County Durham and Darlington

INTEGRATED BUSINESS BOARD
Tuesday 26 January 2010
Item No: IBB/10/12

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

Performance Update

1. Introduction

This paper sets out the latest performance and where there is an area of national focus or current or forecasted risk to successful delivery, the accompanying exception report (appendix 1) offers further insight into the measured performance, the risks to delivery and actions planned for the future. A copy of the recent Care Quality Commission (CQC) inspection report on the prevention and control of infections at County Durham and Darlington NHS Foundation Trust is attached (appendix 2) for information.

2. Implications and risks

The performance measures reported are an essential part of NHS County Durham (NHSCD) and NHS Darlington (NHSD) performance standards. Overall both PCT's are exhibiting good and improving performance; however choose & book (C&B), immunisations and ambulance response times are the main areas of risk. Feedback from the quarter two performance review with the Strategic Health Authority has placed the PCT on escalation for dental access and Chlamydia screening.

3. Recommendations

The board is requested to receive and consider the current performance.

4. Author and sponsor director

Author: Mark Sewell
Title: Senior Performance Advisor

Director: Amanda Hume
Title : Director of Delivery and Performance
Date: January 2010

Document management				
Version	Date	Summary	Owner's Name	Approved
1.0	13/01/10	Management Executive	Mark Sewell	
2.0	26/01/10	Integrated Business Board	Mark Sewell	

Purpose of paper	Information sharing x Development/discussion ☐ Decision/action ☐
How does the paper support / have implications for:	
NHS County Durham's 4 Strategic Aims	Reporting performance toward increasing access; reducing health inequalities and Improving Health
Our Vision Our Future workstreams	Report impacts on all elements of workstreams
World class commissioning competencies	8 and 10
Standards for better health	Core standards c4a, c18, c19, c22a and c22c
Use of resources	KLOE 2.2
Targets and Vital signs	Reports latest position
NHS Constitution	Aspires to higher standards of excellence
Darzi Principles	Change will benefit patients by improving the care they receive, experience they have and outcomes delivered
Impact on / Involvement of partners	Ensure delivery alignment of appropriate partner targets e.g. LAA.
Equality & Diversity	No significant impact
Other policies / Issues	-

NHS
County Durham and Darlington

Appendix 1

Performance Scorecard Exception Report

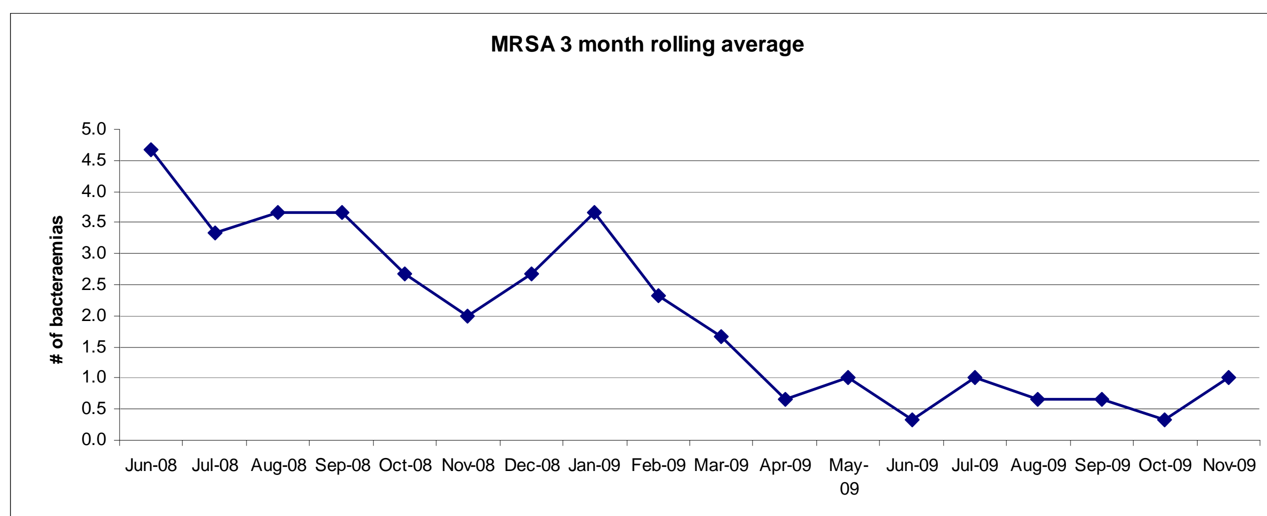
The following bullet points represent the most up to date information or comment and build on the information in the latest performance scorecard.

1.1 HCAI

MRSA bacteraemia – position to 17 December

		Apr-09	May-09	Jun-09	Jul-08	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09 ** as at 17/12	Jan-10	Feb-10	Mar-10	Total YTD
CDDFT	Trajectory	3	2	2	2	2	1	1	1	1	1	1	1	**18**
	All cases	0	1	0	2	0	0	1	2	0				**6**
	Post 48 hrs	0	1	0	2	0	0	1	0	0				**4**
	Pre 48 hrs	0	0	0	0	0	0	0	2	0	0	0	0	**2**

** = data not yet finalised and is subject to change



- The positive progress continues.
- Validated year to date MRSA performance (to November 2009) for the County Durham and Darlington health economy was six bacteraemias against a trajectory of 14, demonstrating a significant improvement on last year. The above graph, using a three month rolling average, demonstrates the progress made.
- Spot check visits to all sites are continuing, with no significant issues reported at any site.

