NHS
Lewisham
Clinical Commissioning Group

A meeting of the Governing Body
21st July 2016

ENCLOSURE 10

Integrated Performance Report

RESPONSIBLE LEAD: Tony Read, Chief Financial Officer

AUTHOR: Tony Read, Chief Financial Officer
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RECOMMENDATIONS:

The Governing Body is asked to note the Integrated Performance Report (encompassing Quality, Performance, Finance, QIPP and Activity). The Report includes:

- Quality Improvement Priorities Report at Appendix 1
- A summary integrated performance heat map at Appendix 2
- An exception report for A&E 4 hour standard at Appendix 3
- An exception report for Cancer Waits 62 Days at Appendix 4
- The Finance Report for Month 2 at Appendix 5

This report covers Quarter 4 2015-16 Better Care Fund covering metrics against plan and national priorities within this Cover Sheet.

In future there will also be a report on a Quarterly Basis

- Quality Premium for 2015-16 and for 2016-17
- From the new CCG Improvement and Assessment Framework for 2016-17 from NHS England the indicators for Urgent and Emergency Care and Mental Health (both CAMHS and adult mental health) to be in line with corporate objectives. The remaining indicators will be reported to other relevant committees.

The governance and reporting arrangements for *Transforming Care for Learning Disabilities* has been reviewed and a governance process has been developed including reporting of total numbers to the Governing body. There are changes to the reporting streams with monthly total data in the public domain on the Health and Social Care Information Centre website, although this will lag latest information from the Lewisham team.

The latest information on the post admission Care and Treatment Review (to take place within 10 working days of admission) is that Lewisham had identified 4 people, all of whom have now been discharged.

Reporting to Integrated Governance Committee and Governing Body will be reviewed for

future reports.

SUMMARY

Quality

A report on the progress on the Quality Improvement priorities for 2016-17 are attached at Appendix 1.

Performance on responsiveness to complaints continues to be worse than standard across providers including South London and Maudsley. Performance at Lewisham and Greenwich Trust has improved to 90% of complaints being replied by agreed timescales in May 2016. This is a considerable improvement, but is still worse than the LGT plan of 95%.

Refreshed data on Staff Friends and Family Test for Q4 15-16 has been published. Kings College Hospitals figures have fallen below (worse than) London benchmarks with recommending working at the Trust at 48% compared to 62% of the national benchmark. More positively, London Ambulance Service has continued to improve, albeit from a low base and now stands at 27% recommending working with 68% recommending care provided from 61% in Q2 and lower previously. This is still worse than the London averages of 62% work and 76% recommending care.

NHS Constitutional Standards

In terms of NHS Performance Indicators, the key exceptions are:

- the A&E 4 hour standard with the London Ambulance Service standard for reaching Category 1 (potentially life threatened) patients within 8 minutes
- the Cancer Waiting Times relating to GP Referral to Treatment within 62 days. For March 2016 this standard was not achieved for Lewisham people, although there are still issues that need to be resolved with patients referred to tertiary services largely at Guys and St Thomas. There is an emerging issue in the past quarter on the 31 day standard from decision to treat to treatment.
- In March 2016 less than 92% of Lewisham patients were on an incomplete pathway under 18 weeks on the Referral to Treatment 18 weeks measure – Lewisham and Greenwich NHS Trust delivered the standard overall. Kings College Hospitals resumed reporting in March 2016 and this has reduced performance against the standard by 3%.

A&E 4 hour standard

Lewisham and Greenwich NHS Trust delivered 85.9% in April 2016.
The risk register has been updated to show a current risk score of 15 (3I x 5L) against Q6b "There is a risk that the CCG does not commission local health services that meet the NHS Constitution commitments on waiting times for patients at A&E" to reflect that the A&E standard will not be delivered at 95% for 2015/16.
An agreement on a recovery trajectory has been made with an average of just over 90% within 4 hours for the year, reflecting challenges seen in April and weekly (not fully validated) data for May and June 2016.

Cancer Waits 62 Days from GP Referral to Treatment

April 2016 data shows that 72.9% of Lewisham patients are treated within 62 days of referral; which is a red rating. Recovery trajectories from the three main Trusts for 2016-17 have been received. Lewisham and Greenwich Trust and Kings College Hospitals are forecasting delivering the standard, but Guys and St Thomas, who tend to deal with significant tertiary referrals from other Trusts will spend most of the year recovering its performance. The impact for Lewisham patients will be dependent on timely of referral to Guys and St Thomas'. A draft trajectory for referral by Day 38 has been received from LGT, which takes until October 2016 to deliver over 85% of tertiary referrals within 38 days. In April 2016 this stood at 35% against a 36% plan.

The effect of this on Lewisham patients will be dependent on the number of referrals to Guys and St Thomas' (over half of all treatments) and the performance of the Trust on these externally referred patients. There is a risk that it will take until Q3/Q4 to get sustainably above 80%.

An exception report is attached at Appendix 4.

Referral to Treatment (RTT)

On 18 weeks, the standard is reported on the incomplete treatment standard only as per NHSE guidance (revised in 2015). April 2016 performance has reduced to 88.1% within 18 weeks for Lewisham patients, which is significantly under the standard of 92%. This is also lower than the plan set for 2016/7 which was 88.9% in April.

This is the result of the resumption of reporting by Kings College Hospitals in March 2016.

Performance by Trust against their 16/17 plans (STP) for April is

Trust	April Performance	April Plan
Lewisham & Greenwich	91.5%	92.0%
Kings College Hospitals	80.7%	79.9%
Guys and St Thomas	92.1%	91.2%

Lewisham and Greenwich is worse than standard in April 2016. Lewisham and Greenwich NHS Trust has developed a specialty plan for 2016-17, especially for Trauma and Orthopaedics, Gynaecology and ENT, although the CCG wishes to have weekly reporting in order to identify any backlogs that may require extra capacity in the independent sector.

Kings College Hospitals has resumed reporting in March 2016. In April 2016 for Lewisham patients 79.7% of the incomplete pathways are under 18 weeks. There are 23 patients on the list that are over 52 weeks, 10 of which are for neurosurgery which is a very challenged specialty. There is a plan to improve this, but given the size of the specialty issues, it will take until December 2017 to recover to the 92% standard.

As a result of this the Lewisham CCG plan will only reach 91% by March 2017. There are still risks in achieving the level of improvement over that timeframe.

Improving Access to Psychological Therapies (IAPT) standards

The Q4 IAPT service report indicates that all standards, including the waiting time standards for 6 and 18 weeks have been met, except for recovery rate. This stood at 44.3% against a 50% standard and the plan is that it will take until Q4 2016-17 for this standard to be met. It should be noted that the current recovery rate performance is an improvement from 2014-15.

