NHS
Southwark
Clinical Commissioning Group

CCG Performance & QIPP Highlight Report

Month 6, 2013/14

Southwark Council

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

December 2013

Background and Contents

NHS Southwark Clinical Commissioning Group

- 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 half 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

Urgent Care (1 of 3)

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

	Apr	May	Jun	Jul	Aug	Sep	Oct
KCH (Denmark Hill)	96.3%	96.4%	96.3%	94.5%	95.2%	95.4%	94.5%
GSTT	94.6%	96.4%	96.7%	94.5%	95.8%	96.9%	96.8%

Reported Performance Position

- Performance at the Denmark Hill site at KCH in October fell to 94.5%.
- There are a number of schemes within the trust winter plan and expansion plans which are still due to come on line. A commissioner/provider meeting will take place in November to review performance issues at the site.
- Q1 performance was 96.3% for KCH and 95.9% for GSTT
- Q2 performance was 95.0% for KCH and 95.7% for GSTT

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 3)

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National A&E Recovery & Improvement Plan – Demand & Capacity

Each Urgent Care Board completed a Demand & Capacity exercise during Quarter 2 to inform the winter planning process. This provided assurance regarding the arrangements in place to support management of winter pressures.

New Investments for Winter

1.Home Ward Roll Out

- The Home Ward pilot will be rolled out across the whole of Southwark & Lambeth, with the additional 25 beds to be in place in Quarter 4. This will release bed capacity, improve patient flow and reduce length of stay and early readmissions.

2.Southwark & Lambeth Integrated Care (SLiC) Programme

•Simplified discharge workstream.

•Initial testing of senior multidisciplinary assessment at admission and rapid transition back to home once ready for discharge, with trajectory to upscale this in Quarters 3 & 4. This will include piloting of seven day working within health and social care elements of model.

Continued……

Urgent Care (3 of 3)

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3. Mental Health

- High level discussions underway with SLaM regarding creation of overspill capacity and enhancement of Home Treatment Teams – contingent upon 4 borough agreement.
- Winter pressures funding has approved to provide additional consultant and nurse cover during out of hours, 7 days a week. The impact of this will be reviewed in December 2013.

4. Nursing home support

- Implementing coordinated approach to improving the quality of care within nursing homes involving Consultant Gerontologists and Southwark and Lambeth teams within the CHST working closely with GP Practices.

5. Acute Trust Capacity

- Both Acute Trusts are implementing a number of actions to support management of winter pressures including:
    a. Staffing: recruitment and review of existing staffing patterns to facilitate speedier decision making and optimise patient flows through hospital.
    b. Reconfiguration of ED and bed base: combination of opening additional flex beds and reconfiguration of existing capacity to facilitate improved patient flows.

Referral to Treatment: 18 weeks

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

RTT Admitted	Apr	May	Jun	Jul	Aug	Sep
Southwark CCG	90.6%	88.0%	90.7%	89.3%	88.4%	87.3%
KCH	88.8%	88.2%	89.7%	88.1%	87.1%	88.7%
GSTT	92.1%	92.0%	92.7%	92.4%	92.8%	90.7%

Performance Position

- Admitted performance for Southwark CCG patients has now been below the 90% target for the last three 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.

Actions Agreed to Meet Performance Standard

- 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.
- KCH have a combination of increased internal capacity and outsourcing to private providers in place. King's has also transferred some orthopaedic patients to GSTT
- Acquisition of the PRUH site and Infill 4 development at Denmark Hill will give further capacity from October and November respectively.
- The trust will not achieve the RTT target until April 2014.

Referral to Treatment: 52 + week waits

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52 + Week Waits (Incomplete Pathways)	Apr	May	Jun	Jul	Aug	Sep
Southwark CCG	3	5	7	3	8	8
KCH	49	44	31	29	28	29
GSTT	9	5	1	1	0	0

Identified Causes

•All Southwark long waiters are patients at KCH.

•The specialities with long waits for Southwark patients at King's are orthopaedic and gastroenterology - 1 in general surgery/bariatric surgery and 7 gastroenterology for benign HpB surgery.

A plan for Action / Improvement

•KCH has used a combination of additional in house capacity and outsourcing to reduce long waiters.

•The trust keeps long waiters under regular clinical review to ensure there is no clinical risk for long-waiting patients.

•The CCG applies a contractual financial penalty each month for patients still waiting over 52 weeks. This has been implemented since April 2013 in line with national arrangements.

Diagnostic Waits

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

Month	Apr	May	Jun	Jul	Aug	Sep
Southwark CCG	1.86%	1.95%	1.85%	2.63%	2.41%	2.48%
KCH	3.00%	4.20%	2.77%	2.57%	1.23%	0.94%
GSTT	2.00%	2.10%	3.08%	3.83%	5.13%	4.44%

Cause of Reported Performance Position

•The main driver for under performance in September is endoscopy at GSTT. Although GSTT has opened a new larger endoscopy suite, poor staffing levels has resulted in an increase in the number of waiters over 6 weeks.

