

**JOINT QUALITY, PATIENT SAFETY & RISK AND FINANCE AND PERFORMANCE  
COMMITTEE MEETING**

**Tuesday 23<sup>rd</sup> August 2016**  
 St Paul's Church, Hammersmith

| <b>Governing Body Members Present:</b> |   |    |
|--|---|----|
| Vanessa Andreae                        | H&F Clinical Commissioning Group - Vice Chair and Practice Nurse Member (Chair) | VA |
| Janet Cree                             | Managing Director, H&F Clinical Commissioning Group                             | JC |
| Zohreen Ashraff                        | H&F Clinical Commissioning Group - GP   | ZA |
| Paul Skinner                           | H&F Clinical Commissioning Group - GP   | PS |
| Rohan Hewavisenti                      | H&F Clinical Commissioning Group – Lay member                                   | RH |
| Sena Shah                              | H&F Clinical Commissioning Group – Practice Manager                             | SS |

| <b>Officers in attendance:</b> |   |    |
|--------------------------------|---|----|
| Liam Edwards                   | Assistant Director of Quality Improvement and Clinical Assurance, CWHHE | LE |
| David Hill                     | Senior Contracts Manager, H&F Clinical Commissioning Group              | DH |
| Mark Jarvis                    | Head of Governance and Engagement                                       | MJ |
| Bethany Golding                | Patient & Public Engagement & Communications Manager                    | BG |
| Margaret Kelly                 | Business Support Manager, H&F Clinical Commissioning Group (minutes)    | MK |

| <b>Apologies:</b> |   |
|-------------------|---|
| James Cavanagh    | H&F Clinical Commissioning Group – GP and Vice Chair                                  |
| Peter Fermie      | H&F Clinical Commissioning Group - GP   |
| Trish Longdon     | Lay member, H&F Clinical Commissioning Group  |
| Jane Wilmot       | Lay member, H&F Clinical Commissioning Group  |
| Molly Larkin      | Safeguarding Adults Lead, H&F Clinical Commissioning Group                            |
| Tony Willis       | H&F Clinical Commissioning Group - GP   |
| Keith Edmunds     | Chief Financial Officer, CWHHE  |
| Jonathan Webster  | Director of Quality, Nursing & Patient Safety, CWHHE CCGs Commissioning Collaborative |

| <b>Item</b> | <b>Agenda Item /Discussion</b>   | <b>Action Owner</b> |
|-------------|--|---------------------|
| <b>1.</b>   | <b>Welcome &amp; Apologies</b>   |                     |
| 1.1         | VA welcomed everyone to the meeting.   |                     |
| <b>2.</b>   | <b>Conflicts of Interest</b>   |                     |
| 2.1         | The general conflict of GPs as commissioners and providers was noted. No additional conflicts were declared.   |                     |
| <b>3.</b>   | <b>Minutes of the last meeting</b>   |                     |
| 3.1         | The minutes of the last meeting were approved.   |                     |
| <b>4.</b>   | <b>Matters Arising/Action Log</b>  |                     |
| 4.1         | The outstanding actions were reviewed and discussed. The updates are reflected in the action table.  |                     |
| <b>5.</b>   | <b>Integrated Quality and Performance Report – month 3 2016/17</b>   |                     |
| 5.1         | The month 3 Integrated Quality and Performance Report was introduced. The following key themes were provided: <ul style="list-style-type: none"> <li>The report includes an update on pressure ulcer prevention and management training by provider, where information was available.</li> </ul> |                     |

- The maternity network has reviewed the key performance indicator in light of the proposed changes to increase home births. It suggested a lower threshold whilst the changes are taking place in relation to Ealing maternity services and the staffing to support changes is reviewed.
- Imperial Trust met with NHS England (NHSE) and Hammersmith and Fulham (H&F) CCG to moderate the NHSE risk profile tool on the 27th July 2016.
- Maternity metrics continue to be off trajectory for Imperial Trust. However, improved performance was envisaged once data quality and coding errors were addressed. It was emphasised that James Cavanagh was satisfied that appropriate clinical care was provided.
- The meeting to discuss the coding inaccuracies for critical care between Imperial Trust and H&F CCG was being rearranged.
- H&F CCG had participated in the initial retrospective and prospective methodology review of harm to patients in regards to the RTT pathway.

