

HEALTHWATCH RUTLAND ACTION LOG March 2018

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	<p>Jennifer Fenelon & Phil Hurford attended CQC quality summit on EMAS on 20th 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”.</p> <p>Jennifer Fenelon attended the EMAS AGM.</p> <p>HW Chairs and CEOs from across the EM Region had a very constructive meeting with the EMAS Chair and CEO on 12th October 2017.</p> <p>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 15th September 2017.</p> <p>There is now an hiatus in receiving all access data. On 12th October all EM Healthwatch stressed that provisional data must be made available and not wait until after 1st April 2018 as intended by NHS England. The need for accurate data remains following the difficult position over Christmas and New Year.</p> <p>Phil Hurford and Jennifer Fenelon met Lee Brentnall, Paramedic and Ambulance Operations Manager, on 21st February and were given the first tranche of unofficial data which will become mandatory on 1st April 2018. At present it is only available for of LLR . The new standards from 02.04.18 are set out at the end of this Action Log</p> <p>Demand has been exceptionally high both in East Midlands and nationally since the recent snow</p>

14.86- Ongoing	SEND	<ul style="list-style-type: none"> ✦ Bring parent views on implementation back to Board ✦ Review periodically to chase progress 	<p>Jacqui Darlington asked to report back periodically as programme progresses</p> <p>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.</p>
14.87a	Governance policies	Under revision	<p>Updated suite of policies brought to HWR Board and approved 10.05.17 .</p> <p>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.</p>
14.88 - Ongoing	Cancer Targets	<ul style="list-style-type: none"> • Achievement of targets • Differentiation of results between providers – ELRCCG results are an amalgam of UHL, Peterborough and Kettering 	<p>Leicester reported nationally as one of poorest performing units</p> <p>ELRCCG was reporting by CCG only but since May is now reporting by provider as well which enables monitoring of individual Trusts</p> <p>In July 2017 UHL reported that it had hit all three access targets for the first time in a number of years.</p> <p>Leave RAG rating as yellow until this improvement being sustained but overall is good news.</p> <p>Details of Cancer targets reported to ELRCCG in December 2017 are attached at the end of this report but are still patchy</p>
14.87- Ongoing	Enter & View	<ul style="list-style-type: none"> ✦ Review progress after one year ✦ Prepare forward programme 	<ul style="list-style-type: none"> ✦ 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		<p>✦ CEO sits on STP project Team which is led by ELRCCG</p> <table border="1"> <thead> <tr> <th colspan="13">Dementia</th> </tr> <tr> <th colspan="13">Dementia Diagnosis Rates (IAF Better Care Metric)</th> </tr> <tr> <th>Standard Target</th> <th>Apr-17</th> <th>May-17</th> <th>Jun-17</th> <th>Jul-17</th> <th>Aug-17</th> <th>Sep-17</th> <th>Oct-17</th> <th>Nov-17</th> <th>Dec-17</th> <th>Jan-18</th> <th>Feb-18</th> <th>Mar-18</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>88.7%</td> <td>89.3%</td> <td>88.3%</td> <td>88.8%</td> <td>89.8%</td> <td>88.2%</td> <td>88.3%</td> <td>89.8%</td> <td>87.8%</td> <td>88.7%</td> <td>87.8%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>• Dementia Strategy for LLR being presented to ELRCCG on 13th March 2018 (See CCG Agenda)</p>	Dementia													Dementia Diagnosis Rates (IAF Better Care Metric)													Standard Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	88.7%	89.3%	88.3%	88.8%	89.8%	88.2%	88.3%	89.8%	87.8%	88.7%	87.8%			
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15.7.10 16.60	Minor Injuries	<p>✦ Contract under review by CCGs</p> <p>✦ Arrangements to obtain public response to new contract agreed with CCG</p>	<ul style="list-style-type: none"> 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. 																																																						
		✦ Continue to work with East and West CCGs on their separate initiatives																																																							
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	<p>✦ Plan approved by HWR Board March 2017</p> <p>✦ Implementation being taken forward by Operations Group</p> <p>✦ Progress reports submitted to HW Board & RCC. See Paper E on agenda</p> <p>✦ See Discussion of draft plan for 2018 -19 on March 2018 agenda</p> <p>✦</p>																																																						
15.18.g	ARRIVA	✦ Survey patient experience	<p>Contract awarded to Thames Ambulance Service (TASL).</p> <p>TASL to come to Board meeting on 08.11.17 to report progress to date</p> <p>Two matters still outstanding following that meeting :-</p> <ol style="list-style-type: none"> Clarification of position of Rutland people with PE postcodes 																																																						

