

NHS Dorset Clinical Commissioning Group Governing Body Performance Report

Date of the meeting	17 July 2013
Author	Phil Dove, Head of Performance Intelligence
Sponsoring Member	Paul Vater –Director of Finance& Performance
Purpose of report	The report sets out the CCG performance against all key national performance targets
Recommendation	The Governing Body is asked to Note the report.
Resource implications	None.
Link to strategic objectives	Implementation of the NHS Dorset Clinical Commissioning Group 2013-2018 Strategy
Risk assurance Impact on high level risks	The report describes progress against the CCGs delivery of all key national performance targets. Continuous review and management is key to ensuring the Cluster delivers mandatory national requirements, and minimises risk of failure.
Outcome of equality impact assessment process	N/A
Actions to address impact	N/A
Legal implications	None
Freedom of information	Unrestricted
Public and patient involvement	None
Current status	GREEN
Trend	

Governing Body Meeting

Date of Meeting:	17 July 2013
Agenda Item:	
Subject:	Performance Report
Reporting Officer:	Paul Vater

Executive Summary

The latest performance report shows exceptions for:

- 18 Weeks Referral to Treatment
- Stroke Performance and Reporting
- Cancer Standards
- Urgent and Emergency Care

Details are provided in the associated appendices. Appendix 1 details the exception areas of the Performance Report. Appendix 2 is the Performance Report as at the end of May 2013.

Recommendation:

Note the report

Appendices

Appendix 1

Performance Report

Appendix 2

Performance appendices

NHS DORSET CLINICAL COMMISSIONING GROUP

Report to the Governing Body Meeting–17July 2013

1. INTRODUCTION

- 1.1 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.

2. PERFORMANCE SUMMARY 2013/14

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

2.2 18 Weeks Referral to Treatment (Lead Director JP)

2013/14 Planning Guidance

The 2013/14 planning guidance reflects on the reduction in waiting times over the past few years, but intends to build on these successes further.

The planning guidance for 2013/14 aims to remove all patients waiting in excess of 52 weeks for treatment. In addition the planning guidance sets out four areas aimed at providing patients and commissioners with the information they need to exercise choice and to ensure treatment takes place as described in the NHS Constitution. The four areas are:

- publish examples of good practice on where patients have been brought successfully within the maximum limit waiting times, including:
 - i) raising awareness of and responding to patients' requests for treatment at a range of alternative providers where treatment within 18 weeks is at risk; and
 - ii) use of Patient Tracking Lists (PTLs) to manage waiting lists and proactively identify cohorts of patients who must be treated to ensure they do not wait longer than 18 weeks.
- The NHS Standard Contract will make it a requirement for all letters for first outpatient appointments to include standard information on the right to a treatment within a maximum time.
- Providers will be required to advise patients of their estimated waiting time, including identifying if they are at risk of waiting longer than 18 weeks;
- Choose and Book will be used to raise patients' awareness of their right to treatment within 18 weeks and support them in choosing alternative providers.

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):

RTT Specialty	RBH	Poole	DCH	Salisbury	Yeovil
No of Specialties	11	14	10	14	o/s
No of Specialties Achieving	9	14	10	14	o/s

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

RTT Specialty	RBH	Poole	DCH	Salisbury	Yeovil
No of Specialties	15	16	15	16	o/s
No of Specialties Achieving	15	16	15	16	o/s

Royal Bournemouth NHS Foundation Trust reported two specialties underperforming as at 31 May 2013 (General Surgery and Urology). The NHS Foundation Trust has advised concerns in these two speciality areas and have provided details of their internal action plan and trajectory which the Dorset Clinical Commissioning Group has challenged.

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

RTT Specialty	RBH	Poole	DCH	Salisbury	Yeovil
No of Specialties	15	16	15	o/s	o/s
No of Specialties Achieving	13	16	14	o/s	o/s

Indicative local targets have been set to ensure NHS Foundation Trust waiting list positions improve. The current position at the end of May 2013 indicates that the waiting list position across the local health community has deteriorated across all providers with notable increases at Dorset County Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust. The table below indicates the waiting list position as at 31 May 2013 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	13,229	8,252	9,343	10,341	o/s

Dorset Clinical Commissioning Group reported no patients waiting over 52 weeks for treatment as at 31 May 2013, in line with the mandated national standard. The Clinical Commissioning Group is now challenging providers to achieve a maximum waiting time of 35 weeks to treatment.