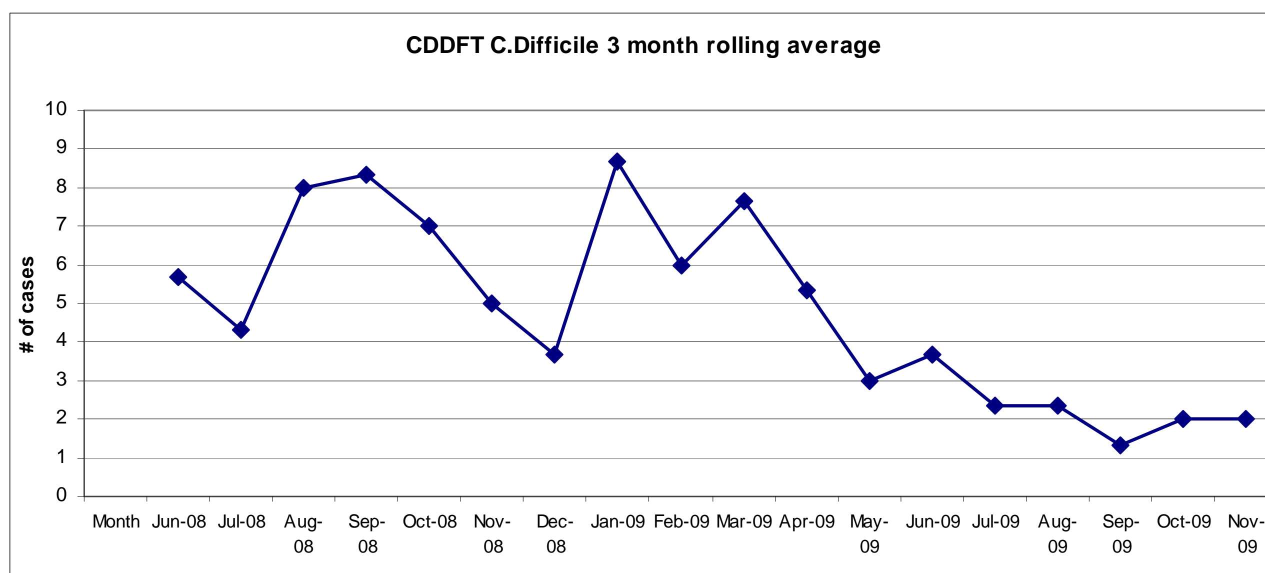
C. difficile

County Durham and Darlington NHS Foundation Trust (CDDFT) continue to achieve their individual monthly targets. The table and graph below demonstrates the substantial improvements made.

C. difficile reports (Age 2+) – position to 17 December

		Apr-09	May-09	Jun-09	Jul-08	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09 ** as at 17/12	Jan-10	Feb-10	Mar-10	Total YTD
CDDFT	Trajectory	17	17	16	17	17	16	12	12	11	12	11	11	**169**
	Performance	16	9	11	7	7	4	6	6	3				**69**
CD PCT	Trajectory	35	35	35	35	35	35	34	34	34	34	34	34	**414**
	Performance	36	38	37	26	30	27	28	23					**245**
D PCT	Trajectory	5	5	5	5	5	5	4	4	4	4	4	4	**54**
	Performance	9	6	7	2	6	0	3	2					**35**

** = data not yet finalised and is subject to change



- November performance continues to be very good with all organisations performing better than trajectory.
- There have been 66 validated isolates of C. difficile to date (to Nov 09) that CDDFT are responsible for against a target of 124.
- NHS County Durham has had 245 validated isolates of C. difficile to date (to Nov 09) against a trajectory of 278.
- NHS Darlington has had 35 validated isolates of C. difficile to date (to Nov 09) against a trajectory of 38.
- Please note that C. difficile data for PCTs does not appear on the national system until around the 18th of each month after Trust sign off.

Progress since last time

- New process agreed across health economy relating to analysis of significant HCAIs. This has been jointly agreed by commissioners with CDDFT, Tees Esk &

Wear Valleys NHS Foundation Trust and County Durham & Darlington Community Health Services.
- Very positive ministers visit undertaken 25 – 26 November 2009 to review current practices and obtain intelligence for improvements. This will be used to influence national policy.
- The Care Quality Commission (CQC) made an unannounced visit to CDDFT to review HCAI. Initial feedback is very positive. A copy of the CQC report is attached at appendix two for information.
- The audit in primary care of prescribing of certain antibiotics was returned by 88.5% of practices.

What actions are needed?

- Ongoing monitoring of the over arching improvement delivery plan for HCAI.
- Continue with joint root cause analysis meetings on all MRSA bacteraemia cases and development of improvement plans.
- Review prescribing practices at out of hours services and urgent care centres to complement the audit undertaken in primary care.
- Currently on track to have visited 50% of care homes across County Durham and Darlington by March 2010 to review practice, offer education and training and provide recommendations.
- Infection control team attending national event in January 2010 in relation to the dental national decontamination survey.

1.2 18 Weeks

No Waits / 18 Weeks +

- CDDFT continued to deliver the operational standard at aggregate specialty level in November. However for admitted pathways they underperformed at specialty level for plastic surgery at 87.5%. This was due to a waiting list management failure and was expected to resolve in December. Pressure continues in orthopaedics but is being managed.
- Newcastle Hospitals Trust (NUTH) failed to deliver the operational standard for non admitted patients for NHS County Durham achieving 93.4% due to the performance of 'other' specialties.
- Performance at County Durham and Darlington Community Health Services (CDDCHS) deteriorated to 81.5% for dental general anaesthetic for admitted patients. This is primarily due to CDDCHS actively managing waiting lists to clear historical breaches. Non admitted performance was 99.9%.
- The NHS Constitution sets out, that patients will have a legal right to treatment within 18 weeks from April 2010, or where this is not delivered for the NHS to offer a range of alternative provision.

What actions are needed?

- CDDFT continue to sub-contract orthopaedics to independent sector providers
- NUTH are to provide a breakdown of those specialties recorded under 'other' so that the under performance can be identified.
- Regular meetings are taking place with CDDCHS and an action log is in place to improve the current situation. Contract management are looking to apply penalties for future under performance.
- PCTs need to ensure that those patients who have not been treated within 18 weeks are identified and that mechanisms are in place so that patients are quickly offered the choice of alternative provision. The performance team are currently working with CDDFT regarding their approach to breach reporting.

18 Week Specialty Non Compliance

- The Operating Framework sets the aim of moving towards achievement of the 18 week target in each speciality. Where an NHS foundation trust has failed to meet the thresholds for admitted (90%) or non-admitted (95%) patients with respect to any individual specialty over a quarter it is required to report to Monitor, their independent regulator, as part of its normal quarterly monitoring.
- Further guidance is expected from the Care Quality Commission in terms of how they will assess specialty non compliance as part of their periodic review.
- The tables below detail the specialties and the acute trust providers for those specialties that did not achieve 18 weeks in November 2009.

