North East Lincolnshire Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
DELIVERY ASSURANCE COMMITTEE
WEDNESDAY 26TH JUNE 2019
CROSLAND SUITE, GRIMSBY TOWN HALL, GRIMSBY

PRESENT:
Laura Whitton, Chief Finance Officer, NELCCG (Chair)
Martin Rabbetts, Performance Development & Assurance Manager, NELCCG
Bev Compton, Director of Adult Services, NELCCG
Lydia Golby, Nursing Lead for Quality
Eddie McCabe, Assistant Director Contracting & Performance, NELCCG

APOLOGIES:
David Walker, Community Member, NELCCG
Dr R Matthews, GP Member
Geoff Barnes, Deputy Director of Public Health, NELC
Lisa Hilder, Assistant Director, Strategic Planning, NELCCG

IN ATTENDANCE:
Sue Ward, Assurance and Delivery Manager, NHSE
Louise Nicholls, Planning Manager (representing Lisa Hilder)
Neil Smaller, Senior Intelligence Manager
Leigh Holton, Service Lead (Item 5)
Pauline Bamgbala, Service Lead (Item 6)
Simon West, Finance Manager (Financial Strategy & Assurance) (Items 7-17)
Caroline Reed, PA to Executive Office, NELCCG - Note Taker

	Item	Action
1.	**Apologies**	
	Apologies were as noted above.	
2.	**Declaration of Interest**	
2.1 **2.2**	There were no declarations of interest from those in attendance. Conflict of Interest training – members were reminded of the requirement to complete the mandatory online training.	
3.	**Notes From Last Meeting – 24.04.2019**	
	The notes from the last meeting were agreed as an accurate record.	
4.	**Matters Arising – 24.04.2019**	
	The updated matters arising document was noted. All actions were completed.	
	FOR DISCUSSION	
5.	**Mental Health and Disabilities Update**	
	A report was circulated for consideration. L Holton provided an update: • Mental health and disabilities indicators are achieving overall and are on track to achieve targets for 2019/20, although performance is down compared to last year. • Proportion of Children and Young People (CYP) under 18 receiving treatment by NHS funded community services – performance has improved; however the target has not been met. The strategy for CYP mental health has been to improve and enable help earlier in the person's journey which has impacted on this measure. There is a long standing issue across NEL and other areas around capturing the data, which has mainly been populated by the specialist service. The new Young Minds Matter (previously CAMHS) service provided by Lincolnshire Partnership Foundation Trust (LPFT) has been	

	partially successful in improving the access rate. Data is anticipated from Kooth from the summer of 2019. The model of "lower quadrant" services is under review in order to better capture activity at this level. Staffing issues have impacted on performance. A review of the whole service is underway to mitigate against future capacity issues, eg, increased work with hubs and spot purchasing from larger providers. The Committee noted the risk associated with smaller providers. It was noted that the risk to individuals was low as people continue to be seen and receive the right care. • Mental Health Investment Standard – NEL is achieving the standard (this view has been supported by the STP). Increased investment has been made around training for IAPT, which will assist in the achievement of the IAPT access target. • Number of bed days for inappropriate out of area placements in mental health services – the target has not been met and the position has worsened. L Holton advised that this activity predominantly relates to older people and bed blocking. A review of the whole pathway identified a need for a complex dementia unit in the local area. The new unit was approved by the Care Contracting Committee and the contracts were completed today. The unit will enable the transfer of patients and free up patient flow. An improvement in performance is anticipated; however this will be closely monitored. The Committee requested a revised trajectory to demonstrate when the measure will be back on track. The Committee provided the following feedback: • There is increasing concern from NHSE regarding the non-delivery of IAPT. This could lead to increased escalation and scrutiny. The standard for access was met; however there is some discrepancy between the local and nationally published data (the standard will be measured against the nationally published data). S Ward emphasised the need to ensure that the local data is accurate. M Rabbetts noted that the most recent nationally published data is from 2018/19 and expressed confidence in Navigo's understanding of the data. It was agreed that monthly data will be reviewed until Q1 data is available and investigations will take place if there continues to be an issue between the validation of the local and national data. An update will be brought to the next meeting to provide the Committee with assurance around this standard. **The Committee noted the update.**	**L Holton** **Performance Team**
6.	**Planned Care Waiting Times, including Cancer**	
	A report was circulated for consideration. P Bamgbala provided an update: • There have been some improvements in RTT, however issues remain across a number of specialities, eg, ophthalmology, cardiac, respiratory, ENT, gastro and urology. These are being addressed via the contract, the contracts for NewMedica and St Hugh's (ophthalmology) have been extended and will include wet AMD. • Mitigating actions include the development of an outpatient transformation board by NLaG and the CCG and work regarding day case to outpatients which should free up theatre time. • Pain management – all patients should be transferred to InHealth by the end of September. All patients have received notification letters and MPs have been kept fully appraised of the change; there has been little noise in the system. InHealth will offer a triage system and will support the direction of travel, ie, to reduce the number of patients receiving infusions (it was identified that some patients were receiving infusions unnecessarily).	

