

A meeting of the Governing Body 10th March 2016

ENCLOSURE 10

Integrated Performance Report

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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:

- A summary integrated performance heat map at Appendix 1
- An exception report for Cancer Waits relating to 62 days from GP Referral to Treatment at Appendix 2 and the A&E 4 hour standard at Appendix 3
- A summary finance report for Month 10 at Appendix 3

A summary of key issues is below,

SUMMARY

Quality

Performance on responsiveness to complaints is below standard across providers. Performance at Lewisham and Greenwich Trust has worsened to 15% of complaints being replied by agreed timescales in November 2015. A recovery plan including action plan has been developed and was presented to February Clinical Quality Review Group on 18th February.

Lewisham and Greenwich NHS Trust staff engagement figures e.g. vacancies and turnover are rated amber and sickness is also now rated amber. These are consistent with the same period last year. While turnover is rated amber, stability i.e. those people staying over one year, has improved.

Kings College Hospitals have developed their CQC action plan in response to their "Requires Improvement" rating. Guys and St Thomas NHS Foundation Trust has been inspected and await the final report to be published by the CQC.

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. There is an emerging issue in the past quarter on the 31 day standard from decision to treat to treatment.
- In December 2015 fewer 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.

A&E 4 hour standard

Lewisham and Greenwich NHS Trust delivered 91.6% in December 2015, which is both a marked improvement from December 2014 and places the Trust above the England and London averages for the first time in 2015/16. However, subsequent performance in January and early February 2016 has been more challenged at the Trust with the Lewisham site under particular pressure.

A consultancy review by Transformation Nous extending the One Version of the Truth work in early 2015 has been conducted with agreement across the system on implementation of the key recommendations being sought.

Cancer Waits 62 Days from GP Referral to Treatment

December 2015 data shows that 80% of Lewisham patients are treated within 62 days of referral; which is an amber RAG rating.

The Trust has reviewed its recovery plan, which includes a significant review of the Patient Tracking List. The CCG has funded £100k to support this essential work. An exception report is attached at Appendix 2.

Referral to Treatment (RTT)

On 18 weeks, the standard is reported on the incomplete treatment standard only as per NHSE guidance (revised in 2015). Current performance is 91.9% within 18 weeks for Lewisham patients which is marginally under the standard, but year to date performance is above the 92% standard. Lewisham and Greenwich NHS Trust has met the standard (92.6%), while Guys and St Thomas NHS Foundation Trust achieved 91.4%. Lewisham and Greenwich NHS Trust has developed a specialty plan, especially for Trauma and Orthopaedics and ENT. The CCG has provided funds for additional elective work in Q4 and is working with the Trust to understand the degree to which backlogs will be cleared before 2016-17.

NHS England is requiring all Trusts to validate the incomplete list during Q4 and NHS England funding is available for this (£54k for LGT) and this has now been confirmed.

There is a new risk rating system for Trusts, which indicate the degree of forward risk to achieving the standard. Lewisham and Greenwich Trust has been reviewed as medium risk from the December data; there are issues in the number of weeks (too many) it will take to clear the existing incomplete (waiting) list and those patients waiting over 18 weeks already. The gap between weekly and monthly reporting has been improved in mid January 2016.

Kings College Hospitals has not yet resumed reporting, so a comprehensive report for NHS Lewisham CCG patients will not be available until two to three months after the resumption of reporting.

Improving Access to Psychological Therapies (IAPT) standards

The IAPT service has been either meeting its standards or is in advance of the CCG's improvement plans, where below standard. The service has been reviewing patients who have been in the service for a long time and have exhausted treatment options. When these patients were discharged it negatively impacted both the recovery rate and the waiting times, as when these patients entered treatment waiting times were longer. This exercise took place in October and November, so Quarter 3 figures for these two measures has dipped and should improve again in Quarter 4. Quarter 3 Recovery Rate is 41.6%, which is just off track. However, waiting times remain on track and latest information shows that the 6 week standard has been met in January 2016.

