**DELIVERY ASSURANCE COMMITTEE MEETING**

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**HELD ON 28th August 2013**

**AT 12noon to 2.30pm**

**IN ATHENA MEETING ROOM 3**

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| **PRESENT:** | Helen Kenyon, Chair, Deputy Chief Executive, NELCCG  Bernard Henry, Community Representative  Jake Rollin, Strategic Lead, Care and Independence, NELCCG  Lisa Hilder, Assistant Director, Strategic Planning, NELCCG  Bev Compton, Head of Improved Health, NELC  Eddie McCabe, Finance Intelligence Lead, NELCCG  Richard Ellis, Practice Manager, Quayside  Owen Southgate, Assurance and Delivery Manager Area Team |
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| **IN ATTENDANCE:** | Kaye Hancock, Exec Team Admin Support - Minutes |
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| **APOLOGIES** | Cathy Kennedy, Deputy Chief Executive, NELCCG  Martin Rabbetts, Performance Manager, NELCCG  Paul Kirton-Watson, Strategic Lead Quality and Experience, NELCCG  Cate Carmichael, Director of Public Health, NELC |
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| **ITEM** |  | **ACTION** |
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| **1.** | **APOLOGIES: As listed above** |  |
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| **2.** | **DECLARATION OF INTEREST –** None declared |  |
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| **3.** | **MINUTES OF THE PREVIOUS MEETING – 26th June 2013**  The minutes of the meeting held on the 26th June 2013 were agreed as a true record. |  |
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| **4.** | **MATTERS ARISING –** Action sheet circulated with the minutes of the meeting of the 26th June provides updates |  |
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| **5.** | **Corporate Business Plan – Lisa Hilder**  Following the last meeting, Lisa Hilder was tasked with talking to various people to put names against actions; most people have been spoken to but need to chase others for milestones.  Lisa Hilder circulated a paper which showed that some of the actions have been achieved, and some have yet to be achieved, but the document shows at a glance where we are at with each of the Actions by looking at the progress bar. There is also an overall view of where we are at against the 4 themes. We are on track with each of the actions and milestones against the 4 themes. Further progress will be seen at the next meeting. A report showing the update on progress will be brought to future Delivery Assurance meetings to progress through each of the actions against the corporate business plan.  Helen Kenyon queried that at the bottom of each of the action statuses, most of which are a yellow triangle, there is a box for cancelled, Helen Kenyon asked what the process was for getting an action cancelled, where does it go for agreement? Lisa Hilder stated that if the action is no longer relevant it would be taken back to which ever part of the organisation/forum agreed the action in the first place.  Helen Kenyon queried – there is a lot of focus at the minute on quality of care around Stroke and Stroke actions, Stroke and Sepsis are listed on other plans how do we ensure that we don’t have multipart variants on plans. Lisa Hilder stated that Stroke features on the Mortality Action plan, the action is pulled across from the Mortality Action Plan to the Corporate Business Plan, we are only asking people to provide an update once to ensure we are using the same information.  *Jake Rollin joined the meeting at this point*  *Laura Whitton joined the meeting at this point*  Bernard Henry asked whether by completing the actions against the 4 themes we should be showing at more than 50%? Lisa Hilder stated that this is due to the fact that we are not quite at the end of August yet, but confirmed that the first 4 milestones have been achieved.  For future reporting it was agreed that it would be helpful if it was reported back the number of milestones achieved against the number expected. An exception report would be helpful showing a milestone that has passed and has triggered a concern |  |
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| **6.** | **QiPP Programme – Lisa Hilder**  Lisa Hilder had circulated a paper prior to the meeting which showed that some of the schemes are not profiled to start yet hence the zero mark.  Planned care element of the scheme focuses on low level procedures and it has proved difficult analysing the data due to the on-going issues with access to information.  Raising income – this initiative has not begun yet as clarification is required on the level of consultation required. Consultation is required before changes to the charging arrangements can be actioned. It is looking like the delay will result in an under achievement of the required savings for the end of the year  Raising income on ASC – Jake Rollin informed the meeting that there is an issue around the paper that went to the Local Authority to increase charges against Social Care, we only charge for 1 Carer when they may have 2, want to introduce a new idea of asking people to make a contribution to the service to allow an income stream for a preventative scheme which was agreed by the Local Authority but not signed off by the Community, we need to test out what we have put forward. Launch of the Consultation between NELCCG, NELC and Focus to levy charges to commence as soon as possible after Christmas. We are having to do this to make up the shortfall received from Government, part of this burden will fall on people who use the Services  QiPP 2014/13/5 – Service / Triangle Leads have been asked to submit schemes for the next financial year.  