



Lewisham

Clinical Commissioning Group

Governing Body meeting on 21st July 2016

Report from the Chair of the Integrated Governance Committee

Date of Meeting Reported: 26th May 2016 and 23rd June 2016

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1. Main Issues Discussed

- 1.1 **Quality Improvement Priorities** - the Committee discussed an exception report of quality improvement areas where the CCG is not assured on the progress being achieved and explored the actions being taken by the CCG against each issue. These include actions arising from CQC inspections and quality concerns at private hospitals, cancer pathway issues, use of restraint and patient complaints. In future the IGC will also look at positive assurances received.
- 1.2 **General Practice CQC Inspection Ratings** - The group discussed the summary CQC Inspection Ratings for GP practices. It was noted that performance varied and that the summary may not provide a reliable comparison. The Primary Care Programme Board will review the action plans and escalate issues as necessary to IGC.
- 1.3 **Risk Register** – The risk register has been reviewed and the reporting format refreshed. A greater focus has been provided on risk appetite and tolerance. Further work is to be undertaken.
- 1.4 **QIPP 2016/17 Programme** – The IGC received the 2016/17 QIPP programme totalling £6.87m. It was noted that the acute contract outcomes limited the full delivery of non elective QIPP schemes in 2016/17. The IGC emphasized the requirement for the CCG to be stretching the QIPP target to at least 2% and noted that from 2017/18 3% QIPP will be required. The QIPP programme has some risks associated with delivery. New programme management arrangements are in place to oversee delivery.
- 1.5 **Analysis of A&E Attendance at LGT and UCC** - highlighted that there were differences in the age group and ethnicity of the people attending A&E compared to the UCC. The Caribbean community forms the most frequent group of attendees at A&E. In contrast the Asian community were low attendees at A&E.
- 1.6 **COPD Community Services** - the Committee looked at a deep dive into the COPD service. The coding of respiratory activity will be reviewed by an audit. There was

some lessons learnt for improving contract management and responding to quality concerns in order to ensure services are provided as commissioned.

- 1.7 **CSU Procurement** – The group received an update on and supported the CCG's procurement plans using the national Lead Provider Framework.
- 1.8 **Corporate objectives** – The IGC received and agreed updated corporate objectives
- 1.9 **NHS Constitutional Standards** - The CCG remained on track to deliver against most standards, or against agreed recovery plans and performance improvement trajectories where standards were not met last year, with the following exceptions:
 - **A&E:** Lewisham and Greenwich Trust's overall performance delivered 85.9% in May 2016, which is below the trajectory. The rolling year position still shows a marked improvement from the previous year.
 - **Cancer:** LGT is generally delivering the cancer target. The low 79.2% for the Lewisham population is due mainly to GSTT who tend to deal with tertiary referrals from other Trusts. It is anticipated that GSTT will take most of the year to recover its performance. Local focus is on increasing the inter hospital referrals by day 38.
 - **RTT:** The 18 week standard remains challenged. LGT has developed a specialty plan to address specific issues in Trauma and orthopaedics and ENT, however activity levels have not increased to date as planned. The resumption of reporting by Kings has adversely affected reported RTT performance.
- 1.10 **Transforming Care for Learning Disabilities** – The IGC received positive assurances on the implementation of the Transforming Care programme.
- 1.11 2016/17 Contracts – All contracts have been signed with the exception of Royal Marsden and London Ambulance Service.

2. Key achievements

- 2.1 The CCG has delivered its planned year-end financial targets and delivered all statutory financial duties in 2015/16.
- 2.2 There has been significant improvement against the A&E 4 hour standard at Lewisham and Greenwich Trust, compared to last year.

3. Key challenges addressed

- 3.1 The focus of providers is on sustaining improvements to the Cancer 62 day waiting standard, together with A&E 4 hour waits and associated risks.
- 3.2 Sustaining quality improvements in Community Health Services by undertaking a more detailed review of the learning from COPD.
- 3.3 Tracking of quality improvement priorities and performance.
- 3.4 The IGC is seeking further assurance from LGT on the process for patients agreeing response times to complaints.

4. Key risks (include assurances received positive and negative)

- 4.1 A&E: Lewisham and Greenwich Trust will not recover sustainable performance to standard, as planned in 2015/16.
- 4.2 Despite significant improvement at LGT, there remain delivery challenges around the 62 day wait cancer standard at GSTT and Kings, and risks to the Referral to Treatment Standard.
- 4.3 Deterioration in the financial sustainability: expenditure growth due to price and volume changes is outstripping income growth. Higher levels of efficiency savings are required in 2016/17 and 3% thereafter. For 2016/17 stretch target QIPP schemes will be developed as well as bringing forward the work for future years delivery.

5. How did the meeting promote quality and safety?

- 5.1 Through the review of quality reports on a three monthly rolling cycle and by linking quality to financial and other performance metrics.

6. How did the meeting help address inequalities and fairness?

- 6.1 Delivery of the NHS Constitutional Standards reduces the risk of unequal access to services
- 6.2 Review in to use of restraint in South London and Maudsley services
- 6.3 Well managed Transforming Care Programme

Chair of the Integrated Governance Committee
Martin Wilkinson
July 2016