Specialty non-compliance for NHS County Durham

Admitted patients	County Durham & Darlingon FT	South Tees Hospitals	Newcastle Hospitals
Neurosurgery	N/A	77.8%	compliant
Plastic Surgery	89.3%	compliant	86.7%
General Medicine	88.1%	N/A	compliant

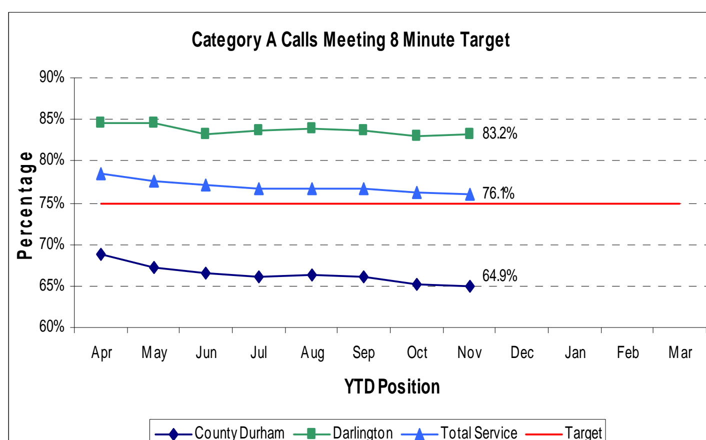
Non-admitted patients	County Durham & Darlingon FT	City Hospitals Sunderland	South Tees Hospitals
Urology	compliant	88.9%	compliant
Neurosurgery	N/A	compliant	86.5%
Geriatric Medicine	94.5%	92.9%	N/A

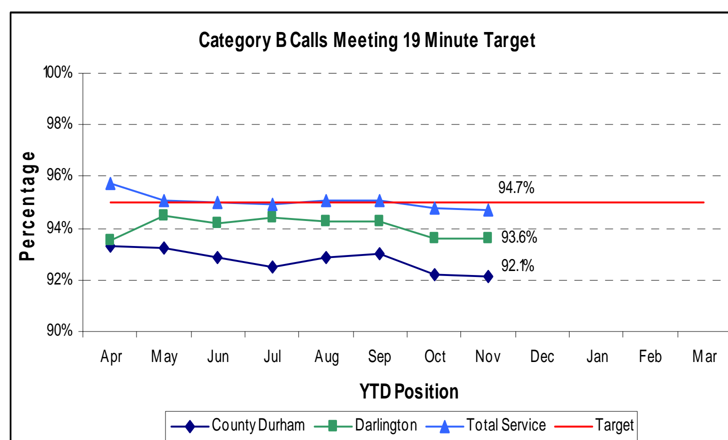
Specialty non-compliance for NHS Darlington

Admitted patients	South Tees Hospitals
Neurosurgery	77.8%

Non admitted patients	County Durham & Darlingon FT
Plastic Surgery	92.9%

1.3 Ambulance Service Category A & B Calls





- Latest performance figures received for November demonstrate that the service is not meeting the targets for NHS County Durham or the Category B target for NHS Darlington. Overall the trust has continued to struggle to meet the standards set.
- NEAS continued to report level 3 for all of November and most of December in their Resourcing Escalation Action Plan which means that they are experiencing serious pressures on the service resulting from a significant increase in activity, reduction of staffing due to sickness, the increased amount of diverts placed upon them by the hospitals which increases their travelling time.
- NHS County Durham and Darlington have raised the performance issues through direct meetings, service performance meetings and also through Directors of performance and how this is being managed under the contract with NHS North of Tyne in their role as lead commissioner. NHS North of Tyne held an urgent meeting with NEAS as a result of this; at the last performance meeting some data was produced but unfortunately it was covering the whole of the service, however what was identified was that NHS County Durham and Darlington has the least activity and yet the poorest performance. This has provoked further investigation.
- A report has been produced in draft format which looks at all of the activity for County Durham and Darlington, identifying our overall performance, detailing the increase in activity year on and percentage of patients who have been transported to hospital. It was felt by performance that the data needs further work before this can be presented to the Integrated Business Board as a final report. The commissioners have also requested detailed analysis of where service vehicles allocated to County Durham and Darlington are responding to cases over the month of October which will demonstrate if we have the right level of cover.
- NEAS have highlighted a number of issues which may be affecting our performance:
    - changes to the stroke and chest pain pathway increasing the number of Cat A calls, Seizing the Future changes to demographics of our local hospitals increasing journey times, Primary Percutaneous Coronary Intervention (PPCI) requiring transportation of patients to James Cook who have suffered from Myocardial Infarction thus increasing journey times however there is further evidence required for these.
- The monitoring screens are now in place within A&E at CDDFT, initially for a trial period. These will be invaluable in assisting with planning within the A&E departments and providing ambulance handover information which will show if there