End of Life Care - Slippage is due to delays in recruitment; once we are up to full establishment we should see a pick up for the end of year.  Laura Whitton stated that the report has been put together to see where we are now and for the end of the year to see if the schemes are delivering the savings expected before the end of financial year.  *Cate Carmichael joined the meeting at this point*  Meals on wheels – Do not want to go out with consultation around Meals on Wheels at the moment as conscious that the Community are not supportive of charging for 2 Carers.  ACTION: Bev Compton agreed to forward a complete list to Jake Rollin to be aware of the broader agenda of raising income  No further comments made |  |
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| **7.** | **Performance Management Report and Updates**  Helen Kenyon informed the group that for the next meeting the number of segments in the risk wheel will reduce now fall as the majority of the risks identified relate to ‘managing resources’. If required the number of segments can be increased again should the categorisation of risks change.  **CB13000 Friends and family test (Inpatient and A&E combined)**  Although NL&Gs results show that they are in top quartile for the period to June for positive feedback, the actual % response rate very low, at just 3.5%, which is the second lowest over all the Trusts. This area has a CQUIN attached to it which for Qtr 1 is to achieve a 15% response rate, & which increases to 20% by the end of the year. NL&G have therefore failed against the Qtr 1 target, so it will need to be checked as to whether NLG could improve and achieve subsequent qtrs targets or whether it will have failed this CQUIN overall.  It was agreed that further work needed to be undertaken to understand what NLG and other trusts who are achieving the target are doing.  This is being picked up through Contracts meetings and Senior Manager discussions. With the release of the Keogh report responses should have been used as a great source for improvements as complaints have increased. The Trust needs to look at both these things together.  It was queried as to whether fewer questionnaires have been given out? Are the Questionnaires anonymous as people might think that by complaining they are going to be blacklisted if they have to return to the Hospital again. The Complaints team are working with NL&G. Need to check out why the returns are so low.  ***Lisa Hilder left the meeting at this point.***  **ACTION: Helen Kenyon to pick up with NLG how they improve their response rate for the next meeting.**  **AA17000 Total time in A&E: four hours or less**  Performance was good in July and August so Qtr 2 is looking ok following the Qtr1 problems which arose. The Unscheduled Care Board has an action plan in place to improve performance around emergency care & the A&E 4 hour wait is part of that. GPs are currently working in A&E and a proposal to extend this service to increase the amount of time that this is operational is being progressed, with the expectation that it is in place for the start of the Winter period. This target continues to be closely monitored.  **DH30100 MRSA Blood Stream Infections**  The target for this is none, we had 2 and failed this target, one of which a review was undertaken.  It was noted that Paul Kirton-Watson is working with the providers around one case which has been identified as Community acquired.  **ASC 2C (Prop) Delayed transfers of care from hospital per 100,000 population**  The CCG has been in the top quartile for this target but there has been an increase in our numbers been seen over the last few months. It is believed that this has to a large extend been driven by a reduction in the number of beds open at the Beacon intermediate tier facility following on from the Sis that occurred earlier in the year and concerns about the staffing to bed ratio.  Work has commenced with Care plus the Beacon provider to work up a plan to get the Beacon back up to its full capacity (27 beds, from the 20 currently open).  Another issue is the time that the care providers currently require to gear up to support people ready for discharge from hospital, currently the care providers require 72 hours’ notice prior to discharge, this will need to be looked at as part of the coming years contracting round to see how this can be improved upon.  **ASC 2A ii (Prop) Permanent admissions 65+ to residential and nursing care homes, per 100,000 population**  Jake Rollin noted that this has arisen as an issue as a result of a review of short term placements which identified that a number of them were effectively long terms placements which hadn’t been re-categorised. This work has therefore been taking place and has driven up the long term placement numbers.  **PHQ1310 % people who have depression and/or anxiety disorders who receive psychological therapies**  **ACTION: Jake Rollin agreed to ask Angie Dyson for an update on this exception report as a more detailed narrative is required.