	• 52 week waits – the cohort of long waiters has decreased significantly following focused work to address this. It was noted that St Hugh's are seeing some of the 52 week waiters for ophthalmology. • Weekly planning meetings involving the Trust and CCGs are picking up RTT issues. *12:37pm – L Golby joined the meeting* • Cancer Waiting Times, 62 day target – local and national performance has dipped (59% against the target of 85%). Improvements are required in diagnostics, radiology, capacity etc and discussions are ongoing with the Cancer Alliance. 2ww to initial appointment performance has reduced slightly but is still exceeding the 93% target. There were 18 exceptions this month, the majority were patient choice delay. • The CCG will fund the primary care roll out of the FIT (faecal immunochemical test) screening programme for colorectal cancer. This will increase the proportion of cancers diagnosed at an early stage and reduce the number of people presenting with cancer in an emergency setting; however it could put pressure on endoscopy due to insufficient scopists which would result in a backlog. Work on the programme has commenced with GPs. Feedback from GPs has been positive as more patients will be dealt with within primary care without further referral. Pathlinks will undertake the rollout with the CCG and will monitor and evaluate the patient flow, eg, which practices are using the programme etc. • The Humber Acute Services Review will be considering improving service models to improve resilience and capacity in a number of specialities. • The CCG is working closely with the Trust around pathway redesign. The Committee provided the following feedback: • It is acknowledged that mitigating actions have been put in place, however what is being done to avoid patient harm? P Bamgbala confirmed that the clinical harm review panel continues to meet; long waiters are addressed via the panel. The Trust is working through waiting lists and prioritising individual patients related to risk of harm. Ophthalmology had the largest number of SIs; the amendment to the contract to enable NewMedica to do wet AMD should improve things. • Are breach reports being monitored? P Bamgbala confirmed that breaches continue to be monitored. Work is ongoing to ensure that patients who decline to attend for treatment understand the importance of attending their appointment. Cancer research UK has designed leaflets to be given to patients by their GP practice. The 2ww referral form has also been amended to include a section on informing the patient of the 2 ww. Practices have agreed to audit this. **The Committee noted the report and requested that the key points, eg, NLaG contract be included in the report to the Governing Body.**	
	STANDING ITEMS	
7.	**Finance Update**	

	A report was circulated for consideration. S West provided an update:
	• The report has been amended to more clearly show the CCG's spend in Primary care Services, Acute Services and Mental Health & Community Services.
	• Local Quality scheme - is being reshaped to focus on the delivery of outcomes that support wider system cost savings, particularly in relation to prescribing and non-elective demand management. As such there has been no spend in the first two months of the year.
	• The Key variances YTD include:
	    ◦ Higher level of activity than plan at St Hugh's. Detailed information is being awaited from the provider to understand the reason for this.
	    ◦ CHC activity continues to be lower than the original plan. This relates	

