

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
PERFORMANCE REPORT**

Date of the meeting	17/05/2017
Author	P Dove, Head of Performance Intelligence
Sponsoring Board member	P Vater, Chief Finance Officer
Purpose of Report	To note the progress against National and Local Performance Standards for 2016/17.
Recommendation	The Governing Body is asked to note the report and make recommendations.
Stakeholder Engagement	N/A
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : PD

1. Introduction

- 1.1 The Performance Report has been designed to incorporate all of the main performance targets of the Clinical Commissioning Group including the National Operating Framework Performance Measures. The detail below, and annexes attached, report on any significant underperformance for the Commissioner, and for the main NHS Foundation Trust providers.

2. Performance Report 2016/17

The performance of Dorset Clinical Commissioning Group is set out below highlighting aggregate performance against main NHS Constitution standards.

CCG Performance	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
RTT within 18 Weeks Target: 92%	90.7%	91.0%	91.2%	90.3%	89.9%	90.2%
6 Week Diagnostics Target: 1%	2.4%	1.6%	2.0%	2.3%	2.9%	1.04%
14 Day Cancer Target: 93%	98.4%	97.7%	97.6%	98.0%	97.2%	97.8%
31 Day Cancer Target: 96%	99.5%	99.1%	98.4%	98.9%	98.5%	99.2%
62 Day Cancer Target: 85%	83.8%	84.7%	89.4%	87.9%	84.1%	85.7%
SWAST Red Response Target: 75%	See section from 2.34 and Appendix 1					

- 2.1 Performance, by NHS Foundation Trust is set out below and where applicable comparisons are made against NHS England performance.

18 Week Referral to Treatment (Lead Director – Mike Wood)

- 2.2 The performance of main providers within the Dorset Clinical Commissioning Group health community is shown below at aggregate level for the period ending 31st March 2017. This section reports on the percentage of patients waiting under 18 weeks for treatment as at the end of each month as directed by NHS England. The incomplete standard is that a minimum of 92% of patients should be waiting under 18 weeks for treatment.

Performance Target: 92%

Provider Performance	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dorset County	87.4%	87.5%	86.5%	85.1%	85.4%	89.2%
Poole	92.6%	93.4%	92.5%	92.1%	92.5%	92.6%
Royal Bournemouth	91.4%	91.4%	90.2%	91.1%	91.2%	91.7%
Dorset Healthcare	98.4%	97.3%	96.2%	97.6%	98.1%	98.5%
Salisbury	89.4%	83.9%	91.1%	88.8%	91.8%	N/A
Yeovil	90.4%	90.8%	91.5%	92.3%	92.3%	N/A
NHS England	90.4%	90.5%	89.7%	88.9%	90.0%	N/A

9.2

- 2.3 The above table displays a good improvement in performance across Dorset providers in March 2017 when compared with the previous month. Despite not achieving the standard at Dorset County Hospital NHS Foundation Trust (DCH) and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) both providers delivered upon expectation in March 2017.
- 2.4 DCH secured additional funding for Referral to Treatment of £428,000 which supported performance improvement in March 2017.
- 2.5 DCH continues to underperform in a number of specialties however many have improved. Of concern however is the limited progress seen to date in Ophthalmology where the Trust recorded 70% in March 2017.
- 2.6 RBCH has failed to achieve the 92% standard from August 2016 mainly attributable to increasing demand and issues within the workforce for some specialties.
- 2.7 RBCH provided additional sessions in house to reduce some of the accrued backlog and are also out to recruitment for a number of posts. Within General Surgery, Gynaecology and Urology additional workforce is now in place. The Trust reported a small improvement in March 2017 reflecting the additional capacity.
- 2.8 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at 31st March 2016.

Weekly PTL Backlog (month end snapshot)

Provider Backlogs	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dorset County Adm (607)	650	653	624	733	742	550
Poole Adm (360)	336	277	285	347	363	355
Royal Bournemouth Adm (1,160)	1,179	1,137	1,142	1,207	1,228	1,238
Dorset County Non Adm (448)	1,029	970	992	1,189	1,251	1,027
Poole Non Adm (519)	473	414	414	486	434	429
Royal Bournemouth Non Adm (811)	1,413	1,341	1,294	1,407	1,081	1,090

- 2.9 The information highlighted in the above table indicates the level of backlog (number of patients waiting in excess of 18 weeks), highlighting concerns within admitted and non-admitted pathways.

