



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

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



Supporting people in Dorset to lead healthier lives

DORSET CLINICAL COMMISSIONING GROUP
PERFORMANCE REPORT AS AT 31 JULY 2013

OVERALL POSITION

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

- 18 Weeks Performance (Acute and Community Health Services)
- Stroke Performance (and reporting)
- Quality and Infection Control

18 WEEKS

Royal Bournemouth Hospital:

The NHS Foundation Trust failed to achieve two admitted pathway specialties in June 2013 (General Surgery and Urology) in line with the agreed trajectory however continues to achieve the aggregate performance. Dorset CCG challenged the trajectory submitted by the NHS Foundation Trust as being unsatisfactory, the NHS Foundation Trust have subsequently confirmed they have reviewed this trajectory and are on track to deliver performance earlier than planned. Of additional concern is the Trust reported one patient waiting over 52 weeks for treatment. Whilst the patient has subsequently been treated, this does cause a concern about the management of the waiting list within the NHS Foundation Trust, the CCG has communicated concern with the Provider who are now supplying additional information to provide further reassurance.

Poole Hospital NHS Foundation Trust:

The NHS Foundation Trust achieved all 18 week standards at specialty level in June 2013. The NHS Foundation Trust reported no patients waiting in excess of 35 weeks for treatment. The NHS Foundation Trust currently has a maximum waiting time of less than 30 weeks for Treatment.

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 did not meet the 92% standard for incomplete pathways within Oral Surgery however this activity is commissioned by the National Commissioning Board and not Dorset CCG. The CCG continues to challenge the NHS Foundation Trust in relation to PTL performance across a number of specialties, most notably Ophthalmology, where 18 week breaches have increased notably.

Dorset Healthcare University Foundation Trust:

In June 2013 the NHS Foundation Trust failed to achieve the 18 week referral to treatment standards in both admitted and non admitted pathways for Rheumatology.

Clinical Commissioning Group - 52 Week Waiters:

Dorset CCG reported one patient waiting over 52 weeks for treatment as at 30 June 2013, as reported by Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. This patient has now been treated. Dorset CCG communicated concerns to the NHS Foundation Trust around their internal monitoring process to ensure these breaches are eliminated.

STROKE PERFORMANCE AND REPORTING

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. Performance at Royal Bournemouth Hospital NHS Foundation Trust has however been below the 80% standard throughout the first quarter and this is being addressed by the CCG.

Performance against the TIA indicator, patients with higher risk TIA should be treated within 24 hour has marginally improved. Royal Bournemouth Hospital NHS Foundation Trust achieved this standard throughout the first quarter while 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)).

QUALITY AND INFECTION CONTROL

In June 2013 there were no reported cases of **MRSA** across providers or the community however provisional information indicate one case may be reported at Dorset County Hospital NHS Foundation Trust in July 2013. A root cause analysis is currently being undertaken.

Performance of NHS Foundation Trusts and the CCG against nationally set **C-DIFF** objectives is monitored on a monthly basis. Performance to the period ending 30 June 2013 indicate Dorset County Hospital NHS Foundation Trust and Salisbury Healthcare NHS Foundation Trust are both likely to fail their respective objective in 2013/14. The CCG in addition is reporting more cases than reported at the same period in 2012/13 and is therefore likely to fail the national objective for 2013/14.

All local providers achieved the **Mixed Sex Accommodation** in June 2013.

All local providers are reporting nationally the **Friends and Family** test results which show consistent results across Dorset. Response rates however remain varied across all providers throughout quarter 1 of 2013/14. Response rates across Dorset for the period ending quarter 1 however show our local providers to have response rates in the bottom quartile when benchmarked nationally.

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

URGENT AND EMERGENCY CARE

Ambulance handovers remain high across all local providers for the period ending 30 June 2013 however the reported number of delays in excess of 1 hour reduced at Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust. Validation issues remain a concern across Dorset CCG. NHS Foundation Trusts provide daily information on ambulance handover delays and confirm which of these are agreed, or disputed (30%-40%).

Performance across all emergency department continued to improve in June 2013 will all acute providers achieving the 4 hour standard. Providers are now achieving the 95% standard for the year to date and will look to build headroom ahead of the winter period.

Of concern however is the performance of South West Ambulance Service Foundation Trust who failed to achieve a key national standard for the third time this financial year. Performance against the Category A Red 1 calls resulting in an emergency response arriving within 8 minutes standard is currently below the 75% target with performance for the year to date 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.

OTHER PERFORMANCE CONCERNS

Appointment Slot Issues continue to be a concern across the local health community. The recent performance for June 2013 indicate significant pressures continue to be seen across the majority of providers with only Dorset County Hospital NHS Foundation Trust achieving the local standard. The main specialties causing these concerns remain Ophthalmology and Rheumatology.

NHS Dorset Clinical Commissioning Group - Organisational Standards - July 2013, 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						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 specialties 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							

Information not available

Quality Premium Indicators 2013/14
National Quality Standards