

Performance Report

1.1. Outcomes

Domain 5 – Treating and Caring for People in a Safe Environment and Protecting Them from Unavoidable Harm

The monthly Lewisham CCG infections for MRSA and CDifficile are reported on a commissioner basis i.e. an infection for a Lewisham patient could take place in any Trust. There has been the first MRSA infection reported by Kings at the end of November 2013. It is an ‘acute accountable’ infection and a root cause analysis report has been requested. CDifficile infections are within the plan set (19 infections year to date at October 2013 against a plan of 21 and for last year it was 23 infections at the same stage). The total plan for the year is 41.

1.2.NHS Constitution

This report only updates those items reported for October 2013

	Year to Date		Target	Oct
	Calculation	Actual		
NHS CONSTITUTION				
<i>Monthly Indicators</i>				
CB_B1: RTT 18 week compliance, admitted patients	Average	91.4%	90.0%	90.6% G
CB_B2: RTT 18 week compliance, non admitted patients	Average	97.7%	95.0%	97.4% G
CB_B3: RTT 18 week compliance, incomplete pathways	Average	93.8%	92.0%	93.5% G
CB_B4: Diagnostic test waiting times	Average	99.0%	99.00%	99.45% G
CB_B5: A and E 4 hour waiting time compliance (Lewisham site only)	Average	95.1%		93.40% A
CB_B6: All cancer two week waits	Average	94.4%	93.0%	93.8% G
CB_B7: Breast symptoms (cancer not initially suspected)	Average	93.8%	93.0%	96.2% G
CB_B8: Cancer first definitive treatment in 31 days	Average	98.5%	96.0%	98.6% G
CB_B9: Cancer subsequent treatment 31 days, surgery	Average	99.5%	94.0%	96.8% G
CB_B10: Cancer subsequent treatment 31 days, drug	Average	99.6%	98.0%	100.0% G
CB_B11: Cancer subsequent treatment 31 days, radiotherapy	Average	97.9%	94.0%	100.0% G
CB_B12: Cancer first treatment 62 days, GP referral	Average	84.5%	85.0%	83.8% A
CB_B13: Cancer first treatment 62 days, screening referral	Average	91.7%	90.0%	100.0% G
CB_B14: Cancer first treatment 62 days, consultant upgrade	Average	100.0%		
CB_B15_01: Ambulance category A (Red 1) 8 minute response	Average	76.4%	75.0%	75.0% G
CB_B15_02: Ambulance category A (Red 2) 8 minute response	Average	74.0%	75.0%	69.8% R
CB_B16: Ambulance category A 19 minute transportation time	Average	97.8%	95.0%	97.1% G
CB_B17: Mixed sex accommodation breach count	Cumulative	11	0	0 G
CB_S6: RTTs in excess of 52 weeks: Incomplete Pathways	Most recent	5	0	5 A

The key issues are:

- Mixed Sex Accommodation breaches: While there were zero for September and October 2013, there have been 12 reported by Kings for November 13. While the step down from intensive care issues are not creating breaches, the current breaches (99 in total for Kings) are the result of some mixed sex breaches in the Clinical Decision Unit where patients are often admitted after the Emergency Department. . They opened a

new 8 bed unit (which is a net increase of 2 beds) on the 31st December 2013 which should resolve the issue. NHS Southwark CCG will be conducting a clinically led visit to look at mixed sex at the Kings site.

- While all 18 weeks standards are being met, there are five patients on an incomplete pathway (i.e. still on the waiting list) beyond 52 weeks without being treated at the end of October 2013. Four of these patients were waiting at Kings, 2 in Gastroenterology – and 2 in General Surgery. The trust is outsourcing a cohort of the hepato pancreatico biliary (HpB) patients to a private provider with the remaining patients being treated at Kings College Hospital. Extra resources in Infill Block 4, which has now been delayed until mid-November, will have additional bed and theatre capacity for HpB, but the limiting factor is the availability of critical care beds. While extra critical care beds are coming on stream, their use will be dependent on winter pressures. The service is relooking at the patients waiting to see if there is any further flexibility in terms of outsourcing. However a realistic assessment of when long waiters will be cleared is likely to be the end of the financial year. Clinical review is on-going for all long waiters, noting that some HpB patients will be waiting at local hospitals rather than Kings. The data for November indicates only one patient waiting over 52 weeks without treatment.
- All Cancer targets have now been met year to date with the exception of GP referred patients waiting within 62 days from referral to treatment. The issues for those waiting longer are at GSTT and the Lewisham site. Overall cancer patient experience will be raised with GSTT at their January CQRC and the breaches at the performance meeting. The Lewisham and Greenwich NHS Trust will be asked to address their breaches at the performance meeting. There are 39 patients over the standard out of 249 – 2 less and the CCG would have met the standard.
- Lewisham ED and UCC performance on the 4 hour standard was 93.4% for October and has been 93.6% for Q3 2013/14. This places the site just under the 95% standard year to date. Winter Funding schemes have been agreed and are being put in place. LAS continue to meet RED1 life threatening calls over 75% of the time within 8 minutes, but are struggling to meet the RED 2 8 minute standard.

1.3 Quality Premium

A Quality Premium will be paid to the CCG dependent on performance in 13/14. Illustrative examples total about £1m. The payment is based on a percentage based on winning percentage points for outcome measures including the CCG local outcomes balanced by losing a quarter of the payment for **each** of the following constitutional commitment standards:

- Red 1 ambulance waits 75% in 8 minutes
- GP referral to treatment for cancer waiting times
- A&E 4 hour standard

- 18 weeks referral to treatment – incomplete performance over 92%

The final agreement will be paid when all data is available in the middle of 2014/15. Delivery Committee received a report on known issues.

The Delivery Committee agreed that the focus on local outcomes should be on ensuring that 1800 smoking quits were achieved for 13/14 (same as 12/13), but the CCG is currently about 60 cases less at the end of Quarter 2 compared to last year. It was agreed to redouble efforts with GPs and other methods of promoting stopping smoking.

Currently two of the four of the constitutional commitments are at risk, thereby losing half of the payment. A focus on recovering the 62 day cancer waiting times standard would reduce this to a quarter.