

Governing Body meeting on 13th September 2018

Report from the Chair of the Integrated Governance Committee (IGC)
Date of Meetings Reported: 9th August 2018

Author: Martin Wilkinson, Chair

Key achievements

The IGC noted the following key achievements in the meeting:

- A stepped improvement in the local e-referral rate
- Good sustained delivery of IAPT standards
- Improvement and good recent progress in undertaking Continuing Healthcare assessments both in a non-acute setting and their timeliness

1. Quality

The IGC received reports from Healthwatch Lewisham, The Care Quality Commission, Bexley CCG, NHS England and a deep dive which was presented by Lewisham and Greenwich NHS Trust Maternity Services.

1.1 A high level report from Healthwatch Lewisham was received which gave background information on their recent work to engage with the public. A link to a video describing the work Healthwatch Lewisham has completed about the Accessible Information Standard was also shared.

1.2 The 2017 Care Quality Commission Survey of adult inpatients provided assurance that patients rated inpatient services at Lewisham and Greenwich NHS Trust at “about the same” as patients receiving inpatient care at Trusts across the country. The survey results showed a marked improvement on the 2016 results.

1.3 A report from Bexley CCG of a commissioner’s visit to the Emergency Departments and Discharge Lounge at Queen Elizabeth Hospital was shared with the Committee. Commissioners were assured by what was seen on the day.

1.4 A brief report of the External Peer Reviews led by NHS Improvement at Lewisham and Greenwich NHS Trust was given. The External Peer Review Programme was led by the Trust and NHS Improvement as the start of the Trust’s new quality campaign and in part in preparation for the CQC inspection. LCCG took part in peer reviews at Lewisham hospital and at QEH. Most of the issues that were found were basic issues already reported to the CCG and as reported to CQRG, which the Trust have acknowledged and are

working to improve. From talking with staff it was clear that many felt that they and their colleagues were running to stand still, they don't feel that they have time for "quality," they don't feel listened to or supported. The main issues found included dirty environments, poor medicines management, IG issues and staffing levels. The Trust are working hard through their leadership review to ensure the right support and basic processes are in place to support front line staff, although this is work in progress.

1.5 A summary of the recent Care Quality Commission's Unannounced Inspections of University Hospital Lewisham and the Queen Elizabeth Hospital was given. In Lewisham the CQC found that there was a significant shortage of nursing staff in the Medical Care directorate and that this was impacting directly on the care that staff were able to provide. The reliance on agency staff impacted on continuity of care and the ability of senior staff to share learning with their teams.

Good practice was noted in terms of safeguarding, infection prevention and control and the CQC observed a number of examples of compassionate care that went beyond what was expected.

1.6 A summary update of the London position with regards to the May 2018 national breast screening incident was provided from NHS England. The report showed that 21,497 women were affected by the incident in London. At the time the report was written almost 6,000 of these women were invited for a first screen. 2,412 of these women had been "adequately" screened and of these 2,335 were deemed "normal." 77 women had been invited for assessment and five of these referred for diagnosis / treatment. None of the women had started treatment (this may be because treatment is not required).

1.7 Maternity in Lewisham: A deep dive into performance against IAF and other key indicators was presented by the maternity services leads at Lewisham and Greenwich NHS Trust.

It was noted that perinatal mortality and stillbirth are more prevalent in some areas, and GSTT and KCH have better outcomes than LGT. It was explained that the populations and stillbirth rates across the sites are different. However the rates of stillbirth are in line with national figures.

The Committee noted that the Equalities Impact Assessment needed to be more rigorous, as protected characteristics were not mentioned and an action was agreed on this.

The Committee discussed smoking and stop smoking services available and was advised that there is a high referral rate to stop smoking services but a low quit rate, and figures for mothers who smoke is increasing, although it is likely this is due to better data becoming available.

The Committee discussed continuity of care for pregnant women, noting that involving GPs in care and communicating necessary information to them, as

well as involving GPs in developing community care services, would be very beneficial.

The Committee discussed the maternity scorecard, noting that the actions outlined do not give assurance of change, and no information about change is provided, highlighting hip dysplasia screening in particular. The Committee noted that clarity on what is being done and when targets will be met is needed.

The Committee discussed rates of caesarean sections in the borough. It was noted that the national target is 27%. It was highlighted that induced labour and the VBAC pathway are focus areas for the maternity service.

It was noted that the Vulnerable Women's Team offer enhanced post-natal care up to 28 days to 6 weeks post-birth depending on need, and midwifery advocates meet with and support vulnerable women. The Committee was informed about the Mindful Mums peer support model provided by Bromley and Lewisham Mind, the Maternity Voices focus and "walks and talks" scheme.

