



NHS Dorset Clinical Commissioning Group

Performance Report 'Everyone Counts: Planning for Patients 2013/14'
May 2013/14



Supporting people in Dorset to lead healthier lives

DORSET CLINICAL COMMISSIONING GROUP
PERFORMANCE REPORT AS AT 31 MAY 2013

OVERALL POSITION

This report contains the majority of performance relating to the period ending May 2013. The areas of most concern are shown below:

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

18 WEEKS

Royal Bournemouth Hospital:

The NHS Foundation Trust failed to achieve two admitted pathway specialties in May 2013 (General Surgery and Urology), although the aggregate performance of the NHS Foundation Trust improved. The NHS Foundation Trust has provided confirmation of a trajectory and action plan to address performance in these areas. Of concern is the notable increase in the overall waiting list and those patients waiting over 35 weeks for treatment.

Poole Hospital NHS Foundation Trust:

The NHS Foundation Trust achieved the 90% admitted pathway target for all specialties in May 2013. The NHS Foundation Trust continues to perform well and has no patients waiting in excess of 35 weeks for treatment at the end of May 2013.

Dorset County Hospital NHS Foundation Trust:

All specialties on the admitted and non-admitted patient pathways were achieved in May 2013. The NHS Foundation Trust has reported a notable increase in the overall waiting list. In addition the number of patients waiting in excess of 35 weeks has also increased notably.

Dorset Healthcare University Foundation Trust:

The Trust achieved the majority of 18 week referral to treatment standards at speciality level in April 2013 with only Urology Non-admitted not being achieved, albeit with low numbers of patients seen within this speciality.

Clinical Commissioning Group - 52 Week Waiters:

For Dorset CCG there were no patients waiting over 52 weeks as at 31 May 2013.

Stroke Performance and Reporting

Stroke performance across the local health community has improved. Both Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust achieved the length of stay indicator in May 2013, while both Poole Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation achieved the TIA with 24 hour indicators based on the latest reported period.

NHS Foundation Trusts implemented recording on SSNAP in January 2013, however SSNAP is still unable to report appropriately and local providers are now developing local reporting against key stroke metrics.

Cancer Standards

Performance across the majority of cancer standards across the local health community is good, however issues have been identified by local NHS Providers indicating an increase in patient choice breaches, mainly in relation to 14 day cancer standards.

Local NHS providers have also highlighted delays in patient pathways, and late transfers to other providers as a key issue in delivering 62 day standards/pathways. The 62 day standard represents a Quality Premium indicator for the CCG.

Urgent and Emergency Care

Performance across Urgent and Emergency care services improved in May 2013. Performance across a number of areas in April 2013, including Ambulance Handovers, Emergency Department and South West Ambulance response times were all below respective targets and standards.

Ambulance Handover delays, whilst still high have reduced notably. In addition the number of long length delays have reduced notably and the maximum delay in May 2013 was less than two hours.

Within Emergency Departments, all local and periphery acute providers achieved the 95% four hour standard in May 2013, while South Western Ambulance Services achieved all key response time standards.

The Dorset Urgent and Emergency Care Board met in June 2013 to discuss future programmes/pilots, to address current and future concerns and NHS Providers will be detailing their plans at the next Urgent and Emergency Care Board meeting in July 2013.

ACTIVE DIAGNOSTICS WAITS

All Providers achieved the 1% threshold for the period ending 31 May 2013 with the exception of Dorset County Hospital NHS Foundation Trust (98.97%). Further work is being undertaken to understand the reason for the increase in the total waiting list which has been reported across Dorset County Hospital NHS Foundation and Poole Hospital NHS Foundation Trust when compared with the position as at 31 March 2013.

QUALITY AND INFECTION CONTROL

For the period ending 31 May 2013 there were no reported cases of MRSA across Dorset CCG. The number of reported **CDIFF** cases remain low and within provider and CCG objectives for 2013/14.

All local providers achieved the **Mixed Sex Accommodation** in April and May 2013.

All local providers are reporting nationally the **Friends and Family** test results which show consistent results across Dorset. Response rates however varied in April and May 2013 with Royal Bournemouth Hospital NHS Foundation Trust reporting a higher response rate than other local providers.

In April 2013 there were 2 **Never Events**, one a Poole Hospital NHS Foundation Trust and one at Dorset County Hospital NHS Foundation Trust.

NHS Dorset Clinical Commissioning Group - Organisational Standards - May 2013									
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 (aggregate)								
	Non-admitted patients to start treatment within a maximum of 18 weeks from referral (aggregate)								
	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral (aggregate)								
	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							N/A	
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)					O/S		O/S	
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								
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								
Mixed Sex Accommodation	Sleeping Accommodation Breach								
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. Mental health								
	No urgent operation to be cancelled for a 2nd time								
Mental Health	Care Programme Approach (CPA): The proportion of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period								
Infection Control	Zero tolerance of MRSA								
	Rates of Clostridium Difficile								
Prescribing	Failure to Publish Formulary	To Be Confirmed							
Duty of Candour	Each Failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident (as per Guidance)	To Be Confirmed							

Data Not Available

Quality Premium Indicators 2013/14
National Quality Standards