	mainly to those over 65 with a physical disability. • Adult Social Care - At this early stage in the year overall there is no significant variance in activity from that planned. • Risks and mitigations are highlighted. These will be monitored closely in year. • Better Payment Practice – the target is not being met for the number of invoices paid. This is due to those invoices paid through the NELC shared service and has been caused by a period of staff sickness and annual leave. Performance is anticipated to rise in the coming months. It was noted that there has been no adverse feedback regarding cash flow problems from providers. • Contingency funding – there is £1.37m of contingency funding which is unallocated at present. **East Midlands Ambulance Service** E McCabe confirmed that the contract was signed on 21st June. The contract value was £6.3m (£300k over the initial budget figure). The contract settlement means that there will not be any financial recovery for non-delivery of targets; NHSI will carry out investigations and agree sanctions; however these will not be financial. The only potential recovery of funding is linked to the £20m (across the contract as a whole) associated with ambulance response targets. EMAS is required to demonstrate each quarter to CFOs that they have increased their establishment, ambulances or are commissioning from other private providers. If they do not spend the £20m, it could be returned to CCGs, although this is not anticipated as EMAS have a recruitment drive underway. **St Hugh's** There is a £200k overspend, predominantly associated with pain management (£70-80k over the initial plan) and general surgery (gallbladder and hernia - £80k. The pain management element should be time limited. It was noted that the activity going from NLaG to St Hugh's was removed from NLaG's plan for this year and St Hugh's would be paid directly. **The Committee noted the update.**	
8.	**QIPP Update**	
	A report was circulated for consideration. L Whitton provided an update: • The original plan submitted had a significant amount of unidentified QIPP; however only £17k now remains unidentified. • A main QIPP area was linked to delegated primary care and a late notification of an allocation reduction. NEL was already receiving a significantly below average uplift to its allocation and savings had to be found to mitigate against the allocation reduction. Proposals have been submitted to PCCC and the CCG is confident that it will deliver the schemes. • QIPP schemes have all been RAG rated. The higher risk schemes are linked to system transformation and demand management (primary care networks delivering Integrated Urgent Care (IUC), how to reduce prescribing expenditure etc). Work is underway to look at variation of spending on prescribing at an individual GP practice level. • NLaG schemes – are fully linked to the contract discussions, ie, where cost can be taken out of the system. The weekly meetings are closely monitoring this. • Adult Social Care – Plans are being developed to identify recurrent system cost benefits of £1m. The Union is working to identify how to generate savings in the wider system which could then be played back into social care, eg, investing in care at home service to assist in improving delayed transfers, improved interface between intermediate care, secondary care and home care, review of the re-enablement pathway, review of patient flows etc. Other work is also commencing looking at high cost placements, short stay residential placements, supported living, frailty etc. It was agreed that a deep dive report would be required for a future meeting to provide assurance and timescales	**Forward**

	• around some of this work. It would helpful to share this across the STP. • NLCCG, NELCCG and NLaG signed up as a system to deliver a further £2m savings across the system as part of securing an additional £10m for NLAG to sign up to their control total. 3 areas were identified: Wound care (dressings), high cost drugs (further faster in addition to those schemes already in place) and prescribing, particularly the interface between the hospital and primary care. There is a potential risk as prescribing has been identified for a number of schemes. It is important to ensure that there is no double counting, eg, for wound care a small saving of £50k has already been assumed. If there is overlap, the cost pressure and how to address it will need to be considered. The Committee provided the following feedback: • Is the development of the Urgent Treatment Centre (UTC) cost neutral? L Whitton confirmed that it is cost neutral; but that there may be some one off costs. £0.5m of non-recurrent funding has been set aside. Any business case will need to be agreed as part of the alliance arrangements. **The Committee noted the report and agreed that high risk areas within QIPP will need a deep dive exercise. These will be scheduled into the forward plan. (Laura and Martin to identify at the next agenda set meeting)**	**plan** **L Whitton M Rabbetts**
9.	**Integrated Assurance Report** • **CHC** • **Ambulance service**	

	A report was circulated for consideration. M Rabbetts provided an update:
	• Key changes in performance – there has been considerable movement to Green, partially due to the end of the financial year, eg, Delayed Transfers of Care (DToC), Cancer 62 days RTT and Total Non-Elective spells.
	• Unplanned care
	  ◦ Total Time in A&E Four hours or less - performance is 80.7% against the target of 85.9%. This is being monitored at the weekly meetings. Activity is significantly higher than last year due to diverted activity to Grimsby hospital. The key drivers are patients waiting to be seen and waiting for available beds. The work around the UTC should assist with this issue. It was agreed that this measure requires close monitoring.
	  ◦ DToC – performance has improved and is currently on target. The CCG has not formally been asked to submit a plan and has continued to roll over last year's plan.
	  ◦ EMAS waiting times – performance has improved, however EMAS only met 2 of the 6 ARP measures in April 2019. Actions are underway to address the issues, eg, workforce plan, post-handover reductions, lost hours to meal breaks, use of additional pathways used as alternatives etc. The quality and safety impact for patients is being closely monitored. It was agreed that this Committee will monitor against recovery.
	• Planned care
	  ◦ Follow up and elective spells - are over plan. This is predominantly associated to the outpatient backlog and work ongoing to reduce this.
	• Quality – Provision of high quality care – performance has improved slightly from 55 to 56 against the target of 59. This indicator is dependent on CQC inspection outcomes, however the Trust has not yet received notification that a visit is scheduled to occur, therefore it is unlikely that that improvement will be seen until the close of the financial year. It was agreed that it would be useful to set something more achievable; M Rabbetts and N Smaller to discuss with L Golby and J Berry.
	• Adult Social Care
	  ◦ On track to achieve most of the targets.
	  ◦ Proportion of carers with a long term condition who feel supported to manage their condition – a new action plan is being developed. There is some contradictory information via feedback from carers' surveys.
		M Rabbetts/ L Golby