Dementia Diagnosis Rate

In May 2016 NHS Lewisham CCG practices achieved the required standard at 70.8% against a standard of 67% and this is also an improvement from previous months.

Transforming Care (Learning Disabilities - Winterbourne View)

There are two main standards to be delivered:

1. *Discharge over half of the patients who were in inpatient care pre April 2014 to be in more appropriate settings by the end of 2015-16*. Lewisham started with 7 people as inpatients pre April 2014, of which only 2 remain as inpatients.

2. *There is a London plan for a 13 per cent reduction of current inpatients*. For the post April 2014 admissions, Lewisham had 12 people as inpatients of which there are now 3 in inpatient care.

Finance

At Month 2 the CCG is forecasting to deliver its planned surplus of £7.6m for the year. Risk within the expenditure position is partly mitigated by the block contracts agreed with GSTT and Kings for 2016/17 and partly by the general reserves and contingencies held by the CCG. As per the mediation outcome, non elective activity with LGT is agreed for Q1 and Q2 and blocked. The CCG and Trust are using external independent consultants to assist the determination of arrangements for Q3 and Q4. There is some risk due to uncertainty over expenditure therefore for Q3 and Q4.

Measure	Plan / Target	Forecast Outturn	Forecast Variance	RAG YTD	RAG Forecast	Relevant Section
Planned Surplus	£7.60m	£7.60m	£0.00m	✓	✓	3
Acute Expenditure	£229.64m	£229.64m	Nil	✓	✓	3.1
Total Expenditure	£411.83m	£411.83m	Nil	✓	✓	3
QIPP Delivery	£8.74m	£8.74m	Nil	✓	✓	4
Risk Adjusted Surplus	£7.60m	£7.60m	£0.00m		✓	5.1
Better Practice Payment Code	95.0%	95.1%	0.1%	✓	✓	6.2

The Finance Report is attached at Appendix 5.

QIPP

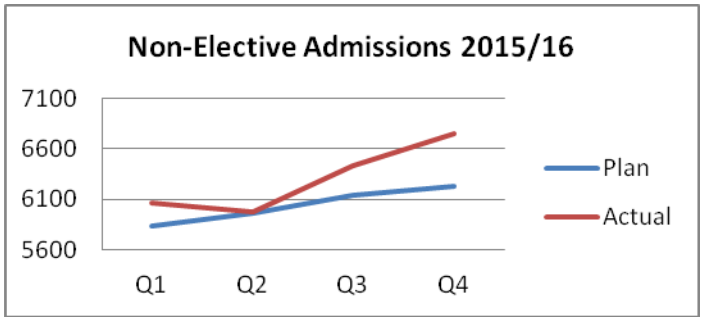
- The 2016/17 QIPP programme has a revised reporting and governance structure in place to

provide additional assurance of delivery; this includes a monthly meeting of the QIPP Clinic and a revised integrated QIPP highlight report that pulls together progress against project delivery, finance and activity performance against plan. The revised report also provides progress for new schemes under development.

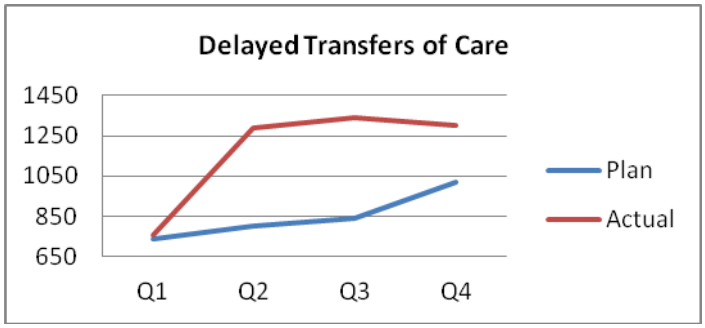
- The QIPP target for the CCG is £6,824k which was submitted in the Final Finance Plan in May (with a stretch QIPP target of approximately £10m).
- Detailed work with project leads over the last month has confirmed a gap within medicines management of £750k and in mental health of £350k, with work under way to address these. There is an increased savings target for RSS, which needs to be validated at the next QIPP Clinic.
- The result of these reviews and refinement is a forecast end of year gap of £814k.
- Work is underway to identify further schemes, or stretch within existing ones to close this gap. A number of the significant service redesigns, particularly around the non-elective pathway – Enhanced Care & Supported Discharge, are currently being developed and therefore will not impact in 2016/17 and will form part of the QIPP Programme for 2017/18.

Better Care Fund 2015-16 Q4 Metrics.

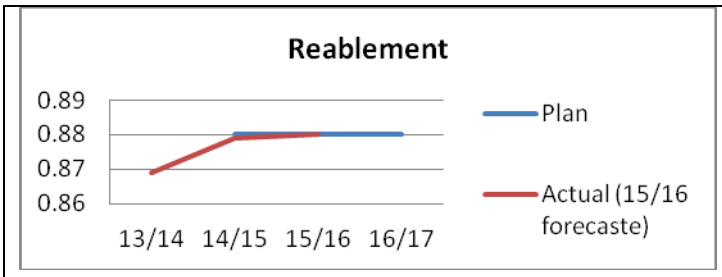
Non Elective Admissions - have been over the plan set for 2015-16. This echoes the overperformance against emergency admissions for the CCG



Delayed Transfers of Care - This records the number of days delayed for people within the London Borough of Lewisham by quarter. It covers both health and social care accountable delays. The System Resilience Plan has a plan to address this.

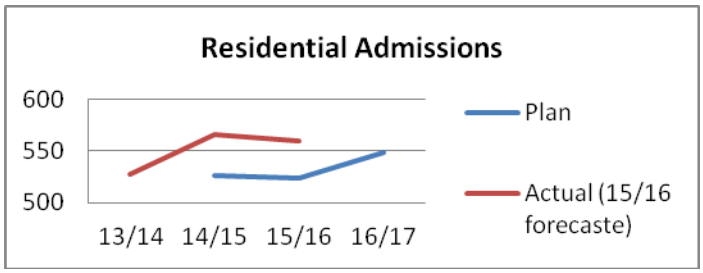


Reablement - (Proportion of older people (65 & over) who were still at home 91 days after discharge). This indicator is on track.

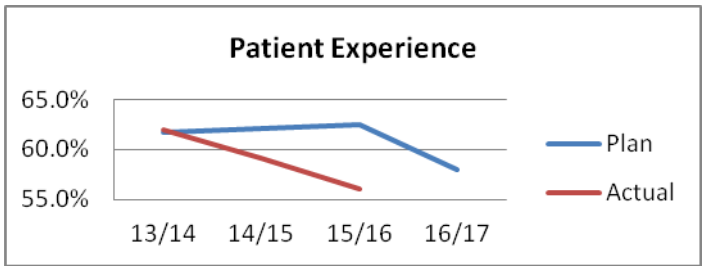


Residential Admissions - (Long-term support needs of older people met by admission to residential and nursing care homes per 100,000 population)

This indicator has begun to overperform against our plan. Early analysis indicates an increase in people with dementia driving this increase, although the number of admissions is small.