Dementia Diagnosis Rate

In December 2015 NHS Lewisham CCG practices achieved the required standard at 69.7% against a standard of 67%.

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 3 have been discharged and there are plans for a further 2 by the end of 15-16, which will take Lewisham below 50%. NHS England (London Region) is keen to ensure that all planned discharges take place in order for London to deliver 50% for London. Latest information is that one of the patients has been discharged.

2. There is a London plan for a 13 per cent reduction of current inpatients. For the post April 2014 admissions, Lewisham had 3 people as inpatients of which 2 have been discharged.

Of the 4 current inpatients, all have Care and Treatment Reviews (CTRs) and no patients have currently been readmitted from the discharges to date.

Finance

At Month 10 the CCG is forecasting to deliver its planned surplus at year end. Risk within the expenditure position is partly mitigated by the block and the cap and collar contracts agreed with Guys and St. Thomas' NHS Foundation Trust, Kings College Hospitals and Lewisham and Greenwich NHS Trust for 2015/16.

Measure	Plan / Target	Forecast Outturn	Forecast Variance	RAG YTD	RAG Forecast
Planned Surplus	£7.60m	£7.60m	£0.00m	✓	✓
Acute Expenditure	£217.06m	£217.17m	£0.11m	✓	✓
Total Expenditure	£402.21m	£402.21m	£0.00m	✓	✓
QIPP Delivery	£7.42m	£7.42m	£0.00m	✓	✓
Risk Adjusted Surplus	£7.60m	£7.60m	£0.00m		✓
Underlying Position (2%)	£8.201m	£7.86m	£0.34m		✓
Better Practice Payment Code	95.0%	97.5%	2.5%	✓	✓
Cash Drawdown	406	35		✓	✓

Activity

Emergency activity continues to be over plan and elective under plan at LGT.

QIPP

QIPP schemes are generally performing well in terms of new activities that are designed to reduce emergency admissions. The shortfall against expected financial savings in relation to emergency activity is being offset by the extraordinary increase in emergency activity experienced at LGT.

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:

System Resilience

FLAG – Quality

QIPP Scrutiny Meeting

PUBLIC ENGAGEMENT

None

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 2014/15 and 2015/16

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 deliver the duty.

STAKEHOLDER INVOLVEMENT

To be communicated to the GP Membership

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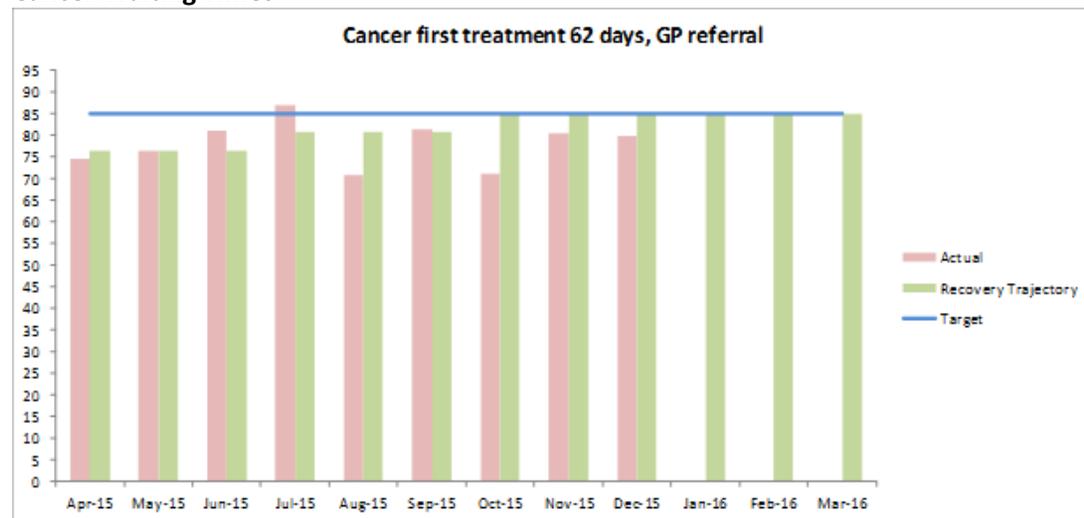
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Appendix 1

