

<b>TITLE</b>	<b>Wokingham Clinical Commissioning Group Performance Outcomes Report August 2013</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 11 September 2013
<b>WARD</b>	None Specific

**REPORT OF THE WOKINGHAM GOVERNING BODY**

**3<sup>RD</sup> SEPTEMBER 2013**

Title	August 2013 Performance Outcomes Report
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Author(s)	Debbie New
Purpose	To inform the board of the performance against CCG Clinical Indicators
Previously considered by	None
Risk and Assurance	As detailed within report
Legal implications/regulatory requirements	None
Public Sector Equality Duty	N/A
Links to the NHS Constitution (relevant patient/staff rights) <i>All NHS organisations are required by law to take account of the NHS Constitution in performing their NHS functions</i>	All
Consultation, public engagement & partnership working implications/impact	N/A

Executive Summary

<b>Under performance:</b>	<b>High performance &amp; improvement to green:</b>
<ul style="list-style-type: none"> <li>• Diabetes 9 care processes</li> <li>• Number of patients recorded as a carer</li> <li>• RTT treatment functions/specialties not achieved</li> <li>• Diagnostics % waiting 6 weeks or more</li> <li>• % of patients who spent 4 hours or less in A&amp;E</li> <li>• Ambulance response times</li> <li>• Ambulance handover and crew clear delays</li> </ul>	<ul style="list-style-type: none"> <li>• Bowel Screening</li> <li>• Friends and Family</li> <li>• MRSA</li> <li>• Cdif</li> <li>• Cancer Wait Times</li> <li>• GP Survey</li> <li>• Activity Measures</li> <li>• C&amp;B Utilisation</li> </ul>

Recommendation

Note the level of compliance with the operating targets and support the actions being taken to improve performance where necessary

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- Diabetes 9 care processes

Current period	YTD
Red	Red

A local data extract in July of the diabetes 9 care process performance for the 12 months up to the end of June showed that Wokingham CCG achieved 25.3% for patients with diabetes receiving all 9 care processes. It has been identified that the main issues are with the urine albumin test and retinal screening. Both of these issues relate to coding and practices are being requested to make the necessary changes to improve performance.

- Number of GP listed patients recorded as a carer

Current period	YTD
Red	Red

The CCG set a local quality premium priority around carers. The rationale behind this indicator is that if we know who the carers are in the community, it is easier to support them. A target was set that 1557 patients would be recorded as carers on GP practice systems. The current figure is 608. This is a drop in number from January when 881 patients were coded as a carer. Therefore, practices are being requested to check the coding that is being used.

- Bowel Screening

Current period	YTD
Green	Green

In the 12 months up to January 2013, 66% of eligible patients responded to bowel screening invitations against a target of 62%.

- Friends & Family Test

Current period	YTD
Green	Red

During June, RBFT saw a significant increase in the proportion of patients taking part in the friends and family test. This is where patients are asked if they would recommend the hospital to a friend or family member. The response rate in June was 22.7%, whereas in April and May it was 4.6% and 7.0% respectively. This improvement was as a result of increased resources on the wards and in A&E. This extra resource is not thought to be sustainable by the Trust and therefore they are seeking to learn from other Trusts who are consistently performing well.

- MRSA

Current period	YTD
Green	Red

Wokingham CCG had no cases of MRSA bacteraemia reported during June 2013. This means there have been 3 cases year to date against a zero tolerance objective.

- Cdiff

Current period	YTD
Green	Red

Wokingham CCG had 3 Clostridium Difficile cases reported during June 2013 against a trajectory of 3 for the month. This means the YTD performance is 12 against a trajectory of 9. A community Infection Control Nurse is in the process of being appointed and this individual will be responsible for reviewing Cdiff cases and also training individuals in the community, including care homes.

- Referral to Treatment (RTT) within 18 Weeks: treatment functions/specialties not achieved

Current period	YTD
Red	Red

Wokingham CCG achieved all RTT aggregate standards in June. There were 6 breaches at speciality level across the 3 RTT areas. There was one admitted breach in Ophthalmology. There were five incomplete breaches in Ophthalmology, Neurosurgery, Plastic Surgery, Cardiothoracic Surgery and Gynaecology. All of the breaches except the Ophthalmology incomplete breach were due to small numbers and all of these areas were achieved by RBFT. The Ophthalmology incomplete breach was due to breaches at RBFT where there is an action plan in place with recovery due in September.