			<p>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</p> <p>TASL is subject to a QSG review and its progress is being closely monitored. All Healthwatch are contributing details of problems encountered.</p>
15.65	Dentistry	✦ Await results of New Contract/Out of hours	<ul style="list-style-type: none"> ✦ Contract procurement underway for additional practice (4 dentist) in Oakham about to go out to tender by NHS England by end 2017. The new practice will provide out of hours cover for Rutland ✦ Access to dentures services by care home under review by Local Dental Network (LDN)
15.70	Young People's Mental Health	Formal request for reinstatement of £1m of LLR Future in Mind Funding submitted jointly by LLR HW Chairs 15.03.17	<ul style="list-style-type: none"> • 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 . Schools are working together towards a large Lottery Bid <p>Lord- Lieutenant Designate, Dr Sarah Furness, has taken leadership of this project and first Steering Group is set for 25th April 2018</p>
15.72	Better Care Together / STP	Rewrite of STP Awaited in May 2017 involving reduction in bed closures	<p>Engagement/Consultation dates for STP still not known Revision of plan underway involving recalculation of bed numbers.</p> <p>No decisions made on capital nationally</p> <p>Deadline for response to 20-day letter enclosing submission from Rutland to ELRCCG expired 12th April 2017. Acknowledgement subsequently received from ELRCCG CEO to say response cannot be made during June 2017 Election Purdah. No further response.</p> <p>Update from Stuart Baird on HWR Agenda 15.03.18</p>
16.11	Rutland Show	Showcase HWR projects at Rutland Show	<p>HWR hopes to be present at the 2018 Rutland Show on 3rd June 2018 Volunteers required</p>

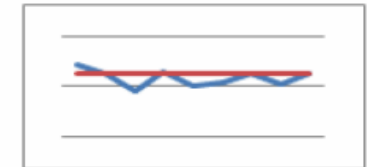
16.44 (6) & 16.53.3	Mental Health Act Annual Report 2014/15	Refer to Adult Mental Health Task Group Dementia should be incorporated in Mental Health Task Group	Mental Health Forum now established Meeting with LPT arranged for 11.01.18 to discuss Primary Care Survey but LPT now unable to attend. Jim Bosworth of the ELRCCG attended the 17.01.18 meeting and received a letter setting out concerns from the Mental Health Forum which he undertook to pass to LPT. Reply now received and appended to Paper G
16.53.6	Website	Complete population of Website including "find a service " and "Feedback Centre	<ul style="list-style-type: none"> • Work completed on website • 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. • Website support changed to new supplier
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 & 08.11.17 to check progress Mental Health & General Practice presented on 17.01.18 Reply to Mental Health issues attached to CEO Report Paper G
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 PAC report is expected shortly <ul style="list-style-type: none"> ✦ ELRCCG implementation likely in the New Year. ✦ WLCCG & LCCCG considered the Settings of Care Policy at their February meetings and decided to retain the 25% excess cut off. ELRCCG will adopt a 10% cut off thus creating a postcode lottery within LLR ✦ Patients have still not been told what is happening despite this policy having been agreed in July 2017

Cancer Indicators

62 day waits

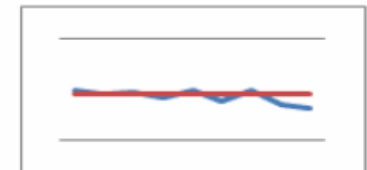
% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer
(Quality Premium KPI & IAF Better Care Metric)

	Q1			Q2			Q3			Q4			YTD
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
RAG	G	G	R	G	R	R	G	R	G				R
Status	P	P	P	P	P	P	P	P	P				-
Actual	88.506%	85.057%	78.125%	85.556%	80.00%	81.395%	85.075%	80.952%	85.135%				83.139%
Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%



