

Quality Report 2008-09



Everything we do at King's College Hospital is designed to achieve great outcomes for patients. We are proud to be taking part in a pilot project to develop Quality Accounts, which will be mandatory from next year.



So I am delighted to present our first Quality Report.

It is because of the professionalism and hard work of all the staff at King's that we achieved all the national targets in 2008, and this report highlights some of those successes. 2008 was a momentous year. We have made significant reductions in the number of healthcare associated infections and serious incidents. We have been accredited as an Academic Health Sciences Centre, and have been designated as proposed Trauma and Stroke Centre. We have been awarded National Exemplar status in the prevention and treatment of Venous Thromboembolism (VTE). King's also has the highest home birth rate in London, and the second highest in the country.

The Trust Board is committed to improving quality for patients by reducing infection rates, improving patient outcomes and improving the patient experience. We have been delivering this commitment through our First Choice service transformation programme.

I hope you find this report interesting. We are committed to continuous improvement, and welcome feedback. Your interest will ensure that we will build on our success as we strive to achieve World Class quality care for all our patients.

Tim Smart
Chief Executive
King's College Hospital NHS Foundation Trust



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1 Quality Narrative

King's made impressive progress in 2008/09 towards providing high quality care thanks to the excellent work of our staff. We continue to be a high performing Foundation Trust and have developed a wide range of initiatives to improve quality of care and patient experience.

Through our monthly "How Are We Doing?" (HRWD) survey, we continue to explore new ways to listen to our patients and make improvements based on this valuable feedback. The HRWD survey has been running since 2004, and we receive between 1,200 and 1,500 responses every month. Results are discussed at all levels from ward team meetings up to the Board of Directors, as well as being publicised to patients on wards.

Keeping patients safe is at the heart of everything we do. We signed up to the National Patient Safety Campaign and have developed effective systems for reporting adverse incidents and near misses, investigating the root causes of incidents and taking actions to make improvements. In 2008/09, compared with 2007/08, we reported:

- Zero serious (red) medication errors;
- Significant reduction in Clostridium difficile (C. diff) and Vancomycin resistant Enterococci (VRE) cases;
- 31% reduction in the total number of serious adverse incidents;
- 23% reduction in the total number of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) notifications;
- 22% reduction in the total number of needlestick injuries.

King's has a widely recognised performance management framework. All divisions and teams have well established scorecards which measure a range of quality indicators on a monthly basis. This timely and reliable information provides us with regular feedback on key measures including waiting times, infection rates and patient experience. Building on this strong infrastructure, we have identified a wide range of additional quality indicators to be measured in 2009/10.

Along with our partner organisations, Guy's & St. Thomas, South London & Maudsley NHS Foundation Trusts and King's College London, King's College Hospital is now part of King's Health Partners, one of the UK's first five Academic Health Sciences Centres (AHSC). This is international recognition of King's achievements and puts us in a strong position to continue our journey towards providing excellent quality of care our patients supported by world class research, education and innovation.

2 Quality Highlights 2008/09

This section highlights a number of quality improvements the Trust made in 2008/09.

2.1 Saving more lives in the Emergency Department



2008/09 saw a significant increase in the numbers of people coming through our Emergency Department. We provided quick access at the Emergency Department and King's is one of only two London teaching hospitals to achieve the 98% target for type 1 A&E performance in 2008/09.

King's has achieved excellent results in the national Trauma and Audit Research Network (TARN) data. In 2007/08 there were 4.6 unexpected survivors out of every 100 patients, and in 2008/09, 6.9 unexpected survivors out of every 100 patients, as shown in the table below:

