



Southwark

Clinical Commissioning Group

CCG Performance & QIPP Highlight Report

Month 4, 2013/14

Southwark Council

Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee

September 2013



Background and Contents

- This document is a highlight report, which is written to give OSC members an overview of current CCG and provider performance across a range of priority national standards. The highlight report covers the first four months of the year from April 2013; the period for which we have the most recent validated data.
- The CCG produces a full Integrated Performance Report each month. This full report looks at all CCG and provides KPIs across domains of quality & safety, performance, finance and QIPP delivery. It provides further details of the actions being taken to resolve identified KPI variance.
- The CCG presents the Integrated Performance Report to our Integrated Governance & Performance Committee every month, and to the CCG Governing Body on a bi-monthly basis. The latest version of the report is published on the CCG website:
<http://www.southwarkccg.nhs.uk/about/ourboard/Pages/CCGMeetingPapers.aspx>

CCG Performance & QIPP Highlight Report Contents

1. Urgent Care
2. Referral-to-Treatment (waiting times)
3. Diagnostic waiting times
4. Healthcare acquired infections (MRSA and *clostridium difficile*)
5. Mixed-sex accommodation
6. Cancer waiting times
7. CCG QIPP
8. Summary of CCG's financial position

Urgent Care (1 of 2)

A&E waits (target 95%) - % of patients who spent 4 hours or less in A&E before treatment or admission

Month	April	May	June	July
KCH (all type)	96.3%	96.4%	96.3%	94.5%
GSTT (all type)	94.6%	96.4%	96.7%	94.5%

Reported Performance Position

•Both Trusts have met the performance standard in most of the first four months of the year since April and have achieved the requisite 4 hour target for Q1 2013/14. Performance in July at both trusts has fell slightly below the 95% standard but unvalidated data for August and September shows trusts are on track to achieve the target over Q2.

NHS England A&E Improvement Plan

•Following last winter's extreme pressure and in response to national guidance, Lambeth & Southwark have developed a Recovery & Improvement Plan setting out key actions which will support sustainability in performance over the coming winter period.

•The plan has been developed through the Lambeth & Southwark Urgent Care Board, which has representation from key stakeholders across the health economy, and was informed by the Winter Demand Review and a system-wide assessment.

Urgent Care (2 of 2)

The Winter Demand Review, which looked at emergency care demand in 2012/13 and the system-wide assessment completed as part of the national Recovery Improvement Plan have highlighted a number of key issues which form an integral part of the strategy for sustaining performance during the winter of 2013/14:

1. Acuity

- Southwark and Lambeth Integrated Care Programme's (SLIC) frail elderly pathway: interventions include Home ward, Enhanced Rapid Response team, establishment of geriatrician-led hot clinics, Community Multi-Disciplinary Teams and the re-ablement programme.
- Simplified discharge process workstream
- Task and Finish group to develop proposals for enhanced 7 day working arrangements in acute trusts

2. Capacity

- Both Trusts are implementing large scale emergency department redevelopments over the next 2 years
- Clinical capacity addressed through staff recruitment strategies & review of working arrangements

3. Mental Health

- Review of frequent attenders to A&E in progress
- Plans to extend mental health community assessment services to align with GP opening hours

4. Stroke

- Plan to work with other lead agencies to ensure that the London-wide Stroke repatriation policy is being fully implemented locally

5. Paediatrics

- Review current paediatric pathway and scope opportunities for service redesign.

Referral to Treatment: 18 weeks

RTT admitted (target 90%) - The percentage of admitted pathways completed within 18 weeks

RTT Admitted	April	May	June	July
Southwark CCG	90.6%	88.0%	90.7%	89.3%
KCH	88.8%	88.2%	89.7%	88.1%
GSTT	92.1%	92.0%	92.7%	92.4%

Performance Position

- Admitted performance for Southwark CCG patients has been above the 90% in two of the last four months.
- KCH are below the performance threshold. This is consistent with the plan and trajectory agreed with the trust so that it has sufficient capacity to reduce the backlog of patients currently waiting over 18 weeks.
- The KCH trust-wide backlog has remained broadly flat since April. It has not been reduced at the levels originally anticipated due to pressures from emergency care.
- Admitted RTT Performance at KCH will continue to be below the threshold while the trust address their backlog of admitted patients. This has been agreed by the CCG, King’s and NHS England.

Actions Agreed to Meet Performance Standard

- KCH have a combination of increased internal capacity and outsourcing to private providers in place.
- Infill 4 development at Denmark Hill and the acquisition of the PRUH will provide further capacity in Q3/4.
- The trust will not achieve the RTT target until March 2014.
- King’s have transferred orthopaedic patients waiting 18 weeks or more to GSTT

Referral to Treatment: 52 + week waits

52 weeks long waiters (target 0) - The number of incomplete pathways greater than 52 weeks for patients on incomplete pathways at the end of the period

52 + Week Waits (Incomplete Pathway)	April	May	June	July
Southwark CCG	3	5	7	3
KCH	49	44	31	29
GSTT	9	5	1	1

Current Performance Position

- The 3 Southwark long waiters are patients at KCH.
- Almost all long waits at King’s are gastroenterology patients with benign hepato-pancreato-biliary conditions.