Diagnostic Performance

- 2.10 The table below shows the performance of organisations across Dorset and those providers on the health community boundary. The percentages detailed below show the percentage of patients waiting over 6 weeks for treatment against the total waiting list for the period ending 31st March 2017 for our main Providers:

Performance Target: <1%

Provider Performance	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dorset County	5.7%	7.6%	8.9%	9.7%	4.7%	0.6%
Poole	0.3%	0.4%	0.8%	1.0%	0.5%	1.1%
Royal Bournemouth	0.0%	0.1%	0.0%	0.2%	0.2%	0.1%
Dorset Healthcare	0.2%	0.0%	0.1%	0.3%	0.3%	0.2%
Salisbury	0.3%	3.5%	1.6%	4.9%	2.8%	N/A
Yeovil	0.8%	0.7%	0.4%	0.5%	0.5%	N/A
NHS England	1.1%	1.4%	1.7%	1.7%	1.0%	N/A

- 2.11 Diagnostic performance improved significant during March 2017 following significant improvement seen at Dorset County Hospital NHS Foundation Trust. The Trust achieved the 1% standard in line with the remedial action plan agreed.
- 2.12 Additional capacity is being provided where possible. The additional funding referred to in 2.4 above supported some of delays seen in the endoscopy pathway and supported delivery throughout February and March 2017.
- 2.13 Poole Hospital NHS Foundation Trust failed to achieve the 1% standard in March 2017. The reason for this is currently being investigated however the Trust only missed this target by 2 breach patients and has delivered good performance for the year to date.

Cancer Standards (Lead Director Mike Wood)

- 2.14 The following tables show the performance of acute Trusts across Dorset CCG for the period ending 28th February 2017.

Two week wait from cancer referral to appt. (93% Target)

Provider Performance	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Dorset County	97.9%	97.2%	95.1%	97.5%	97.2%	97.5%
Poole	99.9%	99.6%	99.2%	99.3%	98.3%	99.5%
Royal Bournemouth	98.8%	98.4%	98.8%	97.8%	97.8%	97.2%
Salisbury	93.0%	93.4%	92.3%	94.4%	86.8%	92.0%
Yeovil	90.5%	88.7%	92.3%	94.5%	85.6%	94.8%
NHS England	94.1%	94.8%	95.1%	95.4%	97.2%	95.4%

31 day from diagnosis to treatment. (96% Target)

	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Dorset County	97.9%	97.7%	100.0%	100.0%	100.0%	100.0%
Poole	99.3%	98.1%	100.0%	100.0%	98.9%	99.3%
Royal Bournemouth	94.1%	99.0%	98.2%	100.0%	98.6%	98.5%
Salisbury	98.0%	98.0%	97.0%	94.1%	93.0%	98.9%
Yeovil	100.0%	96.1%	95.5%	97.2%	98.4%	100.0%
NHS England	97.4%	97.4%	97.4%	97.8%	98.6%	97.6%

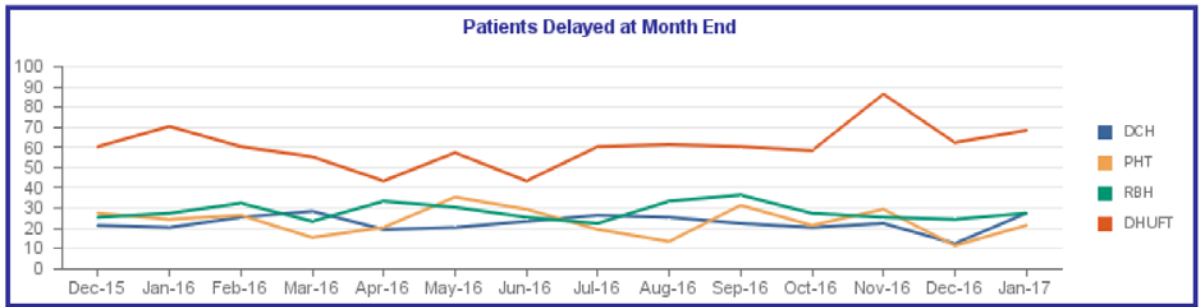
62 day from referral to treatment. (85% Target)

	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Dorset County	86.7%	81.5%	89.7%	95.5%	81.3%	87.7%
Poole	90.7%	84.8%	91.4%	92.7%	89.4%	87.0%
Royal Bournemouth	80.0%	86.5%	88.7%	82.6%	83.5%	84.2%
Salisbury	81.4%	85.3%	94.6%	81.0%	75.0%	84.0%
Yeovil	80.2%	79.8%	90.0%	92.5%	89.0%	91.8%
NHS England	81.4%	81.1%	82.3%	82.8%	84.1%	79.5%

