

APPENDIX 2

Darlington Primary Care Trust Performance Report – reported in March

Performance Scorecard Exception Report

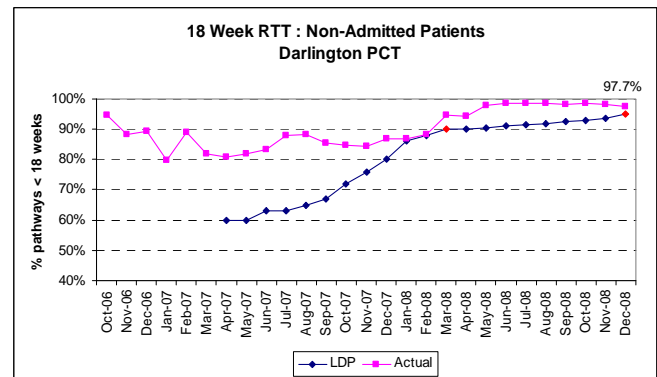
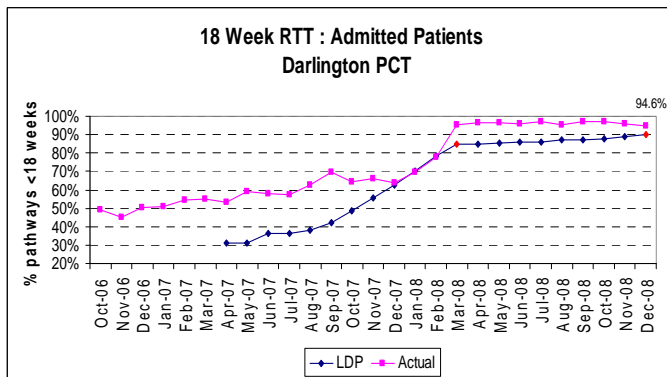
This report, an adjunct to the Performance Scorecard, provides the detail behind indicators scored red, amber or which are considered to be a risk and/or of high profile. The report has been split into three sections: Part 1 covers those indicators that receive prominent national attention, Part 2 focuses on other areas that are performance risks to the organisation but don't receive the same national scrutiny whilst Part 3 provides an overview of the Annual Health Check process for 2008/09.

Part 1: Hot spots

VSA4a By Dec 2008, 90% of admitted and 95% of non-admitted patients have a referral to treatment time (RTT) of 18 week or less

Note: Scorecard traffic lighting is now vs Dec 2008 target, not vs trajectory.

Detail Behind Performance / Progress to Date



Darlington PCT Adjusted Admitted Patients December 08			
Provider	Total	<18 weeks	%
City Hospitals Sunderland FT	4	3	75.0%
County Durham & Darlington FT	470	452	96.2%
Independent Sector	50	50	100.0%
North Tees & Hartlepool FT	20	19	95.0%
South Tees Hospitals	83	72	86.7%
The Newcastle Upon Tyne Hospitals	20	16	80.0%
Other Providers	6	6	100.0%
Grand Total	653	618	94.6%

Darlington PCT Non Admitted Patients December 08			
Provider	Total	<18 weeks	%
City Hospitals Sunderland FT	1	1	100.0%
County Durham & Darlington FT	1519	1515	99.7%
Darlington PCT	291	254	87.3%
Gateshead Health FT	0	0	0.0%
Independent Sector	2	2	100.0%
North Tees & Hartlepool FT	11	10	90.9%
South Tees Hospitals	111	107	96.4%
The Newcastle Upon Tyne Hospitals	41	41	100.0%
Other Providers	11	11	100.0%
Grand Total	1987	1941	97.7%

Progress to Date

- both the PCT and CDDFT have maintained their strong performance and continue to achieve the December milestone.

What is Blocking Delivery?

- problems are still ongoing surrounding the ownership and responsibility of the S Tees patients attending satellite clinics at CDDFT. This has been escalated through the SLA meetings,
- Newcastle Hospitals dip in performance for admitted patients reflects the position of the Trust as a whole as they attempted to clear more of their 18 week breaches prior to the final quarter,
- orthopaedics still remains the weakest specialty,
- incomplete data capture and verification processes in place for Tier 2 Services for Dermatology.

What actions are needed in the next 6 months?