- Diagnostics % waiting 6 weeks or more

Current period	YTD
Red	Red

The national diagnostic wait time target is that less than 1% of people should have to wait longer than six weeks for a diagnostic test. In the month of June, 1.5% of Wokingham patients waited longer than six weeks. This is an improvement on both April and May performance. There were 7 breaches at RBFT and 8 at Oxford University Hospitals (OUH) relating to radiology tests. RBFT achieved the 1% standard on a provider level which shows recovery from April and May. OUH were due to recover performance in June as a result of a contract query notice served by Oxfordshire CCG. The Trust did not however achieve this target and have said recovery will now be in July. Oxfordshire CCG has decided to take no further action as a result of this slip in recovery timescale.

- % of patients who spent 4 hours or less in A&E

Current period	YTD
Red	Red

During July, 93.8% of patients spent 4 hours or less in Accident and Emergency (A&E) at RBFT and the target for this indicator is 95%. The YTD position is 94.4% and therefore also below the expected level of performance.

During July, there were significant pressures with an increased number of patients attending A&E as a result of the extensive hot weather, specifically on the weekend of 20<sup>th</sup>/21<sup>st</sup> July. Additional capacity and demand meetings were set up to support the increased pressures. Performance has subsequently improved in recent weeks. The Trust has said that performance will recover for Quarter 2 as a whole.

- Cancer Wait Times

Current period	YTD
Green	Red

All cancer wait time standards were achieved for Wokingham CCG in June.

- Ambulance response times

Current period	YTD
Red	Red

During June, the 8 minute ambulance response time standard was not achieved for Wokingham CCG for Red 2 patients. The standard for this indicator is that 75% of calls are responded to within 8 minutes and in June 67.5% of calls achieved this timescale. The YTD performance is 70.9%. The federated position across the 4 CCGs is 78.6% and therefore above the target.

- GP Survey

Current period	YTD
Green	Green

The results of the GP survey for 2012/13 show improved patient experience from 2011/12 for Wokingham CCG GP Practices.

- Activity Measures

Current period	YTD
Green	Red

For the month of June, there has been an improvement in the monthly activity performance where 3 of the 4 activity measures are showing as within plan for the month of June. The YTD performance continues to show over performance however. At this stage, it is not known how much of this over performance is accurate. RBFT have confirmed that some specialist commissioner activity has been included in the CCG return but this has not been quantified. The Trust will be re-submitting the returns to provide a more accurate position.

- Ambulance handover and crew clear delays

Current period	YTD
Red	Red

During June, 9 ambulances were delayed longer than 30 minutes for handover to the A&E department at RBFT. None of these were delayed longer than 60 minutes. Each of the 30 minute breaches resulted in a fine of £200.

There were also some crew clear delays at RBFT. This is when the ambulance crews take longer than 30 minutes or an hour to be ready to take another call from the moment the previous patient is handed over to the A&E department. In June, there were 2 delays over 30 minutes and 1 over an hour. These delays also result in a fine to SCAS and this will be picked up via the contracting process.

- Choose & Book Utilisation

Current period	YTD
Green	Red

During July, 80.8% of patients across Berkshire West were booked via Choose & Book. This is the first month that the 80% standard has been achieved.

Glossary

CCG	Clinical Commissioning Group
CQN	Contract Query Notice
RTT	Referral to Treatment
CQUIN	Commissioning for Quality and Innovation
CQRG	Clinical Quality Review Group
EPR	Electronic Patient Record
CVD	Cardiovascular Disease
NEL	Non-Elective
HCAI	Healthcare Acquired Infection
CDiff	Clostridium Difficile
MRSA	Methicillin-Resistant Staphylococcus Aureus
A&E	Accident & Emergency
2ww	Two week wait
MSA	Mixed Sex Accommodation
CPA	Care Programme Approach
OOH	Out of Hours
IAPT	Improved Access to Psychological Therapies
COPD	Chronic Obstructive Pulmonary Disease
VTE	Venous Thrombus Embolism
TIA	Transient Ischemic Attack
C&B or CaB	Choose & Book
OP	Outpatient
RBFT	Royal Berkshire Foundation Trust
GWH	Great Western Hospital (Swindon)
HHFT	Hampshire Hospitals Foundation Trust