Patient Experience - (Proportion of people feeling supported to manage their long term condition). Lewisham CCG's performance on this has declined significantly against plan.



Better Care Fund National Priorities

1) Are the plans still jointly agreed?	Yes
2) Are Social Care Services (not spending) being protected?	Yes
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes
4) In respect of data sharing - please confirm:	Yes
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes

iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No in progress see below
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes

Joint assessments and care plans are being developed in the Neighbourhood Community Teams. Multi disciplinary meetings ensure the engagement in care plans of primary care, mental health and the voluntary and community sector. The aim remains for joint assessments and care plans to be fully integrated to address physical and mental health and social care needs.

CORPORATE AND STRATEGIC OBJECTIVES

Delivery of the CCG's standards for quality, outcomes, NHS constitutional commitments and expenditure plans will assist the Trust in meeting its operating plan, corporate objectives and statutory duties. The corporate objectives specifically target recovery actions to improve the underperforming top performance measures

CONSULTATION HISTORY:

Integrated Governance Committee
System Resilience
QIPP Clinic Review Meeting

PUBLIC ENGAGEMENT

None
The integrated performance report is routinely reported in summary to the Governing Body in public

HEALTH INEQUALITY DUTY
The failure to achieve access standards for, in particular, RTT, A&E 4 hour waits and some cancer treatments could potentially contribute to inequitable access to healthcare and poorer or differential outcomes. Significant additional resource has been targeted to improve performance against these targets in 2016/17.

PUBLIC SECTOR EQUALITY DUTY
This report does not specifically address the public sector equality duty. The CCG's quality, outcome and financial objectives are designed to support the delivery of the duty.

STAKEHOLDER INVOLVEMENT
To be communicated to the GP Membership

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Appendix 1

Quality Improvement Priorities

NHS Lewisham Clinical Commissioning Group

Alison Browne: Director of Nursing and Quality

NHS Lewisham CCG reviews and monitors a vast range of quality indicators with our providers on a regular basis. This document provides a summary of progress with our current Quality Improvement Priorities. There is clearly overlap between quality and performance issues and here we focus on the quality of provision rather than achieving targets or key performance indicators.

The text in italics has been added since the last Integrated Governance Committee.

Potential harm to patients caused by cancer pathway treatment delays

The CCG has been concerned that patients that experience delays of more than 62 days between referral and treatment for cancers have experienced harm because their cancer has got worse as a result of the delay. The CCGs at Lewisham, Bexley and Greenwich have established a Cancer Pathway Clinical Review Group to seek assurance that patients have not come to harm. It has been difficult to establish this assurance for many patients so far at Lewisham and Greenwich NHS Trust (LGT) partly because clinicians have not been provided with effective investigation and reporting tools. This issue has now been addressed and improved investigations and reports are anticipated.

The CCG was not able to attend the May meeting of the Cancer Pathway Clinical Review Group. An update will be provided in July.

Responding to patient complaints at Lewisham and Greenwich NHS Trust

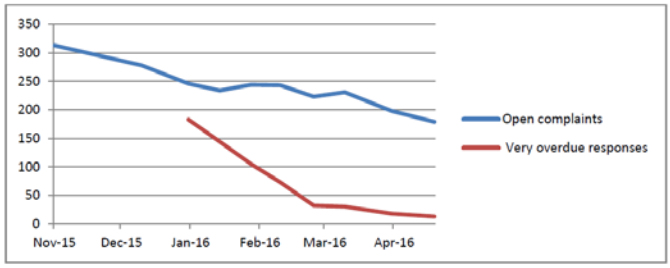
The CCG has been concerned that LGT is taking too long to respond to patients' complaints. The CCG has provided support to the Trust via the Quality Premium and by other means and progress is now being made. In April, LGT reported data for February:

- 119 complaints were received of which 24 were re-opened complaints
- 95% of complaints were acknowledged within 3 working days
- 27% of complaints were responded to within 25 working days (an 8% increase from January)
- 87% of complaints were responded to within negotiated timescales (December 2015 38%, January 2016 80%)

This represents good progress and the CCG is confident that the changes to the Trust's infrastructure and resources to manage complaints will lead to continued and sustained improvement.

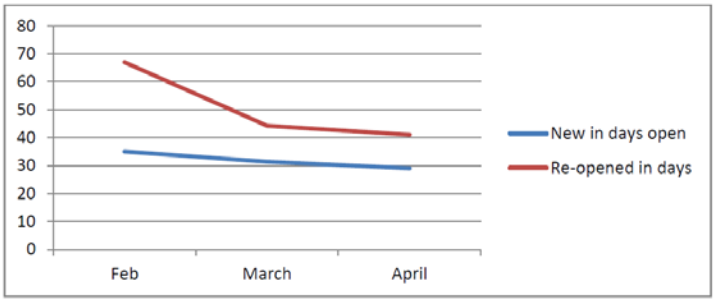
In May 2016 LGT reported further improvement. The "backlog" of overdue complaints has been reduced from 183 in December 2015 to 13 at the end of April 2016, as illustrated in the figure below.

Figure 1: Comparison of Open Complaints and Very Overdue Responses Nov '15 – mid April '16



The average length of time, in days, that it takes to respond to a complaint has reduced from 35 days in January to 29 days in April 2016. For reopened complaints, days open have reduced from an average of 67 days in January to 41 days in April. This performance is illustrated below.

Figure 3: Average age in days of all new and reopened complaints



Vacancy rate at LGT

The CCG is concerned that the vacancy rate (16.1% February 2016) especially for nursing posts at LGT is high and could impact on the Trust's ability to achieve its safer staffing levels and cause an over reliance on agency staff. The use of agency staff is a frequently reported contributory factor in the Trust's Root Cause Analysis (RCA) investigations of Serious Incidents.

The Trust continues to strive to fill vacancies against a backdrop of a national shortage of suitably qualified candidates.

Vacancy Rate and Safer staffing levels at South London and Maudsley NHS Trust (SLAM)

The CCG is concerned about the high vacancy rate at SLaM and the impact this appears to be having on the Trust's ability to achieve safer staffing levels. The vacancy rate was reported as 20.5% in December 2015.

Workforce reports are monitored by the 4 Borough Clinical Quality Review Group and the Trust strives to fill its vacancies against a backdrop of national shortages of suitably qualified candidates.