**  **AA05200 Ambulance average total turnaround time – DPOW**  Helen Kenyon informed the group that discussions continue with EMAS and NLG around the implementation of a system that will enable this target to be more accurately and the problems for resolution identified. There are also some changes being made within A&E which should help to improve this target.  **AA05001 Category A response time (EMAS)**  EMAS have been invited to attend the Emergency Care Board so that this issue can be picked up.  **BB12300 18 week referral to treatment times – admitted patients (CCG Total)**  This was discussed under Matters Arising  **VA14010 Proportion of people who spend at least 90% of their time on a stroke unit**  There is a lot of focus on Stroke at the moment following NL&Gs decision to suspend Stroke Hyper acute from the DPOW site, and work is taking place to ensure that outcomes are not worsened as a result of the transfer. The work is being progressed via fortnightly meetings are taking place and the actions being taken include adverts to recruit nurses, additional medical staff etc. The trust are trying to work to an implementation date of October 2013 providing a 24/7 service.  The National Lead for Stroke has visited both sites and looked at the changes that need to be made for improvements, and what the longer term solution should be for the Community. This highlighted the need to do more on Stroke Prevention & therapeutic input.  **VA05030 First Outpatient Attendances**  Significantly above were we should be and work is on-going to understand why, it could be that there have been some consultant list changes which would need to be discounted.  Owen Southgate noted that this has only recently been added to the Assurance Framework. For NEL the amber status is not showing on the list published for the CCG  **ACTION: Owen Southgate to pick up with Martin Rabbetts** | **Helen Kenyon**  **Jake Rollin**  **Owen Southgate** |
| **8.** | **Summary Mortality Index SHMI – NL&G – Action plan and feedback from Keogh visit**  *Bev Compton left the meeting at this point*  Helen Kenyon provided the update to the group on Paul Kirton-Watson’s behalf. The Mortality Action Plan that has been circulated is as at July 2013, and has had some changes since last seen; the Actions have been broken down by organisation, NELCCG, NLCCG and NL&G. A meeting has been arranged to update the Action Plan.  It was noted that outcome measures need to be set to provide assurance that the changes that we are making are having an effect on the overall quality. Positive steps are being made to improve quality of care but still work to be done. It was agreed at the last Mortality Action Group meeting that the Action Plan needs to be cross checked against the Keogh report to make sure that we have a comprehensive single plan that includes everything.  A one off Clinical Review meeting is being established during week commencing 9th September to look at staffing numbers and staffing ratios. This will be a clinically focussed meeting. |  |
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| **9.** | **Quality Premium**  Martin Rabbetts has produced a paper on his initial assessment of ‘Quality Premium’.  This is a new system that NHS England have produced to improve health outcomes.  The summary shows the 4 national measures which are based on the Outcomes Framework. We have identified 3 local priorities  It is not clear yet how the money is going to be paid, might get the money 6 months in to the year and have 6 months to spend it. |  |
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| **10.** | **Local Accounts Report**  Jake Rollin circulated a draft of the ASC Local Account covering activity/performance/satisfaction/challenges in 2012/13. The report has been written to be accessible to service users, staff and the wider community. We have consulted members of the community forum as the draft has developed and the CCG has made appropriate changes. The committee was reminded that producing a Local Account is a key requirement of the Sector Led Improvement process, sanctioned by government and led by regional ADASS leads.  Jake mentioned that the report also carries the ASCOF performance results for that period which shows some improvement from the previous year. Martin and Jake will be able to say more about this at the next meeting when the data embargo is lifted.  The report will come back to the Delivery and Assurance committee when it’s in its finished state for final sign off and also to the Local Authority for sign off.  Jake will organise for this to be uploaded to the website, along with last year’s local account, so that people can see the progression from one year to the next.  The DASS is required to comment on the report and also the feedback the reports receives from a regional feedback loop including secret shoppers, people reading the report from out of county and a scrutiny of the performance against our Y&H neighbours.  *Eddie McCabe joined the meeting at this point*  The narrative and judgement from ADASS needs to be brought back to this group.  The committee discussed the possibility of branding the local account differently.  **ACTION: Bernard Henry agreed to come up with a subtitle to be considered for the document** | **Bernard Henry** |
