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BY EMAIL

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Sent by e-mail to lisa.harrod-rothwell@nhs.net

January 2013

Dear Lisa,

Performance Review Meeting with the LAT – December 2012

Thank you to your team for attending the performance review with the LAT on 20th December 2012. This letter notes the key points made and the actions discussed.

The purpose of these meetings is to focus on areas where performance needs to improve however it is recognised that there is good work taking place across many areas. The following issues were discussed either during the meeting or raised in the performance pack:

Update from the CCG Accountable Officer

The Interim AO gave the CCG team all the praise for their work to achieve such a good response from the authorisation site visit on Friday 14th December. The reductions in the number of 'reds' meant the CCG could now move forward and continue to grow and improve. There is still a lot of work to do, particularly in relation to financial recovery but an enormous milestone had been achieved.

Chief Executive: Andrew Pike. Chairman: Chris Paveley

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Discussion followed around:

Serious Incidents

The CCG flagged concern about the number of suicides in Mid Essex and that a peer review was being undertaken.

An appreciative enquiry was being arranged by the SHA.

Action: The Committee asked for an update at the next meeting.

DTOCs

There is a high number of DTOCs at MEHT. The CCG is working with MEHT to establish an Integrated Discharge Team. Recruitment is underway for extra band 6 nurses and support from the CCG to help with systems and process will be in place to start implementation from early January 2013.

Action: The Committee asked for an update at the next meeting.

Mental Health Contract 13/14

The CCG advised that the CSU is still managing the Contract but the CCGs are working collectively to withdraw this Contract from the CSU and for it to be hosted by North East Essex CCG. The CSU has been made aware of this intent.

Action: The Committee asked for an update at the next meeting.

13/14 Choose and Book

All bookings and choice are offered through the CRS. Going forward GP appts will be introduced in 13/14 as Mid Essex has already introduced electronic booking.

LD Health Checks

The LAT recognises there should not be additional spend in current year but the minimum should be to improve on last year within current resources. To increase in 2013/14.

Health Checks

Public Health data shows the CCG to be meeting the recovery trajectory.

18 weeks

MEHT has flagged that the backlog may slip over the winter period. The CCG monitors this weekly and will keep the LAT aware.

The LAT confirmed that 2013/14, zero tolerance of 52+ waiters.

Ambulance Turnaround

The CCG is very concerned as the performance is erratic. The CCG is gathering evidence of ambulances going inappropriately to Broomfield. A contract query will be raised when enough evidence is available. Performance is monitored daily.

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Activity

The CCG undertook an audit of elective activity at Ramsay and found all procedures were required. The majority of activity shift is due to patient choice. The CCG will focus now on day cases and Tier 2 services. Paediatrics coding is still an issue as 60%-70% impact on NEL activity. The CCG is addressing this through contract discussions.

The Matrix model will factor in activity profiling system wide which will help when profiling for the plans in 2013/14 together with the urgent care schemes.

Action: The LAT will seek lessons from other PCT/CCGs to help with shifts of activity system wide.

Pressure Ulcers

CECS reporting of pressure ulcers was an issue but this has been resolved and they are meeting trajectory to improve but unlikely to meet year end target. Mid Essex has less than the national average pressure ulcers but the CCG is not sure why, so has sort support from Smith, Kline and Beecham to conduct an audit.

Action: To update the LAT at the next meeting.

HCIA

MEHT to date are on trajectory. The PCT/CCG will not achieve year end ceiling.

Hand hygiene audits from providers showing 100%, which the CCG has concerns about. The CCG is going to arrange to randomly audit patients to scrutinise more closely.

Primary Care is involved positively in just the RCAs. However the CCG will actively seek more engagement with Primary Care into the whole process.

HSMR/SHMI

MEHT has a Mortality Group which meets regularly, has a detailed action plan and uses Dr Foster data; representation from the CCG is included in this group. The CCG is assured that MEHT has the processes in place to monitor and respond.

Cancer

MEHT achieved all standards but there is an issue with the urology pathway. MEHT is consulting with the Network to resolve.

A&E

The CCG advised of another close trolley breach but in fact was the choice of the Patient who refused to go to her local hospital in London.

Finance and QIPP

The CCG is focusing on its FRP and is slightly ahead of trajectory.

Continuing Care – the LAT advised that the SHA/NCB was working on processes centrally to support this.

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AOB

The LAT advised that the latest GP survey showed Mid Essex had 4 practices in the bottom 10% for access. The LAT offered support to improve this.

Summary

The Committee was delighted with the enormous progress the CCG has made and congratulated the CCG on its achievements to date. It thanked the Interim AO for the strong leadership which had enabled the CCG to get to this point from which it can now concentrate on getting stronger.

I look forward to meeting with you and your team again at the next meeting.

Yours sincerely



Dawn Scrafield
Director of Finance and Performance