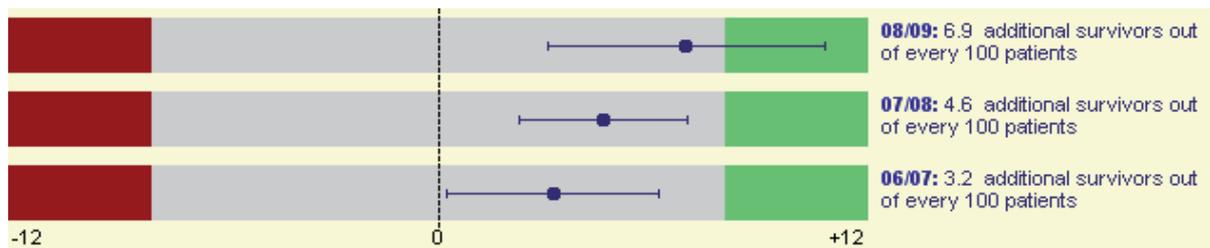


Figure 2-1 Trauma Care - Unexpected Survivors at King's 2006 - 2008

In addition, King's is rated among the best performing 20% of London trusts for the question "Overall, how would you rate the care you received in the Emergency Department?" according to the Healthcare Commission's 2008 national Emergency Department survey.

As part of the changes proposed under the *Healthcare for London* programme, King's Emergency Department has been designated as a potential Major Trauma Centre for London, in partnership with Guy's & St. Thomas'. We are currently awaiting the outcome of NHS London's public consultation on these proposals.

2.2 Providing excellent stroke care

According to the Royal College of Physicians, patients who come to a specialist stroke centre have a much better chance of receiving appropriate treatment which will reduce the chances of them suffering longer term disability.



The 2008 report of the National Sentinel Audit of Stroke found that King's is the best performing Trust across England, Wales and Northern Ireland in the following areas:

- Acute care organisation;
- Organisation of care;
- Transient ischaemic attack/neurovascular clinic;
- Continuing education;
- Team meetings and communication with patients and carers.

King's overall score for the organisation of stroke is 94 – the range across England, Wales & Northern Ireland being 15-95 and the median total organisational score being 69.

2.3 Leading edge cardiac services

High quality care for people having a heart attack includes early diagnosis and rapid treatment to re-open the blocked coronary artery responsible. This is usually undertaken using clot dissolving drugs, but King's is leading the way in providing a longer-term solution - primary angioplasty - where a balloon is inserted into the coronary artery to keep it open and restore blood flow.



The excellence of care for heart attack patients at King's is nationally recognised. Locally, King's now receives all patients from Lewisham Hospital's catchment area as well as our own, ensuring that this excellent service can reach the maximum number of people.

In 2008, 100% of King's patients received primary angioplasty, whilst the England and Wales average was 27%. 86% of King's patients received primary angioplasty within 90 minutes of arrival, against the England and Wales average of 79%. The average (median) time to receive a primary angioplasty at King's is 35 minutes compared to the average (median) of 56 minutes in England and Wales.

2.4 Providing better access and more choice in Maternity Services

We are providing better access and more choice in maternity services. More women chose to deliver their babies at King's in 2008/09 than ever before. In line with the Safer Childbirth report published by the Royal College of Obstetricians and Gynaecologists (RCOG), King's introduced 98 hour/week consultant obstetrics cover on its labour ward in October 2008.

We have introduced two new community midwifery group practices, representing a total of 14 additional midwives. As a result, our home birth rate has increased to over 10%, the second highest in the country.

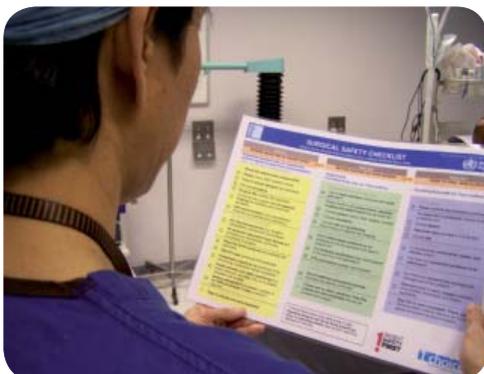
During the year, we began a project called Centering Pregnancy to trial a new model of maternity care, providing a complete antenatal service – assessment, support and education - within a group setting. The outcome of the pilot groups will help to inform our future model of antenatal care.

We are developing plans to create a midwifery led unit in line with recommendations from the Department of Health's *Maternity Matters* report. This will enable King's to provide all women using its maternity services with a choice of treatment and delivery options.



2.5 Theatre staff commit to safer surgery

The World Health Organisation recently identified a set of key safety steps to be used before, during and after every surgical operation or procedure in a hospital.