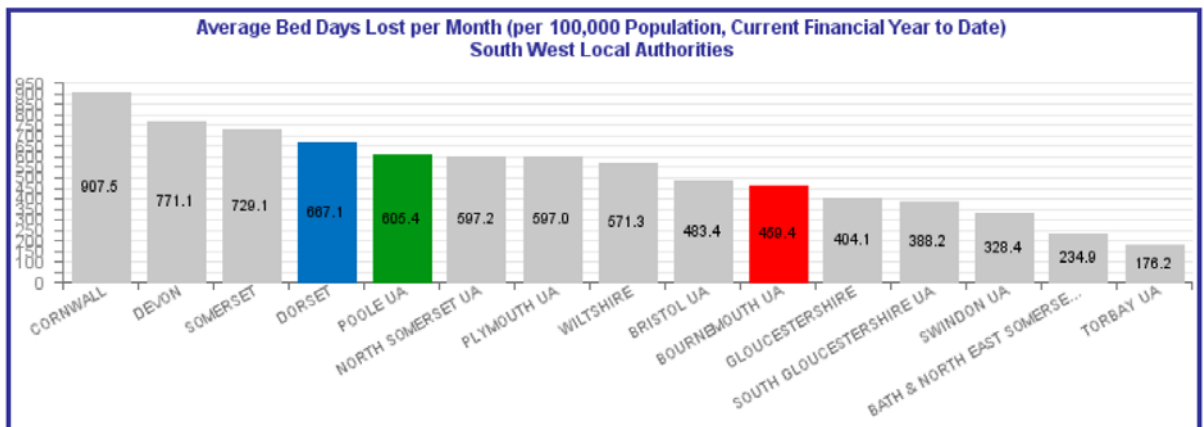
- 2.15 The Dorset providers achieved the 14 day and 31 day cancer standards in February 2017.
- 2.16 Royal Bournemouth and Hospital NHS Trust failed to achieve the 62 day standard throughout December 2016 to February 2017 however are predicting achievement in March 2017.
- 2.17 Dorset CCG has been successful in quarter 4 in taking a Dorset-wide approach to ensure delivery and attainment of quarter 4 for the 62 day RTT standard. The final position is awaited following national reporting of standards but indications at this stage are that Dorset CCG has achieved the standard during a challenging operational quarter. If this position is realised then Dorset CCG will have achieved the 62 day RTT standard for all four quarters of 2016/17.

Delayed Transfers of Care

- 2.18 Delayed Transfers of Care continue to remain high for all providers across Dorset for the period ending 31st January 2017. All NHS Foundation Trusts across Dorset exceeded the expected level of Delayed Transfers of Care.



2.19 The graph below identifies the rate of bed days lost by local authority for the year to 31st January 2017.

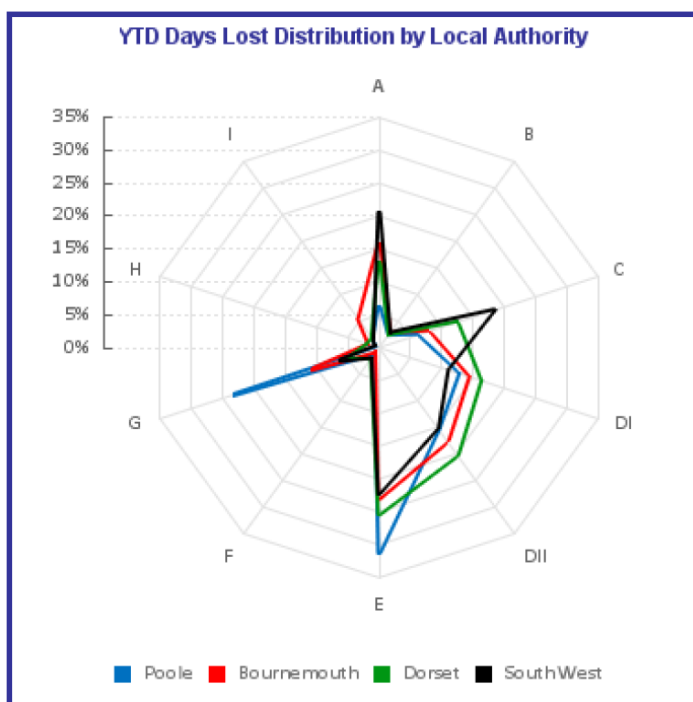


2.20 Of the 15 authorities listed above, Dorset County Council is now recording the 4th highest rate of bed days lost. Poole LA is recording the 5th highest whilst Bournemouth LA now has the 10th highest rate of bed days lost when benchmarked across the South West. This position has deteriorated slightly from the previously reported position particularly across Poole.

2.21 The following chart identifies the reasons why bed days are lost, by local authority for the year to 31st January 2017. This is compared against the position for the South West area and highlights a number of key issues seen across Bournemouth, Poole and Dorset health communities.

2.22 Throughout the period, a significant number of bed days were lost where these were attributable to 'Care Packages In Home'. All three authorities across Dorset reported significantly more bed days lost in percentage terms than the South West average with the Poole area reporting that 32% (down from 35%) of their delays relate to 'Care Packages In Home'.

