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HEALTHWATCH RUTLAND ACTION LOG JANUARY 2018 PA

PAPER C

Reference	Item	Action agreed & by whom	Current status
Ongoing	EMAS performance	Despite a local conference and regular meetings with the local management of EMAS, target achievement in Rutland continues to be the worst in East Midlands Region in all categories at all times	Jennifer Fenelon & Phil Hurford attended CQC quality summit on EMAS on 20 th June 2017. EMAS given overall rating of "Requires Improvement". CQC was more positive about EMAS performance than hitherto and says it feels EMAS has "turned the corner". Jennifer Fenelon attended the EMAS AGM. HW Chairs and CEOs from across the EM Region had a very constructive meeting with the EMAS Chair and CEO on 12 th October 2017. Phil Hurford, Sarah Iveson and Jennifer Fenelon continue to hold regular and constructive meetings with the EMAS Divisional Manager who presented the new access targets to the HWR AGM on 15 th September 2017. There is now an hiaitus in receiving all access data. On 12 th October all EM Healthwatch stressed that provisional data must be made available and not wait until after 1 st April 2018 as intended by NHS England. The need for accurate data remains following the difficult position over Christmas and New
14.86- Ongoing	SEND	 Bring parent views on implementation back to Board Review periodically to chase progress 	Year. Jacqui Darlington asked to report back periodically as programme progresses Rutland Services for Children with Special Educational Needs and Disabilities have been described as committed, inclusive and highly effective in the latest Ofsted inspection. Please follow this link to read the full Ofsted report.

14.87a	Governance policies	Under revision	Updated suite of policies brought to HWR Board and approved 10.05.17 Equality and Diversity Policy and the Volunteer Involvement Policy have subsequently been updated and
			agreed by the Audit Committee and are available on the website.
14.88 - Ongoing	Cancer Targets	Achievement of targets	Leicester reported nationally as one of poorest performing units
		Differentiation of results	ELRCCG was reporting by CCG only but since May is now reporting by provider as well which enables monitoring of individual Trusts
		between providers – ELRCCG results	In July 2017 UHL reported that it had hit all three access targets for the first time in a number of years. Leave RAG rating as yellow until this improvement being sustained but overall is good news.
		are an amalgam of UHL, Peterborough and Kettering	Details of Cancer targets reported to ELRCCG in December 2017 are attached at the end of this report but are still patchy
14.87- Ongoing	Enter & View	 Review progress after one year Prepare forward programme 	 Forward programme agreed for 2017-18 Current activity described in CEO report including programme of coverage of all care homes Lack of progress in rehousing NRU patients is causing concern and meeting with UHL lead Board Member arranged
14.87d	Dementia Project		 CEO sits on STP project Team which is led by ELRCCG ELRCCG Dementia diagnosis rate reported in December 2017 had dropped
			Target 2016/17 Aug Sept 17 17 17 66.7% 64% 66.9% 66.3%
15.7.10 16.60	Minor Injuries	 Contract under review byCCG Arrangements to obtain public response to new contract agreed with CCG 	 No information available from ELRCCG re contract spec Outcome of urgent care Vanguard awaited Information awaited from West CCG re 111 revision Primary Care Survey 2017 highlighted confusion among public over location /opening hours of Urgent Care Centres.