Operating theatre staff across King's are now using a surgical safety checklist which they have designed in collaboration with surgeons and anaesthetists. The checklist requires a team approach, and avoids the need to rely on separate checks being performed by different individuals. The new system is now being used in all of King's 26 operating theatres.

3 Quality Priorities 2009/10

Although we have made progress in improving quality in 2008/09, we fully recognise that there are a number of areas in which we can do better. We are consulting with our clinical staff, members, governors, managers and Trust Board on Quality Account development at King's. We will update the Trust scorecard with new quality indicators based on feedback received across the Trust. Specialties have started local discussions about developing additional local quality indicators.

Our strategy to deliver quality improvement is to embed quality into our existing performance management framework, engage and empower front line staff, strengthen our processes and focus on outcomes through monthly monitoring.

We will continuously monitor quality of care to ensure that emerging quality issues are addressed. With this in mind, we have identified four key quality priorities at King's in 2009/10:

Achieving
Never
Events

Enhanced
focus on
mortality &
morbidity
rates

Further
reduction
in infection
rates

Further
improve
patient
experience

3.1 Achieving Never Events

The National Patient Safety Agency (NPSA) published its *Never Events Framework 2009/10* in March 2009. In addition, *High Quality Care for All: the NHS Next Stage Review Final Report* proposed that a policy on Never Events should be introduced in the NHS in England from April 2009.

King's is committed to achieving the following Never Events¹ in 2009/10:

- Wrong site surgery;
- Retained instrument post-operation;
- Wrong route administration of chemotherapy;
- Misplaced naso or orogastric tube not detected prior to use;
- Inpatient suicide using non-collapsible rails;
- In-hospital maternal death from post-partum haemorrhage after elective caesarean section;
- Intravenous administration of mis-selected concentrated potassium chloride.

We will review operational procedures and "fail safe" mechanisms against each of these events with reference to national guidance, and each event will be subject to regular audit. King's has already introduced the World Health Organisation's Surgical Safety Checklist.

3.2 Enhanced focus on Mortality and Morbidity Rates

King's is proud of its record in achieving good outcomes for patients, and staff work hard to minimise poor outcomes including death and complications from treatments. Although only a very small percentage of King's patients die in the hospital, we strive to learn from each event. Mortality and morbidity meetings are held across the Trust.

Mortality rates are a key measure of a hospital's performance on clinical outcomes. Currently, there are a number of different measures of mortality, including the Hospital Standardised Mortality Ratio (HSMR) published by the Dr Foster Unit at Imperial College London and CHKS's Risk Adjusted Mortality Rate.

Although a recent Department of Health report² indicated that "*HSMR data is not a measure accurate enough to be used as an absolute indicator of quality and safety...triangulation of data is key.*", King's will be monitoring HSMR and Risk Adjusted Mortality Rate as well as deaths in low risk disease groups during 2009/10.

1. The Framework sets out a list of eight Never Events, including one related to mental health settings - "Escape from within the secure perimeter of medium or high secure mental health services by patients who are transferred prisoners"

2. Page 5, Mid Staffordshire NHS Foundation Trust: A review of lessons learnt for commissioners and performance managers following the Healthcare Commission investigation by Dr David Colin Thomé. 29 April 2009.

3.3 Further reduction in infection rates

Minimising the number of healthcare associated infections remains a top priority. We have already introduced a number of initiatives to support this, including:

- An increase in the number of isolation facilities;
- Increased hand-washing facilities;
- Improved prescribing of antibiotics.

As a result, we have already achieved significant reductions in C. diff and VRE infections. In 2008/09, we reported a 40% reduction in C. diff cases and a 31% reduction in VRE cases.

New initiatives to be implemented in 2009/10 include:

- MRSA screening of all emergency as well as elective cases;
- Continued monitoring of best practice and learning from other NHS organisations;
- Additional investment in infection control staff.



3.4 Further improve patient experience

Listening to what our patients tell us and improving their experience is core to King's objectives and priorities. Our ongoing "How Are We Doing?" (HRWD) survey provides feedback from all inpatient areas, Day Surgery and the Dental Hospital. We have piloted a number of patient feedback methods in outpatient areas, including face to face interviews, touch screen kiosks, comment schemes and surveys. We are currently trialling HRWD survey in outpatient areas.