- trauma and orthopaedics continues to be the biggest challenge for CDDFT

December CDDFT Reported Position		
	Admitted	Non Admitted
Total	95.2%	98.7%
T & O	79.1%	96.6%

- members of the performance and acute pathway teams are working closely with the Trust and the SHA to address this issue. Progress against the action plan is being monitored weekly to improve the position by the end of March,
- Tier 2 Services to revisit processes that are in place to ensure the accurate recording of pathways. New members of staff to be made aware of the rules, priorities and aims of 18 weeks,
- the SHA held a workshop on 2nd March to discuss the results of the 18 week Patient Survey and to focus on future improvement.

VSA1 & VSA3 Incidence of MRSA and C. difficile

Detail Behind Performance

MRSA Bacteraemia – Position to end January

	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Total YTD	Max for 2008/09
CDDFT Trajectory	2	2	2	2	2	2	2	1	1	1	17	
All cases	7	5	2	3	6	2	0	4	4	3	36	19
Post 48 hrs	2	3	1	1	4	0	0	1	3	0	15	
Pre 48 hrs	5	2	1	2	2	2	0	3	1	3	21	

C. difficile reports (Age 2+) – Position to end January

		Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Total YTD	Max for 2008/09
CDDFT	Trajectory	17	17	17	16	16	16	16	16	16	16	163	
	Performance	25	18	18	14	25	25	21	16	11	29	202	195
D PCT	Trajectory	5	5	5	5	5	5	5	4	4	4	47	
	Performance	8	12	16	6	5	13	14	10	6	3	93	55

Progress to date

- year to date MRSA performance for CDDFT was 36 bacteraemias against a trajectory of 17,
- outcomes of the board to board meeting have resulted in the following actions for CDDFT:
 - spot check visits to continue over a six week period,
 - formal weekly reports to be received by NHS County Durham,
 - a further report to determine that the actions taken have been embedded to be considered at the NHS County Durham board in April 09,
- the independent review has now been undertaken with positive assurance provided,
- an escalation meeting took place on 5 March 09 between NHS County Durham and the SHA with the Department of Health. Monitor has now informed CDDFT that a formal escalation process will take place during March,
- there have been 202 isolates of C. difficile to date that CDDFT are responsible for against a target of 163,
- NHS Darlington has had 93 isolates of C. difficile to date against a trajectory of 47.
- the rise in C. difficile isolates in January was highlighted to the board last month. This was expected due to the Norovirus outbreak affecting mainly BAGH. C. difficile typing has confirmed that the C difficile isolates were of a number of strains and that the C.difficile isolates did not represent direct or indirect transmission of C. difficile infection. Appropriate control measures were put in place at BAGH,
- further audit visits to clinical areas are to take place in March 2009.

Operational system monitoring continues through the monthly meetings to monitor the system action plan.

MRSA elective screening

	No of admissions and attendances of elective patients who should be screened	No of tests undertaken on patients who should be screened	% screened
Sep-08	2131	1586	74.4%
Oct-08	2303	2056	89.3%
Nov-08	2362	1037	43.9%
Dec-08	2092	717	34.3%
Jan-09	2191	1719	78.5%

MRSA screening for elective patients is a requirement within the Operating Framework 2008/09 which is to be delivered by 31st March 2009. The above table demonstrates the percentage screened since the implementation of the return to monitor this. Initial data incorrectly included non-elective patients which was rectified by CDDFT for the submission covering the month of November 08. As can be seen from the table above, there was a decrease in performance in December 08 however the position significantly improved in January 09 to 78.5% of elective admissions being screened.

CDDFT has an action plan in place to roll-out MRSA screening to ensure this is undertaken for all elective patients within all specialties by 31st March as per the guidance and is being monitored by the Lead Infection Control Nurse and discussions have also been held as part of the monthly SLA meeting with the Trust. The Trust continues to assure NHS County Durham that this target will be delivered.

The SHA has recently requested fortnightly telephone calls with all clusters to discuss performance of this element, the first of which takes place on 12th March 2009.

What actions are needed?