Actions Agreed to Meet Performance Standard

- KCH has used a combination of additional in house capacity and outsourcing to reduce long waiters .
- The remaining long waiters at KCH (trust – wide) are in gastroenterology, the trust plans to clear long waiters in these specialities by the end of October 2013/14.
- The trust keeps these patients under regular clinical review to ensure there is not clinical risk for long-waiting patients.
- The CCG applies a contractual financial penalty each month to the trust for long-waiting patients. This has been implemented since April 2013 in line with national arrangements.

Diagnostic Waits

Diagnostic wait less than 6 weeks (target <1%) - The % of patients waiting 6 weeks or more for a diagnostic test

Month	April	May	June	July
Southwark CCG	1.86%	1.95%	1.85%	2.63%
KCH	3.00%	4.20%	2.77%	2.57%
GSTT	2.00%	2.10%	3.08%	3.83%

Cause of Reported Performance Position

- Southwark diagnostic breaches occurred at KCH and GST
- The service areas of concern for Southwark is echocardiography at KCH.
- GST endoscopy is the diagnostic pathway causing an increased % of 6 week breaches

Actions Agreed to Meet Performance Standard

- KCH successfully delivered on their action plans for diagnostic recovery for all areas apart from echocardiography and has reduced total breaches since May 2013.
- For this diagnostic pathway the trust had a deficit in physical and staffing capacity. Both have recently been addressed however there is a lead time for the additional staff to be fully operational. KCH is also outsourcing echocardiography to London Bridge Hospital in the interim.
- GST has recently opened a new larger endoscopy unit. Staffing levels are currently below capacity and the trust is funding more diagnostic sessions. GST anticipate this issue will be resolved by December 2013.

Healthcare Acquired Infections

Number of cases of MRSA (target 0) and *clostridium difficile* (CCG annual target 48)

MRSA & *c.difficile*

- 2 reported MRSA cases at KCH in April, May, June & July 2013
- 3 reported MRSA cases at GSTT April, May, June & July 2013
- 4 Southwark CCG MRSA cases in April, May, June & July 2013 (2 at GSTT and 2 community-acquired)
- 12 *c.difficile* cases at KCH in the year to M4 2013 – under YTD trajectory.
- 9 *c.difficile* case at GSTT in the year to M4 2013 – under YTD trajectory.

Actions Agreed with Providers to Meet Performance Standard

- All MRSA and *c.difficile* cases are discussed at the monthly Clinical Quality Review meetings at King's and GSTT. These meetings are chaired by CCG Clinical Leads in Southwark and Lambeth.
- King's and GSTT undertake a Root Cause Analysis (RCA) on all MRSA and *c.difficile* cases.
- Public Health currently review all GSTT RCA's for GSTT. It has been agreed that the Public Health team will now implement this RCA review process for King's to identify the key learning and themes for action.
- Picture across London shows a spike in cases. Locally we are closely monitoring acute performance to establish whether this is a temporary spike or a sustained increase in cases.
- Clinical assurance that patient safety is not compromised.

Mixed Sex Accommodation

Mixed-sex accommodation breaches (target 0) –

All providers of NHS funded care are expected to eliminate mixed-sex accommodation

Month	April	May	June	July
Southwark CCG	12	6	7	11
KCH	49	19	29	40

Cause of Reported Performance Position

- Southwark breaches occurred at KCH
- Majority of breaches at KCH due to lack of timely single sex bed capacity in step down from critical care.
- Breaches likely to continue until KCH new capacity from Infill 4 development comes on stream by the end of October 2013.

Actions Agreed to Meet Performance Standard

- Contractual penalties being applied to breaches
- CCG receives on-going assurance that patient safety is not compromised

Cancer Waits (latest validated data is for April, May & June 2013)

2 week GP referral - % of patients seen within two weeks of an urgent GP referral for suspected cancer

Target = 93%				
Month	April	May	June	July
SCCG	96.7	98.2	95.8	97.5
KCH	96.9	98.6	96.6	
GSTT	94.4	96.7	95.4	

31 days treatment - % patients receiving first definitive treatment within 31-days of a cancer diagnosis

Target = 96%				
Month	April	May	June	July
SCCG	97.1	98.7	95.9	100.0
KCH	100.0	99.0	97.9	
GSTT	98.3	97.9	96.5	

62 days treatment(85%) - % patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

Target = 85%				
Month	April	May	June	July
SCCG	83.3	90.2	82.4	96.3
KCH	93.3	87.9	76.7	
GSTT	68.6	80.5	79.7	

Cancer Waits: 62 day pathway

Reported Performance Position

- GSTT has failed to meet the 62 day target for the first three months of 2013/14 . This pattern has continued from 2012/13 performance.
- Failure of this target is attributable to late referrals from other trusts, in particular from South London Healthcare Trust.
- King's College Hospital also recorded below target performance for June 2013.