A Trust wide comment card scheme covers all public areas of the hospital, and can be used by patients, visitors and staff. Our Divisions undertake a range of patient engagement work to inform service design and improve services, from focus groups to involving staff in recruitment and training.



We undertook a number of service transformation initiatives in 2008/09 in our outpatient areas. As a result, changes have been made to the clinic environment in some areas, including replacing televisions with speakers playing easy listening music and installing information boards to inform patients about how long they have to wait and, if there is a delay, the reason for the delay.

In 2008/09 we also launched a monthly Patient Experience Report, integrating patient feedback from the HRWD survey, complaints, Patient Advice and Liaison Service (PALS) and patient comments. The report has information at Trust, division and ward/specialty level, and will be a key tool to drive service improvement. A Patient Engagement Guide for staff has been launched to help staff listen to patients and engage them in service design and evaluation.

Learning from recently published 2008 National Inpatient Survey, we will continue existing work streams and develop new initiatives to further improve the patient experience at King's in 2009/10, including:

- Roll out patient feedback to outpatient services
- Implement improvements that make it easier for patients to contact the hospital
- Review our referral and appointments processes and written communication with patients
- Introduce "Quality Ward Rounds³"

3. An initiative of auditing care of exiting inpatients on a weekly basis.

4 Response to Regulators

King's was fully compliant with all core targets in 2008/09 and achieved a green rating from Monitor.

King's was inspected by the Healthcare Commission against the Hygiene Code in July 2008 and was found to be fully compliant in all areas inspected. The inspection found that King's has appropriate management systems in place, a clean environment and adequate isolation facilities.



King's was fully compliant with all core standards under Standards for Better Health.

King's achieved an 'excellent' rating for use of resources and a 'fair' rating for quality in the Healthcare Commission's 2007/08 Annual Healthcheck. Under the 'quality' rating, King's achieved full compliance against all existing national targets, but failed to achieve full compliance with two areas under new national targets as the result of data submission errors. Robust systems have been put in place to ensure there is no recurrence, and these have been audited by the Trust's external auditors.

5 Response to LINKs and feedback from Members and Governors

At King's, we have well established forums and programmes to engage members and governors. We are also working closely with our Local Involvement Networks (LINKs) to establish protocols for working together.

During 2008/09 the Trust undertook an extensive public consultation exercise with partner organisations Southwark and Lambeth PCTs, and South London and Maudsley NHS Foundation Trust on the proposed redevelopment of the Emergency Department. The local LINKs from Lambeth and Southwark were involved in the consultation process, as were a range of patient groups, members, Governors and other voluntary and statutory organisations.

The Trust holds a series of members' community meetings annually, which are used as forums for debate about the Trust's strategic priorities, to enable member feedback to the Trust on key issues, and to facilitate interaction between Governors and members, and with the local community. The Trust also holds an annual Open Day, to which all members are invited. We also run a popular Member Seminar programme.

Governors have participated in a variety of ways in a range of patient experience and safety initiatives within the Trust during the year. They have taken part in quality ward rounds, the annual PEAT (Patient Environment Action Team) inspection, undertaken qualitative work in the Health and Ageing Unit, conducted interviews with patients and members of the public at the Open Day. Governors sit on a range of Trust committees involved with the patient experience, including the Nutrition Support Group, and the Patient/Carer Experience Group. A sub group of the Board of Governors, the Patient Experience and Safety Committee is responsible for drafting the Governors' commentary on the Trust's submission for Standards for Better Health and focusing on the Trust's work on improving patient experience and safety.

A range of changes have been made as the result of feedback from Governors, members and patients over the year. These include:

- General and Emergency Medicine: improved systems for ensuring that patients in the Health and Ageing unit receive appropriate help to eat their meals - changes have already resulted in increased patient satisfaction;
- Ophthalmology outpatients: removal of televisions from waiting areas and replacement with speakers playing music;
- Child Health: employment of three new play specialists;
- Trust wide: relocation of external smoking cabins away from main entrances.

