



*Southwark
Clinical Commissioning Group*

CCG Performance Highlight Report

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

5 March 2014



Urgent Care (1 of 3)

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

	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan
KCH						89.7%	90.4%	87.9%	89.4%	87.6%
KCH (Denmark Hill)	96.3%	94.5%	95.2%	95.4%	95.0%	94.5%	94.5%	93.6%	94.2%	93.3%
GSTT	95.9%	94.5%	95.8%	96.9%	95.7%	96.9%	96.8%	96.6%	96.8%	96.9%

Cause of Reported Performance Position

- A&E 4 hour performance at KCH at Denmark Hill has been below the required level of performance since October 2013.
- A hospital’s performance against the 4 hour target can be an important barometer of the performance of the hospital as a whole.
- A number of issues have contributed to the current performance position over the past four months. These include a reported increase in the acuity of presenting patients; challenges in repatriating patients to other hospitals; and issues with staffing.
- A norovirus outbreak in late December affected a number of departments within the Trust. This resulted in significant bed pressures and significantly restricted flow through the hospital at this time.

Urgent Care (2 of 3)

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. Monitoring – The trust are holding internal site specific weekly Emergency Care Board meetings, which Southwark CCG are 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)

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 Q4. 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 ED breaches and reduce emergency admissions. Agreed SLaM overflow 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.

8.The CCG will undertake a clinically-led assurance visit of the A&E department at the Denmark Hill site on 5 March 2014.

Cancer Waits: 62 days pathway

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	Nov
SCCG	83.3	90.2	82.4	85.9	100	83.3	81.1	86.3	78.4	94.4
KCH	93.3	87.9	76.7	86.7	97.2	83.1	92.5	88.1	86.2	84.0
GSTT	68.6	80.5	79.7	75.5	77.9	80.0	70.1	70.8	71.0	78.0

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.
- All Southwark patients in November were treated at KCH or GSTT

Actions Agreed to Meet Performance Standard

- 62 day pathway performance at GSTT associated with receipt of tertiary referrals and for some patients with pathways within the trust.
- Department of Health Intensive Support Team (IST) has reviewed processes at GSTT for patients whose total journey is within GSTT.
- The IST has also recently separately reviewed all old South London Healthcare Trusts (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 was held in mid-January.
- GSTT does not expect to meet this target before the end of the financial year.

Referral-to-Treatment: 18 weeks

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, KCH and NHS England.
- KCH have a combination of increased internal capacity and outsourcing to private providers in place. KCH 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 Q1 2014/15.

Referral-to-Treatment: 52 + week waits

52 + Week Waits	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Southwark CCG	3	5	7	3	8	8	10	6	14
KCH	49	44	31	24	28	29	33	27	78
GSTT	9	5	0	1	0	0	0	0	0

Cause of Reported Performance Position

•All Southwark long waiters are patients at KCH. In December the specialities with long waits for Southwark patients at King’s were 6 in gastroenterology for benign HpB surgery, 4 for neurosurgery, 2 for trauma and orthopaedics 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 of HpB 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 and in January.
- 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

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	Dec
Southwark CCG	1.86%	1.95%	1.85%	2.63%	2.41%	2.48%	1.52%	1.71%	2.02%
KCH (Denmark Hill)	3.00%	4.20%	2.77%	2.57%	1.23%	0.94%	0.87%	1.40%	1.6%
GSTT	2.00%	2.10%	3.08%	3.83%	5.13%	4.44%	2.17%	2.46%	3.17%

Cause of Reported Performance Position

- The main driver for under-performance is endoscopy at GSTT.
- Although GSTT has opened a new larger endoscopy suite, temporary limited staffing levels has resulted in an increased number of plus 6 week waiters in recent 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 and the CCG will receive the performance outturn in late February.

Actions Agreed to Meet Performance Standard

- GSTT has put additional sessions in place to increase staffing capacity using clinical fellows.
- GSTT is however likely to show a further increase in performance in January 2014 (data available Feb/March). 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

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 allows males and females to be more easily separated.
- Contractual penalties are being applied to breaches.
- A clinically-led assurance visit of the emergency department and CDU is scheduled to take place on 5th March 2014.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Monthly 1 st contacts to equal 12.5% trajectory	389	389	431	436	431	447	454	454	436	454
Number of first contacts	330	335	326	383	322	403	438	465	308	488
Recovery Rate (target 50%)	42.1	47.8	42.7	40.2	40.4	37.0	31.3	40.7	36.5	37.5

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 and January 2014 data.