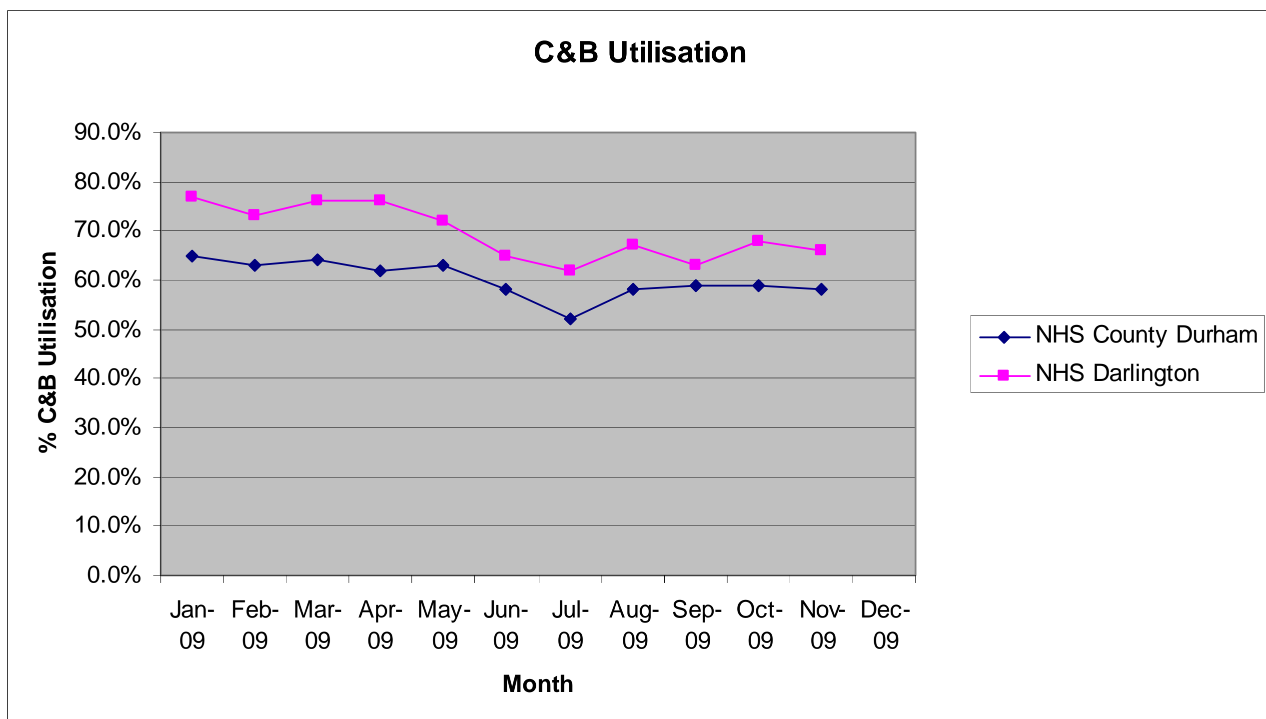
are long delays at a particular Trust which require investigation. They will also inform decisions as to whether there is the need to divert ambulances between Trusts when pressures are high. Initial reports on usage are being received which are highlighting some technical issues – therefore a user group will be formed in January to improve the screens functionality.

What actions are needed?

- Results from NEAS into their investigations surrounding under performance.
- Finalised report from NEAS to be shared.
- Continuous scrutiny by commissioning and performance.

1.4 Choose and Book

- Utilisation of Choose and Book (C&B) has increased from July, partially as a consequence of the action taken to implement changes to the slot polling at CDDFT, although it is still below the target of 90% and has tended to remain around the same level for the past few months.



- C&B performance continues to be affected by an increase in the denominator used. Following the release of new data on cancelled choose and book referrals as detailed in the following table, analysis has shown that a significant percentage do not convert to a booking. Apart from the category “request raised in error” all these referrals would have historically appeared in monthly and quarterly returns used to measure the level of demand from GP practices. It is clear from this data that 32% of the GP referrals cancelled on C&B do not end up as a booked attended appointment, so the measure of GP referrals as a proxy for demand is an unreliable measure to use. In terms of volumes booked they remain constant so this is about

the denominator and what is happening to that figure in relation to the numbers of total referrals. If we as a PCT have asked practices to reduce the volume of referrals in to Secondary care and we are using a denominator for April to June 2009 then this would lower our percentage achieved falsely.

- It is important to continue to focus on slot issues as this is a barrier to increased utilisation by GPs as they continue to experience difficulties in booking appointments through C&B in some specialties.
- Work undertaken by CDDFT showed a decrease in slot issues from 21% in August to 13% for November against a target of less than 4%. An update on the August action plan has been requested from CDDFT.

What actions are needed?

- Continued work with CDDFT to address appointment slot issues.

1.5 Diagnostics

- Performance has improved for diagnostics however it remains a concern, particularly the regular breaches from City Hospitals Sunderland (CHS).

NHS County Durham – November breaches

Diagnostic	Number of breaches	Provider
Cystoscopy	25	CHS
Audiology	1	CHS
Colonoscopy	1	CHS
Echocardiography	2	CDDFT

- The number of Cystoscopy breaches has improved significantly as a result of CDDFT and CHS agreeing slot times for CHS to deliver at University Hospital of North Durham and extra lists being provided at CHS. It was forecast that the backlog of breaches may not be cleared until December's activity was reported.
- Audiology and colonoscopy breaches were attributed to staff sickness. Confirmation of no further breaches for December's activity has been received from CHS.
- The two echocardiography breaches were due to capacity issues – clarification that no further breaches will be experienced has been requested and a response is awaited.

What actions are needed?

- Ongoing monitoring of diagnostic breaches to ensure Cystoscopy breaches in particular continue to reduce.

1.6 Cancer

- Performance for October, and the cumulative position for the YTD are shown in the table below:-

COUNTY DURHAM	TARGET	OCTOBER				CUMMULATIVE POSITION			
		ACTUAL		%AGE	RAG	ACTUAL		%AGE	RAG
2 WEEK WAIT	93%	790	802	98.5%		5493	5675	96.8%	
2 WEEK BREAST SYMP*	93%	91	182	50.0%		298	986	30.2%	
31 DAY WAIT	96%	215	216	99.5%		1538	1548	99.4%	
31 DAY SUBS RADIO*	94%	81	84	96.4%		434	472	92.0%	
31 DAY SUBS SURG	94%	36	36	100%		280	283	98.9%	
31 DAY SUBS DRUGS	98%	44	44	100%		396	397	99.8%	
62 DAY WAIT	85%	70	83	84.3%		487	556	87.6%	
62 DAY CNSLTNT UP	NA	1	1	100%		9	10	90.0%	
62 DAY SCREENING	90%	21	23	91.3%		153	159	96.2%	

DARLINGTON	TARGET	OCTOBER				CUMMULATIVE POSITION			
		ACTUAL		%AGE	RAG	ACTUAL		%AGE	RAG
2 WEEK WAIT	93%	133	134	99.3%		915	925	98.9%	
2 WEEK BREAST SYMP*	93%	21	26	80.8%		51	215	23.7%	
31 DAY WAIT	96%	36	36	100%		247	250	98.8%	
31 DAY SUBS RADIO*	94%	17	17	100%		63	63	100%	
31 DAY SUBS SURG	94%	4	4	100%		48	50	96.0%	
31 DAY SUBS DRUGS	98%	6	6	100%		33	33	100%	
62 DAY WAIT	85%	15	19	79.0%		103	121	85.1%	
62 DAY CNSLTNT UP	NA	0	0	100%		0	0	100%	
62 DAY SCREENING	90%	0	0	100%		1	1	100%	

* Shadow monitoring

- Two week waits for breast symptoms and 31 day subsequent treatments for radiotherapy are both being 'shadow monitored', targets set are to be achieved from December 2009 and 2010 respectively.
- The figures shown in the table for the shadow monitoring do not accurately reflect the current position. CDDFT have reported that they are currently achieving 83% of breast symptom referrals within two weeks against the target of 93%. An action plan for compliance has been received from CDDFT and will continue to be monitored closely.
- 62 day wait target was not achieved by either PCT during October. County Durham achieved 84.3% against a target of 85% (13 breaches) and Darlington achieved 79% against a target of 85% (4 breaches). The relatively low numbers of patients being treated (especially in Darlington) means that small numbers of breaches have

an adverse effect on performance. The majority of breaches occurring to date are due to complex diagnostic pathways.