Actions Agreed to Meet Performance Standard

- A cross-trust group at GSTT was established to review the pathway issues between GSTT and SLHT and to improve the timeliness of referrals and ultimately treatment.
- GSTT invited the Department of Health Intensive Support Team (IST) to review the pathways for 62 days, with particular focus on urology and lower GI.
- The formal report is still awaited but initial feedback from the IST suggested changes to the early part of the pathway, including diagnostics.
- GSTT intends to implement the recommendations arising from the review.
- KCH performance will be addressed in acute contract monitoring and quality groups in September to understand the cause of performance deterioration and agree action plans.

Acute

Acute Productivity Programme = £2.29m

Shift of outpatient care = £1.47m

A&E avoidance to lower cost setting = £0.40m

Mental Health & Client Group

SLaM Productivity Programme = £ 1.09m

Redesign of mental health of older adults inpatient capacity = £0.29m

Male psychiatric intensive care unit inpatient redesign = £0.35m

CCG QIPP 2013/14
£7.37m (net)

Primary & Community Care

Primary care prescribing = £1.00m

Community Services Productivity = £0.20m

Other Programmes

CCG corporate = £0.28m

Acute

Shift of Outpatient Care QIPP

- Single points of referral (SPR) and community clinics are part of the CCG's commitment to further expand community provision in order to shifting care out of hospital.
- SPRs are currently operating for MSK (MCATS), diabetes, respiratory disease, ENT, dermatology and heart failure.
- Services have 'virtual clinics' to support primary care in reviewing practices' caseloads and providing advice on management.
- 'Virtual Clinics' are currently available for diabetes, respiratory, dermatology and ENT community services.
- In Q1, the community diabetes service delivered 38 virtual clinics. The integrated respiratory care team delivered 11.
- Community CVD clinic has been expanded to encompass direct GP referrals to the community for patients with atrial fibrillation, lipid management and hypertension.

A&E Avoidance QIPP

- Phased implementation of London Urgent Care Standard being led by south east London-wide Urgent Care Group.
- Expansion of the Southwark Homeward and Emergency Rapid Response teams.
- Development and testing of 7 day working discharge proposals from local hospital trusts .
- Collaborative approach across the urgent care system to respond to issues highlighted in the 12/13 winter demand review.
- CCG improving access in primary care: work to progress support to 5 practices with highest A&E attendances.
- Re-commissioning of Guy's Urgent Care Centre with primary care 'front end'.
- Southwark & Lambeth Integrated Care programme delivering community multi-disciplinary teams & risk stratification.
- Implementation of programme to enhance primary care services to Southwark care homes.
- Development of number of self-care strategies including minor ailments scheme.

Mental Health & Client Group

Redesign of MHOA Inpatient Capacity QIPP

- Programme focuses on time limited assessment, treatment and successful placement of people with complex dementia.
- Enhanced assessment and liaison project to improve the 'front-end' assessment and triage function to support 'rapid referral' from GPs.
- Redesign services acts to stabilise patients before discharging into care homes appropriate to meet their needs.
- Investment in a Dementia Care Home Support Team for the local care homes and develop an educational hub.
- This programme seeks to reduce admissions to SLaM beds and thereby reduce commissioned beds from 30 to 16.
- This programme is being coordinated in partnership with SLaM and Lambeth CCG.

Male Psychiatric Intensive Care Unit (PICU) Inpatient Redesign QIPP

- The number of Male PICU beds will be reduced from 8 beds to 6 beds from April 2013.
- CCG lead a programme of service redesign to support patients to access services in primary care and in community settings.
- The CCG contract with SLaM is now based on occupied bed days.
- The CCG will fund a minimum of 6 beds equivalent occupied bed days.
- Above this level there will be a 50:50 risk share up to a capped level equivalent to 8 beds.
- Above 8 beds 100% of costs will be borne by the CCG.

Summary of CCG Financial Position (M5)

Programme Budget	Annual Budget (£k)	Variance to Month 5 (£k)	Predicted End of Year (£k)		Best Case (£k)	Worst Case (£k)
Acute	200,283	-2,340	-8,337		-4,543	-11,892
Client Groups	70,720	50	100		300	-2,800
Community Contract	29,138	-540	-1,300		200	-1,600
Prescribing	31,617	106	200		300	0
Corporate Costs	4,078	50	100		100	0
Earmarked Budgets and reserves	14,747	2,674	9,237		11,387	7,800
Planned Surplus	3,972	1,655	3,972		3,972	3,972
Total	354,555	1,655	3,972		11,716	-4,520
<i>Month 4 (for comparison)</i>	348,714	1324	3,972		9,701	-4,276