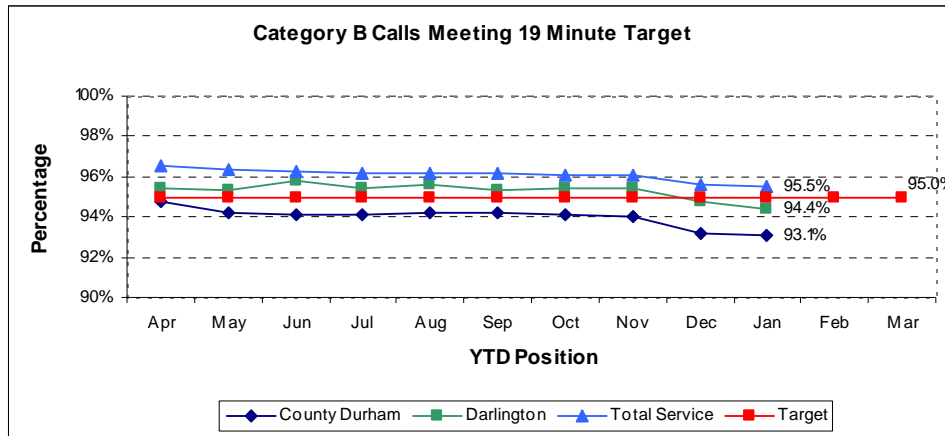
- ongoing focussed delivery of action plans,
- additional actions as detailed in the escalation processes above,
- actions arising from the audit visits.

HCC3-4 Ambulance Service Category A and B calls

NEAS performance severely dipped in December with a 17% increase in incident levels compared to the same period last year. This was due to a combination of the weather bringing an increase in falls, flu symptoms resulting in a higher number of chest pain and breathing difficulty type calls and a higher number of GP admissions. Flu symptoms experienced by NEAS staff also created resourcing pressures with increased levels of sickness absence.

The Resource Escalation Action Plan (REAP) was at level 4 (critical) before Christmas and has largely remained at level 3 (severe) since. However, even with the introduction of actions relating to these levels and their own winter planning preparation, maintaining 100% staffing has been extremely difficult. Furthermore, extended hospital turnarounds impacted on the ability to turnaround ambulances efficiently.

Detail Behind Performance



What's blocking delivery?

- significant increase in the number of incidents compared with the same period last year,
- pressures experienced at CDDFT leading to ambulances being diverted to other hospital sites within the Trust,

- extended hospital turnarounds impacted on the ability to turnaround ambulances efficiently.

What actions are needed in the next 6 months?

- NEAS to develop a detailed collection method and analysis for ambulance diverts,
- completion of directory of services to improve appropriate referral of NHS pathways calls identified as lower level category calls which can be seen by alternative practitioners,
- ongoing work with CDDFT to improve hospital turnaround times.

HCC14 Total time in A&E – CDDFT Only

Detail behind performance

The A&E target has come under considerable pressure at all local Acute Trusts with year to date performance at CDDFT of 97.1%.

Progress to date

Severe pressures arose throughout December and early January with demands on A&E services - activity increased on some days by 50% on last years data. Patients entering the system were reported to be very ill with the effects of respiratory conditions, diarrhoea & vomiting, Norovirus, and increase in flu symptoms. This was also compounded by the cold weather snap resulting in many patients falling and suffering from traumas. These issues were a region wide problem which put pressures on all services, transport, A&E, primary care, out of hours.

Demand for beds within the specialties for patients requiring admission resulted in bed blocks which impacted on those waiting for beds in the A&E department and caused several of the breaches. Other breaches occurred due to delays in accessing mental health crisis support, delays in accessing specialists for opinion and transfer delays. The PCT has worked closely with the FT to address the issues and challenges that faced them over December and put in several measures to support delivery of good patient care. The FT have employed a project manager to research current processes within emergency care which will result in recommendations on improvements and developments that can be put in place in the planning phase for next year.

This issue was escalated formally with CDDFT in January and was subject to detailed discussion at the quarterly performance review. A recovery action plan was agreed and the planned trajectories have been submitted to the SHA and the Department of Health as part of the national escalation process. The action plan includes the following areas and is being monitored weekly:-

- target management
- avoiding acute admissions and speeding up the process of admission
- improving discharge
- improved bed management
- improved assessment in the emergency department
- site specific performance
- increased capacity

CDDFT have provided assurance that they will achieve the target for 2008/09 and are committed to ensuring that this is maintained.

What's blocking delivery?

- staff sickness preventing opening of extra beds as a contingency,
- pathways of care require reviewing to understand if they can be streamlined to support discharge,
- availability of community beds to support rehabilitation,
- access to continuing healthcare staff to ensure prompt assessment of patients to be discharged and set up care packages,
- development of community pathways – many still in development phase.