6 Quality Overview

6.1 Quality Metrics 2008/09

Safety measures reported	2007/2008	2008/2009
1. Infections		
1.1. Patients with Clostridium difficile/10,000 bed days	9.93	5.83
1.2. Number of VRE cases /10,000 bed days	1.65	1.14
1.3. Patients with MRSA infection/10,000 bed days	1.14	1.14
2. Number red medication errors	0	0

Effectiveness measures reported		
3. Trauma care-the number of "unexpected survivors out of every 100 patients"	4.6	6.9
4. Average Length of Stay – non-elective	4.4	4.1
5. Day case rate	73.3%	74.6%

Patient experience measures reported		
6. King's HRWD Survey results – the proportion of positive responses from all discharged in-patients :		
6.1. Care perceptions	84.8%	85.8%
6.2. Patient engagement	82.9%	84.6%
6.3. Environment	68.1%	70.6%

4. Trust Scorecard, King's College Hospital NHS Foundation Trust

5. Infection Control Report, King's College Hospital NHS Foundation Trust

6. Trust Scorecard, King's College Hospital NHS Foundation Trust

7. National Trauma Audit & Research Network: <https://www.tarn.ac.uk/Content.aspx?c=2897&hid=8102>

8. Trust Scorecard, King's College Hospital NHS Foundation Trust

9. Trust Scorecard, King's College Hospital NHS Foundation Trust

10. Trust Scorecard, King's College Hospital NHS Foundation Trust

6.2 National Targets and Regulatory Requirements

We are fully compliant with all national core standards and are also confident about our performance against these existing commitments and new national priorities set by the Care Quality Commission.

Core Standards and Existing Commitments

Indicator Name	Measure	Time period	Threshold	2008/09
Access to GUM Clinics	%	Financial Year 2008/09 Quarters 1 to 4 v Financial Year 2007/08 Quarters 1 to 4	95.41%	100%
Data Quality on ethnic group	%	April 2008 to December 2008	80.00%	92.50%
Time to reperfusion for patients who have had a heart attack	%	Financial year 2008/09	N/A	N/A ¹⁰
Delayed transfers of care	%	Q1 & Q2 of Financial year 2008/09	3.50%	0.17%
Total time in A&E	%	Financial year 2008/09	98%	98.3%
Inpatients waiting longer than the 26 week standard	%	Financial year 2008/09	≤0.03%	0%
Outpatients waiting longer than the 13 week standard	%	Financial year 2008/09	≤0.03%	0%
Patients waiting longer than 3 months (13 weeks) for revascularisation	%	Financial year 2008/09	≤0.1%	0%
Waiting times for Rapid Access Chest Pain Clinic	%	Financial year 2008/09	≥98%	98.8%
Cancelled operations and those not admitted within 28 days	%	Financial year 2008/09	≤0.8%	0.58%
	%	Financial year 2008/09	≤5%	0.95%

11. Not Applicable as thrombolysis treatment is not the King's treatment for patients with acute myocardial infarction.

New National Priorities

Indicator Name	Calculating the indicator	Measure	Time period	Threshold	2008/09
Infant health & inequalities: smoking during pregnancy and breastfeeding initiation	The actual number of women known to be smokers at the time of delivery divided by the actual number of maternities (2008/09 v 2007/08)	%	Financial Years 2007/08 and 2008/09	6.5%	6.6%
	Data quality on smoking status not known (must be below 5%)	%	Financial Year 2008/09	≤5%	4.6%
	The actual number of mothers who initiate breastfeeding, within first 48 hours divided by the actual number of maternities. (2008/09 v 2007/08)	%	Financial Years 2007/08 and 2008/09	90.5%	92.7%
	Data quality on breastfeeding status not known (must be below 5%)	%	Financial Year 2008/09	≤5%	0.0%
Participation in heart disease audits	Greater than or equal to 90% completion for the key fields in Myocardial Ischaemia National Audit Project (MINAP) ¹¹	%	Financial year 2008/09	90%	98.20%
	Trusts to take part in annual 2008 MINAP data validation exercise ¹²	Validated > 15 records	End of 2008	> 15 records	21 records validated
	Participated in the BCIS-CCAD audit project ¹³	Upload	Calendar year 2008	Unknown	4 uploads in year
	Greater than or equal to 90% completion of the key fields recorded by BCIS-CCAD audit project ¹⁴	%	Calendar year 2008	90%	98.80%
	Whether a Trust that provides PCI procedures has greater than or equal to 90% completion for the key date/time fields for primary PCI patients ¹⁵	%	Calendar year 2008	90%	98.80%
	Participation in adult cardiac surgery audit	Data Submission ¹⁶	Financial year 2008/09	Unknown	Participated - 6 submissions in year
	Participation in cardiac rhythm management audit		Calendar year 2008	Unknown	Participated - 3 submissions in year
	Participation in congenital heart disease audit		Financial year 2008/09	N/A	N/A