9.2



Delay Reason		YTD Days Lost (South West)
A	Completion Assessment	53,227
B	Public Funding	6,947
C	Further Non Acute NHS	47,257
DI	Residential Home	28,036
DII	Nursing Home	38,908
E	Care Package In Home	57,175
F	Community Equip Adapt	4,522
G	Patient Family Choice	16,065
H	Disputes	1,412
I	Housing	3,201
Total		256,750

2.23 Delayed Transfers of Care continue to be the greatest cause of concern reflected in the fact that Dorset has received National support to try to identify any areas that could be improved and form an action plan.

2.24 It is recognised that despite all the efforts taken over the last twelve months that as a whole Health and Social Care system Dorset needs to make significant improvements to achieve nationally mandated performance targets. These improvements will need to be delivered despite the reductions in local authority funding, in order to maintain patient flow throughout the health and social care system.

Despite the significant concerns around the number of Delayed Transfers of Care the number of bed days lost have shown signs of reducing. Significant efforts in managing long stay and stranded patients have helped support this.

Urgent and Emergency Care (Lead Director Mike Wood)

2.25 The table below identifies the performance by Provider against the four hour Emergency Department standard with a comparison against the NHS England National Performance.

Four Hour Emergency Department Standard. (95% Target)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dorset County	93.3%	95.8%	98.9%	97.2%	96.9%	99.1%
Poole	88.5%	91.4%	91.3%	90.1%	93.0%	94.7%
Royal Bournemouth	95.5%	95.9%	94.1%	90.9%	93.5%	93.5%
Salisbury	92.5%	89.5%	88.9%	84.8%	84.7%	N/A
Yeovil	95.3%	95.3%	94.0%	95.8%	96.1%	N/A
NHS England	90.6%	89.0%	86.2%	85.1%	87.6%	N/A

- 2.26 Performance against the four hour emergency department standard improved significantly in March 2017 and across Dorset, showing above 95% at aggregate level. Performance for the period ending 31st March 2017 will be significantly better than the position reported nationally with all the three providers delivering performance in the top quartile nationally.
- 2.27 Dorset CCG is now monitoring the performance of providers locally on a weekly basis. For further information on the current performance to date please click on the following link: [Weekly SITREP](#). This highlights that performance for April 2017 across Dorset will likely again achieve the 95% four hour standard. Performance is also significantly better than seen in the corresponding period in April 2016.

South Western Ambulance NHS Foundation Trust (999 services)

- 2.28 From the 19th April 2016 the Trust commenced participation in phase 2 of the dispatch on disposition pilot now referred to Ambulance Response Programme (ARP). This changes the categorisations of 999 calls. From this point all 999 calls are categorised as red, amber or green with revised response targets. The pilot has a robust governance and safety framework attached to it and will be monitored by NHS England to ensure patients are not harmed.
- 2.29 Since the commencement of the Ambulance Response Programme (ARP) the proportion of incidents identified as Red has been between 5% and 6% Trust wide. This compares to 37% for Red (2% Red 1, 35% Red 2) under the previous code set.
- 2.30 The table below identifies performance for the period ending 31st March 2017 for both the aggregated provider performance and Dorset CCG performance against standards agreed within the pilot. It should be noted that the service provider is not reporting on, and not held to account to deliver the nationally agreed ambulance standards throughout the period of this pilot.

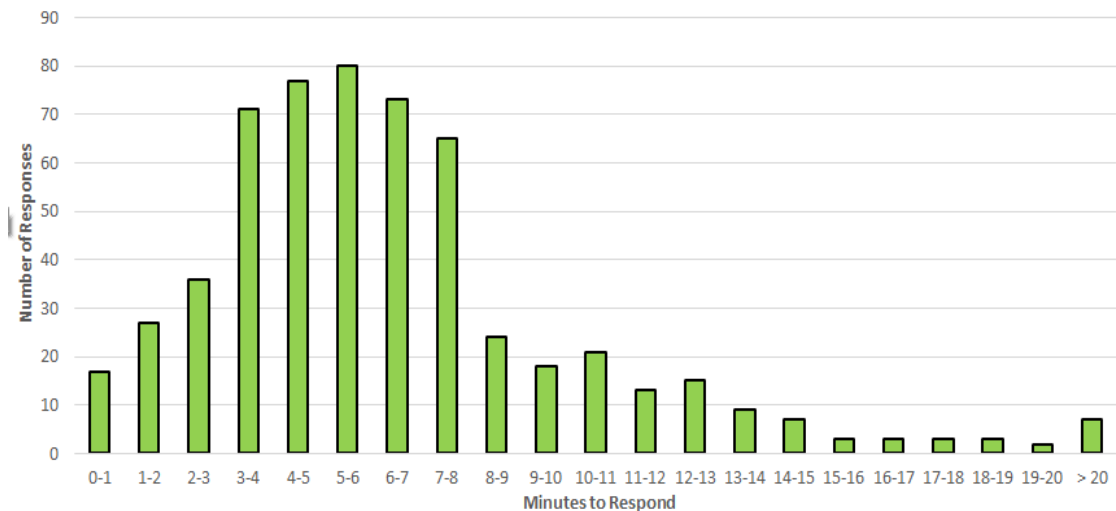
Red Response 8 Minute Standard. (75% Target)