Increasing the number of patients who feel safe when in hospital at SLaM

The CCG is concerned that patients at inpatient settings at SLaM should feel safe. The Trust has set a target of 90% of inpatients as measured by patient survey. In 2015/16 82% of patients reported positively to the question "Do you feel safe?" The Trust has implemented a violence reduction strategy and is making good progress and the CCG will continue to monitor this progress at the CQRG.

The Trust has developed a new way of measuring this priority and further updates will be provided when available.

Risk assessments at SLaM

Use of restraint at SLaM

The CCG is particularly concerned about two quality issues at SLaM that were highlighted in the recent Care Quality Commission (CQC) inspection report. The quality of risk assessments is too variable and when they are completed they are not always followed up appropriately. This has been a frequently reported contributory factor in the Trust's Root Cause Analysis investigations into Serious Incidents including one incident subject to a Domestic Homicide Review.

The CQC also found that SLaM was too frequently using restrictive interventions within inpatient settings.

The CCG will monitor these priorities at the 4 Borough Clinical Quality Review Group as part of our overall monitoring of the SLaM CQC Inspection Action Plan.

The number of Never Events at Guy's and St Thomas's NHS Foundation Trust (GSTT)

The CCG is concerned about the number of Never Events reported by GSTT (14 in the 12 months to May 2015). Although this high number suggests a culture of open and honest reporting it is worrying that there have been so many largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

There is currently no evidence that the reported Never Events are linked. The Clinical Quality Review Group with GSTT, which is led by Lambeth CCG, has oversight.

The Quality of Care at Private Hospitals

The CCG has concerns about the quality of care provided by private hospitals in the Borough. Following the closure of the Acquired Brain Injury Unit and other services provided by the now defunct Care+ Partnership in

Lewisham the CCG has been notified of quality issues at the Thames Brain Injury Unit that are under investigation by the Lewisham Multi Agency Adult Safeguarding Case Conference (MASCC) and are subject to a Risk Summit process led by NHS England. The CCG is contributing to both these processes.

The BMI Blackheath Hospital was found to "Require Improvement" across four of the five dimensions of the CQC inspection in February 2016. The CCG is particularly concerned that the hospital has been aware that it does not meet some important infection prevention and control standards but has not moved to address these.

A Risk Summit for the Thames Brain Injury Unit is due to meet for the first time on the 28th June.

Venous leg ulcers

The CCG has been concerned about the poor healing rate of Venous Leg Ulcers. Improved monitoring and a new leg ulcer clinic has been established with the result that the proportion of leg ulcers healed within 12 weeks has improved from 24% in September 2015 to 61% by February 2016.

Pressure Ulcers acquired in Domiciliary and Residential Settings

The CCG is concerned that providers of residential and domiciliary care in Lewisham are not identifying, investigating, reporting and managing pressure sore wounds appropriately, leaving clients and patients at risk of, and in fact experiencing, serious harm.

Considerable improvements to these processes have been made with pressure ulcers acquired at LGT although it is too early to say whether these improvements have led to a sustained reduction in the incidence of pressure ulcers at the Trust.

The CCG is now working with local providers of domiciliary and residential care, the London Borough of Lewisham (LBL) Adult Safeguarding and with LGT to improve the management of pressure ulcers outside the hospital. A new Community Acquired Pressure Ulcer Panel has been established to replicate the degree of robust scrutiny seen at the LGT Pressure Ulcer Panel. The community panel will meet for the first time on May 26th and will include LBL Adult Safeguarding, the CCG, service providers and experts from LGT.

The new Community Pressure Ulcer Panel has met three times and is making some progress in reviewing potential community acquired pressure ulcers. To date, the Panel has not progressed any incidents to a full root cause analysis. Synopses are being completed for five possible community acquired pressure ulcers.

District nursing

A re audit of DN services was undertaken this year and the preliminary findings shared with Clinical Directors in May.
A full report and action plan will come to the July Integrated Governance Committee and community contract meetings after this has been shared with the provider.
Significant improvement has been made in quality but systems and communications need further work across the whole of community and primary care to enable further improvement.

Medicines Management at Care Homes

The CCG has been concerned about medicines management at Care Homes in the Borough and has extended the Lewisham Integrated Medicines Optimisation Service into Care Home settings. The programme will review medicines management policies and processes within the care home as well as individual clients' medicines use.

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Appendix 2

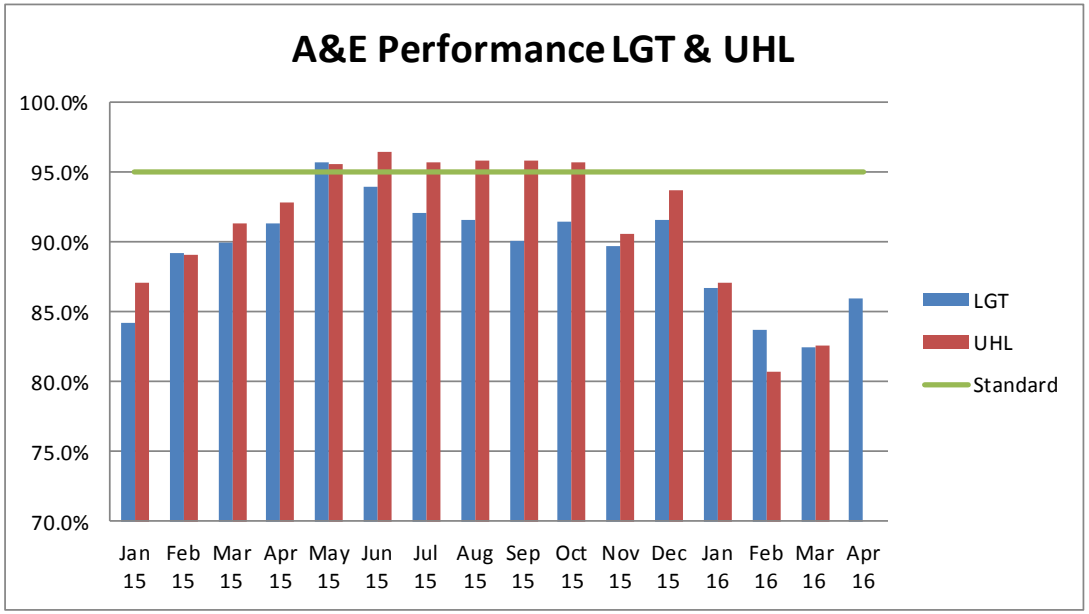
Integrated Performance Report | *Under Review for 16-17 Activity not yet reported for 16-17*