- No targets have yet been agreed for 62 day waits for urgent consultant upgrades as numbers reported in previous periods were too low for DH to establish a threshold.
- Based on the quarterly data both NHS County Durham and NHS Darlington are achieving all targets. For the two week wait, 31 day wait and 62 day wait both PCTs have shown improvement from quarter one.
- A review of the local policy for managing and recording two week wait referrals at CDDFT was requested by the SHA. This review is being led by clinicians from both primary and secondary care. Further updates as to any implications of this will be provided in due course.

What actions are needed?

- Continue to monitor CDDFT performance against their action plan for two week wait breast symptoms.
- Review breaches of 62 day waits for problem areas.
- Review implications of any changes to local policy and monitor performance against target.
- All providers are monitored individually and we will continue to address any under performance to ensure that they are following all aspects of best practice, with the potential to increase performance.

1.7 Cancelled operations

CDDFT have set themselves a target of no more that 0.8% cancelled operations per month. However, this has not been met since June as can be seen in the table below.

Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09
0.75	**0.82**	**0.75**	**1.21**	**1.42**	**1.48**	**0.91**	**1.30**
0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8

This issue has been escalated within the Trust and an action plan developed. All specialties have been given targets which will be monitored by CDDFT and discussed at the monthly contract meetings. The pressure is consultant rather than specialty specific and targeted work is ongoing within the Trust. The Trust continues to review performance on a daily basis and discuss at weekly meetings.

What actions are needed?

- Continue to monitor action plan and performance at monthly contract meetings ensuring any risks are mitigated where possible.

1.8 Delivering Same Sex Accommodation

- Fortnightly PCO cluster lead meetings have been completed as all capital schemes have been delivered across the region. Meetings will be held by exception if and when issues arise.
- CDDFT and NTW – all schemes now completed.
- TEWV are on track to complete their schemes by the agreed timescales.
- Final reports following the peer review visits to CDDFT and NTW have been shared with the chief executives of both organisations. The final report for TEWV is on track to be shared with them by 15 January 2010.
- We continue to work with colleagues in each of the three Trusts to ensure local patient surveys are implemented as per DH guidance and results shared with us as the host commissioner.

What actions are needed?

- Final report for TEWV to be shared by 15 January 2010.
- Monitoring of action plans following peer review reports to be undertaken via contract management meetings.
- Guidance from the Operating Framework 2010/11 to be implemented in conjunction with all providers.
- All providers to undertake risk assessment for all inpatient areas and traffic light accordingly.
- On release of the national contracts (due by 16 January 2010), performance staff to work with contract management colleagues to ensure relevant guidance is incorporated.

1.9 Immunisation

- As reported last month, the PCTs have not achieved immunisation targets for quarter 1 except for immunisation rates for children aged 1 for Dtap/IPV/Hib.
- The requirement for swine flu vaccinations has led to increased demand on GPs who would also be providing childhood immunisations. As a result, deadlines for submitting data returns to the health protection agency have been extended to ensure data is as complete as possible.
- The process for the development of the child health system for Easington area continues as planned. It is on target to begin the switch over scheduling from individual GP systems to the central system early in quarter 4.

What actions are needed?

- Quarter 3 data will be produced on a practice by practice basis to enable those practices with the lower immunisation rates to be identified. Data cleansing and missing immunisation data finding interventions can then be targeted to ensure data is as complete as possible before final 2009/10 submission.
- Further encouragement of GP practices to improve their individual immunisation rates.

- Sharing of anonymous data on a GP practice level to allow individual GP practices to benchmark their own immunisation rates.

1.10 Mortality due to suicide or undetermined injury

- Performance for NHS County Durham has deteriorated from 8.3 per 100,000 population in 2007 to 11.0 for 2008.
- Performance for NHS Darlington has deteriorated from 4.6 per 100,000 population in 2007 to 9.7 for 2008.
- Suicide is an extremely complex issue and it is difficult to identify individual causes for any increase. NHS County Durham and Darlington have been carrying out significant work on suicide prevention in the last year and the board will continue to receive full progress reports on this. The economic downturn has had a significant impact on local communities and it is expected that the number of suicides will have risen in the last twelve months, however suicide rates have fluctuated historically at both a local and national level. Additionally it is important to note that data collection methods impact on the trends that appear in national statistics.
- The data that is required to be used for performance purposes, and used by the CQC, is taken from the Office for National Statistics (ONS) figures and differs from the picture recorded locally, due to differences in cut-off dates for late registrations.. True figures for death by suicide and undetermined injury by year are available via local data.
- Latest local data from the most recent mortality list available are as follows, indicated as deaths per 100,000 population:
  - NHS County Durham: 6.73 (equating to 34 deaths) in 2007; 6.49 (equating to 33 deaths) in 2008,
  - NHS Darlington: 11 (equating to 11 deaths) in 2007; 6.97 (equating to 7 deaths) in 2008.

What actions are needed?