Priority: Red Response	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
SWAST	66.6%	72.9%	69.7%	71.2%	74.0%	76.6%
Dorset CCG	68.6%	75.1%	68.4%	71.1%	76.3%	77.7%

Red Response 19 Minute Standard. (95% Target)

Priority: Red T Response	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
SWAST	80.4%	81.8%	81.3%	84.4%	86.2%	85.6%
Dorset CCG	81.7%	87.4%	84.6%	90.6%	91.4%	89.3%

- 2.31 The graph below identifies the number of responses seen in March 2017 within Dorset and the number of minutes taken to respond.



2.32 Throughout March 2017 the number of patients being responded to outside of the 8 minute standard totalled 128 patients compared with 134 in February 2017.

2.33 An action plan has been implemented from SWAST. The plan was designed to improve the performance of SWASFT under the ARP trial and explore the impact on clinical outcomes. It focussed on short and mid-term measures in a number of areas to both fix outstanding issues and underpin the changes needed longer-term to fully embed ARP into the organisation. The key actions include:

- Operational – additional changes to Control and Despatch system to reduce allocation times;
- Fleet – increase the number of Double Crew Ambulances available to support ‘transport’ categories;
- Improvement to call escalation arrangements with real-time review by clinicians;
- Code review - analysis of codes for Amber R calls that have high proportion of non-ambulance responses and were subsequently attended (e.g. patient in public place or no transport).

2.34 Further analysis of the SWAST 999 service is provided in Appendix 1 which contains analysis which informs the relevant service managers within the CCG and which supports the contract review process. This is showing that the actual incidents in Dorset are under plan by 5.2%, with year on year actual incidents also down by 1.7% comparing 2016/17 with 2015/16. There were 2 winter months where actual incidents were higher than 2015/16, Dec 2016 and Jan 2017.

2.35 The contract report though is very statistical in its nature, and does not provide quality information on say what happened when a Red 1 incident has an over 20 min response time. There are further on-going discussions with SWAST on additional reporting requirements to provide additional assurance

over the quality of 999 services, particularly around patients experiencing long waits.

- 2.36 In line with new arrangements for the commissioning of the SWASFT contract where Dorset CCG is now the lead commissioning organisation a further review of analytics is being undertaken.
- 2.37 The Ambulance Response Programme (ARP) report is now delayed until July 2017 (due to the election).
- 2.38 SWASFT are being followed up for a response relating to a list of 6 incidents and whether they have implications for ARP.

South Western Ambulance NHS Foundation Trust

(111 services)

- 2.39 The following table identifies the monthly performance for answering calls within 60 seconds.

Performance Target: 95%

Month Ending	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
% Calls answered within 60 seconds	78.5%	76.6%	83.1%	85.7%	85.8%	89.6%

- 2.40 The Dorset 111 service is continuing to support Cornwall CCG with their 111 calls during peak times over the weekends whilst they move to new providers of the service. Performance is being regularly reviewed and monitored through the executive oversight group (EOG) which holds twice weekly calls and involves all stakeholders.
- 2.41 A Regulatory Consolidated Action Plan and Service Improvement Plan has been developed by SWASFT and is updated and reported on weekly and through monthly contract review meetings.
- 2.42 Work is continuing with SWASFT to improve Dorset 111 and to integrate the service within other service lines such as 999, OOH's and SPoA as part of the integrated urgent care access and advice model which will meet all 12 NHS England Commissioning Standards by April 2018.
- 2.43 The CCG has formally written to SWASFT requesting the Trust to formally investigate a number of serious incidents raised by GPs throughout Dorset over the significant delays experienced in some cases waiting for 999 ambulances.
- 2.44 As referenced above in paragraph 2.39, this review will also include analytics and intelligence around the 111 and Out of Hours service.

Dorset Healthcare University Foundation Trust (Lead Director Mike Wood)

Mental Health Services

- 2.45 As at 28th February 2017, DHUFT are reporting that 91% of mental health targets are being met. The table below highlights the performance of Dorset Healthcare NHS Foundation Trust over the past 6 months showing the overall level of compliance within Mental Health services.

Months	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Dorset Healthcare NHS Foundation Trust, overall compliance against Mental Health Indicators	78%	84%	77%	80%	83%	91%

- 2.46 DHUFT continues to deliver very good progress in achieving local quality standards within mental health. In February 2017 the Trust achieved 91% of all targets.
- 2.47 The Trust did not achieve 3 standards in February 2017, all of which have not been achieved for more than 3 consecutive reporting periods, these relate to:
- Dementia Intermediate Care Service: percentage of patients discharged from service within 6 weeks of commencement;
 - Delayed discharge days for mental health inpatients in month as % of MH inpatient bed days (age 18 and over) in month;
 - Delayed discharge days (health related only) for all inpatients in month as % of all inpatient bed days;
- 2.48 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report.

