

Joint Quality and Finance and Performance Committee Meeting

Tuesday 26th January, 2.00 – 3.00 pm
St Paul's Church, Hammersmith

Governing Body members:		
Vanessa Andraea (Chair)	Acting Joint Vice Chair and Practice Nurse, H&F Clinical Commissioning Group (Chair)	VA
Trish Longdon	Lay member, H&F Clinical Commissioning Group	TL
Jane Wilmot	Lay member, H&F Clinical Commissioning Group	JW
Zohreen Ashraff	H&F Clinical Commissioning Group – GP	ZA
James Cavanagh	Acting Joint Vice Chair and GP, H&F Clinical Commissioning Group	JC
Michele Davison	H&F Clinical Commissioning Group – GP	MD
Trish Longdon	Lay member, H&F Clinical Commissioning Group	TL
Paul Skinner	H&F Clinical Commissioning Group – GP	PS
Paul Ferguson	H&F Clinical Commissioning Group – Practice Manager	PFe
Janet Cree	Interim Managing Director, HFCCG	JaC

Officers in attendance:		
Kathleen Sadler	Deputy Managing Director, HFCCG	KS
Helen Poole	Deputy Managing Director, HFCCG	HP
Mark Jarvis	Head of Governance and Engagement, H&F Clinical Commissioning Group	MJ
Shelley Martin	Head of Finance, H&F Clinical Commissioning Group	SM
Liam Edwards	Assistant Director of Quality Improvement and Clinical Assurance, CWHHE	LE
Sophie Ruiz	Senior Network Co-ordinator, H&F Clinical Commissioning Group	SRu
Chris Adams	Interim CEO, Hammersmith & Fulham GP Federation	CA
Catherine Williams	Interim Head of Business Planning, HFCCG	CW
Margaret Kelly	Business Support Manager, HFCCG (minutes)	MK

Item	Agenda Item /Discussion	Action Owner
1.	Apologies	
1.1	Apologies were received from Rohan Hewavidenti and David Hill.	
2.	Minutes of the Previous Joint Meeting	
2.1	<p>The minutes of the previous meeting were approved as an accurate record of the meeting pending the following comments:</p> <p>Concerning the 11 patients absent without leave from WLMHT, LE has since confirmed that in November H&F patients absconded 13 times although two patients make up five of these instances. For December there were only three incidences for H&F residents and no harm was caused to any of these patients.</p> <p>To include in the minutes under PMCF update that TL was unaware of the decisions taken around the reduction to extended hours.</p>	
3.	Conflict of Interest	
3.1	The previously acknowledged potential conflicts of GPs as commissioners and providers were noted. ZA declared a conflict of interest for PMCF.	
4.	Matters Arising/Action Log	
4.1	The outstanding actions were reviewed and discussed. Please refer to the actions table for updates.	
5.	Integrated performance, quality and patient safety report – month 8	
5.1	<p>VA introduced the month 8 integrated performance; quality, and patient safety report.</p> <p>The following points emerged in discussion:</p> <p><u>A&E and LAS Issues</u></p> <ul style="list-style-type: none"> • TL commented that she was not aware of the A&E and LAS issues as these were dealt with orally at the last governing 	