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

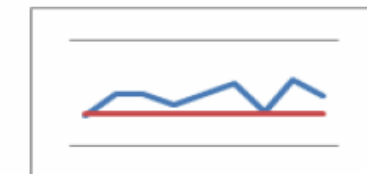
RAG	G	G	G	R	G	R	G	R	R				G
Status	P	P	P	P	P	P	P	P	P				-
Actual	100.00%	90.625%	95.652%	85.00%	100.00%	77.778%	100.00%	68.75%	62.50%				90.23%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%



2 Week Waits

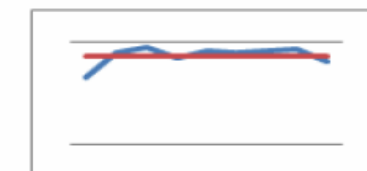
% of patients seen within two weeks of an urgent GP referral for suspected cancer

RAG	R	G	G	G	G	G	G	G	G				G
Status	P	P	P	P	P	P	P	P	P				-
Actual	92.857%	94.855%	94.84%	93.894%	94.907%	95.958%	93.179%	96.207%	94.725%				94.623%
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%



% of patients seen within two weeks of an urgent referral for breast symptoms

RAG	R	G	G	R	G	G	G	G	R				G
Status	P	P	P	P	P	P	P	P	P				-
Actual	82.143%	94.286%	97.222%	92.308%	95.556%	94.872%	95.238%	96.154%	90.00%				93.838%
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%

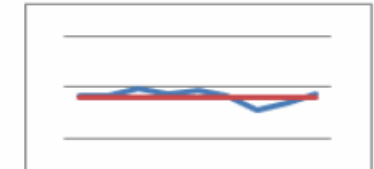


31 Day Waits

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

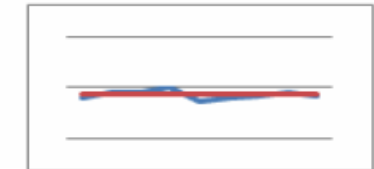
% of patients receiving first definitive treatment within 31 days of a cancer diagnosis

RAG	G	G	G	G	G	G	R	R	G				G
Status	P	P	P	P	P	P	P	P	P				-
Actual	96.894%	96.835%	99.412%	97.561%	98.889%	96.711%	91.275%	93.548%	97.122%				96.569%
Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%



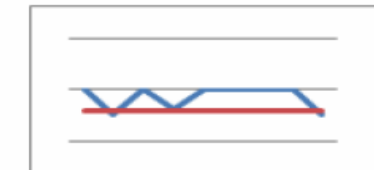
% of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery

RAG	R	G	G	G	R	R	R	G	R				R
Status	P	P	P	P	P	P	P	P	P				-
Actual	90.625%	94.444%	95.652%	100.00%	87.097%	90.244%	91.429%	95.238%	92.308%				93.125%
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%



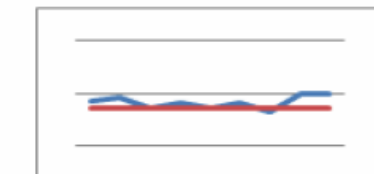
% of patients receiving subsequent treatment for cancer within 31 days where that treatment is an anti-cancer drug regimen

RAG	G	R	G	G	G	G	G	G	R				G
Status	P	P	P	P	P	P	P	P	P				-
Actual	100.00%	97.619%	100.00%	98.077%	100.00%	100.00%	100.00%	100.00%	97.619%				99.229%
Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%



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

RAG	G	G	G	G	G	G	R	G	G				G
Status	P	P	P	P	P	P	P	P	P				-
Actual	97.143%	98.305%	94.34%	96.296%	94.545%	96.364%	93.103%	100.00%	100.00%				96.588%
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%



New National Ambulance Standards from 2 nd April 2018	National Standard	What stops the clock?
Category 1	7 minutes mean response time 15 minutes 90th percentile response time	The 1st ambulance service dispatched emergency responder arriving on scene
Category 2	18 minutes mean response time 40 minutes 90th percentile response time	If patient is transported, only the arrival of the transporting vehicles stops the clock. If patient does not need transport, then the first ambulance service dispatched responder arriving on scene stops the clock.
Category 3	120 minutes 90th percentile response time	If patient is transported, only the arrival of the transporting vehicles stops the clock. If patient does not need transport, then the first ambulance service dispatched responder arriving on scene stops the clock.
Category 4	180 minutes 90th percentile response time	If a patient is transported in an emergency vehicle, only the arrival of the transporting vehicle stops the clock.