What actions are needed?

- delivery to the action plan and trajectory developed between PCT and FT,
- public education – continuation of raising awareness, right place, right time,
- a task force group has been set up to focus operationally on both the immediate resolutions and the long term developments which will assist in the A&E target being sustainable. A further action plan has been produced with tight timescales,
- fortnightly meetings held with FT to analyse all breaches and assist where necessary to avoid reoccurrence,
- whole systems approach to A&E performance including mental health, social care etc,
- ensure the urgent care strategy review is kept to timescale as the integration of these services will support delivery.

L17 By March 2007, 90% of first GP to Consultant Outpatient referrals should be made using the Choose and Book system
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Detail behind performance

Utilisation of choose & book has risen significantly in January and the PCT achieved its highest ever monthly percentage utilisation rates of 77%.

Choice

The findings of the North East Choice awareness campaign are still awaited.

Further steps need to be taken to ensure that patients who do not have access to the internet are made aware before they leave the GP practice of the service libraries available to assist them if they require more information about their choices.

The implications of how precisely this exercising of a right to a choice can be fulfilled, need to be considered, and how this right impacts on current concepts of commissioned care pathways.

Choose & Book

Behind the percentage performance is the number of actual successful bookings made through choose & book. For NHS Darlington the number of bookings has risen from 961 (Jan 2008) to 1126 (Jan 2009) a 17% increase. The number of transactions will plateau around current levels until named consultants and cancer 2 week waits are enabled on choose & book. These two areas remain a priority and clinical engagement is crucial to ensuring sustainability as well as the availability of advice and guidance.

Two other key areas are ensuring investment in IM&T networks and desktop computers delivers the speed of communication and reliability in connection for GP practices. This needs to be backed up with training to staff / clinicians and facilitating practices in how this impacts on work processes.

The other area of work is to ensure that capacity is available to meet the needs of each PbC locality and where possible to provide choices as close to the community as possible. Ensuring that the number of patients having to arrange their appointment through the Telephone Appointments Line (TAL) process is kept at the lowest practical level is being incorporated in the quality standards for our providers for 2009/10.

Across the North East there is ongoing commitment to deliver paperless referrals in 2009/10 – consideration is currently being given to a realistic timescale which must then be achieved by all Commissioners.

Progress to date

- compilation of booking reference data to better monitor and performance manage utilisation of Choose & Book,
- identification of significant training requirements for GP practice staff.

What actions are needed in the next 6 months?

- establish practical structure for maintaining ongoing skills across primary care in the use of Connecting for Health systems,
- establish Choose & Book data processing and performance monitoring and reporting framework,
- establish programme for implementing the roll out of cancer 2 week waits via choose & book.

Part 2: Additional risk areas

VSA4d No of patients waiting longer than 6 weeks for the 15 main diagnostic tests

For January 2009 DPCT had a one patient waiting longer than 6 weeks.

