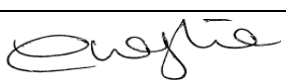


<b>Date:</b>	21 <sup>st</sup> June 2018
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 12.1
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Report Title:</b>
Quality, Performance & Finance Committee Summary Report
<b>Decisions to be made:</b>
To note

<b>Author:</b> <i>(Name, Title)</i>	Catherine Wylie Director of Risk & Quality Assurance Janice Keilthy Lay Representative for Patient and Public Involvement
<b>GB Lead:</b> <i>(Name, Title)</i>	Janice Keilthy Lay Representative for Patient and Public Involvement
<b>Director approval</b>	Catherine Wylie
<b>Director Signature</b>	

<b>Continue to improve the quality of services</b>	<input checked="" type="checkbox"/>	<b>Improve patient experience</b>	<input type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input type="checkbox"/>	<b>Statutory/Regulatory</b>	<input checked="" type="checkbox"/>
<b>Purpose (tick one only)</b>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	To note <input checked="" type="checkbox"/> Decision <input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>	
The enclosed paper provides a summary of the Quality, Performance & Finance Committee meeting held on 3 <sup>rd</sup> May 2018	
<b>Recommendations</b>	1 2 3
<b>Report history</b>	
<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Risk</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Legal</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Finance</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

***Patient, Public, Clinical and Stakeholder Engagement to date***

	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
<b>Patient:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Clinical:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Public:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Chair's Report to the Governing Body

### Quality, Performance and Finance Committee

#### Meeting held on 3 May 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 3 May 2018 and its agreed action points.

<b>1. Highlights</b>	
1.1 Quality	Enhanced quality surveillance remains 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 reported an end of year deficit of £6.025m; this is consistent with the forecast out-turn of the £6.3m deficit reported during Q4 of 17/18. However, the CCG will have met all its remaining targets and duties.
1.3 Performance	Performance data continues to reflect concern regarding 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 process. NL&G also continue to report a significant decline in performance against the diagnostic 6 week waiting time target. All Mental health performance targets remain on track for achievement 2017/18.
Presentation by NLAG - this item was focussed upon and therefore took a significant part of the meeting time.	NLAG were invited to present the progress of the Clinical Harm Review of the back-log of patients waiting for outpatient appointments and treatment. They presented an update on the clinical harm programme. The current position continues to cause concern and a lack of assurance in terms of progress. The new 'Cobra' IT system has improved the process for review and GPs are now supporting the work by undertaking reviews. The lack of assurance has been reported into the SIB Patient Safety Sub – group for further discussion.

<b>2. Opportunities</b>	
2.1 Medicines Management	The CCG is developing a reward scheme for prescribing which aims to benefit patients and practices to reduce costs in prescribing trends. There is opportunity to look at medicines optimisation support for care homes to improve both quality and cost efficiency.
2.2 Health and Social Care Partnership working	The Health and Social care standards Board provides a valuable forum for health and social care to work in partnership with Care Homes and Domiciliary Providers to focus on and improve the care provision across North Lincolnshire.

<b>3. Risks</b>	
3.1 Quality	<p>During May the acute Trust have had a CQC comprehensive inspection and the outcome is awaited. There continues to be an improvement plan in place which is monitored by the CCG and the regulators CQC and NHSI.</p> <p><b>Patient Transport</b> – 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.</p>
3.3 Performance	<p>Patient referral to treatment time remains a risk as a significant number of patients are waiting longer than 52weeks.</p> <p>Performance against 6 week diagnostic week waiting time target has declined</p> <p><b>Infection Control – C Difficile</b> – It was noted at the previous meeting that there have been 39 cases of C Difficile to date against a trajectory that requires a reduction of cases to less than 31 cases in 2017/18. An action plan to address any themes and trends is being developed and will be presented to the next meeting.</p>

<b>4. Governance</b>	
4.1 Quality	<b>Corporate and Directorate Risk Registers</b> were presented. Risk Registers continue to develop and it was noted that extensive work had been done on the registers and this needed to be consistent in all Directorates. A risk review meeting is now held and chaired by the Director of Nursing and Quality to add a stage of confirm and challenge.
4.2 Finance	Accounts have gone off to NHSE for year end. 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 Equality and Inclusion	The Equality and Inclusion performance report was presented, it was noted that there is still work to be done to achieve the actions and a regular update will be provided to the committee.

<b>5. Assurance</b>	
5.1 Quality	The research and development annual report was presented members considered and acknowledged the report and were assured of the progress of the projects.
5.2 Performance	Provider performance data was received and reviewed. There remain concerns as explained in the points above in particular waiting times and outpatient appointments.
5.3 Continuing Healthcare Service.	The CHC improvement plan is demonstrating that performance has exceeded expectations at the year-end against the plan, it was recognised that there will be a challenge to sustain the improvements however, the committee was assured with the progress to date.
5.4 Operational Plan	The operational plan has now been submitted. NHSE have raised some queries which have now been responded to. The committee were assured that the plan is robust and has been submitted appropriately.