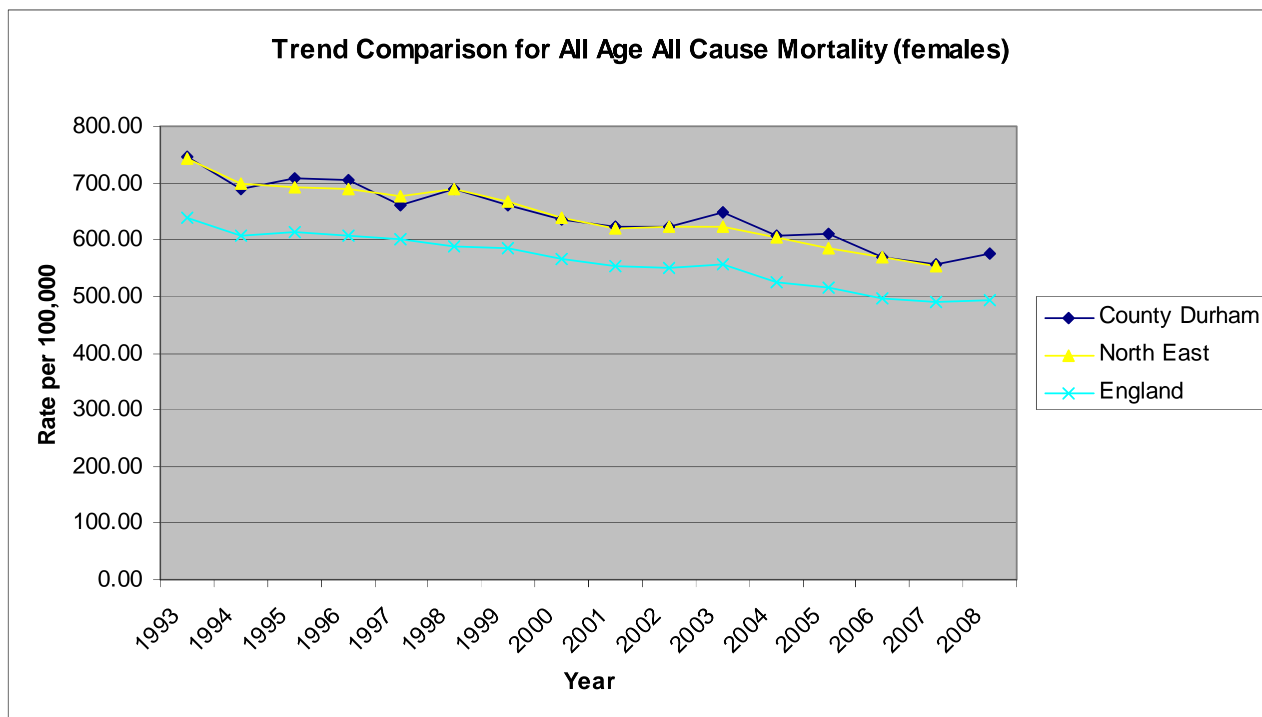
Suicide prevention remains a high priority for NHS County Durham and Darlington and actions required to progress the suicide prevention agenda include the implementation of the recommendations of the recent independent review into potential suicides in the Easington area. Additionally, initiatives requested to go forward under the five year strategic plan include suicide prevention training and workforce development for providers in contact with vulnerable communities, expansion of social prescriptions for individuals subject to risk factors for poor mental health and the implementation of anti-stigma campaigns.

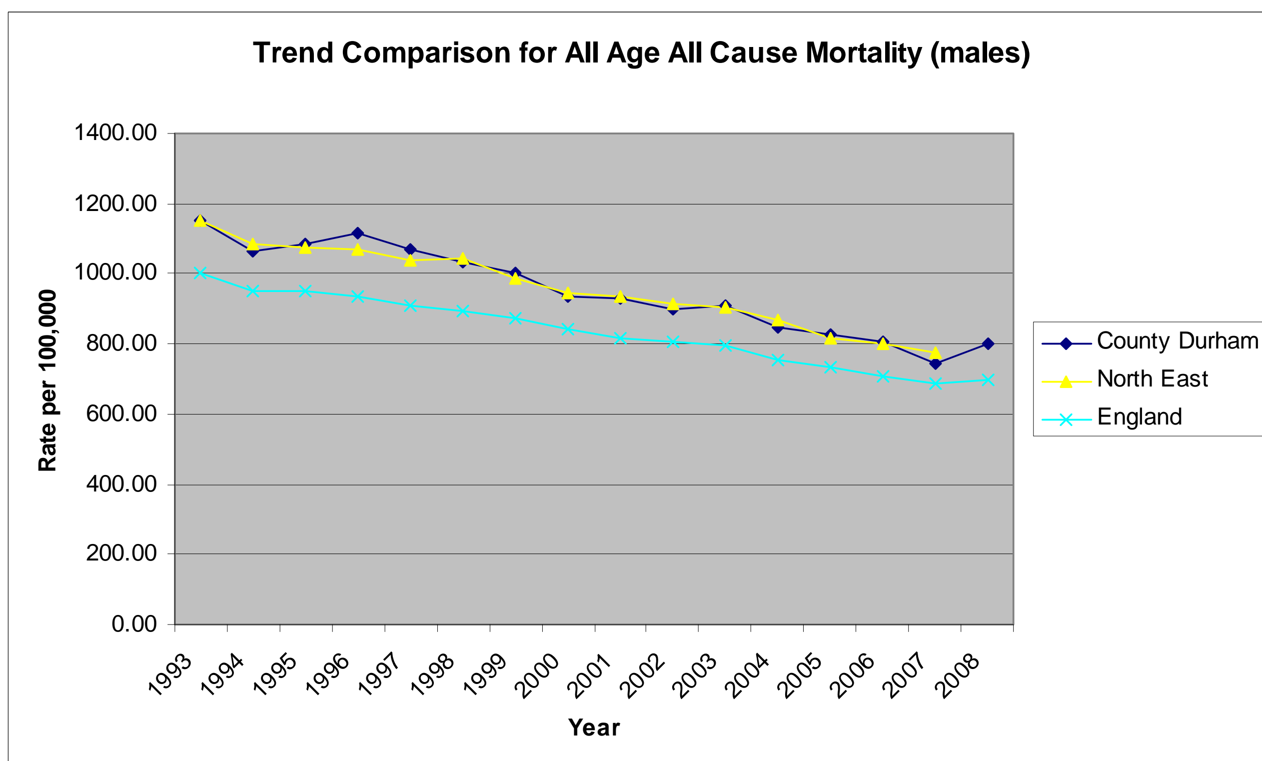
1.11 All age all cause mortality

This indicator is split into two parts – ‘all age all cause mortality for males’ and ‘all age all cause mortality for females’. NHS County Durham failed to achieve against target for both parts of this indicator and NHS Darlington achieved both parts of the indicator for the latest released data for 2008.