Overview Integrated Performance Heat Map

Quality		Performance Acute	Recovery performance on track	Performance Other	Recovery Performance on Track	Finance	QIPP £	Activity.v. plan *
Current	*Forecast*	*Current*		*Current*		*M12*	*Current*	*Current*
Patient safety		A&E 4 hours		IAPT entering treatement		Planned surplus forecast	Emergency admissions	Emergency Admissions
Patient experience		18 weeks RTT incomplete		IAPT RecoveryRate		Acute expenditure forecast	RSS Outpatients	First Outpatients
Staff engagement		Cancer waiting times 2 week waits		IAPT 6 week from referral to treatment		Total expenditure forecast	Urgent Care Strategy	A&E attendances
CQC Registration & Inspection	CQC Registration & Inspection	Cancer waiting times 62 days		Dementia Diagnosis Rate		QIPP Delivery forecast	KPIs	Elective Admissions
Complaints timeliness		Diagnostics 6 weeks		Transforming Care Winterbourne		Risk Adjusted Surplus forecast	Mental Health	
				Health Visitors TBD		Underlying Position (2%) forecast	Prescribing	
				LAS Red 1	↑	Better Practice Payments	Other	
				BCF Metrics		Cash Drawdown Balance		

Key: Movement from previous month Positive ↑ Negative ↓

Appendix 3 - A&E 4 Hour Waiting Time Standard



Performance:
March 2016 performance has become more challenged than in 2015. The flu and respiratory reporting has risen in February and March 2016, which is later than in the previous year.

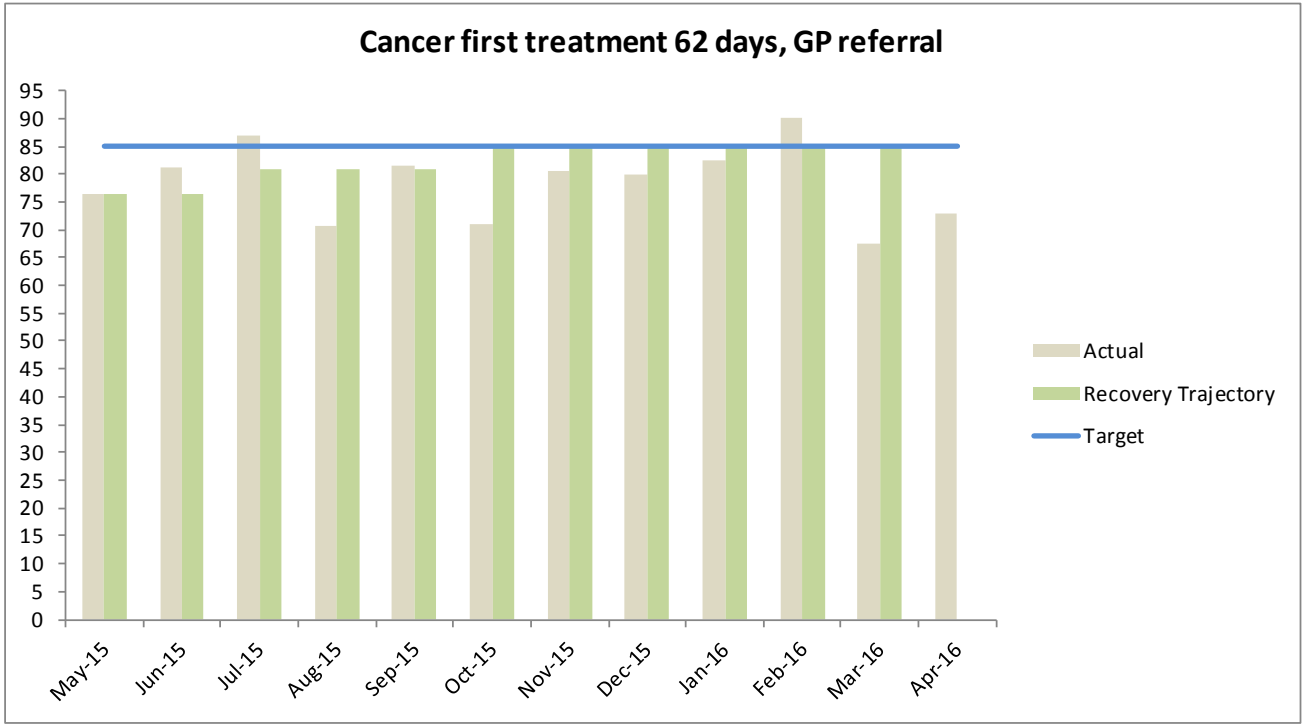
System Resilience Plan 2016-17 Draft
Following the Transformation Nous and a review of 2015-16, including winter and Easter the following main priorities are included in the draft plan Systems Resilience Plan:.

- :Improving Discharge: both for complex patients and to bring simple discharges earlier in the day
- Delivering Improvements to the emergency care pathway: both flow to community capacity and medical model, including ambulatory care.
- Admission avoidance through the non-elective 'front door' service
- Increasing 'home first' capacity to reduce acute days lost for patients waiting for social care assessment and intervention.

As these are largely about flow, no extra capacity is planned currently, but this is dependent on the outcome of activity plans, demand and capacity planning, including escalation capacity..

Appendix 4 - Cancer Waiting Times 62 Days

The CCG is still red rated at 72.9% within 62 days from GP referral in April 2016. There is a risk that this measure will continue for Q1 and rise above 80% by Q4.



Lewisham patients are treated at Lewisham and Greenwich Trust, GSTT and Kings. The percentage of patients treated in April 2016 and in the 4 weeks to 29th May 2016 for all patients treated at the three Trusts are:

	April 2016 (validated)	April 2016 STP Plan	Weekly PTL Report
Lewisham and Greenwich	81.2%	85.0%	82.0%
Kings College Hospitals	91.2%	85.3%	75.8%
Guys and St Thomas	68.8%	76.6%	61.7%

NB STP Is the Sustainability and Transformation Plan submitted by Trusts for 2016-17.

It will, therefore, remain challenging for the CCG position to be consistently meeting the standard, since over half of Lewisham patients are treated at GSTT.

Inter trust transfer issues are being dealt with at South East London level via the 62 day working group.

A trajectory for the number of patients referred to tertiary sites in a timely way has being sought from Lewisham and Greenwich NHS England has set a new standard of 38 days from Referral to transfer to the tertiary site. The current plan has LGT meeting 80% referred within 38days by September/October 2016.NHS Trust.

Following a South East London tripartite meeting with NHS England, LGT have been requested to meet 80% earlier.

The CSU has provided the following tables to identify March 2016 62 Day breaches by specialty and breach reason. For Lewisham CCG the main specialities were Lung and Urology. In terms of reasons, the increase was due to delays in treatment “work up” and inter-trust transfers. Patient Choice reasons were the highest for the last year.