Actions Agreed to Meet Performance Standard

•GSTT has put additional sessions in place to increase staffing capacity using clinical fellows, however it anticipates it will take until December to fully clear the backlog of long waiters in endoscopy.

Healthcare Acquired Infections (1 of 2)

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

MRSA

	April	May	June	July	August	September	YTD
Southwark CCG	1	1	0	2	0	0	4
Breakdown:							
Non - Acute	1	1	0	0	0	0	2
GSTT	0	0	0	2	0	0	2

- Root-cause analysis will be undertaken for cases at GSTT and fed back to the monthly quality review meeting

c. difficile

	April	May	June	July	August	September	YTD
Southwark CCG	2	0	0	7	3	5	17
Breakdown:							
Non - Acute	0	0	0	5	3	2	10
GSTT	1	0	0	2	0	0	3
KCH	1	0	0	0	0	3	4

Healthcare Acquired Infections (2 of 2)

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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.

•KCH 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 KCH 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

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Mixed-sex accommodation breaches (target 0) –
All providers of NHS funded care are expected to eliminate mixed-sex accommodation

Month	April	May	June	July	August	September
Southwark CCG	12	6	7	11	1	0
KCH	49	19	29	40	16	0

Cause of Reported Performance Position

•Southwark breach in August occurred at KCH

•Majority of breaches at KCH due to lack of timely single sex bed capacity in step down from critical care.

•Recent clarification from NHSE (London) on reporting thresholds for this type of MSA breach has resulted in much improved performance in September with 0 MSA breaches reported at KCH.

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: 62 days pathway

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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	Apr	May	Jun	Q1	Jul	Aug
SCCG	**83.3**	**90.2**	**82.4**	**85.9**	**100**	**83.3**
KCH	**93.3**	**87.9**	**76.7**	**86.7**	**97.2**	**83.1**
GSTT	**68.6**	**80.5**	**79.7**	**75.5**	**77.9**	**80.0**

Reported Performance Position

•Southwark and KCH have met the 2 week GP referral, 31 days and 62 days target for Q1 and July.

•Southwark, KCH and GSTT have not met the performance target for 62 days in August.

Actions Agreed to Meet Performance Standard

•There have been issues on the 62 day performance at GSTT

•IST have reviewed processes at GSTT for internal patients (patients whose total journey is within GSTT)

•Recommendations signed off by trust board and implemented.

•The IST has recently reviewed all SEL providers. Agreed actions plans will be drawn up following the receipt of final IST reports in November 2013.

IAPT

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Month	April	May	June	July	August	September	October
Monthly 1st contacts to equal 12.5% trajectory	389	389	431	436	431	447	454
Number of first contacts	330	335	326	383	322	403	395
Recovery Rate (target 50%)	42.1	47.8	42.7	40.2	40.4	37.0	32.1

Identified Causes

•Growth in demand for IAPT services in Southwark and capacity limits in IAPT provision from SLaM

•Identified variation from practice-based counsellors completing psychological therapy interventions.

A plan for Action / Improvement

•Audit and review of all practice-based counselling started.

•Additional temporary low intensity support by Psychological Well-being Practitioners (PWPs) in place at SLaM from end of August.

•Case management support role recruited to start in September to support counsellors deliver stepped care within the IAPT model

•Additional administrative staff funded within SLaM to register referrals to counsellors and remove admin tasks from counsellors.

•Programme to increase IAPT-accredited activity being completed by practice-based counsellors.

•Improvement plan expected to show performance improvement by end of Quarter 3 2013/14.

CCG QIPP Programme

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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

CCG-Led QIPP: Transformation Programmes (1 of 2)

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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.

•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 five 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.

CCG-Led QIPP: Transformation Programmes (2 of 2)

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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.
- Redesigned 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.
- This programme is being coordinated in partnership with SLaM and Lambeth CCG.

Male Psychiatric Intensive Care Unit (PICU) Inpatient Redesign QIPP

- 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 (M7)

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Programme Budget	Annual Budget (£k)	Variance to Month 7 (£k)	Predicted End of Year (£k)		Best Case (£k)	Worst Case (£k)
Acute	203,749	-2,710	-7,455		-4,106	-8,875
Client Groups	69,536	-829	-1,580		-1,000	-3,850
Community and other Contracts	29,738	-759	-1,300		0	-1,300
Prescribing	31,617	263	446		600	200
Corporate Costs	4,078	42	40		60	0
Earmarked Budgets and Reserves	14,137	3,662	9,849		4,446	13,825
Planned Surplus	3,972	2,317	3,972		3,972	3972
Total	**356,827**	**1,986**	**3,972**		**3,972**	***3,972***