

**NHS Dorset Clinical Commissioning Group**  
**Governing Body Meeting**  
**Performance Report**

<b>Date of the meeting</b>	18/09/2013
<b>Author</b>	P Dove, Head of Performance Intelligence
<b>Sponsoring GB member</b>	P Vater, Chief Finance Officer
<b>Purpose of report</b>	The report sets out the CCG performance against all key national performance targets (formerly vital signs) and Annual Operating Plan targets.
<b>Recommendation</b>	The Governing Body are asked to <b>Note</b> the report.
<b>Resource implications</b>	None.
<b>Link to strategic principles</b>	<ul style="list-style-type: none"> <li>• Services designed around patients</li> <li>• Preventing ill health and inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>
<b>Risk assurance</b> Impact on high level risks	None.
<b>Privacy impact assessment</b>	PIA is not required as this is a monitoring report only.
<b>Outcome of equality impact assessment process</b>	As this is a monitoring report regarding performance metrics only, it is unlikely that the above process is required. This is however being checked further with Information Governance.
<b>Actions to address impact</b>	Not Applicable.
<b>Legal implications</b>	None.
<b>Freedom of information</b>	Unrestricted.
<b>Stakeholder Engagement</b>	Not required for this individual report as this is a monitoring report, but priorities within this report have identified public and patient engagement.
<b>Reason for inclusion in Part 2</b>	N/A
<b>Previous Committees/Governing Body</b>	Directors meeting 28 <sup>th</sup> August 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 reports 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. 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), for the most recent reported month:

RTT Specialty	RBH	Poole	DCH	Salisbury	Yeovil
No of Specialties	11	12	10	14	15
No of Specialties Achieving	9	11	10	14	14

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 most recent reported month:

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

Royal Bournemouth NHS Foundation Trust reported two specialties underperforming as at 30 June 2013 (General Surgery and Urology) for admitted pathways. The NHS Foundation Trust had advised concerns in these two speciality areas and have provided details of their internal action plan and trajectory. The NHS Foundation Trust has indicated they are on track to deliver performance ahead of their submitted trajectory.

Poole Hospital NHS Foundation Trust failed to achieve all admitted specialties for the period ending June 2013 where Cardiology failed to meet the standard. The number of patient pathways reported in this specialty is extremely low (less than 10), one patient breached the target.

All Local Providers achieved the Non Admitted specialty level standards.

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	16	15	16	17
No of Specialties Achieving	14	16	14	16	17

Indicative local targets have been set to ensure NHS Foundation Trust waiting list positions improve. The current position at the end of June 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	12,476	8,208	8,383	9,752	5,547
Actual	Number	of	13,331	8,564	9,343	10,341	4,284

Dorset Clinical Commissioning Group reported one patient waiting over 52 weeks for treatment as at 30 June 2013. The patient received definitive treatment in July 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	29	0	31	o/s	o/s
Waits (Provider)							

The performance of Dorset County Hospital NHS Foundation Trust remained disappointing with 31 patients waiting over 35 weeks for treatment compared with 13 as at 30 April 2013. Performance at Royal Bournemouth Hospital NHS Foundation Trust for the period ending 30 June 2013 improved notably with 29 patients waiting over 35 weeks for treatment compared with 56 as at 31 May 2013.

Poole Hospital NHS Foundation Trust reported a maximum waiting time of 30 weeks for the period ending 30 June 2013.

### 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 and June 2013 respectively.

### **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 achieved this standard throughout quarter 1 however both Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust failed the standard in June 2013.

The commencement of seven day services in 2013/14 appears to have shown some improvement in performance, it should be noted however that performance remains volatile with low volumes of patients seen across each provider (Poole Hospital NHS Foundation Trust (15) and Dorset County Hospital NHS Foundation Trust (10)).

### **Stroke Reporting**

All Providers commenced recording on SSNAP from January 2013. The first output from SSNAP for the period ending 31 March 2013 was released in late July 2013. To ensure the CCG has access to the latest Stroke performance information local reporting will continue.

## **2.4 Quality and Infection Control (Lead Director SR)**

For the period ending 30 June 2013 all providers are achieving national MRSA objectives. Provisional information for July 2013 indicates an MRSA case will be reported by Dorset County Hospital NHS Foundation Trust. A root cause analysis is currently being undertaken. If this case is deemed to be correctly assigned to the Provider then Dorset CCG will need to reduce the expected quality premium by 12.5%.

Performance against nationally set C DIFF objectives is currently disappointing. Dorset CCG has reported a higher number of cases in the first three months of 2013/14 when compared to the same period in 2012/13. In addition a recent outbreak at Dorset County Hospital NHS Foundation Trust will impact the number of reported cases further. At Provider level both Dorset County Hospital NHS Foundation Trust and Salisbury NHS Foundation Trust are currently not on target to deliver their national objective.

## **2.5 Urgent and Emergency Care (Lead Director JP)**

Ambulance handovers remain high across all local providers for the period ending 30 June 2013 however the number of delays in excess of 1 hour reduced at Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust.

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. All local providers have subsequently achieved the national standard in both May and June 2013 building up significant headroom for the winter period.

South Western Ambulance Services NHS Foundation Trust failed to achieve a key national standard in April, June and July. The Dorset Clinical Commissioning Group has written to the Provider requesting longer term actions to ensure delivery of this standard. Performance for the year to date is below the 75% standard at 74.11%.

Further challenges remain in achieving this standard through 2013/14 and with no headroom built in prior to the winter period will likely result in the provider not achieving this standard and thus impacting on the CCG Quality Premium. Following the CCG raising this concern with SWAST a response has been received from their Deputy Chief Executive. This stated that due to the low number of Red 1 activations 40 out of 2100 (1.9%) per day in unpredictable locations, and with the area covered by the Trust largely rural, the achievement of this target is very challenging. Further discussions are required with Commissioners concerning the resource impact of this.

The Urgent and Emergency Care board met in July 2013 to discuss the priorities for 2013/14 and provisionally agreed plans submitted by local providers. Further work is being undertaken to ensure that these plans have a timeframe for implementation, and also 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.

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