Date:	12 th April 2018	Report Title:
Meeting:	Governing Body	Quality, Performance & Finance Committee
Item Number:	Item 12.3	Summary Report
Public/Private:	Public 🛛 Private 🗆	
		Decisions to be made:
Author: (Name, Title)	Catherine Wylie Director of Risk & Quality Assurance Janice Keilthy Lay Representative for Patient and Public Involvement	To note
GB Lead: (Name, Title)	Janice Keilthy Lay Representative for Patient and Public Involvement	
Director approval	Catherine Wylie	
Director Signature	Cuestie	

Continue to improve the quality of services	\boxtimes	Improv	e patient experi	ence		
Reduced unwarranted variations in services		Reduce Lincoln	the inequalitie shire	s gap in Nor	th	
Deliver the best outcomes for every patient		Statuto	ry/Regulatory			\boxtimes
Purpose (tick one only)	Approval		Information	To note ⊠	Decisio	on

Executive Summary (Question, Options, Recommendations):

The enclosed paper provides a summary of the Quality, Performance & Finance Committee meeting held on 8^{th} March 2018

Recommendations	1 2 3
Report history	
Equality Impact	Yes 🗆 No 🗆
Sustainability	Yes 🗆 No 🗆
Risk	Yes 🗆 No 🗆
Legal	Yes 🗆 No 🗆
Finance	Yes 🗆 No 🗆

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	Date		N/A	Y	N	Date
Patient:	\boxtimes				Clinical:	\boxtimes			
Public:	\boxtimes				Other:	\boxtimes			

Chair's Report to the Governing Body

Quality, Performance and Finance Committee

Meeting held on 8 March 2018

In accordance with the constitution, standing orders and Scheme of delegation, NLCCG has established the Quality, Performance and Finance committee. The purpose of the group is to ensure the continuing development of the monitoring and reporting of performance outcome metrics in relation to the CCG quality improvement, financial performance and management plans. The committee will ensure delivery of improved outcomes for patients in relation to the CCGs strategic objectives and continually aim to improve the quality of the services provided.

This report reflects a summary of the meeting held on 8 March 2018 and its agreed action points.

1. Highlights	
1.1 Quality	Enhanced quality surveillance is in place for Northern Lincolnshire and Goole NHS Foundation Trust [NLAG] and Thames Ambulance Service. Monitoring arrangements for these providers is through the contract management processes and the System Improvement Board framework. Escalation of concerns is also reported to the regional Quality Surveillance Group.
1.2 Finance	The CCG is in financial directions and is forecasting a year end deficit of £10.4m. QIPP plans are agreed and signed off by NHSE in relation to the recovery plans.
1.3 Performance	Performance data reflects the impact of the winter pressures and concern remains high with regard to long patient waiting times for appointments and access to bed availability particularly at NLAG. The progress of the improvement plans is monitored through the contract processes.

2. Opportunities	
2.1 Quality	Medicines management – Optimise RX software system has been installed in GP practices. It was noted that this system has the ability to calculate savings and quality decisions with regard to prescribing of medications. The system issues prompts to assist practitioners and audits will inform practice to assist quality and efficiency improvements. NECS have proposed that NLCCG join a wider approach to QIPP across the region to benefit from the opportunity to tackle some of the areas at scale. The committee agreed that this would be beneficial and good practice.
2.2 Finance	Robust QIPP plans are now in place and provide the opportunity for new and innovative ways of working as well as improving financial efficiency. Progress against these is monitored by the Programme Board.
2.3 Performance	QIPP Medicines Management – the 2017/18 plan demonstrates that there is potential for circa £3m savings on areas of prescribing. The committee approved the work plan and were assured of its potential for achievement of delivery.

3. Risks	
3.1 Quality	The acute Trust NLAG remains in financial and quality special measures and there remain concerns with regard to a number of service areas and achievement of performance standards. These include workforce and staffing issues, return to treatment times and the effect of the winter pressures. An improvement plan is in place and is monitored through the CCG and the regulators CQC and NHSI.
	Patient Transport – The CCG has given notice on the contract held with Thames Ambulance Service due to quality and service provision issues. A procurement process is in place and stakeholders have been made aware. Patient experience and quality are being monitored in the interim period to ensure patient safety and experience is not compromised. This has included quality assurance visits to the provider sites. Report on progress to be brought to the next meeting.
3.2 Finance	Continuing Health Care [CHC] – spend on CHC continues to be above planned levels with the latest forecast position being £3.4m. A review of the services is being undertaken to ensure recovery of the budget overspends during 2018/9.
3.3 Performance	 QIPP Performance – the CCG is forecasting a forecast outturn deficit of £6.1m due to the inability to achieve the QIPP targets set for 2017/18. Action: NHSE have agreed to assist in the CCGS quest to return to financial balance for 2018/19
	Medicines Management – Forecast overspend of £4.1m. Actions: the prescribing team are taking a more granular review of practice variation and obtaining assurance that such unwarranted practice variation is identified and addressed.
	Infection Control – C Difficile – It was noted that there have been 39 cases of C Difficile to date against a trajectory that requires a reduction of cases to of less than 31 cases to be achieved in 2017/18. An action plan to address any themes and trends is being developed and will be presented to the next meeting.

4. Governance	
4.1 Quality	 Corporate and Directorate Risk Registers were presented. It was noted that the strategic objectives are currently being set and the risk registers will develop in line with those. These will be monitored monthly at the committee and Directors held to account for the progress of actions. A Board workshop will focus on Risk Appetite on 29 March following which further development of the registers may be undertaken.
	Committee work plan – the revised work plan was presented to the committee to note the requirements for the forthcoming year. It was noted the finance section was now required to be integrated into the plan. Further iteration to be presented to the next meeting. This is an opportunity for the committee to fulfil its duties in a dynamic and

	meaningful way.
4.2 Finance	Finance and Governance review has been undertaken and the new structure of the committee seeks to address any gaps through the work plan – to be presented at the next meeting.
4.3 Performance	Nothing new noted

5. Assurance	
5.1 Quality	Medicines Management - assurance was received by the Pharmacist presenting that a robust workplan for 2018/19 is focussed on quality improvements and evidenced based practice.
	CHC - A full annual report was received by the committee which provided a detailed analysis of the data, progress and financial position. The committee noted the progress made to date and was assured that, although there remained significant financial pressures within the CHC service, there was a robust plan in place to mitigate the risk as far as reasonably practicable. Whilst assurance was provided, this area will continue to require scrutiny moving in to the new financial year.
	Policies - the Fire and Safety policy was noted and agreed. The Information Governance Policies were amended to reflect the implementation of the new General Data Protection Regulations [GDPR] and the adjustments were presented to the committee. The amendments were approved.
	The Freedom of Information [FOI] report was received and it was noted that in Quarter 3, 60 FOI requests were made to the CCG and responded to within the specified timeframe.
5.2 Finance	Prescribing QIPP Plan was agreed by the committee. The financial impact of the concerns with regard to Thames Ambulance Transport service were noted and actions to mitigate were received positively.
5.3 Performance	Provider performance data was received and reviewed. There remain concerns as explained in the points above – waiting times and winter pressure demands.

Catherine Wylie Director of Risk & Quality Assurance