Integrated Performance Report								
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		Forecast	Current	Current
Patient safety		A&E 4 hours		IAPT entering treatment		Planned surplus forecast	Emergency admissions	Emergency Admissions
Patient experience		18 weeks RTT incomplete		IAPT RecoveryRate	↓	Acute expenditure forecast	RSS ↑	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
		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 ↓				

Cancer Waiting Times



NB This is the Lewisham commissioner view i.e. relates to Lewisham people. Recovery Trajectory has been reviewed for Lewisham and Greenwich NHS Trust with achievement in March 2015

Performance for Lewisham and Greenwich NHS Trust.

December saw a significant increase in performance across the trust both against the published trajectory and against previous months. Against the 62 day standard treatment trajectory the Trust recorded 84.6% against a national standard target of 85% and against a trajectory of 75.2%. This can be viewed as a result of the systematic work that has been undertaken as well as the beginning of the embedding of the Cancer Recovery Plan. Detail of performance against trajectory is shown below on table 1.

Table 1. Trust Performance against trajectory:

Activity	Trajectory	Actual
Performance	72.50%	84.60%
Aggregate Activity	78.5	61.5
Patients waiting < 62 days	59	52
Patients waiting > 62 days	19.5	9.5
Internal Performance		93.60%
External Performance		55.20%

Both the 2WW standard and 31 day standard were met for the month, being 95.7% and 98.8% respectively

Backlog

Lewisham and Greenwich Trust is one of a number of trusts across London that were required to submit a weekly Cancer Performance Trajectory until the end of March 2016 and this is being monitored via weekly NHSE tripartite phone calls. The calls are to assure overall performance as well as to show compliance with the requirement to work waiting list backlogs down between now and the end of March 2016. Due to the weekly nature of the data there will be fluctuation and the figures as patients are brought forward for treatment there may be a short-term deterioration in the performance standards. NHSE are aware of this and have accepted the reasons for this. In table 2 below shows the backlog clearance trajectory plan which is being managed on a weekly basis.

Table 2. Backlog trajectory plan:

Lewisham & Greenwich	17/01/2016	24/01/2016	31/01/2016	07/02/2016	14/02/2016	21/02/2016	28/02/2016	06/03/2016	13/03/2016	20/03/2016	27/03/2016
	Target										
Patients treated in less than 62 days (Target)	16	16	15.5	15.5	15.5	15.5	15.5	15.5	15.5	16	12.5
Patients treated in greater than 62 days (Target)	4	4	4	3.5	3.5	3	2.5	2.5	2.5	2.5	2
Total Activity	20	20	19.5	19	19	18.5	18	18	18.5	14.5	
Performance	80.00%	80.00%	79.49%	81.58%	81.58%	83.78%	86.11%	86.11%	86.49%	86.21%	
Patients with No DTT waiting over 62 days (Target)	125	120	115	110	105	100	93	90	86	86	
Patients with a DTT waiting over 62 days (Target)	6	6	5	5	4	3	2	1	1	1	
Estimated Cancer Backlog (7% of no DTT + DTT)	14.75	14.4	13.05	12.7	11.35	10	8.51	7.3	7.02	7.02	

Overall performance is improving across most areas of cancer delivery and progress against the published Cancer Recovery Plan is in line with expectations. It is expected that performance in January will be in line with December performance. However, as stated above there may be some reduction in performance against standards in February as activity addressing backlogs increases. NHSE are aware in this and have acknowledged the issue.

Issues.

Although performance has increased, compliance with the recovery plan continues and the trust are engaged there are issues that will be worked through between now and the end of March 2016. These are:

Lower GI :

Straight to test pathways have been recommended by the Transforming Cancer Services Team (TCST) for London as a way of improving the patient pathway and avoiding delays for the patient. The trust have not implemented a straight to test (STT) pathway for Lower GI, this is being explored as part of the 16/17 commissioning intentions round with the Trust.