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| **11.** | **Contract Performance/Quality**  Mortality report already picked up earlier in the Agenda  Stroke Services – OOH Thrombolysis - discussed earlier in the Agenda  Ombudsman upholding complaint against NL&G - this has been picked up at the Contract meetings around the care provided by NL&G.  A report is being put together for the Keogh Action Plan, which is not much different to what has been reported, it is not yet clear how they have reported back to the ombudsman. Helen Kenyon stated that from the Friends and Family test response rates, the number of complaints have risen.  It was asked that the types of complaints to be brought back to the next meeting.  At the last NL&G meeting it was asked if they are going to meet the deadline to respond to the complaints made which have rocketed since early June.  A new system has been introduced to look at what the key issues are.  **ACTION:  Eddie McCabe to discuss with Pam Clipson at the next meeting in September**  Care homes – 2 Care Homes are currently under suspension, the CCG have suspended placements and safeguarding referrals.  CQC are in discussions and are visiting the Care Homes today.  Beacon – 7 beds have been closed to re-access capacity of care, this has had a knock on effect with the Bradley Homes beds as there capacity has been reached.  To maintain capacity they are requesting more funding for the 7 beds.  MRSA case – 2nd MRSA case reported  Timeliness and quality of LAC Health Assessments – CGP doing assessments for Community Care , there is a significant backlog on claims which need to be addressed with the CPG, need to also look a the retrospective claims. Dedicated time and input is required to complete the assessments.  SUI meeting update – NL&G have appointed a skin integrity person and have agreed to lead on a Skin Integrity Group where everyone will get together to make improvements, CCG need to be part of this as it is a recognised problem over all off Lincolnshire.  Finance summary – from the last 4 months of data that we have NL&G Contract is showing as underspent, it is thought that we may be more underspent than what is showing as they are double counting on some services.  HEY figure – The underspend shown is probably not correct. It has been suggested that the core activity due to the CCG’s has been charged to Specialist Commissioning instead. An exercise is due to take place in September to identify these areas and put the figures right. It is thought that we are not over spending the Contract; it is thought that we are still on target.  St Hugh’s – overspending, not sure if this is due to patient choice or NL&G not being able to provide quick enough slots, overall elective activity is still up overall.  Prescribing – expect to be closer to budget figure by the end of the year  Individual Practices – most Practices are within the 4% target.  Not overspent on Critical Care, overall Practices are doing reasonably well over the 4 month period.  **ACTION: Owen Southgate to provide a contact list of people at SCG, showing who does what as this will be helpful for a point of contact.** | **Eddie McCabe**  **Owen Southgate** |
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| **12.** | **Finance Report – Laura Whitton**  Laura Whitton informed the group that as of the end of July 2013 we are overall on track.    Figures included in forecast out turn are that we think we will be on target at the end of the year.  Continuing Healthcare are forecasting a small underspend, the risk is to be flagged as this is due to the backlog of assessments and an outcome assessment basis of what this will be  Overall small pressure in activity but do have a reserve to call against it. |  |
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| **13** | **CSU Performance updates – Laura Whitton**  Report has been circulated which has been produced by the CSU for services provided to CCG  On the whole performance is good, although IM&T is slightly off track.  FOI response is good.  IM&T – Laura Whitton agreed to follow up incident response times, some problems are with baseline data and around project quality – internal recording issue we need assurance as to what is happening  The document is from the CSU perspective, how do we feed back in to this as to how we think they are performing. A System is required for us to flag up issues. How we are getting assurance from them against information governance  **ACTION: CSU Performance updates to be an Agenda item for the next CMM** | **Kaye Hancock** |
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| **14.** | **Escalation to the Governing Body**  For information – Quality Premium paper. As to what we are going to be doing to achieve the best scenario. Business Case to be brought back to the next meeting on Quality Premium | **Martin Rabbetts** |
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| **15.** | **Any other Business**  Review of frequency of meetings – it was agreed that the meetings stay bi-monthly but change the timings as August, October and December not good months to hold meetings  No other issues raised | **Kaye Hancock** |
| **16.** | **Date and Time of next meeting:**  **30th October 2013**  **12noon to 2.30pm**  **Athena Meeting room 3** |  |
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