

Summary Report from the Joint Finance and Performance and Quality, Patient Safety and Risk Committees Meeting – 23rd January and 13th March 2018**1. Introduction**

This report provides a brief summary of the issues discussed in detail at the joint Finance and Performance and Quality, Patient Safety and Risk Committee in August and October. Discussions took place across a wide range of topics. The Governing Body is asked to **note** the report.

2. For noting

- 2.1 The committee asked that the following be sent to March's Governing Body for noting. These areas were discussed at the January and March meetings:

3. Key Discussions from the meetings

- 3.1 The items discussed at January's meeting were:

- **Action Log**

Month 8 Integrated Performance Report – 2017/18

The committee received a quality and performance update on the M8 contractual position for Hammersmith and Fulham CCG key providers. It was provided with assurance on the work the commissioners were doing to monitor and improve performance and to address patient safety, with a key focus on the following areas:

- **Imperial College Healthcare NHS Trust**
 - A&E
 - Estates
 - Referral to Treatment (RTT) performance
 - Cancer
 - Diagnostics
 - Hand Therapy
 - Patients receiving incorrect patient details
 - NWL Oncology Services
 - Imperial Quality Account process
- **Community Independence Service (CIS)**
 - Number of Incidents

The 2017/18 QIPP M9 Performance plus 18/19 update

The committee devoted the time to the following key areas of QIPP:

- Year to date performance and forecast financial performance and on-going work required to address the gap in delivery

Falls Prevention Service

The committee noted the service specification revisions in accordance with NICE clinical guidance to meet the needs of patients in a more effective way

3.2 The following key actions were agreed:

- **National statistics media query that A&E figures may need to be recalculated:**
To clarify whether Imperial Trust were affected by the National statistics query
- **Community Independence Service (CIS)**
 - To raise the issue of lack of provider attendance at the GP network meetings with Central London CCG (CLCCG), the lead commissioner, also with the Primary Care Team to ensure future meeting attendance was scheduled.
 - To receive a CIS update report to include the governance around how it was supported
- **QIPP**
 - To circulate the final Deloitte report to the committee;
 - To include slides in the M10 QIPP pack around the NWL collaborative QIPP programme, in particular around outpatients
 - To share the NWL collaborative 1-2 page document based around the current position
 - To schedule a date to discuss the CCG portfolio of services at a future governing body seminar

3.3 The areas discussed at the March meeting were:

- **Action Log**

Month 9 Integrated Performance Report – 2017/18

The committee received a quality and performance update on the M8 contractual position for Hammersmith and Fulham CCG key providers and was provided with assurance on the work the commissioners were doing to monitor and improve performance and to address patient safety, with a key focus on the following areas:

- **Imperial College Healthcare NHS Trust**
 - A&E
 - Referral to Treatment (RTT) performance
 - Cancer
 - Diagnostics

The CCG Corporate Risk Register - Joint F&P and Quality Risks

The committee received assurance that an in-depth review was carried out with a similar process to be undertaken quarterly

The 2017/18 QIPP M9 Performance plus 18/19 update

The committee focused on the following key areas of QIPP:

18-19 planning and next steps to address the QIPP gap, and to focus on the pace of development and robust plans for unidentified QIPP and to review the NWL and wider CCGs QIPP plans for adoption decisions

Audiology AQP Briefing: The committee noted the amendments to the AQP audiology specification and potential financial implications

Mental Health Employment and Wellbeing Business Case: The committee recommended for Chair's action to authorise the procurement to progress, with a caveat that the future of the service be considered at a later date alongside a suite of other services

3.4 The following key actions were agreed:

- To clarify whether the increase in non-obstetric ultrasound 6week wait diagnostic breaches at Imperial were a result of rise in demand, or capacity management issues
- **Poor performance relating to the 62 day urgent GP referral cancer waits at Royal Brompton and Harefield Trust:** to obtain assurance from the lead commissioner (Hillingdon CCG) around what they are doing to hold the Trust to account for poor performance
- **Early Intervention Services - Referrals (Target of >50% for Ealing):** To obtain a breakdown of total referrals and where coming from, also how the service compares with other recovery teams and if a comparable experience
- **West London Mental Health Trust (WLMHT): Poor staff experience (staff survey results of 57.1% out of a target of 94%) and FFT response rare (.6% out of a target of 6%)** To raise this issue at the next WLMHT CQG meeting on the 26th March and request the Trust undertake a deep dive exercise
- **Imperial CQC Inspection** - To produce a form of words for the Chair's report and level of assurance in place to address the concern raised and improvements required for being safe, effective, responsive and well-led

4. Escalation

4.1 There were no items of escalation to the March Governing Body.

5. Action Required

5.1 The Governing Body is asked **to note** the report and the actions put in place.

Vanessa Andrae
Vice Chair Hammersmith and Fulham CCG