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	<p>body and requested an update on what is happening in emergency care. To receive an overview to include the trends for ambulance waits, patient delays in getting out of the ambulance, delays in A&E and patient experience.</p> <ul style="list-style-type: none"> • VA commented that actions are taking place at trust level but the CCG requires a paper on what is happening locally in urgent and emergency care. • JaC commented that we would need to be clear what is required and agreed that an update on the local work could be provided to include data on handover times, and how it correlates with the A&E action plan and A&E performance. • The committee agreed for a paper to come to a future governing body seminar for wider discussion to include LAS commissioners to provide members with assurance. <p><u>Pressure Ulcers (PUs)</u></p> <ul style="list-style-type: none"> • TL stated that she is uncited on pressure ulcers (PUs) and the actions happening to address them and lack of information included in the report for CLCH. VA clarified that CLCH is not an outlier and changes have been made to the reporting process and that PUs remains the first item discussed at CLCH CQG meetings and is one of the key areas that the trust focuses on. She noted that the PU Working Group had ceased as there were two work streams happening in conjunction but that Mary Mullix is linking in with the Imperial Workforce PU Group. VA explained that there is a CQUIN in place with CLCH to deliver PU training in order to improve the uptake rates. • LE commented that there is clear definition of what is/is not avoidable with a robust process in place with all Trusts reporting PUs to STEIS for challenge or final sign off. He explained that Nicola Clarke reviews them in the first instance and passes them to him to determine whether they are avoidable or not. <p><u>C&W - People referred with a suspected TIA, who are at high risk of stroke who are assessed and treated within 24 hours</u></p> <ul style="list-style-type: none"> • TL commented on the low C&W achievement rate of 40% out of a target of 90%. MD stated that it could relate to one individual not turning up for their TIA, which provides a skewed picture. VA noted that in November 2 out of 5 patients referred with a suspected TIA, who are at high risk of stroke, were assessed and treated within 24 hours, but we need assurance that no harm was caused to those patients not treated within the 24 hours. The committee asked LE to review the numbers and suggested using actuals rather than percentages and provide assurance that no harm has been caused to those patients not treated within 24 hours. <p>JAW clarified that in the cover note for the easy read document that she agreed to assist with the outpatient letters and asked whether the software being used is suitable for people with learning disabilities. She informed the committee that concerning community independence that work is underway to record what people require once discharged and noted that testing is scheduled for February with the planned go live date after April 16.</p> <p><u>Quality Premium Dashboard</u></p> <ul style="list-style-type: none"> • TW queried whether there is anything that the CCG could do to achieve the quality premiums for 15/16 and overall financial reward of £378k. VA commented that it would be difficult for the CCG to achieve the reward payments given we are now approaching the end of 15/16 but should look at the learning for 16/17 and be more proactive going forward in areas such as mental health. • JaC stated that we would need to consider next year's quality premium and hold a clinical seminar in April 16 to decide what we could do differently. • HP explained that the quality premium guidance for 16/17 is not yet published, but the premium will align with the Sustainability Plan and Health and Wellbeing Strategy. • LE commented that concerning the RCA reports that the quality premium is 38% and remains an area of concern for Imperial. <p><u>Podiatry Performance</u></p> <ul style="list-style-type: none"> • VA commented on patients not attending appointments, which has impacted on non-urgent first appointments and patients being seen within 28 days. She explained that CLCH have requested further funding to increase the number of appointments being offered but would also need to review the pathways. She explained that CLCH offer appointments to all patients but the level of service offered by the tri-borough differs and is only offered to patients that meet the eligibility criteria. It was noted that CLCH has a smoother pathway flow but it is unclear who to contact if people fall off the pathway. • ZA commented that it is difficult to contact the CLCH service and suggested we look at the elements of service they provide and whether they could be provided as part of the MSK service. • JaC stated that we would need to understand what occurred between July and November 15 to show the deterioration in performance and said that in the first quarter that the trust were achieving the performance but not for the last few months of 15/16 and we need to understand how the service fits in with the more general diabetes pathways. • JW queried what the timeline was for the CCG to make a decision concerning the future of the podiatry service. VA clarified that there is no timeline but we would need to address the issue of longer waits and to ensure sufficient time is 	

