



**Dorset  
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group - Business Intelligence

# Corporate Performance Report April 2014

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**Supporting people in Dorset to lead healthier lives**

NHS Dorset Clinical Commissioning Group - Organisational Standards - April 2014, 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	No Data available for April 2014															
	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																
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																
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.	No Data available for April 2014															
	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)																

Quality Premium Indicators 2013/14
National Quality Standards

## Dorset CCG: Quality Premium: Report for Month: May 2014

The 'quality premium' is intended to reward CCGs for improvements in the **quality of the services that they commission** and for associated improvements in health outcomes and reducing inequalities. Payments will be up to £5 per patient in the CCG, on top of budget and running costs.

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

### Is the CCG on Target to manage within resources?

Note: It is a pre-qualifying criterion for payment is that a CCG manages within its total resources envelope for 2014/15 and does not exceed the agreed level of surplus drawdown

### Any quality premium is reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges:

	Current	RAG/FOT	Period
92% of Patients during the year should wait no more than 18 weeks from referral to consultant-led treatment	97%		Apr-14
95% of Patients during the year should be admitted, transferred or discharged within four hours of their arrival at an A&E department	96%		Apr-14
85% of Patients during the year should have a maximum wait of 62 days from urgent GP referral to first definitive treatment for cancer	N/A		
75% 8 minute response for <b>Cat A (RED 1)</b> ambulance calls	76%		May-14
<b>Expected Adjustment</b>			

Quality Premiums		Current	RAG/FOT	Period
<b>Domain 1:</b> 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		
<b>Domain 2:</b> 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%.	16%		Apr-14
<b>Domain 2:</b> Long term conditions	25% for reducing emergency admissions combined across the following areas: 1) Unplanned hospitalisation for Chronic Ambulatory care sensitive conditions (all ages) 2) Unplanned hospitalisation for Asthma, Diabetes and Epilepsy in children	-1%		Apr-14
<b>Domain 3:</b> Recovery from episodes of ill health or injury.	3) Emergency Admissions for acute conditions that should not usually require admission (all ages) 4) Emergency Admissions for children with Lower Respiratory Tract Infections			
<b>Domain 4:</b> 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 improvement 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 achieved 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 sought 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		
<b>Domain 5:</b> 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		
<b>Dorset CCG Local Priority Measure</b>				
<b>Local Priority</b> Dementia	15% Number of people diagnosed / Prevalence of dementia. Target 65%	57%		2013/14

**Expected Quality Premium Achieved**