

Agenda Item 12

Report to: Governing Body

Date of Meeting: 13th June 2019

Subject: Quality Oversight Report

Presented by: Jan Haxby, Director of Quality & Nursing

STATUS OF THE REPORT

- For Information
- For Discussion
- For Approval / Ratification
- Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:	<p>The purpose of this report is to share the quality oversight and assessments of assurance, non-specific to providers, with the CCG Governing body.</p> <p>This report will highlight positive assurance and lack of assurance. It will also outline risks identified through the Clinical Governance Committee and plans in place to address lack of assurance or risk.</p>	
Recommendations:	The Governing Body review the content of the report. .	
Committee Process and Assurance:	This report has been prepared by the Director of Quality & Nursing.	
Implications:		
Risk Assurance Framework Implications:	The Clinical Governance Committee identified the need to raise a risk on the CCG risk register re: health assessment performance on standard required for looked after children.	
Legal Implications:	None identified.	
Data Protection Impact Assessment implications (DPIA):	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	No
	If yes to the above – have the DPIA screening questions been completed?	Choose an item.
	Does this project involve the processing of personally identifiable or other high risk data?	Choose an item.
	If yes to the above has a DPIA been completed and approved?	Choose an item.
Equality Impact Assessment implications:	An Equality Impact Analysis/Assessment is not required for this report	<input checked="" type="checkbox"/>
	An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment	<input type="checkbox"/>
	An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report	<input type="checkbox"/>
Finance Implications:	None arising from this report.	

Situation

All three subgroups of the Clinical Governance Committee (CGC) met for the first time after the close of 2018-19 Quarter Four.

Background

The three subgroups have been set up to oversee the safety, effectiveness and experience work streams of the CCG and to report to the Clinical Governance Committee on this. The chairs of the subgroups are members of the Clinical Governance Committee.

Provider Profiles have been developed which will be utilised at each of the review groups to enable scrutiny and oversight of our largest activity providers in terms of quality. The profiles are now going through the process of being populated. A dashboard has been established to oversee Primary Care performance and quality at the newly established Primary Care Quality and Performance Group – this dashboard will also be available to the subgroups of the CGC going forwards. These will populate the Governing Body Provider report.

Assessment

The subgroups reviewed the quarter four position in respect of safety, effectiveness and experience.

The Clinical Governance Committee would like to report to the Governing Body the following for escalation for information:-

- Looked After Children Safeguarding Report. Significant rise in numbers of Looked After Children (LAC), and the impact of this on the ability of the Health LAC team to meet the health performance standard for LAC. In addition the health LAC team are not always made aware of children becoming looked after in a timely way and this also poses a risk to meeting the national standard. The Designated Nurse for LAC is working with the local authority regarding this. The Clinical Governance Committee requested quarterly monitoring and update reports on the position. This issue was agreed to be logged on the CCG risk register.
- The CCG continues to work with its statutory partners in respect of reviewing the children's safeguarding arrangements and are on track to deliver the plan by the end of June and make this operational by September.
- The CGC received assurance that a plan is in place to oversee larger providers compliance with safeguarding training standards and to work with those where compliance is a difficulty. The CCG is also setting up appropriate levels of monitoring of safeguarding standards with smaller commissioned providers.
- Think LD and learning from LeDeR (Learning Disabilities Mortality Review). Bradford developed a scheme, Think LD, to engage community provision in considering Learning Disability. A small amount of NHSE funding was allocated to support LeDeR development and the CCG is working with Care 4 All to set up the mechanisms for NEL to implement the Think LD scheme locally.
- Central Alert System (CAS). The CCG now have a system for governing CAS and ensuring it is acted upon as appropriate by the CCG.
- National Institute for Health and Care Excellence (NICE). The CCG have been implementing a CCG NICE standard compliance assessment process and have developed clear trajectories for completing the CCG assessment against the standards needs to be defined.
- Infection Prevention and Control (IPC). The quarterly report to Clinical Governance Committee escalated specifically that we are not currently meeting the E.coli target and non-compliance in care and nursing homes with IPC community audits. The Clinical Governance is seeking to understand this

non-compliance in care and nursing homes further. Delivery against the IPC strategy is progressing but with further work to be done.

- Thames Ambulance Service Limited (TASL) staff survey. There was a poor response rate (25% response rate) to the survey with some concerning responses. Challenges have been raised formally through the Quality Contract Review Meeting for TASL.

Recommendations

The Governing Body review the content of the report.