This indicator covers all deaths at all ages for all causes. As stated in previous updates, we do not currently have local data which would allow us to breakdown this indicator to allow for targeted interventions. Nationally, cancer and cardiovascular diseases are the biggest cause of death. The PCTs have made good progress on both cancer and cardiovascular disease mortality, however, the all age all cause mortality rate has failed to achieve its target.

The graphs below demonstrate that the overall trend is decreasing but an increase in the rate can clearly be seen for 2008.





What actions are needed?

Completion of investigation into the data which makes up the indicator is required to increase understanding and allow appropriate actions to be taken.

1.12 Cancer mortality

NHS County Durham and NHS Darlington failed to achieve against target for both parts of this indicator for the latest released data for 2008.

As previously stated, cancer mortality contributes to our 'all age, all cause' mortality rates. However, cancer mortality rates are not 'all age' – but for 'under 75 year olds', as it is a target that is about reducing early deaths from cancer.

County Durham and Darlington are performing well on their cancer waiting times targets, ensuring that cancer patients are 'fast-tracked' into diagnostics and treatments. This indicates that access to treatment is not a key factor in our rates. However, 5 year survival rates in Sedgefield, Easington, Derwentside and Durham Dales are significantly lower than the national average. This poses the question that if people are not experiencing delays on the referral pathways from primary care into secondary care, what else is contributing to these poor survival statistics.

48% of our under 65 year old cancer mortality is accounted for by three cancers; breast, bowel and lung. Staging data indicates high rates of late diagnosis for lung and bowel, with some room for significant improvement in breast cancer. Given the fact that, in general, the earlier a cancer can be diagnosed the easier it will be to treat and the better the chances of survival, it may be the case that this later diagnosis contributes to our mortality rates.

What actions are needed?

In line with the Cancer Reform Strategy (2007) and its National Awareness and Earlier Diagnosis Initiative (NAEDI), NHS County Durham and Darlington is focussing its efforts on tackling late diagnosis through a commissioned programme of work that covers:

- baseline assessment of community awareness,
- service developments focussing of the promotion of community cancer awareness and importance of taking earlier action,
- promotion and improvement of screening services,
- refining and improving primary care pathways.

This is in line with Professor Mike Richards' (National Clinical Lead for Cancer) view that "awareness and early diagnosis is the area where we can make the biggest contribution to reducing cancer mortality rates".

- **Baseline Assessment of Awareness**

As previously stated among 6,000 people across County Durham and Darlington:

- 21% could not name any signs or symptoms of cancer,
- 33% did not name smoking as a causal factor,

- 39% reported that they would be put off going to see their GP with a potential symptom by fear.

Further analysis is needed to drill down into further into this data using postcode data to tease out particular community needs. This will be done in February 2010 with the epidemiologist coming into post

This survey will be re-administered in 2011 to evaluate impact of interventions.

- **Service developments focussing of the promotion of community cancer awareness and importance of taking earlier action**

NHS County Durham has commissioned the expansion of its cancer awareness service across County Durham and Darlington. This service was launched in November 2009 and has begun to work with the Improvement Foundation is developing a community collaborative approach

- **Promotion and improvement of screening services**

County Durham and Darlington's cancer screening programmes (Breast, Bowel and Cervical) perform well against local and national standards for coverage. However, NHS County Durham has set itself ambitious improvement targets of having the best uptake rates in the county by 2012.

To achieve this NHS County Durham is undertaking detailed social marketing analysis. This is now complete and plans are in place to roll out marketing work.

- **Improving primary care pathways.**

Building on the significant event analysis carried out by Professor Greg Rubin locally on behalf of National Cancer Action Team (NCAT), NHS County Durham has received funds from the NCAT the to work with South of Tyne & Wear PCTs and the North of England Cancer Network to develop an optimal pathway for the diagnosis of lung cancer.
This is being produced through a rapid process improvement workshop. This work has been delayed until March. However, initial findings show that there is much room for improvement with some chest x-rays diagnostic pathways happening within one day where in other cases it may take several weeks.

1.13 Chlamydia Screening

- The challenge for 2009/10 is to have 25% of those aged 15-24 undertaking a Chlamydia screening test. Performance for Qtr 2 was 8.7% for County Durham and 8% for Darlington against the target of 12% for the period. The PCTs are continuing to investigate and implement methods of increasing the numbers screened.
- A high volume screening specification has been offered to all GPs and pharmacists as a pilot until 31st March 2010
- A high volume 'any willing provider' contract has now been offered.

What actions are needed?

- Continuation of events in schools, colleges and university
- Continuation of media campaigns and social marketing
- Continued review of good practice from high performers

Mark Sewell
Senior Performance Advisor
Directorate of Delivery & Performance
NHS County Durham
12 January 2010

NHS
County Durham and Darlington

Appendix 2

Care Quality Commission Inspection Report

The prevention and control of infections
County Durham and Darlington NHS Foundation Trust

Region:
North East
Provider's code:
RXP
Type of organisation:
Acute trust
Type of inspection:
Enhanced
Sites we visited:
University Hospital of North Durham
Darlington Memorial Hospital
Date of inspection:
16 December 2009
Date of publication:
6 January 2010

Introduction to our inspections

NHS organisations that provide healthcare directly to patients must be registered with the Care Quality Commission. To be registered, they must meet the Government's new regulation to protect patients, workers and others from the identifiable risks of acquiring a health care associated infection (HCAI). Examples of HCAIs are *Clostridium difficile* and meticillin-resistant *Staphylococcus aureus* (MRSA).

In the financial year 2009/10, the Care Quality Commission is inspecting up to half of all trusts that provide healthcare, to assess whether they are meeting the new regulation on HCAIs and following the supporting Code of Practice and related guidance.

Our assessors make unannounced visits, to ensure that they see the hospital as a patient or visitor would see it. We focus on certain areas of practice to form a 'snap shot' of the trust's activities related to infection prevention and control. This allows us to identify issues that are a potential risk to patients' safety or that could affect their experience of care. The findings and judgements we report are based on the evidence we collect in specified areas of a trust on the days of inspection only.

