

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
PERFORMANCE REPORT**

Date of the meeting	15/01/14
Author	P Dove, Head of Performance Intelligence
Sponsoring GB member	P Vater, Chief Finance Officer
Purpose of report	To note the progress against National and Local Performance Standards for 2013/14.
Recommendation	The Governing Body is asked to Note the report.
Resource implications	None
Link to strategic principles	Implementation of the NHS Dorset Clinical Commissioning Group 2013-2018 Strategy.
Risk assurance Impact on high level risks	None
Outcome of equality impact assessment process	No issues identified.
Actions to address impact	N/A
Legal implications	None
Freedom of information	Unrestricted information.
Stakeholder engagement	N/A
Reason for inclusion in Part 2	N/A
Previous Committees/Governing Body	Previous Directors meetings and Governing Body.

PURPOSE

The purpose of this report is to outline the progress against the National and Local Performance standards for 2013/14.

INTRODUCTION

The Corporate Performance Report has been designed to incorporate all of the main performance targets of the Clinical Commissioning Group including the National Operating Framework Performance Measures. The detail below, and annexes attached, report on any significant underperformance for the Commissioner, and for the main NHS Foundation Trust providers.

PERFORMANCE SUMMARY 2013/14

Performance information for 2013/14, where known, is set out in Appendix 2. The performance concerns are noted below:

18 Week Referral to Treatment (Lead Director JP).

18 Week Performance

The NHS Foundation Trusts within the Dorset Clinical Commissioning Group health community are achieving national 18 week standards at aggregate level. There is however variation in performance at speciality level as shown below.

The following performance is noted for Referral to Treatment Admitted Specialty Compliance at Provider level (and therefore subject to various commissioning organisations), for the period ending 31 October 2013:

RTT Specialty	RBH	Poole	DCH	Salisbury	Yeovil
No of Specialties	10	14	12	14	15
No of Specialties Achieving	8	14	12	14	15

Royal Bournemouth NHS Foundation Trust reported two specialties underperforming as at 31 October 2013 (General Surgery and Ophthalmology) for admitted pathways. Significant progress has been made by the NHS Foundation Trust in October 2013 where the Trust achieved both Urology and T&O despite challenges.

The weekly PTL highlighted an increasing pressure within Ophthalmology. The NHS Foundation Trust has confirmed a number of factors which has led to the deteriorating performance in this area such as inability to recruit to new and vacant posts and an increase in referrals to secondary care. The latter point is being investigated by the CCG.

The NHS Foundation Trust is currently providing additional activity to reduce the backlog and is exploring further options for securing further additional capacity.

Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust both achieved all admitted specialties for the period ending 31 October 2013.

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The following performance is noted for Referral to Treatment Non Admitted Specialty Compliance at Provider level (and therefore subject to various commissioning organisations) for the period ending 31 October 2013:

RTT Specialty	RBH	Poole	DCH	Salisbury	Yeovil
No of Specialties	15	16	15	16	17
No of Specialties Achieving	15	14	15	16	16

All Local Providers achieved the Non Admitted specialty level standards with the exception of Poole Hospital NHS Foundation Trust who marginally underperformed in Oral Surgery (commissioned by NHS England) and Neurology.

The following performance is noted for Referral to Treatment on Incomplete Pathway Compliance at Provider level (and therefore subject to various commissioning organisations) for the most recent reported month:

RTT Specialty	RBH	Poole	DCH	Salisbury	Yeovil
No of Specialties	15	15	15	16	17
No of Specialties Achieving	15	15	15	16	17

Indicative local targets have been set to ensure NHS Foundation Trust waiting list positions improve. The current position at the end of October 2013 indicates that the waiting list position across the local health community has deteriorated across the majority of providers with notable increases at Dorset County Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust. The table below indicates the latest waiting list position compared with 31 March 2013.