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	<p>factored into the review if patient consultation is required.</p> <p>Exception Report A&E and LAS at Imperial (page 8)</p> <ul style="list-style-type: none"> Performance at Imperial shows that the trust is not meeting the national A&E standard in M8 and that all types of A&E performance have deteriorated at St Mary's with type 1 breaches increasing. TL asked the committee whether we should inform the governing body of the lack of assurance that performance will improve. TL stated that concerns around performance should be voiced in public at the governing body for areas such as the category A response time and why the trust cannot meet performance standards due to staffing issues. JaC commented that the CQG receives an overall action plan at London level and that this concern will be referred back to the CQG to take forward. There are data quality issues with handover but on-going discussions are taking place across London and we need to update the governing body on our local plans. <p>The committee discussed and noted the month 8 integrated performance, quality and patient safety report</p> <p>Actions:</p> <ul style="list-style-type: none"> To provide an update at a future governing body seminar on the local work taking place to address the issues around A&E and LAS to include data and handover rates and how it correlates with the A&E action plan around A&E performance To schedule a discussion on the 16/17 quality premium for April's clinical seminar to include a discussion on lessons learnt from 15/16 To review the current CLCH podiatry service to determine the historical elements included in the service, how to improve access and who to contact, ascertain why performance has slipped between July-Nov 15 and how the service fits in with the more general diabetes pathways To review the number of patients at C&W who were referred and treated for a suspected TIA within 24 hours 	<p>MJ/JaC</p> <p>MJ</p> <p>KS</p> <p>LE</p>
6	PMCF update report	
6.1	<p>CA presented the PMCF update report for Oct-Dec 2015.</p> <p>The key points raised were as follows:</p> <ul style="list-style-type: none"> TL queried the process and said it was difficult to assess value for money (vfm). ZA commented that in terms of patient care that the plans should improve patient experience. VA said that for diabetes it offers value for money in terms of patient impact and quality of care but does not specify the need for the equipment and whether it improves waiting times. HP clarified that the report mentions that some of the larger practices have advised that they do not have sufficient equipment to offer the availability of appointments for these services. VA stated that equipment was funding for OOH services but it does not demonstrate in this paper that the level of equipment provided was insufficient. She queried what the waiting times are for these services and said that the committee requires assurance on the impact on waiting times and whether the exiting machines are being used at full capacity. ZA commented that each practice was allocated one machines regardless of the size of the practice. VA suggested that the equipment should be run more efficiently and shared amongst practices. She asked for details of where the waiting time issues have occurred and whether the equipment has been appropriately used. KS commented that the committee does not have much time to make a decision for 14/15 and as the Federation are looking to fund 5 pieces of equipment as commissioners we should agree the use of funding in principle with a caveat that we obtain assurance on the process and how equipment is distributed is equitable. ZA commented that none of the GP partners are aware that they are receiving additional equipment and should be informed and to allow them 3 days to respond with any issues. ZA stated that it mentions moving £12 additional funding to increase the budget available for Sustainability Funding and whether the CCG is allowed to do this. HP clarified that the CCG can move the £12k to the sustainability pot. TL commented on the sustainability funding and the payment of £250 to each practice and whether it should be an outcome payment. She asked for further assurance and greater clarity on the engagement sessions and suggested that the description is altered. VA commented that under .5 it refer to outcome measures but if we incentivise the running of the events this will require additional resources but agreed that further clarify was required concerning what constitutes an engagement event. CA clarified that £17 is used towards the process with the remainder of the money is used towards outcome measures. The committee agreed that it needs to stipulate what an engagement event is and should be based on the number of contacts in an average day and to ensure contact is made with 70% of patients. JW queried the purpose of the payment. VA clarified that practices are required to register people for on-line appointments, to increase numbers and improve access to primary care and the number of appointments for on-line bookings, but patients must register to make the online bookings. VA queried if practices were being paid twice. CA clarified that practices will receive payment to undertake the engagement work and the on-going process and to encourage innovation. TW commented that it is important to show this in the context of self-management, for long-term condition management and the number of people digitally 	

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	<p>engaged, which feeds into self-management and people managing their own care.</p> <ul style="list-style-type: none"> KS queried whether the £25 payment was sufficient incentive and should this be linked with the other two incentive payments and act as a gateway to receiving the additional payments. <p>The committee:</p> <ul style="list-style-type: none"> Reviewed and approved in principle the proposed use for the unspent portion of the PMCF Wave 1 allocation for 14/15 - £53k, with a caveat that assurance is provided on the impact on waiting times and whether the existing machines are being used at full capacity Reviewed and approved the proposed use of sustainability funding 2015/16 - £65k <p>Action: The Federation to provide further details on the waiting times issues and whether the existing equipment is used appropriately</p>	CA
7.	Any Other Business	
7.1	No other business was discussed.	
The next meeting is scheduled for: Tuesday 23rd February, 2.00 – 3.00 pm, St Paul’s Church, Hammersmith		