Dementia Diagnosis

- 2.49 The national target for dementia diagnosis rates is 66.7% by the end of March 2017 and to maintain this target until 2020. NHS Dorset CCG dementia diagnosis rate was reported 60.4% in March 2017 compared with 61.0% in February 2017. Local data continues to show significant variation across Dorset.

Month Ending	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dementia Diagnosis Rate	61.7%	61.4%	61.4%	60.8%	61.0%	60.4%

- 2.50 The number of patients currently being diagnosed remains at the same levels seen in 2015/16, and further work in being undertaken to understand this:

- a review with primary care is expected to be completed in April 2017 to help understand the variation at GP Practice level with the national information and to understand particular coding concerns across some practices (and with a focus on Non QOF codes being used);

Steps to Wellbeing

- 2.51 The Improving Access to Psychological Therapies (IAPT) programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
- 2.52 Originally launched in 2008, the Improving Access to Psychological Therapies (IAPT) programme is a large-scale initiative that aims to significantly increase the availability of NICE-recommended psychological treatments for depression and anxiety disorders, within NHS-commissioned services in England.
- 2.53 In 2016/17, two new national performance standards were introduced;
- Wait from Referral to Treatment - Percentage treated within 6 weeks
 - Wait from Referral to Treatment - Percentage treated within 18 weeks
- 2.54 Performance against these standards has been reported since April 2016 and continue to be achieved by Dorset Healthcare NHS Foundation Trust.

National Performance Target: 75%

	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Wait from Referral to Treatment - Percentage treated within 6 weeks	83.2%	80.5%	83.1%	80.3%	82.1%	79.7%

National Performance Target: 95%

	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Wait from Referral to Treatment - Percentage treated within 18 weeks	99.4%	99.6%	100.0%	99.5%	99.7%	99.4%

National Performance Target: 50%

	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number (%) of people who are 'moving to recovery' (those who at initial assessment achieved caseness and at final session did not)	55.4%	56.0%	53.7%	55.6%	60.0%	59.2%

- 2.55 The Trust is currently achieving the above standards however performance against the 6 week national standard is expected to fall. The Trust currently has an exceptionally high backlog of patients due to the high demand for services seen over the past year. A recovery plan has been received in respect of clearing this backlog and is being reviewed.

Children and Adolescent Mental Health Services (CAMHS)

- 2.56 The Joint Commissioning Operational Group and leads from within the Maternity and Family Health Team have been working closely with Dorset Healthcare University NHS Foundation Trust (DHUFT) management and clinical leaders to monitor the service and to highlight and understand the performance issues and drive work to support improvement. Areas have been highlighted and are now being addressed including: leadership within the services, the use of data and intelligence by the service to understand the issues and to form the basis for improvement plans with clear actions against timescales to achieve specific outcomes.
- 2.57 DHUFT are currently updating their overall improvement plan to include progress and any new actions identified. A brief update on progress is outlined below:
- Recruitment to additional funded posts, with particular benefits already being realised from the appointment of a psychiatric liaison nurse in East Dorset resulting in the development of joint working relationships with staff in the acute hospitals;
 - The new CQC draft report has taken CAMHS from 'requires improvement' to 'good';
 - A series of engagement events have been held with CAMHS clinical staff to better understand their roles and also developing a vision and strategy for Dorset CAMHS. This is forming part of DHUFT communication and participation work and will lead onto a consultative piece of work with key stakeholders and service users;
 - The service is hoping to launch an electronic solution to the completion of routine outcome measures and YP satisfaction measures in the autumn 2016. This will ensure much higher completion rate and better young people and clinician satisfaction in completing measures;
 - The CAMHS Transformation Group and associated work streams are now becoming more embedded. In particular, the participation work stream now has regular attendance by parent and young people;
 - The service is actively involved in the development of the Implementation Plan for the new Pan Dorset Emotional Wellbeing and Mental Health Strategy for Children and Young People (2016-2020).

2.58 The following table identifies the current waiting time for the CAMHS service with relevant DNA rates with performance significantly improving and being maintained across a number of areas.