2. NHS Constitutional Standards

The key performance exceptions are:

- **Accident and Emergency 4 hour** performance for June 2018 at Lewisham and Greenwich Trust was 90.0% within 4 hours against a trajectory of 90.5%. This performance was above median performance of the 18 acute providers in London for the month. The graph in the pack shows the trajectory for 18-19 to deliver 95% for March 2019 and 92% for 2018-19 overall. A revision to the trajectory has been agreed between the Trust and NHS England and NHS Improvement.
- **18 weeks Referral to Treatment Time** - The Lewisham Incomplete Waiting Time continued to not meet the standard for Lewisham patients at 85.4% for May 2018, which is now red rated against the plan set. The total Incomplete Waiting List is over the March 18 level and against the plan. There are 40 over 52 Weeks waiting patients.
- **Cancer Waiting Times relating to GP Referral to Treatment within 62 days.** Cancer Waiting Times performance was 78.5% for May 2018. Although lower than the standard this is in line with the Monthly Recovery Trajectory set for the 18-19 year.
- **Children and Young People Mental Health Transformation**
Children and Young People's Mental Health Transformation standard has been provided by NHS Digital Data based on the Mental Health Minimum Data Set and a one off collection for providers (largely focused on early intervention), which do not report on the Mental Health Minimum Dataset. This data shows Lewisham at 22.5% of need for 17-18 against an expectation

of 30%. The focus will still be on achieving Mental Health Minimum Dataset for all providers by December 18.

- **Improved Access to Psychological Therapies**

While the Recovery Rate and Access (despite a minor dip in April 08) rates are being met, the service been focused on achieving 75% of people being seen in 6 weeks. The April 08 figure is 73.4%, which is the best recently and continues the recovery. It is anticipated that Q1 18-19 will be back the standard.

There are a number of more positive areas for assurance in 18-19

- **Diagnostics Waiting Times**

Diagnostic waiting times at 6 weeks resumed to meeting the standard at 99.4% for May 18.

- **London Ambulance Service** has begun reporting against the new standards in November 2017. For the highest Category C1, nearly continued to meet both standards of the median standard of 7 minutes at 7 minutes and 1 seconds and met the 90th centile standard of 15 minutes at 11 minutes 28 seconds for April to June 18 combined.

- **E Referral Rate**

The Referral Rate has improved to 82.2% in May 2018, which is better than the standard of 80%. South East London Trusts will be receiving only e referrals by September 18. The process for some (non cancer) urgent referral pathways and whether they are excluded from e referral is being resolved and a list will be circulated to members.

- **Continuing Healthcare**

There are two new measures with standards required by NHS England:

- Assessments should take place in a non-acute setting. Acute settings are 5% for April to June 2018 quarter, which is below the 15% threshold, and is a major reduction on previous quarters.
- The Assessments should be completed in 28 days with an expectation over 80%. April to June 2018 figure is 89% within 28 days.

Both measures for the last Quarter are a major improvement on previous quarters.

Performance graphs on A&E 4 hour and Cancer Waiting Times standards in 2018/19 to date with A&E measured against the planned trajectory are at Appendix 1.

3. Finance

The Finance report for Month 3 2018-19 is attached in this report. The headlines are:

- The CCG was underspent at the end of Month 3 by £75k year to date (YTD). This is in line with the planned surplus to Month 3.

- The CCG is forecasting to meet the annual target surplus of £300k.
- The CCG has completed deep dive budget meetings with budget holders. As a consequence of this work budget efficiencies have been identified and programme budgets have been reduced accordingly, enabling a General Reserve of £4.7m to be created, in addition to the contingency reserve of £2.4m which the CCG is required by NHS England planning guidance to hold.
- The CCG is presently forecasting a net risk position of £5,900k. This is mainly driven by acute contracts and activity £4,170k, with a balance of risk across other budget areas of £1,730k. Work is ongoing to de-risk the financial position and significant progress has been made as a consequence of deep dive budget meetings. A further assessment of risk will be made at month 4 reporting to ensure current progress on de-risking is reflected in the net risk position.
- To support the delivery of Financial Performance Duties, an in-year QIPP programme of £20,344k has been established. The unidentified QIPP negative budget of £1,794k has been eliminated through the deep dive review of budgets. However the additional QIPP schemes approved at IGC in June, to close the unidentified QIPP gap, need to be implemented and delivered as this will help the financial position on a recurrent basis.

4. SEL Integrated Governance and Performance Forum

The Integrated Governance Committee proposed to delegate this specific scope to a SEL integrated governance and performance (IG&P) Forum covering both Assurance and Decision making powers to ensure sufficient 'teeth' to move forward some longstanding performance issues. Clear communication back to local IGC and GB would still continue. The proposal is being discussed with the other five CCGs and a consolidated recommendation further considered. The forum is likely to be established sometime in October. It was agreed that in any case, 3 members of our local IGC would represent Lewisham at the IG&P Forum.

Appendix 1 – Constitutional Standards Key Exceptions Graphs