Healthcare Acquired Infections (1 of 2)

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

MRSA

	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	YTD
Southwark CCG	1	0	0	0	0	0	1	1	2	3

- 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

	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	YTD
Southwark CCG	2	7	3	5	15	5	4	5	14	31
<u>Breakdown:</u>										
Non - Acute	0	5	3	2	10	1	3	0	4	14
GSTT	1	2	0	0	2	3	1	1	5	8
KCH	1	0	0	3	3	1	0	4	5	9

Healthcare Acquired Infections (2 of 2)

c. difficile - providers

	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	YTD	13/14 Target
KCH*	8	4	4	5	13	7	6	6	19	40	49
GSTT	3	6	3	6	15	6	4	3	13	31	47

*Denmark Hill only

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 to GSTT, 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.

Friends & Family Test – Response Rates

		Inpatient Response Rates (target 15%)						
		Quarter 1	July	August	September	October	November	December
KCH – Denmark Hill		40%	32%	34%	40%	50%	35%	43%
GSTT		28%	32%	36%	35%	33%	28%	26%

		A&E Response Rates (target 15%)						
		Quarter 1	July	August	September	October	November	December
KCH – Denmark Hill		8.0%	5.0%	12.9%	9.5%	9.9%	12.8%	9.6%
GSTT		6.0%	4.3%	5.4%	5.5%	5.5%	10.8%	16.1%

		Combined Response Rates (target 15%)						
		Quarter 1	July	August	September	October	November	December
KCH – Trust wide		13.4%	9.5%	15.3%	14.6%	13.7%	13.4%	15.2%
GSTT		12.5%	13.4%	14.3%	14.4%	13.9%	16.3%	18.9%

Note: Q2 data is not collected; only Q1 and Q4 data is collected.

Friends & Family Test - Scores

		Inpatient Score						
		July	August	September	October	November	December	Dec. national ave.
KCH – Denmark Hill		62	62	61	60	64	63	71
GSTT		78	79	79	79	82	79	

		A&E Score						
		July	August	September	October	November	December	Dec. national ave.
KCH – Denmark Hill		30	43	40	47	51	49	56
GSTT		34	52	63	60	62	61	

		Combined Score						
		July	August	September	October	November	December	Dec national ave.
KCH – Trust wide		48	50	50	55	54	56	64
GSTT		68	71	75	74	73	68	

- RAG ratings are based on national average scores
- Quarterly data is not collected for scores

Q1 Serious Incidents & Never Events requiring investigation

Never Events

- All Never Events at King's College Hospital
- Misplaced naso-gastric tube (April). Investigated. 3 month Action plan follow up at 12/9 SI Committee
- Maternal death of cystic fibrosis patient (April). Investigated. 3 month Action plan follow up at 12/9 SI Committee
- Retained object - femoral guide-wire (May). Investigated. 3 month Action plan follow up at 10/10 SI Committee

Provider SIs (EXCL NEs)	Q1 2013/14			Notes
	April	May	June	
KCH – All SIs (<u>Southwark patients in brackets</u>)	4 (2)	9 (3)	11 (4)	9 are Southwark residents (brackets) 8 LAS black breaches 1 prevented NE (surgery)
GSTT hospital and community - Southwark patients only	2	0	1	All hospital SIs , no community 1 maternity, 1 surgery, 1 ward based Reports late and being chased (Lambeth)
SLaM - Southwark patients only	2	0	0	2x unexpected Deaths: 1 = in patient with low BP taken to A&E 1 = community suspected suicide May/June v quiet but 5 SIs in July
Other Commissioned Provider - Southwark patients only	0	0	1	Tower Bridge nursing home. Inappropriate care and PU

*Excludes SIs not attributable to KCH e.g. pressure ulcers detected within 72 hours

Q2 Serious Incidents & Never Events requiring investigation

Points to Note

- 0 KCH Never Events
- 2 KCH Level 1 SIs notified in July now de-escalated
- 1 SLaM Level 2 mental health homicide (investigation due January 2014)