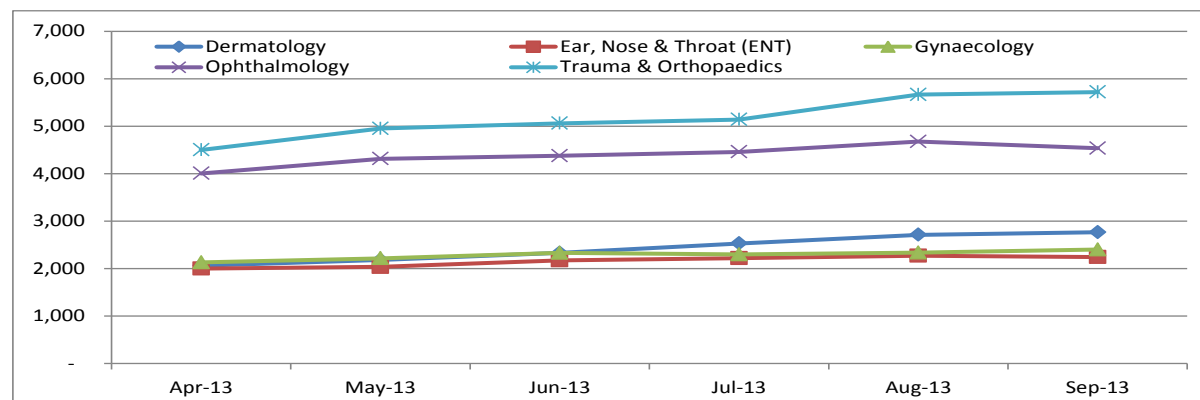
RTT	RBH	Poole	DCH	Salisbury	Yeovil
Target Number of Waits	12,476	8,208	8,383	9,752	5,547
Actual Number of Waits	13,367	8,818	10,163	10,407	5,797

Dorset Clinical Commissioning Group reported no patient waiting over 52 weeks for treatment as at 31 October 2013. The following table shows the number of patients waiting in excess of 35 weeks for treatment at Provider level (and therefore subject to various commissioning organisations):

RTT	RBH	Poole	DCH	Salisbury	Yeovil
Actual Number of Waits (Provider)	14	2	14	9	10

The performance of Dorset County Hospital NHS Foundation Trust for the period ending 31 October 2013 remains disappointing with 14 patients waiting over 35 weeks for treatment compared with 7 as at 31 March 2013. The number of over 35 week waiters across the remaining providers has improved when compared to the reported position in March 2013.

The line graph below shows the number of patients on the Incomplete Pathway, otherwise known as the Inpatient and Outpatient waiting list for the period ending 30 September 2013 for Dorset CCG patients. Five specialties where the largest increases can be observed are shown below.



The above table clearly identifies three specialties where there has been a notable increase in the waiting list when compared to the position as at 30 April 2013.

Trauma and Orthopaedics: 27% increase, primarily in August and September.

Dermatology: 34% increase, primarily from July 2013

Ophthalmology: 13% increase, primarily from May 2013.

Both ENT and Gynaecology have seen 12% increases in the number of patients on the waiting list as at 30 September 2013 when compared to April 2013.

Quality and Infection Control (Lead Director SR)

For the period ending 31 October 2013 all local providers with the exception of Yeovil District Hospital NHS Foundation Trust have reported one cases of MRSA thus failing to achieve the national objective.

Performance against nationally set C DIFF objectives is currently disappointing. Dorset CCG has seen a small increase in the number of cases reported when compared to the corresponding period in 2012/13 although the number of cases reported in both October and (provisionally November) look promising.

Dorset County Hospital NHS Foundation has reported 17 cases in the first seven months of 2013/14 (and 1 provisional case in November), compared to the 2013/14 full year objective of 18 cases. Dorset CCG has issued the NHS Foundation Trust with a contract query notice with a view to seeking remedial action.

There were no cases of Mixed Sex Accommodation in October 2013.

The quarter 2 publication of the Friends and Family Test has recently been published. The results show that across Dorset the combined scores are significantly better than the England average however the response rate, particularly within A&E services is notably worse than the England average.

Dorset CCG has written to local providers to ensure actions are in place to increase the response rate over the next two quarters which will enable payment of the 2013/14 CQUIN.

	Inpatient response rates			A&E response rates			Combined response rates		
	July	August	September	July	August	September	July	August	September
England	27.8%	28.9%	29.4%	10.4%	11.3%	13.2%	16.1%	17.1%	18.6%
Yeovil District Hospital NHS Foundation Trust	40.3%	50.6%	51.7%	4.5%	4.4%	8.4%	16.5%	19.7%	22.8%
Royal Bournemouth Hospitals NHS Foundation Trust	35.7%	42.8%	40.1%	4.7%	6.6%	7.8%	13.5%	17.0%	17.2%
Salisbury NHS Foundation Trust	38.4%	47.1%	45.5%	4.7%	21.1%	17.7%	15.5%	30.0%	27.6%
Dorset County Hospital NHS Foundation Trust	20.8%	18.4%	16.3%	4.0%	2.8%	9.5%	10.1%	8.2%	12.0%
Poole Hospital NHS Foundation Trust	20.8%	27.4%	34.3%	3.2%	6.7%	5.6%	7.6%	12.3%	13.4%