Trend in Waiting Time and DNA Rate – Performance Target: 95%

	Tier 3 (4 Weeks)	Tier 2 (8 Weeks)	RTT 18 Weeks	First Appt DNA Rate	F/U Appt DNA Rate
Apr 2016	62%	69%	75%	15%	16%
May 2016	54%	70%	76%	13%	16%
Jun 2016	65%	82%	73%	13%	15%
Jul 2016	81%	92%	79%	10%	16%
Aug 2016	74%	85%	74%	10%	15%
Sep 2016	84%	94%	75%	10%	13%
Oct 2016	90%	97%	80%	6%	12%
Nov 2016	89%	98%	90%	9%	13%
Dec 2016	88%	100%	89%	9%	14%
Jan 2017	77%	97%	91%	8%	11%
Feb 2017	93%	96%	83%	6%	13%

Community Health Services

2.59 As at 28th February 2017, DHUFT are reporting that 77% of monthly Community Health Services targets are being met. The table below highlights the performance of the Trust over the past 6 months showing the overall level of compliance within community health services, locally agreed targets.

Months	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Dorset Healthcare NHS Foundation Trust, overall compliance against Community Health Indicators	78%	80%	77%	80%	78%	77%

2.60 The above table indicates that DHUFT are consistently achieving a good level of compliance in delivering local quality standards within community health services in 2016/17.

2.61 The Trust did not achieve the 16 local standards in February 2017, of which 9 of these were outside of target for more than 3 consecutive reporting periods, these standards not achieved are shown below:

- Heart Failure – Percentage of patients seen within 2 weeks;
- Intermediate Care – Percentage of people with a full management plan in place within 48 hours of discharge to a place of residence;
- Stroke Services – Percentage of patients accepting a review;
- Adult Speech and Language Service (3 indicators);

- MSK Service – for the 20% of patients referred for Diagnostics or Secondary Care treatment, to be referred within 9 weeks;
 - Percentage of patients whose transfer of care from community hospital is delayed and Number of Bed Days lost due to patients whose discharge or transfer from community hospitals is delayed (2 indicators);
- 2.62 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report. A review of exception reporting is being completed by the Trust.
- 2.63 **Heart Failure:** The service is reporting 70.3% to the target 100% for the percentage of patients seen within two weeks of referral. There were eleven patients who could not be seen within two weeks, four due to their own choice, two due to patients not being contactable and five due to capacity constraints. The percentage of patients whose medication was optimised within sixteen weeks is reporting 42.9% to target 60%. There were four patients whose medication was optimised outside the target period. All were patients with very complex medical conditions, including severe frailty and poor renal function.
- 2.64 **Intermediate Care:** The service is reporting 97.1% for the percentage of people with a full management plan in place within 48 hours of discharge to place of residence against target 100.
- 2.65 **Stroke Services:** The service is reporting 66.7% against target 85% for patients in care homes accepting a review. Three patients did not accept a review. Two of the patients died and the third was admitted to an acute hospital.
- 2.66 **Adult Speech and Language Therapy:** The service is reporting 70.6% to target 95% for the percentage of Stroke patients seen within 4 weeks. There were five patients who could not be seen within the target time due to capacity constraints in the Central and Bournemouth teams. The service is reporting 84.3% to target 95% for the percentage of LTC patients seen within 8 weeks and 69.3% to target 90% for patients seen within 6 weeks. These figures both represent an improved performance to the January results and resume the generally upward trend in performance since October. Although a few breaches were due to patient choice, the main cause of breaches was capacity constraints, mostly in the Central and Bournemouth teams. Staff absence is improving, extra bank staff are being deployed and further improvement is expected, but achieving the waiting time targets consistently is expected to remain challenging.
- 2.67 **Muskulo Skeletal Service (MSK) pan Dorset:** The performance for February is currently reported at 55.3% against target 90% for referrals to secondary care within nine weeks. This performance is subject to further analysis and will be amended in due course. Preliminary checks have shown that the number of patients flagged as being referred to secondary care since the introduction of SystemOne into the service has increased significantly. A number of patient

records have been examined and found to have been incorrectly flagged and this has resulted in referrals being reported as breaches when they should not have been included in this measure. Fresh guidance to staff has been given and the records are being examined and corrected where necessary. This will lead to revised performance results being calculated, which should see a marked increase in reported compliance.

- ESP recruitment – one new part time ESP joined the service in January and is developing competences
- GPSI recruitment – new GP to join the service to start sessions from February 2017
- SystemOne template review and Speech Recognition Pilot
- Improvement of admin processes to address accuracy of clock stops
- Review DNA procedures in line of changes to the Framework for scheduled care

2.68 **Delayed Transfers of Care:** The snapshot day for patients whose discharge from Community Hospitals was delayed was 23rd February 2017. There were a total of 35 reported patient delays giving a percentage of 12.0% and a total of 1,105 bed days lost. The number of delayed patients were both significantly lower than the previous month. The bed days lost reported reflected the lowest reported number since September 2016.

