

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

<b>Date of the meeting</b>	18/03/2015
<b>Author</b>	P Dove - Head of Performance Intelligence
<b>Sponsoring Board Member</b>	P Vater - Chief Finance Officer
<b>Purpose of Report</b>	To note the progress against National and Local Performance Standards for 2014/15
<b>Recommendation</b>	The Governing Body is asked to <b>Note</b> the report and make recommendations.
<b>Stakeholder Engagement</b>	N/A
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : PD

## 1. Introduction

- 1.1 The Corporate 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 2014/15

- 2.1 Performance information for 2014/15, where known, is set out in Appendix 1. The performance concerns are noted below:

### 18 Week Referral to Treatment (Lead Director – Jane Pike)

- 2.2 The performance of providers within the Dorset Clinical Commissioning Group health community is shown below at aggregate level for the period ending 30 November 2014.

	Admitted	Non Admitted	Incomplete
Dorset County	85.0%	96.9%	93.5%
Poole	93.7%	97.2%	97.2%
Royal Bournemouth	87.4%	95.0%	95.8%
Dorset Healthcare	93.9%	99.2%	99.2%
Salisbury	92.2%	98.5%	97.1%
Yeovil	85.1%	94.4%	92.9%

- 2.3 There is however notable variation in performance at speciality level as shown below.
- 2.4 The following performance is noted for Referral to Treatment Admitted Specialty Compliance at Provider level (and therefore subject to various commissioning organisations), for the period ending 30 November 2014:

18 wk RTT Admitted (Adj)	RBH	Poole	DCH	Salisbury	Yeovil
Aggregate Performance	87.4%	93.7%	85.0%	93.9%	85.1%
No of Specialties	10	13	13	14	14
No of Specialties Achieving	5	11	6	13	10

- 2.5 The NHS England backlog clearing exercise was completed in November 2014 and performance had been expected to improve from December 2014. Subsequent messages from NHS England and Monitor have been unclear however the expectation now is that Foundation Trust are expected to maximise backlog clearance up to 31 March 2015. This will create further pressure on performance going forward at aggregate and specialty level.
- 2.6 The following performance is noted for Referral to Treatment Non-Admitted Specialty Compliance at Provider level (and therefore subject to various commissioning organisations) for the period ending 30 November 2014:

18 wk RTT Non Admitted	RBH	Poole	DCH	Salisbury	Yeovil
Aggregate Performance	95.0%	97.2%	96.9%	98.5%	94.4%
No of Specialties	16	16	15	16	17
No of Specialties Achieving	8	14	13	15	7

## 9.2

2.7 Performance for Non-Admitted pathways across Dorset against the 95% standard further deteriorated in November 2014.

2.8 The following performance is noted for Referral to Treatment on Incomplete Pathway Compliance at Provider level (and therefore subject to various commissioning organisations) for the period ending 30 November 2014.

<b>18 wk RTT Incompletes</b>	<b>RBH</b>	<b>Poole</b>	<b>DCH</b>	<b>Salisbury</b>	<b>Yeovil</b>
Aggregate Performance	95.8%	97.2%	93.5%	97.1%	92.9%
No of Specialties	16	17	15	17	17
No of Specialties Achieving	16	16	12	17	12

2.9 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at 30th March 2014.

<b>Weekly PTL Backlog</b>	<b>30 Mar</b>	<b>4 Jan</b>	<b>11 Jan</b>	<b>18 Jan</b>	<b>25 Jan</b>	<b>1 Feb</b>
DCH Admitted	445	421	417	429	431	476
Poole Admitted	54	94	106	93	108	113
DCH Non Admitted	371	535	432	404	344	397
PHT Non Admitted	193	209	208	211	194	200
RBH Total	679	930	949	991	1,030	1,070

2.10 The information highlighted in the above table highlights a worsening picture across Dorset in terms of the number of patients waiting in excess of 18 weeks.

- Admitted backlog at DCH in Ophthalmology accounts for 55% of the total admitted backlog or 256 patients;
- Non Admitted backlog at DCH in Neurology and Trauma and Orthopaedics account for 33% of the total non admitted backlog. The non admitted backlog for Paediatric Ophthalmology has improved significantly;
- Combined backlog at RBH in Trauma and Orthopaedics which accounts for 33% of the total backlog. The reported position at the Trust has deteriorated significantly in line with expectation following implementation of a new 18 week RTT reporting system. The erroneous reporting by the Trust has been discussed at the Contract Review Meetings.

2.11 Indicative local targets have been set to ensure NHS Foundation Trust waiting list positions improve. The current position at the end of November 2014 indicates that the waiting list position across the local health community have increased notably. The table below indicates the latest waiting list position compared with 31 March 2014.