12. Data completeness is measured in 20 key fields.

13. The data completeness fields will form the basis of the validation exercise. Evidence of this will be based on validation of a minimum of 15 records.

14. Measures whether or not Trusts which provide PCI procedures participated in the BCIS-CCAD audit project with the uploading of individual procedural data to the Central Cardiac Audit Database (CCAD) servers.

15. Data completeness is measured in 12 key fields.

16. There are 5 key fields and it is noted that if the first hospital is also the PCI hospital, then the filed arrival to first hospital should match arrival at PCI hospital.

17. Trust deemed to participate in audit if they have systems and processes in place to submit data via the appropriate data collection method and used this method to submit. Trusts must have continuously submitted data for the audits once participation has commenced.

Indicator Name	Calculating the indicator	Measure	Time Period	Threshold	2008/09
Engagement in clinical audits	Between 1st April 2008 and 31st March 2009, did the Trust participate in local and/or national audits of the treatment and outcomes for patients in each clinical directorate covered by the trust?	Yes/No response to the 5 stages of clinical audit	Financial year 2008/09	Yes	Infection control audit programme: additional evidence being collated via the Clinical Audit Support System
	By 31st March 2009, did the Trust have a clinical audit strategy and programme related to both local and national priorities with the overall main aim of improving patient outcomes?	Yes/No response to 2 principles	Financial year 2008/09	Yes	documents signed off at Clinical Effectiveness Committee on 2/2
	Between 1st April 2008 and 31st March 2009, did the Trust make available suitable training, awareness or support programmes to all clinicians regarding the Trust's systems and arrangements for participating in clinical audit?	Yes/No response if training includes the 5 stages of clinical audit	Financial year 2008/09	Yes	Training programme in place, widely disseminated information
	Between 1st April 2008 and 31st March 2009, did the Trust ensure that all clinicians and other relevant staff conducting and/or managing clinical audits were given appropriate time, knowledge and skills to facilitate the successful completion of the audit cycle?	Yes/No response	Financial year 2008/09	Yes	Training programme in place, widely disseminated information; ICAMS, CASS, IAMS, Clinical Effectiveness Department, system in place for obtaining patient records for audit
	Between 1st April 2008 and 31st March 2009, did the Trust undertake a formal review of the local and national audit programme undertaken in the Trust to ensure that it meets organisations aims and objectives as part of the wider quality improvement programme?	Yes/No response	Financial year 2008/09	Yes	Reviewed at Clinical Effectiveness Committee on 27th April and agreed
	Between 1st April 2008 and 31st March 2009, did the Trust's management or governance leads receive regular reports on the progress being made in implementing the outcomes of national clinical audits and review the outcomes, with additional or re-audits being conducted where necessary?	Yes/No response	Financial year 2008/09	Yes	Reports to Clinical Effectiveness Committee on stroke, MINAP and diabetes audits; reports to PSQC by divisions include other national audits. Compilation of evidence included in quarterly CED workstream reports to CEC.

