NHS
Southwark
Clinical Commissioning Group

CCG Performance Highlight Report

Month 8, 2013/14

Southwark Council

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

January 2014

Urgent Care (1 of 3)

NHS Southwark Clinical Commissioning Group

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	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3
KCH									89.7%	90.4%	87.9%	**89.4%**
KCH (Denmark Hill Site)	96.3%	96.4%	96.3%	**96.3%**	94.5%	95.2%	95.4%	**95.0%**	94.5%	94.5%	93.4%	**94.2%**
GSTT	94.6%	96.4%	96.7%	**95.9%**	94.5%	95.8%	96.9%	**95.7%**	96.9%	96.8%	96.6%	**96.8%**

With effect from 1 October, Princess Royal University Hospital became part of the King's College Hospital NHS Foundation Trust (KCH), the figures for KCH above reflect this.

Cause of Reported Performance Position

•One of the drivers behind KCH A&E performance at the Denmark Hill site is critical care availability. Additional critical care capacity is planned to come online at the site and is expected to be operational in January.

•There are a number of schemes within the trust winter plan and expansion plans which are still due to start. One of these, additional Emergency Department Clinical Decision Unit (CDU) capacity , began at the end of December. This should help improve January's position.

•Additional funding to support A & E was announced by NHS England for winter. Some of this funding is now available for investment at KCH Denmark Hill.

Urgent Care (2 of 3)

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Actions Taken by Trust to Address Emergency Pressures

1.Denmark Hill site capacity – Additional capacity is now open, including Infill block 4; CDU; majors and Brunel Ward. CDU opening was slightly delayed and Infill block 4 was delayed more significantly from the original Q3 plan. Additional critical care capacity is also available and flexed as required.

2.Staffing – Increased nursing levels on acute medicine, sickle cell and neurosurgery wards to support increased acuity of patients and secure optimal staffing levels, underpinned by an acute medical nursing shift review. Increased medical and nursing support for paediatric A&E. Enhanced medical and Emergency Nurse Practitioner staffing for twilight shifts. Additional nursing and administrative support to facilitate London Ambulance Service handover and performance.

3.Winter Monies – There were delays in implementing the Trust's planned winter investments due to delays in confirming national winter monies and the trust's internal financial position. This meant the trust did not go at risk with all schemes included in the their winter plan. The CCG assessment of this indicates a delay of between 6 and 8 weeks in winter schemes having the planned impact. This would mean a shift in outcomes being achieved from Q3 to Q4.

4.Monitoring – The trust are holding internal site specific weekly Emergency Care Board meetings, which Southwark CCG are now attending. There are daily breach meetings in order to rapidly identify and address issues. Weekly teleconferences will also be held with the Southwark CCG Chief Officer and the Chief Operating Officer of KCH to monitor and address any performance issues. Monthly clinical summits will also be held for senior leadership review of the performance position and action planning.

Urgent Care (3 of 3)

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Out of Hospital Actions to Address Emergency Pressures

***1.GSTT@home* roll out** – Across the whole of Southwark & Lambeth, with the additional 25 beds to be in place in Q4. 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 – testing of senior multidisciplinary assessment at admission and rapid transition back to home once ready for discharge, with a trajectory to upscale this in quarter 4. This includes piloting of seven day working within health and social care elements of model.

3.Mental health – increased consultant cover and out-of-hours psychiatric liaison nurse cover to support more timely assessments, reduce A&E breaches and reduce emergency admissions. Agreed South London & Maudsley (SLaM) overspill capacity and enhancement of Home Treatment Teams.

4.Nursing home support – coordinated approach to improving the quality of care within nursing homes involving consultant gerontologists; Southwark and Lambeth multi-disciplinary teams and General Practice.

5.A&E attendance rates – Analysis of Southwark A&E activity has shown a 4% decrease in presentations at King's College Hospital at M7, relative to 2012/13

6.Primary care access – On-going work with general practice to review A&E activity, develop improvement plans including identification of high risk patients.