We plan the scope of our inspections before our visit using the analysis of data. Our standard inspections are approximately four hours long and we use at least nine measures. When we have not assessed a trust previously or we estimate that it is medium or high risk, we perform an enhanced inspection over a full day, using at least 15 measures. We may look at additional measures if we identify another part of a trust's systems for infection prevention and control during our pre-inspection planning or the

inspection itself that we wish to assess in more detail. In some cases inspections may take more than one day.
The measures that we assess each trust against are based on the Code of Practice on HCAIs and related guidance. We use this information to judge whether the trust is compliant with the government regulation on HCAIs. Where we identify a breach of the regulation we make requirements. The trust must act on these within the specified timeframe. For further information please refer to the enforcement policy on our website at www.cqc.org.uk.
We may find some areas for improvement on the inspection, yet judge a trust to be compliant with the regulation overall, as it is protecting patients, workers and others from the identifiable risks of HCAI, so far as is reasonably practicable. In these cases, we make recommendations to the trust about how it can strengthen its approach and expect the trust to act upon these quickly.
We will typically make an unannounced follow up visit to the trust within one month, for every trust with recommendations and requirements, to gain assurance that it has acted on them.

Background on the trust

County Durham and Darlington NHS Foundation Trust is an acute trust that provides services in County Durham, Darlington and surrounding areas. It became a foundation trust on 1 February 2007.
The trust has three main sites: University Hospital of North Durham, which has 523 beds, Darlington Memorial Hospital, which has 437 beds, and Bishop Auckland General Hospital, which has 145 beds. The trust also runs community hospitals in Shotley Bridge and Chester-le- Street and provides outpatient, community and outreach services from several other sites.
The trust provides a range of services, including general surgery, medicine, trauma and orthopaedics, emergency medicine, paediatrics and child health, women's services, anaesthetics, intensive care, pathology and radiology. It provides accident and emergency services at the University Hospital of North Durham and at Darlington Memorial Hospital.
The Care Quality Commission rated the trust as 'good' for quality of services and 'excellent' for quality of financial management in the NHS performance ratings for 2008/09.
The trust was inspected previously against the Code of Practice on HCAIs on 3 and 4 March 2009.
At the time of the current inspection, the trust was registered with the Care Quality Commission without conditions, based on an assessment of its compliance with the regulation on HCAIs.
The trust's rates for MRSA bloodstream infections were lower than the majority of similar trusts between October 2008 and September 2009. The trust's rates for *Clostridium difficile* increased initially after October 2008. This was followed by a steady decrease and the rates remained within the average range in September 2009.
The above descriptions are based on the latest verified data from the Health Protection Agency (HPA) and up-to-date figures are available from the trust's own website or the HPA's site (www.hpa.org.uk).
Hospitals test MRSA samples for other healthcare facilities in the area, as well as for their own trust's patients. Therefore, some reported cases of MRSA may not have been acquired by patients staying within the acute trust.

Our overall judgement

On inspection, we found no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare associated infection.

How we made our judgement

Of the 15 measures we inspected, we had no concerns. The following table provides further information.

For this inspection, we:

• Analysed information on how the trust manages infection prevention and control, such as its risk registers, the frameworks used to assure the board that plans are happening in practice and the results of audits.
• Examined policies and procedures.
• Visited the University Hospital of North Durham:
• Ward 3 – Medical Assessment Unit
• Visited the Darlington Memorial Hospital:
• Ward 51 – Acute Medical and Elderly Care Ward
• Ward 52 – Acute Stroke and Medical Ward
• Had discussions with staff from various staff groups including the director of nursing, who is also the director of infection prevention and control, an associate director of nursing, the head of clinical governance, matrons, ward managers, staff nurses, infection control nurses, an infection control matron, a consultant, a junior doctor, a pharmacist, healthcare assistants, housekeeper, domestic staff and a domestic supervisor.

Having appropriate mechanisms for the trust's board to ensure that sufficient resources are available to effectively prevent and control HCAIs
(For full wording see Code of Practice criterion 1 and guidance 1c).
Ensuring that workers involved in patients' care receive appropriate information, training and supervision on how to prevent and control infections
(For full wording see Code of Practice criterion 1 and guidance 1d).
Performing a programme of audit to ensure that policies and practices are being followed
(For full wording see Code of Practice criterion 1 and guidance 1e).
Having managers (or a single manager) who lead the trust's cleaning and decontamination of equipment used in treatment
(For full wording see Code of Practice criterion 2 and guidance 2b).
Matrons having personal responsibility for, and can be held to account for, providing a safe and clean care environment, and the nurse in charge of a patient area having direct responsibility for ensuring that cleanliness standards are maintained on their shift
(For full wording see Code of Practice criterion 2 and guidance 2d).
Ensuring that the environment for providing healthcare is suitable, clean and well maintained
(For full wording see Code of Practice criterion 2 and guidance 2e).
Having cleaning arrangements that detail the standards of cleanliness required and making cleaning schedules available to the public
(For full wording see Code of Practice criterion 2 and guidance 2f).
Having an adequate provision of suitable hand-washing facilities and antibacterial hand rub
(For full wording see Code of Practice criterion 2 and guidance 2g).

Using effective arrangements for the appropriate decontamination of instruments and other equipment, which are detailed in appropriate policies
(For full wording see Code of Practice criterion 2 and guidance 2h).
Having a policy for uniforms and work wear to ensure that staff wear clothing that is clean and fit for purpose
(For full wording see Code of Practice criterion 2 and guidance 2j).
Providing patients and the public with general information on how the trust is preventing and controlling infections, and providing other service providers involved in the transfer of patients with key policy information
(For full wording see Code of Practice criterion 3 and guidance 3a).
Explaining to visitors of patients their roles and responsibilities in the prevention and control of HCAIs
(For full wording see Code of Practice criterion 3 and guidance 3b).
Helping patients to be aware of how to reduce risks of HCAIs so that they can be vigilant (for example, by telling staff when they think there could be an issue)
(For full wording see Code of Practice criterion 3 and guidance 3c).
Providing or securing adequate isolation facilities
(For full wording see Code of Practice criterion 6 and guidance 6).
Following appropriate policies and protocols on the prescription of antimicrobial drugs
(For full wording see Code of Practice criterion 8 and guidance 8k).

Bibliography

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Department of Health, March 2009. Available at:
www.opsi.gov.uk/si/si2009/uksi_20090660_en_1
The previous Code of Practice on HCAIs (used by the Healthcare Commission for inspections up to 31 March 2009)
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infections. Department of Health, January 2008. Available at:
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