3. Quality Premium

Quality Premium Report 2016/17

- 3.1 The 'Quality Premium' reward to be paid to CCGs in 2016/17 will be subject to the CCG delivering financial targets within resources and managing performance across a range of NHS Constitution requirements, rights and pledges. In addition, the amount of reward will be based on performance across four national measures and three local measures as follows:
- 3.2 New Cases of Cancers diagnosed at an early stage - (20 per cent of quality premium).
- 3.3 GP Patient Survey: Overall experience of making a GP appointment - (20 per cent of quality premium).
- 3.4 Increase in the proportion of GP referrals made by E-referral - (20 per cent of quality premium).
- 3.5 Antimicrobial resistance (AMR): Improving antibiotic prescribing in primary care - (10 per cent of quality premium).
- 3.6 Reported to estimated prevalence of COPD on GP registers as a % of estimate prevalence - (10 per cent of quality premium).

- 3.7 Number of Patients in known AF before stroke admitted to hospital that had been prescribed anticoagulation prior to stroke - (10 per cent of quality premium).
- 3.8 Delayed Transfers of Care: From hospital per 100,000 population aged 18+ - (10 per cent of quality premium).
- 3.9 The highlights from this report are shown below. As in previous years an adjustment will be made based on performance against the pre-qualifying NHS Constitution areas. Each Acute Provider has now submitted trajectories as part of the Sustainable Transformation Fund against each NHS Constitutional area. The CCG will be assessed on the combined performance of the organisations against the combined trajectories submitted for the period 1st January 2017 to 31st March 2017.
- 3.10 The current position against trajectory is shown below for the period ending 31st March 2017 is shown below:
- Non Achievement of the 18 Week RTT (92% standard on incomplete pathway).
 - * Dorset CCG will not achieve the 92% standard during quarter 4 which reflected plans submitted by the CCG.
 - Achievement of the maximum 4 hour emergency department wait standard (95% standard).
 - * Dorset CCG will achieve the four hour STF trajectory across the STP which had been set at levels below the national standard of 95%.
 - Achievement of the maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer (85% standard).
 - * Dorset CCG is expected to achieve the 62 day cancer STF trajectory across the STP based on local information received in March 2017.
 - Dorset CCG is expecting to be assessed as achieving the maximum 8 minute response for Category A (Red 1) ambulance calls standard in 2016/17. In April 2016 SWAST commenced participation in phase 2 of the dispatch on disposition pilot now referred to Ambulance Response Programme (ARP) and as such are not monitored against the standards referred to within the quality premium guidance. Dorset CCG is therefore expecting to receive notification that we will not be penalised for undertaking this pilot and that from the perspective of the quality premium will mean this element is achieved.
- 3.11 Performance against the national and local quality standards is shown below, where data is not available an initial assessment has been undertaken however this must be used with caution.

- 3.12 New Cases of Cancers diagnosed at an early stage - (20 per cent of quality premium). 2015/16 data is not currently available and 2016/17 data will not be available until later in 2017/18. The CCG current performance is below national average levels and therefore performance is not expected to reach the required thresholds.
- 3.13 GP Patient Survey: Overall experience of making a GP appointment - (20 per cent of quality premium). The current aspiration is to deliver a minimum 3 percentage point increase in the number of respondents who said they had a good experience of making an appointment, from the July 2016 publication. The CCG is currently not to delivering this standard.
- 3.14 Increase in the proportion of GP referrals made by E-referral - (20 per cent of quality premium). Performance for the period ending 31st January 2017 indicated performance of 79.8% against the 80% target. Initial forecasts by the National E-Referral team have indicated that the CCG will deliver 79.8% for the period ending 31st March 2017, margins are very small here with limited progress seen in 2016/17, however it is hopeful the CCG will achieve this standard. Antimicrobial resistance (AMR): Improving antibiotic prescribing in primary care - (10 per cent of quality premium). The CCG is expecting to achieve this standard. The CCG is expecting to achieve to this indicator.
- 3.15 Reported to estimated prevalence of COPD on GP registers as a % of estimate prevalence - (10 per cent of quality premium). The CCG has observed a notable increase in the number of patients on GP Registers, showing COPD, however this may not be sufficient to achieve this standard. The CCG will not be made aware of the result until later in 2017.
- 3.16 Number of Patients in known AF before stroke admitted to hospital who had been prescribed anticoagulation prior to stroke - (10 per cent of quality premium). The CCG is expecting to achieve this standard. Performance for the period 1st April to 30th November 2016 indicated that 52.0% of patients in known AF before stroke admitted to hospital who had been prescribed anticoagulation prior to stroke. This is against a quality premium target of 50%. The CCG is expecting to achieve to this indicator.
- 3.17 Delayed Transfers of Care: From hospital per 100,000 population aged 18+ - (10 per cent of quality premium). The CCG is expecting to achieve this standard. Despite the continued concern in the number of Delayed Transfers of Care the typical length of delay has reduced notably. The CCG has been achieving the quality premium target in 6 out of the 10 months assessed to date. The CCG is expecting to achieve to this indicator.

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APPENDICES	
Appendix 1	South Western Ambulance NHS Foundation Trust Contract Activity Report – Year to 28 February 2017