DH provided a performance update and highlighted the following:

### **Imperial**

- **A&E:** DH stated that James Cavanagh was working with the Trust; with support from Toby Hyde on a “Breaking the Cycle” event scheduled for mid-September. The Trust were receiving support with their internal systems and processes to assist with patient flows, complex discharges, bed availability, referrals in and access to emergency care, in order to meet the trajectory going forward.
- The Trust’s performance against the A&E 4-hour target continues to be below the 95% national standard, however the Trust was on track to deliver the agreed recovery trajectory in month 4. The Trust was working productively with the commissioners to make the necessary changes to deliver sustained performance and had shared details of its plans to create an acute Medical and Surgical Assessment Unit at Charing Cross and the financial impact of these plans.
- **RTT:** Imperial Trust continues to report performance below the incomplete pathway standard, with significant issues being reported with the process; data capacity and waiting lists that need to be resolved. Following a recent external review by the NHS Improvement (NHSI) Intensive Support Team, the Trust had established a dedicated team with support from NHSI to address these concerns, with HFCCG and NHSE forming part of the monthly Steering Group to oversee the turnaround process.
- DH reported that to address the backlog issues and to deliver additional activity, a mobile operating theatre was in place to increase the volume of day-case operations that the Trust was able to perform.
- A speciality level recovery trajectory would be agreed by the end of September to provide a more accurate view of waiting lists. Additionally, a demand and capacity analysis would have started.
- DH mentioned that he had met with the NHSE elective care procurement manager and with the Trust, to discuss and explore potential options for outsourcing additional activity to other providers. He explained that alternative providers would be utilising existing contracting mechanisms to take on additional capacity levels, but would need to understand the demand across the system.
- Discussions on the demand management schemes were underway with the Associates, having a multi-pronged approach to ensure delays are minimised, with outsourcing one of the areas to direct at source, or partway through the pathway to retain patient choice. Furthermore, we need assurance that the Trust’s QIPP schemes are working and deliver the savings. It was noted that the main focus for October would be on referrals.

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|---|---|--|
|   | <ul style="list-style-type: none"> <li>• <b>Diagnostics:</b> The Trust had achieved the trajectory for the past three months with few breaches.</li> <li>• <b>Cancer:</b> In June the Trust achieved its highest number of monthly treatments on record. However, the 62-day treatment standard was not met; due to a high number of late inter Trust referrals. The Trust had over achieved against the recovery trajectory and continues to make positive progress.</li> <li>• The Trust did not achieve the two week wait for urgent GP referral standard in June, due to admin issues in Dermatology which have now been resolved.</li> <li>• The rapid access Urology clinic is working well and is already impacting performance, and the endoscopy straight to test pathway went live in August and will start to impact on 62-day performance from the end of September.</li> <li>• It was emphasised that the CCG remains assured that the 62-day standard will return to a performing position from August onwards.</li> <li>• RH commented on section 4.2, the two week cancer pathway waits for breast symptoms, and the six patient breaches reported, and queried patient choice. DH clarified that the Trust offers sufficient notice with 2 appointments available to patients prior to the fourteen days and seven days' notice. JC commented that patients need to be available to accommodate the two week waits. DH emphasised that he was not aware of any problems with the Trust's process.</li> </ul> <p>The committee <b>noted and discussed</b> the month 3 Integrated Quality and Performance Report</p> |  |
| <b>6.</b>   | <b>Any Other Business</b>   |  |
| 6.1   | There were no items of any other business.  |  |
| <b>Date of next meeting: Tuesday 27<sup>th</sup> September, 2.00 - 3.00 pm, St Paul's Church, Hammersmith</b> |   |  |