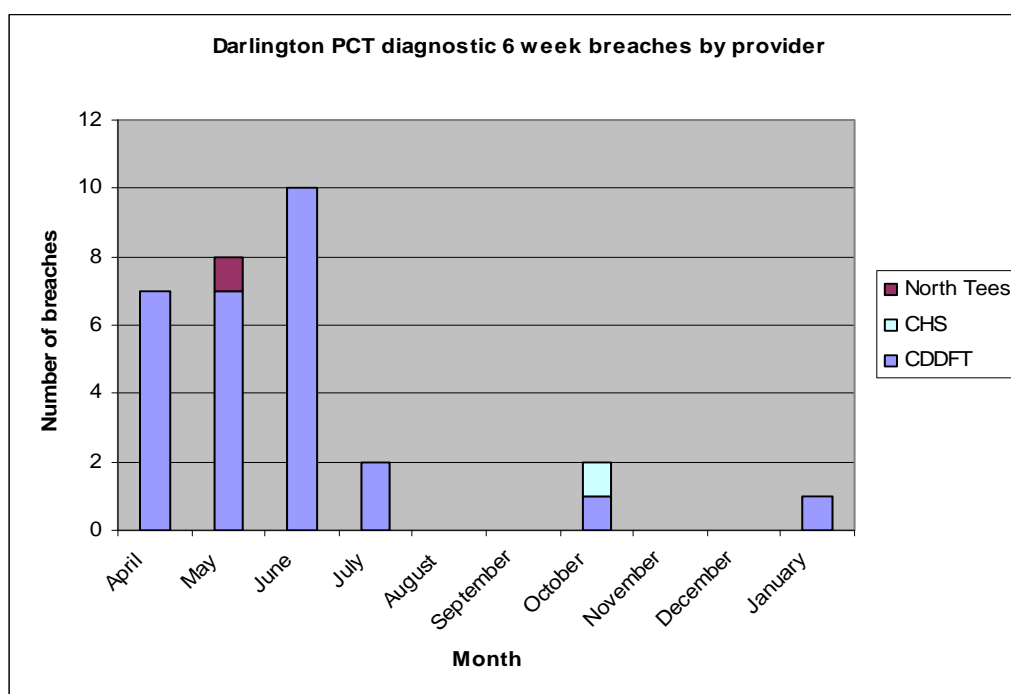
Detail Behind Performance

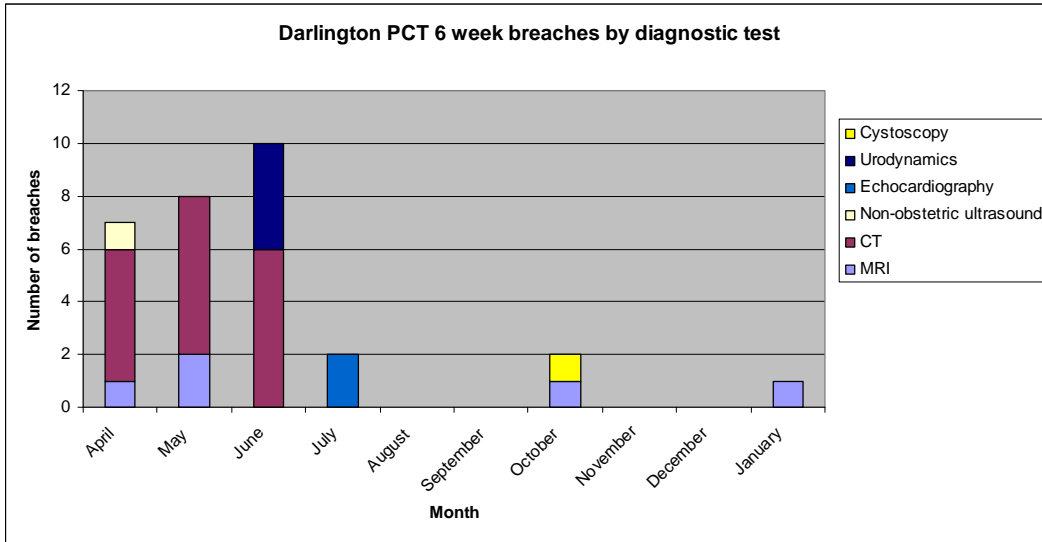
The challenge for 2008/09 is to maintain zero over 6 week waiters every month. The table below details the number of patients who had been waiting over 6 weeks at the end of January by diagnostic test and provider.

