticipated new staff will be in post and completed their mandatory and core training.

Students are placed in the college either self-funded, in receipt of CHC funding or varying Local Authority commissioners from across the region. NYCC and the CCG have undertaken a subsequent Quality Assurance visit in October. Close liaison is taking place with the CQC and an unannounced re – inspection is scheduled.

## **4. END OF LIFE CARE**

### **4.1 Verification of Expected Death in Community**

A working group has been established led by the Specialist Palliative Care Team at Harrogate District Hospital to undertake a review of the current position regarding verification of expected death in community.

This follows the decision approximately 3 years ago to discontinue the requirement to verify death when the death was expected. The group will consider national guidelines, patient feedback, staff views, coroner views etc. and provide recommendations for ongoing practice. This will be discussed at the End of Life Locality Group for a collective discussion regarding the way forward.

An update will be provided to Quality and Clinical Governance Committee in January 2019.

## **4.2 Bereavement Survey**

Harrogate and District NHS FT (HDFT) have undertaken a bereavement survey for approximately three years. This has focussed upon hospital expected deaths with information provided to relatives upon collection of their death certificate. Whilst this created a positive method of assessing quality within the hospital, there was a gap in understanding the level of quality experienced for people who die at home.

Agreement has now been reached between HDFT and the Local Registrar's office to offer this survey to relatives of all deaths. This has been piloted since September 2018 with positive feedback of welcoming the opportunity to feedback.

Clinical Effectiveness at HDFT collate the results. Results and themes will be shared at the Locality End of Life Group and help shape where there needs to be increased focus upon quality standards or education provision.

This is a positive step, however further discussions are taking place regarding sharing of information to ensure compliance with General Data Protection Regulation (GDPR) whilst ensuring feedback to individual providers where this is required.

Progress will be monitored by the End of Life Locality Group.

## **5. CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN**

The Local Transformation Plan for Children and Young People's Emotional and Mental Health has been refreshed and submitted to NHSE in October 2018. This is now available on the HaRD CCG website. See the following link:

<http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/children-and-young-people-mental-health/hard-ltp-refresh-oct-2018-final.pdf>

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

### **6.1 Tees Esk and Wear Valleys NHS FT (TEWV) CQC Visit**

The CQC concluded their inspection of six core services and a 'Well-Led' review on Wednesday 25<sup>th</sup> July with the final report published on the 23<sup>rd</sup> October 2018.

The report is now published with the following ratings:

- Overall Rating: Good
- Are services safe? Requires Improvement
- Are services effective? Good
- Are services caring? Good
- Are services responsive? Good
- Are services well led? Good

Whilst the rating for Safety is 'Requires Improvements', individual services received their own rating. These ranged between Outstanding, Good and Requires Improvement.

An Action Plan will be requested and monitored through the CCG / TEWV Quality & Safety sub contract meeting.

### **6.2 Harrogate and District NHS FT (HDFT) CQC Visit**

An unannounced CQC visit to core services took place w/c 5<sup>th</sup> November ahead of the scheduled 'Well Led' review which is due to take place 4 – 6<sup>th</sup> December 2018.

Paula Middlebrook  
Head of Nursing and Quality