ACTION LOG

MEETING:	Governing Body (in public)			Item 05.
DATE:	14/12/2017			
TITLE:	Action Log			

Previous Meeting Date (or Date raised /added)	Action Number /ID	Minutes Reference	Action Description	Responsibility /Owner	Target date	Completed date	Status	Progress Details/Comments
12/10/2017	1	Item 5: Transforming Care for Learning Disabilities – service user experience	Circulate link to Healthwatch report on learning disabilities/accessing annual health checks for people with a learning disability to governing bodies	RM (RC)	14/12/2017	12/10/2017	Closed	https://www.healthwatchbucks.co.uk/2017/06/staying-healthy-learning-disability/
12/10/2017	2	Item 7: Finance Report	Advise Tony Dixon on CHC backlog measures (of which there are several) given ongoing challenges and figures not available to hand. Newly approved patients noted as subject to review at 3/12 months - whereas a figure of 150 mentioned in passing but detail TBC	DR	14/12/2017	08/12/2017	Closed	Following Oxford Health taking over the CHC service it has become apparent that there are more clients with late reviews that we had previously been informed. At 6th December there were 499 CHC clients late for review and 372 FNC clients. The Oxford Health team are quantifying these and other backlogs of work so that they can work with CCG to identify how best to resource sufficient staff to address these issues as quickly as possible.
12/10/2017	3	Item 7: Finance Report	Further focus on % variance at out of county hospitals; whether current trends reported in Table 5 are based on patient choice or SCAS conveyance. PJ/DR to provide further explanation based on work of Alec Thomas brought into CCG Finance Team	PJ/DR (Alec Thomas)	14/12/2017	07/12/2017	Closed	The work that Alec has been doing is looking at the activities for Urgent care to understand the drivers for A& E attendances and conversions into NEL activity and added to this frequent flyer. This information has been reported to localities, and the Urgent Care team to understand where changes need to be made and behaviours changed to reduce costs. Similar work in planned care has taken place showing cost pressures by speciality and GP surgery. Alec has also created a model that shows the triangulation of activity between providers so can see where activity is taken place and the where the hotspots and determine if one Trust is up in certain HRG is another down. This will inform further deep dives to really understand the drivers of activity – patient choice etc.
12/10/2017	4	Item 8: Quality and Performance Report (Month 5)	CHC element of report noted as confusing. Percentage of Continuing Health Care assessments completed within 28 days. The national target is 80%. Compliance against this target was not felt to be clear - whereas a separate table refers to a different indicator showing national target for 15% or less of Continuing Healthcare Assessments to take place in an Acute Hospital setting by March 2018. Minutes to clarify difference	DR	14/12/2017	08/12/2017	Closed	In Quarter 1 2017/2018 the national 80% target for % of Continuing Health Care assessments completed within 28 days (in all settings) was not met, with AVCCG at 43% and Chiltern CCG at 60%. During Q2 the position deteriorated further to 40% Chiltern and 22% Aylesbury Vale. We expect the situation to improve significantly in Q3 as Oxford Health have taken over the management of all new CHC referrals on 9th October. Meanwhile a separate indicator shows compliance with a national target (on a trajectory) to ensure that no more than 15% of these assessments take place in an acute hospital setting (with 15% to be achieved by March 2018). At the end of quarter 2, against a target trajectory at that point in time of 49%, both Aylesbury Vale and Chiltern were compliant at 31% and 30% respectively. We are expecting both to be compliant by March.
12/10/2017	5	Item 8: Quality and Performance Report (Month 5)	GS raised queries in relation to ambulance response times; report to include more detail on actions being taken on ambulance response times to reflect Buckinghamshire position (falling performance)	DR	14/12/2017	08/12/2017	Closed	Given transition to Ambulance Response Programme (ARP) we have paused performance reporting to ensure a safe transition. The programme launched from 31 October with the first tranche of reporting expected in the New Year. Meanwhile we continue to manage day to day activity through ongoing dialogue.
12/10/2017	6	Item 8: Quality and Performance Report (Month 5)	It is now a national requirement to move to the full use of the NHS e-Referral Service (eRS) for all consultant led first outpatient referrals. RW raised query about publishing ERS data (from the programme) on numbers of referrals refused by secondary care. DR agreed to take this action to ensure this is reported.	DR	14/12/2017	08/12/2017	Closed	This is currently felt to be VERY difficult to pull together at the moment given the 4 referral methods (post, email, fax & ERS). We have asked the CSU to look into if this data is available but how accurate it will be is difficult to speculate. We should be able to track this after 1st October 2018 as this will then all be recorded in eRS (we are checking with NHS Digital). Additional note from Debbie Richards: we are looking into this but in the short term this information is not readily available
12/10/2017	7	Item 9: Communications and Engagement Quarterly update (community services)	CS requested that an addition to the report is a summary of events and activities to tackle health inequalities as this wasn't currently included	NL (KP)	11/01/2018		Open	Next quarterly report due in January