Table 3: 62 Day Performance for March 2016 by CCG and LGT

Standard - 85%	%	Seen	Breaches	%	Seen	Breaches
	Lewisham			LGT		
Breast	84.6	13	2	97.4	19	0.5
Gynaecological	100	4	0	100	2	0
Haematological (Excluding Acute Leukaemia)	100	2	0	91.7	6	0.5
Head & Neck				50	2	1
Lower Gastrointestinal	100	1	0	85.7	7	1
Lung	0	3	3	61.5	6.5	2.5
Skin	100	5	0	95.2	21	1
Upper Gastrointestinal	0	1	1	72.7	5.5	1.5
Urological (Excluding Testicular)	36.4	11	7	76.5	17	4
Testicular				100	0.5	0

Table 4: Summary of Breach Reasons for Patients on a 62 Day Pathway – CCG level

Breach Reason	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative	2	1	0	1	2	5	3	1	5	2	0	0
Capacity	2	2	3	2	1	1	1	1	0	1	0	0
Complex Diagnostic	1	1	1	0	0	0	0	1	1	0	0	0
Complex pathway	0	0	0	0	0	0	0	0	0	0	0	0
Delay in MDM process	0	0	0	0	0	0	0	0	0	0	0	0
Delay in Workup	1	0	1	0	1	0	2	0	0	0	0	3
Diagnostic Delay	0	0	0	0	0	0	0	0	0	0	0	0
Intertrust with no information	0	3	2	1	3	2	2	1	1	0	2	4
Late referral	0	0	0	0	0	0	0	0	0	0	0	0
MDM Delay	0	0	0	0	0	0	0	0	0	0	0	0
No reason given	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Condition Prioritised	3	1	0	0	0	0	1	0	0	1	0	0
Patient Choice	2	1	3	2	4	0	2	4	0	2	1	5
Patient Unfit	1	0	0	0	1	0	0	0	0	0	0	1
Unknown Primary	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	9	10	6	12	8	11	8	7	6	3	13

Finance Report
Month 2, period to 31st May 2016.

1. Summary

At Month 2 the CCG is forecast to deliver its planned surplus for the year. The CCG headline financial position is provided in the table below with further detail provided within the body of the report.

Table 1: Financial Headline Measures

Measure	Plan / Target	Forecast Outturn	Forecast Variance	RAG YTD	RAG Forecast	Relevant Section
Planned Surplus	£7.60m	£7.60m	£0.00m	✓	✓	3
Acute Expenditure	£229.64m	£229.64m	Nil	✓	✓	3.1
Total Expenditure	£411.83m	£411.83m	Nil	✓	✓	3
QIPP Delivery	£6.82m	£6.82m	Nil	✓	✓	4
Risk Adjusted Surplus	£7.60m	£7.60m	£0.00m		✓	5.1
Better Practice Payment Code	95.0%	95.1%	0.1%	✓	✓	6.2

2. Revenue Resource Limit and Start Budget

2.1. At Month 2 the CCG's combined Revenue Resource Limits totals £419.43m. This includes £6.61m for the running cost allowance (the budget for RCA at M2 is £6.51m and this will updated to £6.61m in M3).

2.2. Table 2 shows the confirmed allocations categorised by Running and Programme Costs. Further details of allocation adjustments are provided in Appendix 1.

Table 2: Revenue Resource Limits

	Programme £'m	***Running Cost £'m***	***Total £'m***
Notified Allocation at Month 2	**412.82**	**6.61**	**419.43**

3 Month 2 Financial Performance

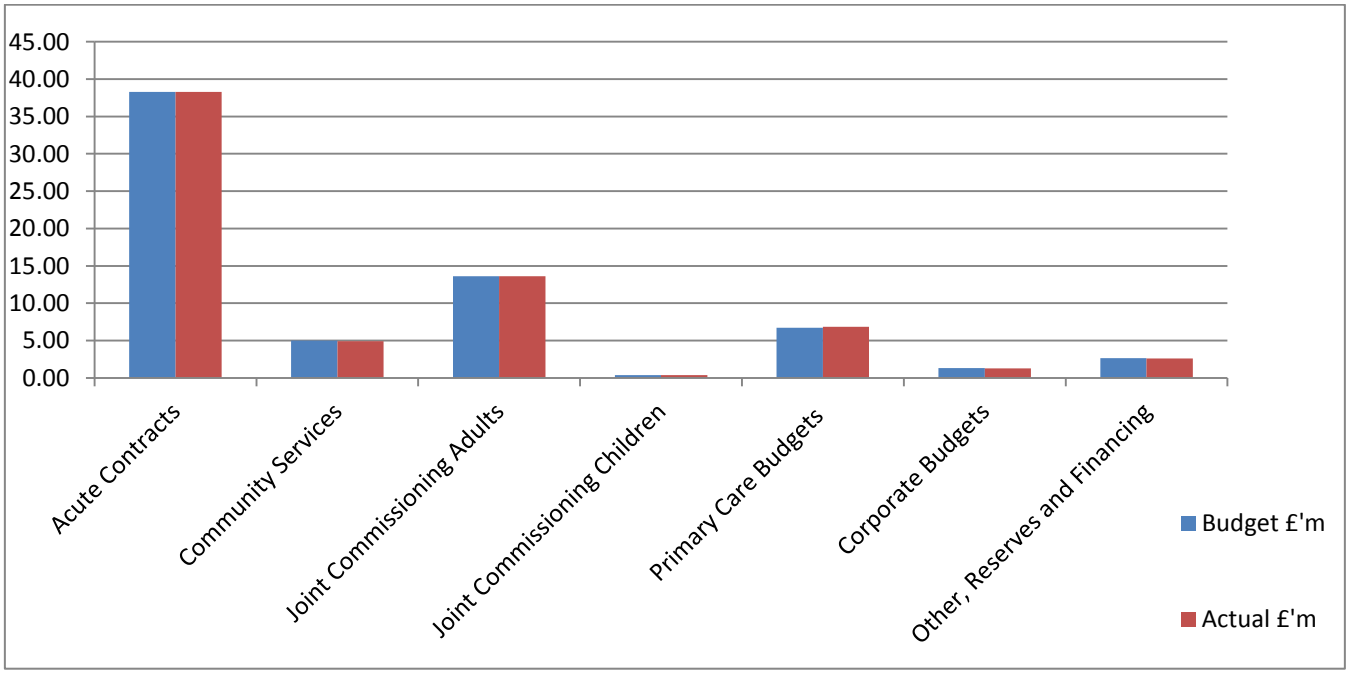
At Month 2 the CCG is reporting a breakeven position against its planned surplus.