Provider SIs (EXCL NEs)	Q2 2013/14			Key themes & Notes
	July	August	September	
KCH – All SIs (<u>Southwark patients in brackets</u>)	14 (7)	7 (1)	9 (7)	<ul style="list-style-type: none"> • Pressure ulcers attributable • Fall/fractures • Delayed diagnosis/patient deterioration • Communication/documentation • Security • Maternity • Discharge error Total = 30 (15)
GSTT hospital and community - Southwark patients only	3	6	4	<ul style="list-style-type: none"> • Pressure ulcers attributable and non • Police investigating incident of staff fall/jump from roof of GST Total = 13
SLaM - Southwark patients only	5	1	3	<ul style="list-style-type: none"> • Homicide • Assault • Suspected/actual suicides Total = 9
Other Commissioned Provider - Southwark patients only	0	1	0	<ul style="list-style-type: none"> • Tower Bridge nursing home • Single investigation into the death of 2 patients underway Total = 1

Q3 Serious Incidents & Never Events requiring investigation

Points to Note

- 3 KCH (Denmark Hill) Never Events : 2 retained foreign objects (arterial line guidewire & cleaning pad); 1 wrong tooth extraction.
- 10 SIs logged at the PRUH have not been included in the below figures as NHS Bromley CCG review and assure these incidents. None of these SIs were for Southwark residents.

Provider SIs (EXCL NEs)	Q3 2013/14			Key themes & Notes
	October	November	December	
KCH – All SIs (<u>Southwark patients in brackets</u>)	15 (2)	14 (2)	11 (4)	<ul style="list-style-type: none"> • Higher number of SI/NEs than in previous quarters, (40 Q3 .v. 30 Q2) though lower of Southwark patients (8 Q3 .v. 15 Q2). • 3 NE, 10 serious falls, 8 hospital acquired PU 3 or 4 (mainly unavoidable). • 4 were Ambulance Black Breaches, 1 was an attributable MRSA death.
GSTT hospital and community - Southwark patients only	4	2	4	<ul style="list-style-type: none"> • 9 of 10 SIs are Pressure Ulcers grade 3 + 4, acquired both within the hospital and whilst under care of community staff. • Other SI is unexplained death (Grade 2).
SLaM - Southwark patients only	0	1	0	<ul style="list-style-type: none"> • Numbers are unusually low this quarter, though have been checked. Incident was suspected suicide of community outpatient.
Other Commissioned Provider - Southwark patients only	0	2	0	<ul style="list-style-type: none"> • Both incidents at nursing homes • One drug incident, one patient absconded.

National Audit Office Report: Elective waiting times

- On 23 January 2014 the National Audit Office published a report on *NHS waiting times for elective care in England*. The report examines the performance, recording and management of elective care waiting times.
- The report found that with few exceptions, the waiting time standards have been met nationally. It further identified a significant degree of local variations in how national waiting time rules applied and highlighted a number of errors in the trusts' recording of patients' waiting times.

Recommendations included in the NAO Report

The over-arching recommendation in the NAO's report was that the Department of Health should take steps to satisfy itself that NHS England has effective arrangements for making sure trusts' recording and reporting of waiting times is consistent and reliable.

The report also set out a number of recommendations for CCGs to consider:

1. Clinical commissioning groups and trusts should work together to impress on patients their rights and responsibilities.
2. Trusts and clinical commissioning groups should encourage patients to take ownership of their pathway to treatment by ensuring that each trust access policy is up to date, patient friendly and publicly available.
3. NHS England should increase the work it does with clinical commissioning groups and trusts to identify and spread good practice in waiting list management.
4. Clinical commissioning groups and trusts should work with referral management centres to ensure clock start dates are correctly recorded and passed on to trusts with supporting documentation.

Current local actions relevant to the NAO Review

- NHS England have not yet issued guidance to CCGs or trusts following the NAO report
- Both King's and GSTT run regular internal audits of their waiting times data to ensure that it consistently complies with national requirements.
- As part of the current contracting round both KCH and GSTT are working with commissioners to update their access policies. Part of this work will be to clearly establish and communicate with patients agreed policies for patients missing single appointments or requiring quick access back to specialist care following discharge by the trust to their GP.
- The CCG will act to ensure that trusts' access policies are easily accessible to patients and made available online and further consider additional communications with patients about their rights and responsibilities when accessing NHS services.