	• Miscellaneous ◦ Continuing Healthcare (CHC) – the Care Contracting Committee requested clarification on where assurance is received in relation to CHC. M Rabbetts confirmed that there are 2 CHC measures and that B Bradshaw receives high level benchmarking information. It was agreed that KPIs need to be agreed in order to receive assurance as this is a critical area with a significant amount of spend. M Rabbetts to discuss with B Bradshaw. ◦ NHS Constitution – all constitution measures are shown together. It was agreed that it would be helpful to adopt the same format for the CCG IAF framework measures, including those elements not considered a traditional performance measure, eg, the Mental Health investment fund. It is important to show the performance of the whole CCG. **The Committee noted the update.**	**M Rabbetts**
10.	**Corporate Business Plan 2019/20**	
	A report was circulated for consideration. L Nicholls provided an update: • The Corporate Action Plan for 2019/20 is currently 8% complete and all actions are currently on track. • The report format reflects the CCG's Plan on a Page. • The majority of milestones have been completed. The Committee provided the following feedback: • How does the Committee receive assurance that slippages are being escalated appropriately? L Nicholls confirmed that monthly meetings take place with leads who are asked to explain the slippages and actions being taken to address this. The Senior Team also address some of the issues as part of the review process. It was agreed that the reports will be run prior to DAC agenda set meetings in order that the Chair can establish if further action is required. • Clarification sought regarding whether the milestones are staggered to ensure that the majority aren't due at the end of the year. L Nicholls confirmed that the milestones are staggered. **The Committee noted the update**.	**L Nicholls**
	FOR INFORMATION	
11.	**Brexit**	
	There were no further updates.	
12.	**Escalation to the Governing Body**	
	The following were identified as requiring escalation to the Governing Body: • Mental Health and Disabilities – key elements, including NLaG contract. The following were identified as requiring escalation to CCC: • NLaG • EMAS M Rabbetts to feed back to CCC regarding CHC and ambulance.	**L Whitton E McCabe**
13.	**Risk Register and BAF**	
	No additional risks were identified by the Committee.	
14.	**Financial Appeals Update**	
	Circulated for information.	
15.	**Quarterly Incident Report**	
	Circulated for information.	

16.	**Serious Incident Report**	
	E McCabe reported that NLaG has identified another backlog involving 600 ophthalmology patients waiting for follow up. This has not been declared an SI at this stage. The Trust is working through each case in order to identify potential patient harm. 20 out of the 120 reviewed cases could potentially be declared SIs. L Golby confirmed that this was raised at the Serious Incident meeting today (attended by the CQC) and further information has been requested. It was noted that there is the potential that this issue could also affect other areas. L Golby reported that an SI was declared two weeks ago regarding a number of ENT patients who had been lost in the system due to an administrative process issue. It was agreed that the two incidents will be raised at the weekly meeting on 28th June.	**L Whitton**
17.	**Any Other Business**	
17.1	**Focused Area Report**	
	M Rabbets asked whether the Committee were happy with the revised format of the focused area report, ie, the inclusion of corporate action plan, quality and risk. The Committee requested that the focus of the reports should be on the key elements and have more of an executive summary format.	
17.2	**Date of next meeting**	
	As the August meeting may not be quorate, consideration to be given to moving the meeting to September. C Reed to email members to establish attendance.	**C Reed**
	Date and time of next meeting **Wednesday 28th August, 12-2pm** **Crosland Suite, Grimsby Town Hall, Grimsby**	