	Voluntoers	 Continue to work with East and West CCGs on their separate initiatives 	No further information available
15.7.14	Volunteers	 Develop recruitment and support processes 	Being gradually put in place as new recruits identified matching volunteer skills to work streams.
15.18a Forward Plan	Ops Group for implementation	 Planning for 2017-18 	 Plan approved by HWR Board March 2017 Implementation being taken forward by Operations Group Progress reports submitted to HW Board & RCC. See Paper E on agenda
15.18.g	ARRIVA	Survey patient experience	Contract awarded to Thames Ambulance Service (TASL). TASL to come to Board meeting on 08.11.17 to report progress to date Two matters still outstanding following that meeting- I. Clarification of position of Rutland people with PE postcodes II. Clarification of eligibility criteria A draft information sheet has been prepared for the "Find a Service" pages of the HWR website and will be uploaded when items 1&11 above are clarified
15.65	Dentistry	 Await results of New Contract/Out of hours 	tender by NHS England by end 2017. The new practice will provide out of hours cover for Rutland
15.70	Young People's Mental Health	 Formal request for reinstatement or £1m of LLR Future in Mind Funding submitted jointly by LLR HW Chairs 15.03.17 	 No satisfactory reply received to date re. funding. Copy of reply sent to MPs Successful YPMH event held at Oakham Castle on 1st April Problems over national allocation resolved. hosted by High Sheriff Rutland YPMH Charter Group has met and is moving forward to oversee implementation in Rutland. Funding will be required and various potential sources being approached

15.72	Better Care Together / STP	 Rewrite of STP Awaited in May 2017 involving reduction in bed closures 	 Engagement/Consultation dates for STP still not known Revision of plan underway involving recalculation of bed numbers. No decisions made on capital nationally Deadline for response to 20-day letter enclosing submission from Rutland to ELRCCG expired 12th April. Acknowledgement subsequently received from ELRCCG CEO to say response cannot be made during June 2017 Election Purdah
16.11	Rutland Show	 Showcase HWR projects at Rutland Show 	 Rutland Show held on 4th June 2017. Successful event & thanks due to volunteers who helped man the stand Subject to contract, HWR hopes to be present at the 2018 Rutland Show on 3rd June 2018
16.37(7)	Military	 Establish meeting of veterans' support groups 	Successful Veterans' event held on 29 th June 2017
• 16.39	Annual Report & AGM	Submit Annual Report to HWE Arrange AGM	 Annual report submitted 30.06.18 AGM scheduled for 19th September 2018
16.41	Oakham Neighbourhood Plan	 Put Oakham survey proposal to CCG Request places for Sarah Press and Sarah Iveson on ONP 	 Online and survey at 20 outlets and multiple patient groups undertaken and completed on 01.02.17 Hard copy input by students from Leicester University completed Design and analysis of final set of reports underway Results shared with the ONP. Places agreed for HWR on ONP
16.44 (6) & 16.53.3	Mental Health Act Annual Report 2014/15.	Refer to Adult Mental Health Task Group Dementia should be incorporated in Mental Health Task Group	 Mental Health Forum now established Meeting with LPT arranged for 11.01.18 to discuss Primary Care Survey but LPT now unable to attend. Dementia Group incorporated work of Mental Health Task Group

16.53.6	Website	Complete population of	Work completed on website
		Website including "find a service "and "Feedback Centre"	 Collaborative project to develop common templates across EMHW Network underway The 'Find a Service' page is also being updated to include tabs for more local services including patient transport and mental health support.
16.59	Glenfield Congenital Heart Service	Chair to write to CEO of UHL giving HWR support	 Discussed at May HWR Board meeting and formal response agreed. Formal decision awaited from NHS England on 30th November 2017. Decision made to continue surgery at Glenfield subject to standards being met
17.48	Primary Care Survey	Bring back to full meeting after local discussion	 Local discussions held during summer including at HWR AGM & 8.11.17 to check progress. Mental Health & General Practice scheduled for 17.01.18
17.50(b)	Settings of Care	Bart Hellyer to oversee developments and report back	 Public Accounts Committee and Equalities Commission have taken up the issues ELRCCG. PAC report expected shortly ELRCCG implementation likely in the New Year. WLCCG & LCCCG will consider in early 2018

Cancer Indicators- Report to CCG Governing Body December 2017

62 day waits

% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

	Q1		Q2		Q3		Q4	YTD
Apr	May Jun	Jul	Aug Sep	Oct	Nov Dec	Jan	Feb Mar	

% of patients receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service

2 Week Waits

% of patients seen within two weeks of an urgent GP referral for suspected cancer

Six cancer measures for August 2017 achieved (which is a very good position for the CCG and our patients). Two failed to achieve target these are:-

Patients receiving first definitive treatment for cancer within 62 days of referral GP referral for suspected cancer (20 breaches due to - 2 admin error, 1 capacity, 6 complexity 2

patient cancelled, 2 patient choice, 4 delay and 3 other).

