NHS Dorset Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group - Business Intelligence

Corporate Performance Report & Quality Premium January 2015

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Data source: Performance Data
Date published: 27/02/2015



Supporting people in Dorset to lead healthier lives

NHS Dorset Clinical Commissioning Group - Organisational Standards - January 2015, or latest monthly performance									
Operational Standards	**Indicator Definition**	**CCG**	**RBH**	**PHT**	**DCH**	**DHUFT**	**Salisbury**	**Yeovil**	**SWAST**
Referral To Treatment waiting times for non-urgent consultant-led treatment	Admitted patients to start treatment within a maximum of 18 weeks from referral (specialty level)								
	Non-admitted patients to start treatment within a maximum of 18 weeks from referral (specialty level)								
	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral (specialty level)								
	Zero tolerance of over 52 week waiters								
Cancer waits – 2 week wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP								
	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)								
Cancer waits – 31 days	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers								
	Maximum 31-day wait for subsequent treatment where that treatment is surgery								
	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen								
	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy				o/s		o/s	o/s	
Cancer waits – 62 days	Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer								
	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers								
	Maximum 62-day wait for first definitive treatment following a consultant"s decision to upgrade the priority of the patient (all cancers)								
Category A ambulance calls	Category A Red 1 calls resulting in an emergency response arriving within 8minutes								
	Category A Red 2 calls resulting in an emergency response arriving within 8minutes								
	Category A calls resulting in an ambulance arriving at the scene within 19 minutes								
111 Service	Calls answered within 60 seconds (following completion of the initial answerphone message)								
Ambulance Handovers	All handovers between ambulance and A&E must take place within 15 minutes								
Ambulance Crews	Following handover between ambulance and A&E ambulance crew should be ready to accept new calls within 15 minutes								
Diagnostic test waiting times	Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral								
A&E waits	Patients should be admitted, transferred or discharged within 4hours of their arrival at an A&E department								
	No waits from decision to admit to admission (trolley waits) over 12 hours								
Cancelled Operations	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient"s treatment to be funded at the time and hospital of the patient"s choice.								
	No urgent operation to be cancelled for a 2nd time								
Mental Health	Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period								
IAPT/Steps to Wellbeing	Proportion of people who have depression and/or anxiety disorders who receive psychological therapies								
	Proportion of people who complete treatment who are moving to recovery								
Prescribing	Failure to Publish Formulary	To Be Confirmed							

Dorset CCG: Quality Premium: Report for Month: January 2015

The 'Quality Premium' reward to be paid to CCGs in 2014/15 will be subject to the CCG delivering financial targets within resources and managing performance across a range of NHS Constitution requirements, rights and pledges. In addition, the amount of reward will be based on performance across five national measures and one local measure. The maximum quality premium payment for a CCG will be expressed as **£5 per head of population**, calculated using the same methodology as for CCG running costs. (This is in addition to a CCG's main financial allocation for 2014/15 and in addition to its running costs allowance.)

CCG Population : ESTIMATE	**750,000**	Illustrative Premium:	**£3,750,000**

Is the CCG on Target to manage within resourses?
Note: A CCG will not receive a quality premium if it:
a) is not considered to have operated in a manner that is consistent with Managing Public Money during 2014/15; or
b) incurs an unplanned deficit during 2014/15, or requires unplanned financial support to avoid being in this position; or
c) incurs a qualified audit report in respect of 2014/15.

The total quality premium payment for a CCG **will be reduced if its providers do not meet** the NHS Constitution rights or pledges for patients in relation to
(a) maximum **18-week waits from referral to treatment**,
(b) maximum **four-hour waits in A&E** departments,
(c) maximum **14-day wait from a urgent GP referral for suspected cancer,** and
(d) maximum **8-minute responses for Category A red 1 ambulance calls**.

	Current	RAG/FOT	Period
92% of Patients during the year should wait no more than 18 weeks from referral to consultant-led treatment	95.2%		Nov-14
95% of Patients during the year should be admitted, transferred or discharged within four hours of their arrival at an A&E department	94.2%		Jan-15
93% of Patients during the year should have a maximum wait of 14 days from urgent GP referral for suspected cancer	92.0%		Nov-14
75% 8 minute response for **Cat A (RED 1)** ambulance calls	74.7%		Dec-14
Expected Adjustment	**(75%)**		

Quality Premiums		Current	RAG/FOT	Period
Domain 1: Preventing People from Dying Prematurely	**15%** for reducing the Potential years of life lost from causes considerable amenable to healthcare: adults, children and young people by at least 3.2%	N/A		
Domain 2: Improving access to psychological therapies	**15%** for achieving IAPT access levels of at least 15% by 31 March 2015; and if the CCG's IAPT access level was 13% or greater by 31 March 2014, to further increase access levels by 13 March 2015 to an additional amount agreed by the CCG with the relevant Health and Wellbeing Board and with the NHS England area team which should be no less than an additional 3%.	N/A		
Domain 2: Long term conditions **Domain 3**: Recovery from episodes of ill health or injury.	**25%** for reducing emergency admissions combined across the following areas: 1) Unplanned hospitilisation for Chronic Ambulatory care sensitive conditions (all ages) 2) Unplanned hospitilisation for Asthma, Diabetes and Epilepsy in children 3) Emergency Admissions for acute conditions that should not usually require admission (all ages) 4) Emergency Admissions for children with Lower Respiratory Tract Infections	11.3%		Dec-14
Domain 4: Ensuring that people have a positive experience of care.	**15%** for addressing issues identified in the 13/14 Friends and Family Test (FFT) supporting roll out of FFT in their local health economy in 2014/15 and showing improviement in a selected indicator from Domain 4 of the CCG Outcomes Indicator Set To earn this portion of the Quality Premium the CCG will need to - a) agree a plan with their local providers with specified actions and milestones for addressing the issues that are identified from 2013/14 FFT results, particularly where they highlight issues which relate to poor care, and for these actions to be achied in line with the milestones; b) obtain appropriate assurance and evidence that providers have taken action in response to FFT feedback; c) support local providers to co-ordinate the roll out of FFT by the end of 2014/15 and to address roll-out issues are required. Appropriate evidence of advice and support being provided where this has been south and should be recorded by the CCG; and d) ensure there is an improved average score achieved between 2013/14 and 2014/15 for one of the patient improvement indicators set out in the CCG Outcomes Indicator Set with the specific indicator agreed by the CCG with the Health and Wellbeing Board, the NHS England area team and the relevant local providers. CCGs should be assured that NHS providers have plans in place to reduce the proportion of people reporting a poor experience of care in line with the locally set level of ambition.	N/A		
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	**15%** for improved reporting of medication-related safety incidents for - 1) agreeing a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15; and 2) providers achieve these specified increases	N/A		
Dorset CCG Local Priority Measure				
Local Priority Dementia	**15%** Number of people diagnosed / Prevalance of dementia. Target 65%	61%		Dec-14

Estimated Quality Premium received £421,875