<b>RTT – Waiting List</b>	<b>RBH</b>	<b>Poole</b>	<b>DCH</b>	<b>Salisbury</b>	<b>Yeovil</b>
Target Number of Waits	14,520	9,366	10,661	9,776	6,387
Actual Number of Waits	15,891	9,652	12,206	12,197*	6,965*

\*(provider level)

2.12 Dorset Clinical Commissioning Group reported that five patients waited over 52 weeks as at 30 November 2014 at North Bristol Hospital NHS Foundation Trust. The following table however shows the number of patients waiting in excess of 35 weeks for treatment at Provider level (and therefore subject to various commissioning organisations):

RTT – Over 35 weeks Wait	RBH	Poole	DCH	Salisbury	Yeovil
Target Number of Waits based on position at end of March 2014	28	0	36	0	10
Actual Number of Waits (Provider)	40	5	35	0	30

## Diagnostic Performance

- 2.13 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 31 December 2014:

Percentage of 6 week breaches	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Dorset County	12.5%	12.0%	10.2%	6.9%	9.3%	4.1%	1.2%	0.1	0.5
Poole	1.0%	0.9%	0.2%	0.3%	0.2%	0.1%	0.1%	0.2	0.5
Royal Bournemouth	0.6%	3.1%	0.7%	0.2%	0.2%	0.2%	0.3%	1.1	3.1
Dorset Healthcare	0.8%	0.0%	0.0%	0.1%	0.2%	0.1%	0.0%	0.0	5.6
Salisbury	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0	0.0
Yeovil	1.8%	0.8%	0.6%	0.5%	0.2%	1.4%	0.7%	1.0	2.1

- 2.14 Dorset County Hospital NHS Foundation Trust reported significant improvements in diagnostic waiting times in November 2014 and sustained this performance in December 2014. Significant concerns have developed at two local Foundation Trust organisations:
- Royal Bournemouth Hospital NHS Foundation Trust reported that 3.1% of patients were waiting over 6 weeks for diagnostic tests as at 31 December 2014 (compared with 1.1% as at 30 November 2014). The majority of patients were waiting for Endoscopy type tests.
  - Dorset Healthcare NHS Foundation Trust reported that 5.6% of patients were waiting over 6 weeks for Audiology tests as at 31 December 2014.

## Cancer Standards (Lead Director Jane Pike)

- 2.15 14 day standard & 14 day breast symptom standard: The performance of Royal Bournemouth Hospital NHS Foundation Trust has been concerning and addressed through the formal contract process. The NHS Foundation Trust has provided a remedial action plan and trajectory regarding 14 day cancer standards. Provisional information received in early December 2014 indicates that the NHS Foundation Trust has implemented actions to ensure the necessary performance improvement and the provisional information indicates the NHS Foundation Trust is now achieving this standard. This standard forms part of the NHS Constitution element within the Quality Premium.
- 2.16 31 Day Standard: Royal Bournemouth Hospital NHS Foundation Trust failed the respective standard in November 2014 however is significantly above the 93% standard for the year to date.

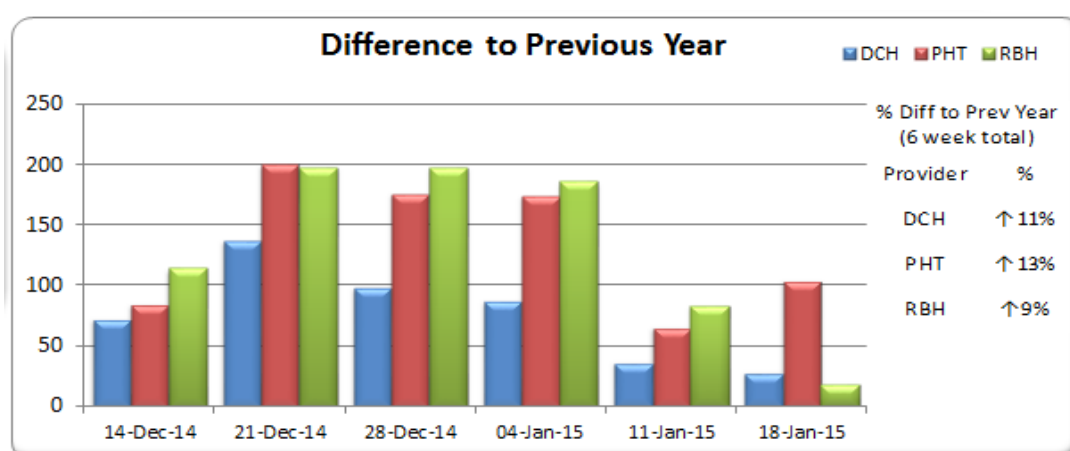
2.17 62 Day Standard: Royal Bournemouth Hospital NHS Foundation Trust failed the respective standard in October and November 2014.

### Urgent and Emergency Care (Lead Director Jane Pike)

2.18 Poole Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust both failed to achieve the 95% standard in quarter 2 and quarter 3.

2.19 The three acute providers in Dorset are currently not expecting to deliver the 95% standard in quarter 4.

2.20 The chart below highlights the level of activity seen by each provider compared to the corresponding week in 2013/14. This highlights that over the past six weeks each NHS Foundation Trust has seen a notable increase in activity, particularly at Poole Hospital NHS Foundation Trust.