The CCG delivered a surplus of £1.27m at M2. Programme budgets were under-spent by £1.26m and Running Cost budgets were underspent by £0.01m. This is summarised in Table 3 below:

Table 3: Headline Financial Performance

Overall CCG Budget	**Year to Date**			**Annual**		
	Budget	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Acute Contracts	38.27	38.27	0.00	229.64	229.64	0.00
Community Services	5.00	4.93	0.07	30.01	29.95	0.06
Joint Commissioning Adults	13.62	13.62	0.00	81.70	81.70	0.00
Joint Commissioning Children	0.38	0.38	0.00	2.29	2.29	0.00
Primary Care Budgets	6.72	6.86	(0.14)	40.32	40.82	(0.50)
Corporate Budgets	1.33	1.27	0.06	7.98	7.98	0.00
Other, Reserves and Financing	2.64	2.63	0.01	19.89	19.45	0.44
Planned Surplus	1.27	0.00	1.27	7.60	0.00	7.60
Total CCG Budget	**69.23**	**67.96**	**1.27**	**419.43**	**411.83**	**7.60**
Programme/ Running Costs Split						
Programme Budgets	68.15	66.89	1.26	412.93	405.36	7.57
Running Costs	1.083	1.070	0.01	6.50	6.47	0.03
Total CCG Budgets	**69.23**	**67.96**	**1.27**	**419.43**	**411.83**	**7.60**

Table 4: Year to Date Spend by Budget Area



3.1 Lewisham and Greenwich Trust has not yet provided Month 1 SLAM data so the Lewisham and Greenwich contract is reported as breaking even to plan. This is due to the later than usual conclusion of the contracting round. The Trust has committed to providing Month 1 together with Month 2 SLAM data according to the normal timescales for M2. The 2 months of acute performance will be reported to the IGC in July.

3.2 The other acute contracts are being reported in the same way

3.3 The community budgets are presently forecasting an aggregate £0.06m underspend.

3.4 The prescribing position is based on information provided by the NHS Prescription Service. This historically reports with a two month time lag. The latest information held by the CCG relates to 2015/16 Month 12 data. The monthly prescribing expenditure showed an adverse movement in the first 2 months which continues the trend in recent months and has been reflected in the forecast. Given the variability in expenditure experienced in this year the annual forecast remains difficult to accurately predict and this has been reflected in the risks commentary.

3.5 At Month 2 the CCG is forecasting to underspend against its corporate running cost budget by £0.03m. This equates to a running cost of £21.77 per head of population, below the CCG's allocation of £21.88.

3 Quality, Innovation, Productivity and Prevention (QIPP) Position

3.1 The CCG's agreed budget includes required net savings totalling £6.82m, from risk assessed QIPP schemes.

3.2 Detailed work with project leads over the last month has confirmed a gap within medicines management of £(750)k and in mental health of £(350)k, with work under way to address these. There is an increase of £286k savings target for RSS, which needs to be validated at the next QIPP Clinic.

3.3 The result of these reviews and refinement is a forecast end of year gap of £(814)k.

3.4 Work is underway to identify further schemes, or stretch within existing ones to close this gap. A number of the significant service redesigns, particularly around the non-elective pathway – Enhanced Care & Supported Discharge, are currently being developed and therefore will not impact in 2016/17 and will form part of the QIPP Programme for 2017/18

3.5 As Lewisham and Greenwich Trust have not yet provided Month 1 SLAM data, the CCG does not have the information necessary to provide a detailed report on QIPP achievement for the YTD.

3.6 The Trust has committed to provide Months 1 & 2 SLAM data together later in June whereupon this will be used to inform a report on the CCG's QIPP performance at the IGC in July.

4 Financial Sustainability

4.1 Risks and Mitigation (In Year)

4.1.1 The CCG has, through the outcome of the contract arbitration process, a greater risk profile than in 2015/16. In addition there is less reserve available for mitigation in 2016/17 than 215/16, partly due to the requirement of NHSE that the CCG's 1% non-recurrent reserve cannot be committed at this stage of the year.

4.1.2 As at Month 2 the key identifiable risks that could impact upon delivery of the CCG's financial duties are summarised in Table 5 below:

Table 5: Risks and Mitigation

Risk	Rationale	Full Risk Value £'m	Probability of risk being Realised %	Potential Risk Value £'m
Acute Contract Performance	Uncertainty regarding NEL activity in Q3-4 - subject to ongoing process as part of arbitration outcome	1.60	25%	0.40
Primary Care	The variability in prescribing data.	0.50	50%	0.25
Continuing Care	Rising trend in expenditure	1.50	50%	0.75
Performance issues	Below standard performance	0.50	50%	0.25
Total Risks		**4.86**		**2.52**

Mitigations	Rationale	Full Mitigation Value £'m	Probability of Success of mitigating action %	Expected Mitigation Value £'m
Contingency Held	The CCG is holding part of its 0.5% general contingency to mitigate potential risk	2.10	100%	2.10
Further QIPP extensions	QIPP Plan is currently less than 2%	0.42	100%	0.42
Total Mitigations		**2.52**		**2.52**

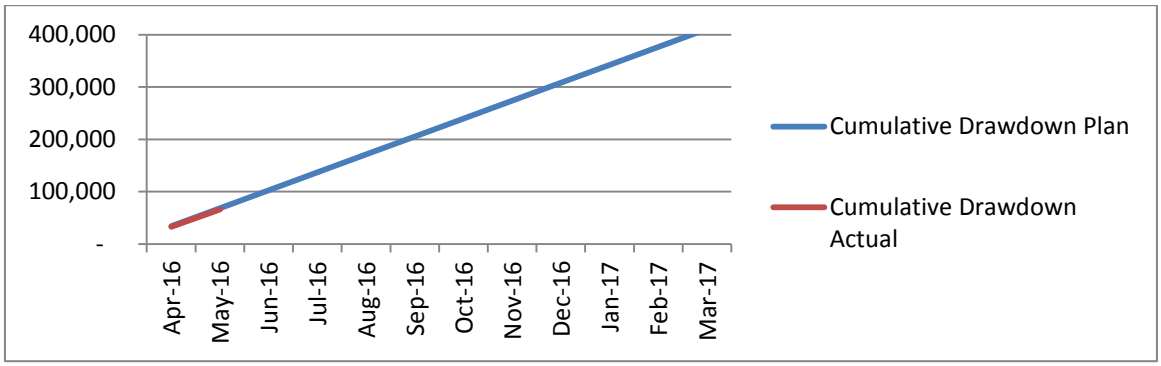
Net Risk/Headroom		**(2.34)**		**0.00**
Best case impact		**2.52**		**2.10**
Worst case impact		**(4.86)**		**(0.42)**

5 Financial Control

5.1 Cash and Maximum Cash Drawdown

5.1.1 The CCG's advised maximum cash drawdown is £410.94m for the year. As at Month 2 the CCG has drawn down £65.51m (16%). This is in line with the CCG's cash forecasts.