7.Winter communications campaign – Across south east London, including website aligned to local service directory to support patients to access the most appropriate service.

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	Sep	**Q2**	**Oct**
SCCG	83.3	90.2	82.4	**85.9**	100	83.3	81.1	**86.3**	**78.4**
KCH	93.3	87.9	76.7	**86.7**	97.2	83.1	92.5	**88.1**	**86.2**
GSTT	68.6	80.5	79.7	**75.5**	77.9	80.0	70.1	**70.8**	**71.0**

Cause of Reported Performance Position

•Southwark and KCH have met the 2 week GP referral, 31 days and 62 days target for Q1 and Q2.

•Underperformance in October was driven by Guy's & St. Thomas' (GSTT) as 29 breaches were recorded against a total of 100 pathways.

Actions Agreed to Meet Performance Standard

•62 day pathway performance at GSTT associated with receipt of tertiary referrals, although also for some patients with pathways within the trust.

•Intensive Support Team (IST) have reviewed processes at GSTT for patients on pathways within GSTT.

•The IST has also recently separately reviewed all old South London Healthcare Trust (SLHT) providers focussing on pathway access issues for 62 day patients who start their journey at the old SLHT and are referred to GSTT.

•The final report was received by trusts in December 2013 and the SLCSU is now organising a review group to ensure recommendations from the report are taken forward. This will be held in mid-January.

•GSTT does not expect to meet this target before the end of the year.

Referral to Treatment (RTT) – 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	Oct	Nov
Southwark CCG	90.6%	88.0%	90.7%	89.3%	88.4%	87.3%	86.0%	87.3%
KCH	88.8%	88.2%	89.7%	88.1%	87.1%	88.7%	88.1%	87.8%
GSTT	92.1%	92.0%	92.7%	92.4%	92.8%	90.7%	90.7%	90.4%

Cause of Reported Performance Position

- Admitted performance for Southwark CCG patients below the 90% target for the last five months.
- KCH are below the performance threshold. They are however within the planned improvement trajectory of 87% agreed with the trust and therefore amber rated.
- This trajectory was agreed to allow the trust to focus on reducing 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 along with Orpington and development of the Centenary Wing at Denmark Hill has given further capacity from October and November respectively.
- The trust will not achieve the RTT target until April 2014.

Referral-to-Treatment(RTT) – 52 + week waits

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52 + Week Waits	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Southwark CCG	3	5	7	3	8	8	10	6
KCH	49	44	31	24	28	29	33	27
GSTT	9	5	0	1	0	0	0	0

Cause of Reported Performance Position

•All Southwark long waiters are patients at KCH. In November the specialities with long waits for Southwark patients at King's were 4 in gastroenterology for benign Hepato-pancreatic-Biliary (HpB) surgery and 2 general surgery/bariatric surgery.

Actions Agreed to Meet Performance Standard

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

•For bariatrics, some activity continues to be outsourced to private providers and additional ring-fenced beds are now also available in the Centenary Wing.

•A cohort HpB of patients are being outsourced to private providers and ring-fenced beds are available in the Centenary Wing. Weekend lists occurred to the end of December with more planned in January.

•Additional critical care capacity will open by the end of January in the modified Christine Brown Ward on the Denmark Hill site.

•The trust keeps long waiters under regular clinical review to ensure there is no clinical risk to 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	Oct	Nov
Southwark CCG	1.86%	1.95%	1.85%	2.63%	2.41%	2.48%	1.52%	1.71%
KCH (Denmark Hill)	3.00%	4.20%	2.77%	2.57%	1.23%	0.94%	0.87%	1.40%
GSTT	2.00%	2.10%	3.08%	3.83%	5.13%	4.44%	2.17%	2.46%

Cause of Reported Performance Position

- The main driver for under-performance in October and November is endoscopy at GSTT.
- Although GSTT has opened a new larger endoscopy suite, poor staffing levels has resulted in an increased number of plus 6 week waiters in these months.
- KCH Denmark Hill had an issue with sleep studies in November due to the loss of a staff member. Activity has now restarted with additional sessions arranged to clear the backlog, this is expected to be cleared by late January 2014.