DPCT – 1 breach

Diagnostic	Number of breaches	Location
MRI	1	CDDFT

Progress to date



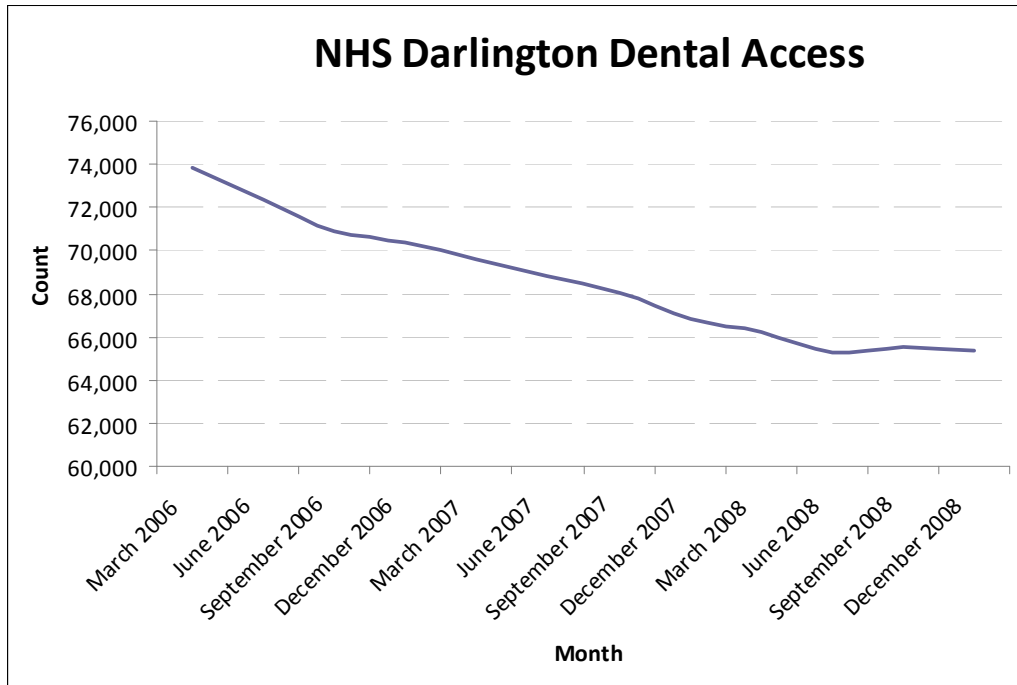


The MRI breach has been attributed to a breakdown of the MRI scanner. The patient has now had their MRI and there should be no further breaches resulting from this incident.

VSB18 Access to Dental Services

Detail Behind Performance

The target is to increase the number of new patients seen by a dentist within the previous 24 months.



Progress to date

The graph shows the decrease in activity for this target has remained constant from June 2008 in comparison to previous quarters.

What's blocking delivery?

It is recognised by the PCT that short term non recurrent funding does not enable dentists to plan services effectively. However, the claw-back of funding from practices who under deliver to fund over delivery should still continue, and for 2009/10 a more robust performance monitoring framework should be carried out in line with the GDS/PDS contracts.

What actions are needed in the next 6 months?

A dental access action plan has been devised. The PCT has pledged to ensure that every member of the population of Darlington who wants to, will be able to access NHS dental services that meet all the various needs of the diverse population within the PCT.

The PCT will identify areas with limited access to NHS dental services and improve access as per SHA target:

Objectives

- to identify current demand,
- to reduce the waiting times for patients accessing dental services,
- to roll out initiatives in practices in order to increase capacity.

Initiatives

- central waiting list,
- extended surgery hours,
- use of skill mix to 'free up' dentists time,
- PDSA's – sharing good practice,
- assess the impact of Dental Service Redesign Project on access.

HCC5 Commissioning Crisis Resolution/Home Treatment Services

Detail Behind Performance

The target is a basic count of contacts made by the Crisis Resolution Home Treatment Team. The level of activity is measured against a cumulative target for the year to date.

Progress to date

Crisis Resolution Services have consistently over-achieved targets. However, reported contacts have fallen over recent months to the extent that the service is now failing to achieve the cumulative target. The latest position as at 31st January 2009 is that 158 cases have been seen against a cumulative target of 174, equating to a shortfall of 16 cases.

What's blocking delivery?

The number of contacts has fallen significantly over the past quarter and this has been linked to the integration of Adult Mental Health Services onto the new PARIS system. TEWV have committed to two remedial work streams; the first is to initially ensure that future contacts will be recorded correctly on the PARIS system, and the second is to rectify historical data.

What actions are needed in the next 6 months?

- TEWV have created a data quality group who have ensured that contacts made are now being recorded appropriately and are included on the PARIS system.
- The PARIS team are currently checking manual records from the previous quarter against information held in the system.

Part 3: HCC Annual Health Check 2008/09

As in previous years, the performance team is undertaking an exercise to predict the achievement for NHS County Durham for 2008/09. Initial work is anticipated to be completed by end April 09. This will not however be based on fully validated data for all indicators and therefore can only be used for indicative purposes.

This work will be ongoing over the next few months and updates will be provided as part of the board reports. Using previous timescales as a guide, we anticipate that a more accurate prediction will be available in August; when some of the thresholds used by the HCC will be released. The HCC are expected to publish final results in October 2009.

Julie Humphries
Head of Performance
Directorate of Performance, Delivery & Contract Management
NHS County Durham
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