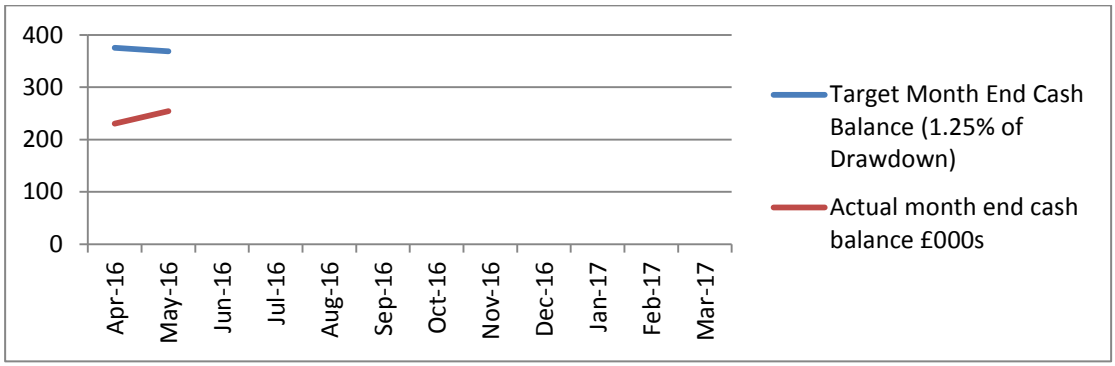
Table 6: CCG Cash drawdown



5.1.2 At the end of the month the CCG expects to hold a cash balance that is not in excess of 1.25% of its monthly drawdown. The CCG's cash balance at the end of May was £254k compared to a maximum position of £369k.

5.1.3 The Year to date performance is shown in Table 15.

Table 7: Cash Drawdown



5.1.4 The CCG expects to spend its annual maximum cash drawdown in total by 31st March 2017.

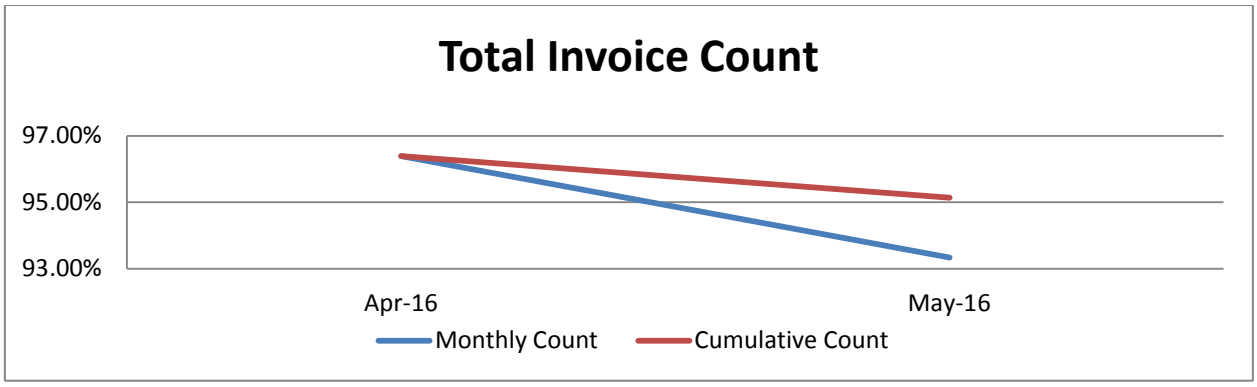
5.2 Creditors and Debtors

5.2.1 Tables 8 and 9 below show the performance against the Better Practice Payments Code (BPPC) in terms of the total value of invoices and the number of invoices by count.

Table 8: Better Practice Payments Code

	May 2016			Cumulative		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total
% of Invoices Paid within Target (Count)	90.3%	94.6%	93.3%	95.8%	94.9%	95.1%
% of Invoices Paid within Target (Value)	99.6%	95.5%	99.2%	99.8%	96.5%	99.4%

Table 9: Better Practice Payments Code



5.2.2 The CCG's aged debt position is outlined in table 10 below. The receipts overdue by 1 to 60 days relates to three debtors; Guy's and St Thomas' FT, LGT Trust and LB Lewisham. The CCG expects these to be paid.

Table 10: Aged Debt - AR = accounts receivable

	Debtors at 29th February 2016
	£m
AR due < 30 days	0.012
AR overdue 1-30 days	0.356
AR overdue 31-60 days	0.366
AR overdue 61-90 days	-
AR overdue 91-120 days	0.002
AR overdue 121-180 days	0.000
AR overdue 181-360 days	0.005
Aged Debt Summary	**1.485**

5.3 Statement of Financial Position

5.3.1 The Statement of Financial position is presented in table 11 below. The CCG has a negative balance sheet as it holds no fixed assets, holds a low cash position (as it draws down cash on a monthly basis), and has low debtors but a high creditors at any one time. This position is typical of most CCGs due to the nature of their business and their inability to hold substantial fixed assets.

Table 11: Statement of Financial Position

	31st May 2016	31st March 2016
Total Non Current Assets	-	-
Current Assets		
Trade & Other Receivables	4,894	4,154
Cash & Cash Equivalents	(85)	116
Total Current Assets	**4,809**	**4,270**
Total Assets	**4,809**	**4,270**
Current Liabilities		
Trade & Other Payables	(26,590)	(23,859)
Provisions	(78)	(78)
Total Current Liabilities	**(26,668)**	**(23,937)**
Total Assets Less Current Liabilities	**(21,859)**	**(19,667)**
Total Non Current Liabilities	**(32)**	**(32)**
Total Assets Employed	**(21,891)**	**(19,699)**
Financed by Taxpayers Equity		
General Fund	(21.891)	(19,699)
Total Taxpayers	**(21,891)**	**(19,699)**

7. Primary Care Co- Commissioning

At the time of writing this report the CCG had not received NHS England's Primary Care financial position. This will be reported to the next Primary Care Programme Board and the next IGC.

Tony Read
Chief Finance Officer
16th June 2016
Rev July 2016

Appendix 1: Revenue Resource Limit

	Admin £m	Programme £m	**Total £m**
Opening Allocations			
2016-17 Opening Baseline	6.61	405.17	411.78
2015-16 Surplus Carry Forward	0.00	7.65	7.65
Board Approved Budget	**6.61**	**412.82**	**419.43**
Month 2 Allocations	**6.61**	**412.82**	**419.43**