% of patients receiving subsequent treatment for cancer within 31 days where there that treatment is surgery (4 breaches due to capacity and patient choice).

62 Day Waits- The 62 day wait for first definitive treatment has fluctuated and remains volatile. The 62 day wait for first definitive treatment following NHS cancer screening was compliant in August.



% of p	atients	seen w	vithin tv	wo wee	ks of ar	n urgen	t referr	al for b	reast sy	mptom	IS			ΑL
RAG	B	G	G	R	G								R	rev
Status	Р	Р	Р	Р	Р								-	at
Actual	82.143%	94.286%	97.222%	92.308%	95.556%								92.896%	rep
Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	on

	Q1		Q2		Q3		Q4	YTD
Apr	May Jun	Jul	Aug Sep	Oct	Nov Dec	Jan	Feb Mar	

31 Day Waits

	Q1		Q2		Q3		Q4	YTD
Apr	May Jun	Jul	Aug Sep	Oct	Nov Dec	Jan	Feb Mar	

% of patients receiving first definitive treatment within 31 days of a cancer diagnosis

% of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery

% of patients receiving subsequent treatment for cancer within 31 days where that treatment is an anti- cancer drug regimen

% of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course treatment following NHS cancer

UHL action plan is in place which is eviewed, monitored and challenged t the RTT/Cancer Board. A clinical epresentative attends this meeting n behalf of the CCG.

RAG	e	G	G	G	G	G					-		G
Status	G	P	P	P	P	P							-
Actual													97.766%
Target		96.00%		96.00%			96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
RAG	В	G	G	G	в	в							В
Status		Р	Р	Р	Р	Р							
Actual	90.625%	94.444%	95.652%	100.00%	87.097%	90.244%							93.088%
Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
RAG	G	в	G	G	G	G							G
RAG Status		R	G	G	G	G P							G -
	Р	Р	Р		Р	Р							
Status	P 100.00%	Р	Р 100.00%	Р	Р	Р 100.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	- 99.206%
Status Actual	P 100.00%	P 97.619%	Р 100.00%	Р 98.077%	Р 100.00%	Р 100.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	- 99.206%
Status Actual	P 100.00%	P 97.619%	Р 100.00%	Р 98.077%	Р 100.00%	Р 100.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	- 99.206%
Status Actual	P 100.00%	P 97.619%	Р 100.00%	Р 98.077%	Р 100.00%	Р 100.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	- 99.206%
Status Actual Target	P 100.00% 98.00%	P 97.619% 98.00%	P 100.00% 98.00%	P 98.077% 98.00%	P 100.00% 98.00%	P 100.00% 98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	- 99.206% 98.00%
Status Actual	P 100.00% 98.00%	P 97.619%	Р 100.00%	Р 98.077%	Р 100.00%	Р 100.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	- 99.206%
Status Actual Target	P 100.00% 98.00%	97.619% 98.00%	P 100.00% 98.00%	98.077% 98.00%	P 100.00% 98.00%	P 100.00% 98.00%		98.00%	98.00%	98.00%	98.00%	98.00%	- 99.206% 98.00%

31 Day Waits - Continued emergency and theatre pressures have resulted in a deteriorating performance position. Although Cancelled operations has improved it continues to affect the ability to maintain performance against standard

A UHL action plan is in place which is reviewed, monitored and challenged at the RTT/Cancer Board. A clinical representative attends this meeting on behalf of the CCG.

Harm reports for patients waiting 104+ days continue to be received and reviewed by the Contracting Quality Team and discussed at Clinical Quality Review Group.