

Purpose: This paper provides an update to the Governing Body.

- It is intended to highlight key areas of note rather than be inclusive of all areas of work taking place, and is complimented by the minutes of the Quality and Safety Committee (QSC).
- Highlights, risks or principal concerns across the broader quality domains of patient safety, experience and effectiveness are identified in order to inform the group of the controls and mitigation the CCG and Provider have taken.

Key Points: Current focus centres on ensuring the impact on quality is considered in all commissioning decisions against the backdrop of current financial challenges being faced and continuing to drive quality of care across all providers.

Patient Experience

Key Point/Highlight/Issue of Concern	Existing Controls/Mitigation
<ul style="list-style-type: none"> • On 15 October 2018, following collaborative work between HRW CCG, HaRD CCG and YAS, a set of refreshed local PTS eligibility criteria were successfully implemented (no changes were made to the national standards for PTS eligibility). • Refreshed local eligibility criteria were required as the original set had been in place since 2007, were no longer fit for purpose and did not support or assist YAS in delivering the service. • The objective of this work was to improve the quality of PTS provided to HRW and HaRD patients who required the service and reduce activity volumes to within contracted and affordable levels. • This has caused some concern within local communities and has been raised by local elected members and discussed at the Scrutiny of Health Committee, where CCG provided evidence and assurance. 	<ul style="list-style-type: none"> • PTS eligibility checks only apply to HRW and HaRD patients whose mobility did not require the support of a YAS member of staff on their journey (C1 and W1 patients) or who were attending hospital (or other care setting) for anything other than Radiotherapy, Chemotherapy, Renal or other oncology treatment. All other HRW patients are automatically deemed "eligible" for PTS. • Since 15 October 2018 YAS have reported a c15% reduction in PTS journeys for HRW patients. Based on this early information we expect this percentage to rise and stabilise at c30% within the first year. This is consistent with the expected level of change. • Between 15 October 2018 and 31 December 2018 HRW CCG received 11 appeals (2.5% of HRW C1 and W1 patients) against the outcome of the PTS eligibility check; an average of 1 per week. • All appeals are considered by the CCG's Head of Urgent & Emergency care and all 11 have been upheld.

Patient Safety

Key Point /Highlight/Issue of Concern	Existing Controls/Mitigation
<p>Whitby Locality</p> <ul style="list-style-type: none"> • Primecare who provide GP Out of Hours services in Whitby have ceased trading. <p>Healthcare Associated Infections (HCAI)</p> <ul style="list-style-type: none"> • 1 case of MRSA was attributed to HRWCCG in Q2, the first in 17 months, and a further case was attributed in November 2018 • Reducing Gram negative blood stream infections (GNBSI's is a national priority. E.Coli infections are the largest contributor to this group and organisations are expected to reduce their base incidence by 10-20% by March 2019. By Nov 18. 118 cases of E.Coli infections were reported for HRW CCG. Given the incidence trajectory to date, the CCG will not meet the improvement target in 2019. 	<ul style="list-style-type: none"> • Humber Foundation Trust (HFT) have transferred the contract for providing GP Out of Hours services in Whitby to Vocare, from Primecare. • Post Infection Reviews (PIR) on both cases have been undertaken. • A system wide approach is required across all parts of the health economy and the CCG is participating in the Urinary Tract Infection (UTI) collaborative, along with provider colleagues and supported by NHSE.

Effectiveness

Key Point /Highlight/Issue of Concern	Existing Controls/Mitigation
<p>CQC Inspection reports received (Q3).</p> <ul style="list-style-type: none"> • 6 reports received regarding care homes. 4 rated good and 2 requiring improvement • Enhanced Health in Care Homes Framework <p>Good progress has been made across all areas. Further work to be done to establish the Care Home Bed State Tracker across HRW.</p>	<p>CCG working with NYCC in supporting homes that require improvement.</p> <p>Working with North Yorkshire County Council to introduce the tool more widely.</p>