	Inpatient Score			A&E Score			Combined Score		
	July	August	September	July	August	September	July	August	September
England	71	72	72	54	56	52	64	65	63
Yeovil District Hospital NHS Foundation Trust	68	69	69	52	46	65	65	66	68
Royal Bournemouth Hospitals NHS Foundation Trust	73	75	69	54	60	66	68	71	68
Salisbury NHS Foundation Trust	74	81	77	70	72	65	73	77	72
Dorset County Hospital NHS Foundation Trust	83	78	89	85	85	64	83	80	77
Poole Hospital NHS Foundation Trust	60	75	80	67	74	67	67	74	76

Urgent and Emergency Care (Lead Director JP)

Performance remained positive across Emergency Departments throughout October 2013 where only Dorset County Hospital NHS Foundation Trust underperformed against the 95% standard, delivering 94.8%. Subsequent performance assessed on a daily basis indicates performance may have deteriorated in November 2013 whilst current performance at Dorset County Hospital NHS Foundation Trust in the first week of December 2013 is significantly under the 95% threshold.

Ambulance Handovers delays worsened marginally in October 2013, however significantly better than the corresponding period in 2012/13.

South Western Ambulance Services NHS Foundation Trust is currently failing a key national standard for the period ending 31 October 2013. Performance across the entire provider (which includes the old SWAST and GWAST areas) indicates a significant underperformance of the Red 1 standard. The NHS Foundation Trust has indicated that the main concern with this standard is the relatively low number of Red 1 activations per day in unpredictable locations, and with the area covered by the Trust largely rural, the achievement of this target is very challenging.

Performance in Dorset against the Red 1 standard is particularly strong where 83% of activations are responded to within 8 minutes. South Western Ambulance Services NHS Foundation Trust continues to achieve all ambulance standards across Dorset CCG for the period ending 31 October 2013.

The Urgent and Emergency Care Board continues to meet to discuss the priorities for 2013/14 and has agreed plans submitted by local 'hubs'. Further work has been undertaken with each 'hub' to ensure each plan has a timeframe for implementation, and to ensure each plan has agreed outcomes. The Clinical Commissioning Group continues to develop an overarching Urgent and Emergency Care dashboard aimed at supporting the group and to ensure agreed plans and programmes deliver the expected outcomes across Dorset.

Dorset Healthcare University Foundation Trust (Lead Director JP)

Mental Health Services

As at September 2013, DHUFT are reporting that 50% of Mental Health Targets are being met, these exceptions are primarily around indicators relating to, number of people in receipt of specialist mental health being recorded as employed, responses to emergency referrals achieved by the crisis response team within 3-4 hours, reducing the rate of admissions, individuals accessing CRHT who have an individualized care plan, percentage of patient being compulsory admitted, Memory assessment service percentage of initial assessment and treatment completed within 4 weeks of referral. Dorset CCG has formally raised concerns that the NHS Foundation Trusts achievement rate is currently only achieving 50% and the NHS Foundation Trust has confirmed that they are working towards improving this.

Children and Young People Services

As at September 2013, DHUFT are reporting that 90% of C&YPS targets are being met. Exceptions include, Breastfeeding Prevalence at 6-8 weeks, number of four-week quitters who attended NHS stop smoking service, percentage of looked after children in Bournemouth & Poole receiving Review Health Assessments, school nursing non face to face contacts.

Community Health Services

As at September 2013, DHUFT are reporting that 92.9% of Community Health Services targets are being met. Exceptions include Delayed Transfers from Acute hospitals for reasons attributable to Dorset Healthcare, delayed transfers of care from community hospitals, waits for pulmonary rehab assessment, RTT 18 weeks (2 specialties did not achieve 18 weeks).

A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report.

Recommendation

Note the progress being made against National and Local quality standards.

Author's Name and Title: Phil Dove, Head of Performance Intelligence

Date : 18/12/13

Telephone Number: 01202 541621, Mobile 07920084236

Appendices

Appendix 1

Corporate Performance Report 2013/14