Indicator Name	Calculating the indicator	Measure	Time Period	Threshold	2008/09
Stroke Care	The percentage of patients recorded within the National Sentinel Audit of Stroke that have spent more than 90% of their stay in hospital on a stroke unit	%	2008	56.30%	92%
	Screening for swallowing disorders within 24 hours of admission	%		73.30%	98%
	Brain scan within 24 hours of stroke	%		57.30%	98%
	Aspirin within 48 hours of admission	%		88.30%	100%
	Physiotherapy within 72 hours of admission	%		88.00%	96%
	Occupational therapy within 4 working days of admission	%		69.00%	96%
	Patient weighed during admission	%		75.70%	98%
	Mood assessed by discharge	%		67.80%	100%
	Rehabilitation goals agreed	%		91.80%	100%
Maternity Hospital Episode Statistics: data quality indicator	Numerator: Number of mandatory fields not complete within all Maternity FCE's. Denominator: Number of mandatory fields within all Maternity FCE's.	%	April - December 2008	Unknown	9%
Incidence of MRSA Bacteraemia	60% Reduction on 2003/04 performance = 43 cases.	Number	Financial year 2008/09	43	39
	Data Quality - NHS number	%	Financial year 2008/09	Unknown	100%
	Data Quality - 15th of month sign off	%	Financial year 2008/09	100%	100%
Incidence of Clostridium difficile	Trusts total trajectory for 2008/09 = 242 cases.	%	Financial year 2008/09	242	199
	Data Quality - NHS number	%	Financial year 2008/09	99%	100%
	Data Quality - 15th of month sign off	%	Financial year 2008/09	100%	100%

Indicator Name	Calculating the indicator	Measure	Time Period	Threshold	2008/09		
					Jan	Feb	March
18 week referral to treatment times	18 weeks referral to treatment admitted patients	%	January - March 2009	90%	93.20%	92%	92%
	18 weeks referral to treatment admitted patients data quality	%		90%-110%	91%		
	18 weeks referral to treatment non-admitted patients.	%		95%	96.30%	97%	97%
	18 weeks referral to treatment non-admitted patients data quality	%		90%	94%		
	18 weeks direct access audiology patient with completed pathways	%	January - March 2009	95%	99%	97.30%	97.50%
	18 weeks direct access audiology patient with completed pathways data quality	%		90%-100%	100%		
All cancers: 2 week wait	Numerator: The number of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer. Denominator: The number of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer.	%	April - December 2008	≥98%	100%		
All cancers: one month diagnosis to treatment (including new cancer strategy commitment)	Numerator: The number of patients receiving their first definitive treatment within 31 days of a decision to treat for cancer. Denominator: The total number of patients receiving their first definitive treatment for cancer.	%	April - December 2008	≥98%	99%		
	Numerator: The number of patients receiving their first definitive treatment within 31 days of a decision to treat for cancer. Denominator: The total number of patients receiving their first definitive treatment for cancer.	%	January - March 2009	Unknown	Currently being validated		
	Numerator: The number of patients receiving subsequent treatment within 31 days of a decision to treat for cancer. Denominator: The total number of patients receiving subsequent treatments for cancer.	%	January - March 2009	Unknown	Currently being validated		

Indicator Name	Calculating the indicator	Measure	Time Period	Threshold	2008/09
All cancers: 2 month GP urgent referral to treatment (including new cancer strategy commitment)	Numerator: The number of patients receiving their first definitive treatment for cancer within 62 days of GP/dentist urgent referral for suspected cancer. Denominator: The total number of patients receiving their first definitive treatment for cancer following a GP/dentist urgent referral for suspected cancer.	%	financial year 2008/09	96.36%	99%
	Numerator: The number of patients receiving their first definitive treatment for cancer within 62 days of GP/dentist urgent referral for suspected cancer. Denominator: The total number of patients receiving their first definitive treatment for cancer following a GP/dentist urgent referral for suspected cancer.	%	January - March 2009	Unknown	Currently being validated
	Numerator: The number of patients receiving their first definitive treatment for cancer within 62 days of urgent referral from the national screening service. Denominator: The total number of patients receiving their first definitive treatment for cancer following an urgent screening referral for suspected cancer.	%	January - March 2009	Unknown	Currently being validated
	Numerator: The number of patients receiving their first definitive treatment for cancer within 62 days of urgent referral from a consultant (consultant upgrade) for suspected cancer. Denominator: The total number of patients receiving their first definitive treatment for cancer following an urgent referral from a consultant (consultant upgrade) for suspected cancer	%	January - March 2009	Unknown	Currently being validated