The following table shows the number of patients waiting in excess of 35 weeks for treatment as at 31 May 2013 at Provider level (and therefore subject to various commissioning organisations):

RTT	RBH	Poole	DCH	Salisbury	Yeovil
Actual Number of Waits (Provider)	56	0	31	o/s	o/s

The performance of both Dorset County Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust for the period ending 31 May 2013 remains disappointing. Dorset County Hospital NHS Foundation Trust reported an increase in over 35 week waiters from 13 to 31 patients in May 2013 whilst Royal Bournemouth Hospital NHS Foundation Trust reported an increase from 24 patients to 56 patients. This combined with a notable increase in the waiting list could present performance concerns later in the year.

2.3 Stroke Performance and Reporting(Lead Director JP)

Dorset Clinical Commissioning Group maintains the importance of delivering improvement in Stroke Services through local providers and has ensured NHS contracts include better outcomes for patients. These however are not mandated national standards as reported in previous years.

Length of Stay Indicator (80% Target)

Performance against the length of stay indicator, where 80% of patients should spend 90% of their time on an acute stroke unit has improved notably over the past few months. Both Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust achieved the standard in May 2013. This is despite challenges with delays in patient discharge which is a common theme when not achieving this standard.

TIA indicator, patients with higher risk TIA should be treated within 24 hours

Performance against this indicator has also improved. Royal Bournemouth Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust both achieved the 60% standard in April and May respectively.

The commencement of seven day services in 2013/14 is, as expected having a positive effect on performance across the local health community. It should be noted however, that performance remains volatile with low volumes of patients seen across each provider.

Stroke Reporting

All Providers commenced recording on SSNAP from January 2013. The output from SSNAP is currently not sufficient for providers to report against key stroke metrics and therefore local reporting is being developed.

It is expected that throughout quarter 2 SSNAP reporting will be developed nationally which will give greater knowledge and understanding of stroke services locally.

The Dorset Clinical Commissioning Group will use the localised report to support the development of Stroke services and support the relevant Clinical Commissioning Programme.

2.4 Cancer Standards(Lead Director JP)

Local providers perform exceedingly well across the nine mandated cancer standards, two standards are detailed below where the local providers occasionally fail to achieve the national standard.

The following table shows the percentage of patients seen within 14 days of referral for patients with expected breast symptoms.

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Dorset County	100%	100%	100%	100%	97%	100%	100%	100%
Poole	98%	95%	94%	98%	98%	94%	89%	92%
RBH	95%	97%	94%	97%	98%	100%	92%	100%

Performance across the health community is generally strong with providers achieving the 93% standard on a consistent basis. Performance however remains volatile with patient choice breaches having the main effect on performance.

Performance across other cancer standards continues to cause a few concerns, most notably within 62 day pathways. Both Dorset County Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation have failed to achieve the 85% standard (DCH 78.8% in May 2013) and (RBH 81.4% in April 2013).

It should be noted the volume of patients recorded under this standard is generally low, however performance against this standard will impact on the Quality Premium for the Clinical Commissioning Group.

2.5 Urgent and Emergency Care (Lead Director JP)

Ambulance handovers remain high across all local providers for the period ending 31 May 2013 however the reported number of delays in excess of 1 hour have reduced notably.

All local providers experienced performance concerns in April 2013 and failed to deliver the standard where patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department. Performance subsequently improved in May 2013 and provisional information for June 2013 indicates further sustained improvement.

South Western Ambulance Services NHS Foundation Trust also failed to achieve a key national standard in April 2013, however performance has improved in May 2013. The Dorset Clinical Commissioning Group has written to the Provider requesting longer term actions to ensure delivery of this standard. Performance against this standard will impact on the Quality Premium for all CCGs.

The Urgent and Emergency care board met in June 2013 to discuss the priorities for 2013/14. A further meeting is scheduled for July 2013 where all stakeholders will agree which programmes/pilots they will implement in order to sustain services over the coming year.