Actions Agreed to Meet Performance Standard

- GSTT has put additional sessions in place to increase staffing capacity using clinical fellows. The trust expects to come near to the 1% target for December 2013.
- GSTT is however likely to show a further increase in performance in January 2014. Patient choice over the Christmas period has caused an additional temporary pressure effecting the first week after the Christmas period. The trust expects to clear the backlog by early February 2014.

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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Southwark CCG	12	6	7	11	1	0	25	35	32
KCH	49	19	29	40	16	0	27	99	85

Cause of Reported Performance Position

•All Southwark breaches in November and December occurred at KCH Denmark Hill.

•All of the October, November and December breaches were in the Clinical Decision Unit (CDU) at Denmark Hill.

Actions Agreed to Meet Performance Standard

•KCH opened a new 8 bedded CDU at the end of December, and now has 16 CDU beds in total. Although this is a net increase of 2 beds, the new configuration will allow males and females to be more easily separated.

•Contractual penalties being applied to breaches.

•A clinically-led assurance visit is scheduled to take place on the morning of 23 January 2014.

Improving Access to Psychological Therapies (IAPT)

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Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Monthly 1st contacts to equal 12.5% trajectory	389	389	431	436	431	447	454	454
Number of first contacts	330	335	326	383	322	403	438	465
Recovery Rate (target 50%)	42.1	47.8	42.7	40.2	40.4	37.0	31.3	40.7

Cause of Reported Performance Position

- 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.

Actions Agreed to Meet Performance Standard

- Audit and review of all practice-based counselling completed.
- Additional temporary low intensity support by Psychological Well-being Practitioners (PWPs) have been in place at SLaM since the end of August.
- Case management support role recruited and started 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 administration tasks from counsellors.
- Programme to increase IAPT-accredited activity being completed by practice-based counsellors.
- The actions above were planned to impact performance by the end of Quarter 3 2013/14. This improvement is evident in November 2013 data.

Healthcare Acquired Infections (1 of 2)

NHS Southwark Clinical Commissioning Group

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

MRSA

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	YTD
Southwark CCG	0	1	0	**1**	0	0	0	**0**	0	1	**2**

- This table now only shows cases assigned to the CCG following Post Infection Review.
- All MRSA bacteraemia cases reported via the HCAI Data Capture System (DCS) are assigned to either an acute Trust or a CCG through the completion of a Post Infection Review (PIR). A case is deemed to be CCG assigned where the completed PIR indicates that a CCG is the organisation best placed to ensure that any lessons learned are completed.

c. difficile

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	YTD
Southwark CCG	2	0	0	**2**	7	3	5	**15**	5	4	**26**
Breakdown:											
Non - Acute	0	0	0	**0**	5	3	2	**10**	1	3	**14**
GSTT	1	0	0	**1**	2	0	0	**2**	3	1	**7**
KCH	1	0	0	**1**	0	0	3	**3**	1	0	**5**

Healthcare Acquired Infections (2 of 2)

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Actions Agreed with Providers to Meet Performance Standard

•Infection Control including MRSA and *Clostridium difficile* (CDI) 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 cases and all *CDI* cases attributed in their organisation.

•Following the transfer of community services, GSTT provide community infection control support to primary care through training and *CDI* surveillance (currently based on GSTT lab data). It is planned that King's lab data will also soon be included for the purpose of enhanced surveillance.

•The Lambeth and Southwark Public Health Team review local HCAI data regularly. Following a local *CDI* summit, a multiagency *CDI* Task and Finish Group is addressing surveillance, raising awareness, antibiotic prescribing and care pathway development. Post Infection Reviews of MRSA bacteraemias are producing information on the detail of local cases and learning. Most cases are very complex with numerous healthcare contacts.

•Southwark CCG is undertaking a Deep Dive Review of Infection Control within its local acute and community providers. It will include recommendations on how to improve local infection control arrangements.