Prostate:

There is almost a 100% implementation of MRI Pre-biopsy across SEL. However, the out-patient appointment to discuss the outcome of the test is not happening until an average of day 42 in South East London, way in excess of the recommended day 21 of the pathway . This presents a greater risk of these patients breaching, especially if they then need to be referred to GST for treatment or require additional diagnostic tests.

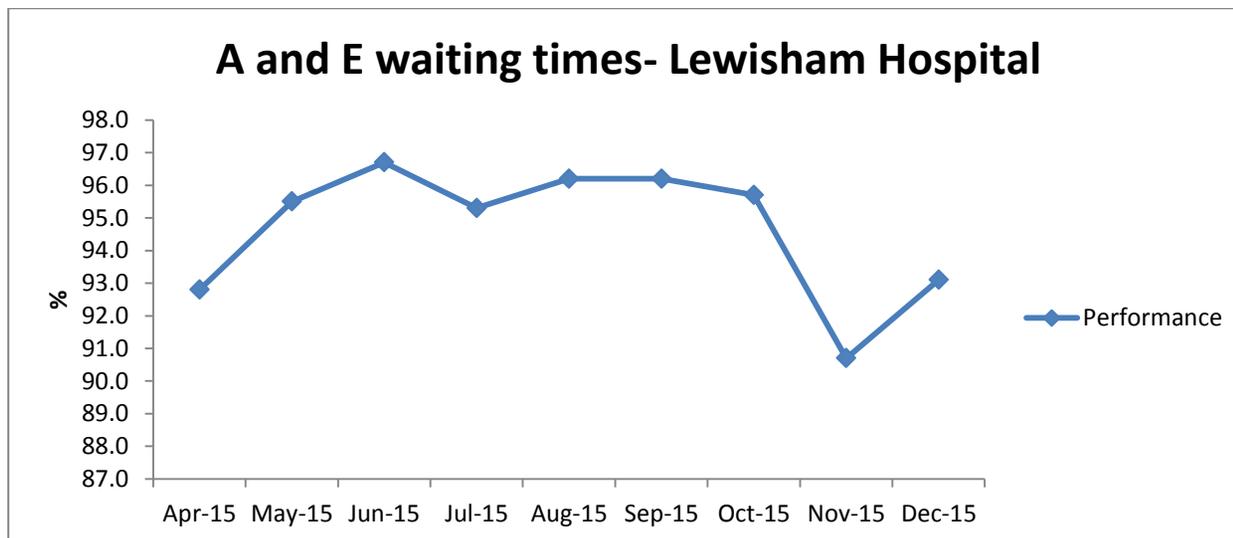
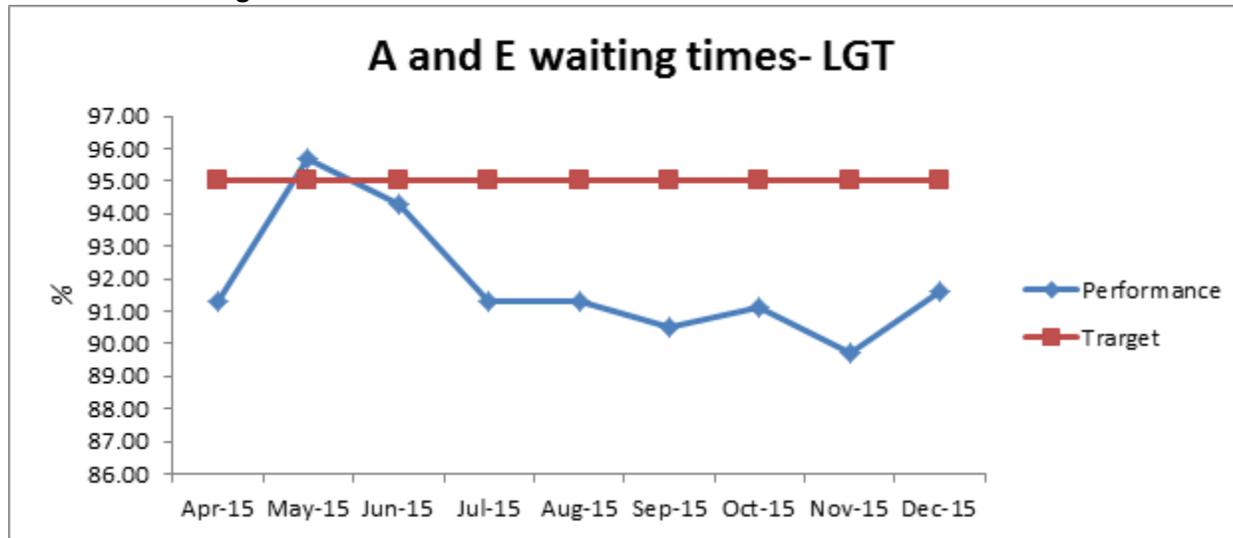
Breach analysis:

- The information is based on the November breaches but is still valid
- Largest breach tumour group is urology.
- Across this specialty there is almost an even split between avoidable and unavoidable breaches and the avoidable breaches can be categorised as admin errors and lack of capacity.
- 70% of total Inter Trust Transfers (ITT) breaches in SEL (these being referred into GST as the tertiary centre) were referred from within the SEL sector either from Lewisham and Greenwich and King's.
- Even though these patients are arriving late into GST NHSE states that 81% of GST ITT breaches took longer than 20 days to Treat, therefore GSTT are still not treating patients within adequate time.

31 Day performance:

Despite the improved performance position there is still an issue with 31 day performance which seems to be centred around patients being treated at the tertiary centre largely at Guys and St Thomas. There are a number of administrative and capacity issues.

A&E 4 Hour Waiting Time Standard



Performance:

While not meeting the 95% standard, December 2015 performance is significantly improved on the previous December and places Lewisham and Greenwich in the middle of all Trusts in London, whereas in the previous year the Trust was in the bottom quartile.

One version of the truth Review

Bexley, Greenwich and Lewisham CCGs with LGT have commissioned a diagnostic review, identifying key issues and making proposals. A consultancy Transformation Nous has completed the review in line with the One Version of the Trust (OVT) work. All partners across the Bexley, Greenwich and Lewisham system have met to review the findings and are now embarking on collective agreement regarding the priorities and way forward.

In essence the Transformation Nous team has highlighted that ,while there have been improvements to performance, the way patients flow through the hospital to discharge remains the greatest determinant of emergency department performance on both sites.

The OVT refresh has indicated that:

- 95% of reported delays in discharge are related to process rather than waiting for capacity across both sites. Process performance continues to be affected by the volume of organisations, teams, meetings and handovers despite significant attempts to align and streamline discharge pathways over the last year.
- For the Queen Elizabeth Hospital site (QEH) pressure-driven utilisation of the clinical decision unit (CDU), the rapid assessment area (Blue RAT) and assessment medical unit (AMU) caused by lack of flow has led to inappropriate utilisation and an increase in emergency admissions. Note that high admissions 0-12 hours (CDU) correlates with improved performance, whilst lower admission rates for patients with an average length of stay of 3 days (AMU) also correlates with better performance.

The next steps involve improving the discharge process for patients with complex needs which is likely to include reviewing the entire pathway commencing from the admission of complex patients where we know discharge is likely to be challenging, through to the notifications process, panel decisions, brokerage and discharge. Partners have already identified that we need to remove unnecessary steps/handovers from the discharge process and integrate teams to achieve this and bring greater efficiency to the pathway for patients who may require NHS Funded Care. In addition partners are committed to supporting the Trust to redefine the clinical pathway at the front door. This is to take into account the roles and functions of CDU, AMU and current steps to introduce an ambulatory care assessment area. Priorities for delivery will be agreed at the System Resilience Implementation Group