2.21 South West Ambulance Services NHS Foundation Trust failed all key national standards (priority Red) for the period ending 31 December 2014. The table below highlights the performance on a month on month basis and clearly shows a deteriorating position in terms of the year to date performance. Red 1, which is closely linked to the CCG Quality Premium now below target for the period to 31 December 2014.

Priority: Red	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	YTD
Red (8) Performance	76.8%	75.5%	75.6%	74.0%	76.4%	76.9%	73.6%	71.0%	63.7%	73.6%
Red 1 (8) Performance	76.2%	75.3%	75.0%	73.7%	75.2%	77.6%	75.1%	74.7%	69.6%	74.5%
Red 2 (8) Performance	76.8%	75.5%	75.7%	74.1%	76.5%	76.9%	73.6%	70.8%	63.3%	73.6%
A19 Performance	95.4%	95.3%	95.0%	94.6%	95.3%	95.3%	93.9%	93.3%	89.7%	94.1%

- 2.22 The 111 service performance in January 2015 has been challenging. The following table identifies the weekly performance for answering calls within 60 seconds.

Week Ending	28/12/14	4/1/15	11/1/15	18/1/15	25/1/15
% Calls answered within 60 seconds	50.7%	62.6%	77.0%	90.4%	83.1%

- 2.23 Key challenges remain within the 111 service where in 2014/15 the service has reported:

- 10% increase in call volume (approximately 350 patients per month)
- 9% increase in calls triaged (approximately 325 patients per month)
- 39% increase in Ambulance Dispatches (approx. 111 ambulance dispatches per month). 50% of these patients are conveyed.

### **Dorset Healthcare University Foundation Trust (Lead Director Jane Pike)**

#### **Mental Health Services**

- 2.24 As at November 2014, DHUFT are reporting that 50% of Mental Health Targets are being met, these exceptions are primarily around indicators relating to Memory Assessment Service (MAS), Crisis Response assessments in Emergency Departments, Urgent Assessments in CMHTs, Adult and Older Persons discharge plan and delayed discharge days for mental health inpatients. As a result of a recent contract query, DHC has submitted a remedial action plan which is being monitored through the contract management meetings. The CCG is working with DHC on the DToC issues and they are often as a result of the market not having the capacity, or skill level to manage complex dementia clients – work is being undertaken with partners to stimulate the market in this area. In the 2015/16 contract the CCG is reflecting national best practice in the MAS waiting times which is 6 weeks.

#### **Children and Young People Services**

- 2.25 As at November 2014, DHUFT are reporting that 89% of monthly C&YPS targets are being met. The main exception relates to the number of Smoking Quitters – four week quitters which has been behind target for the more than 3 consecutive months.
- 2.26 The Trust is reporting that all quarterly targets are currently being achieved.

#### **CAMHS (Emotional Health and Wellbeing)**

- 2.27 As at November 2014, DHUFT are reporting exceptions in the 8 week referral time for Tier 2 services, DNA's and referral and discharge rates, Tier 3 waiting times and DNA rates.

#### **Community Health Services**

- 2.28 As at November 2014, DHUFT are reporting that 87.2% of Community Health Services targets are being met.

- 2.29 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report. The main areas of concern are:
- 2.30 Intermediate Care Services where work has commenced to review the end to end process, initially in Bournemouth and Poole, including business continuity arrangements and demand and capacity profiling that incorporates caseload analysis and discharge planning. In the meantime, the capacity of the Bournemouth and Poole teams is being actively managed and staff have been temporarily re-deployed from other less-urgent areas to support the Intermediate Care Teams while demand is very high.
- 2.31 Stroke services where 6 month reviews have not met targets due to 70 late referrals from RBCH. The decrease in performance is outside of the Trusts control but processes to ensure referrals are made in a more timely fashion have been reinforced with RBCH.

### Quality Premium Report 2014/15

- 2.32 The 'Quality Premium' reward to be paid to CCGs in 2014/15 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 five national measures and one local measures as follows.
- 2.33 **Reducing potential years of lives lost through amenable mortality** (15 per cent of quality premium): the overarching objective for Domain 1 of the NHS Outcomes Framework.
- 2.34 **Improving access to psychological therapies** (15% per cent of quality premium): one of the objectives for Domain 2 of the NHS Outcomes Framework.
- 2.35 **Reducing emergency admissions for long term conditions** (25 per cent of quality premium); the primary objectives of Domains 2 and 3.
- 2.36 **Addressing issues identified in the Friends and Family test and ensuring that people have a positive experience of care** (15 per cent of quality premium); the overarching objective of Domain 4.
- 2.37 **Improved reporting of medication-related safety incidents** (15 per cent of the quality premium); whereby the objective of Domain 5 is to treat people in a safe environment and protect them from avoidable harm.
- 2.38 **Increasing the number of people diagnosed and the prevalence of dementia** is the agreed local measure for 2014/15, based on one of the measures in the NHS Outcomes Framework: (15 per cent of the quality premium).
- 2.39 An assessment of Dorset CCG's performance for the period ending 31 December 2014 is shown in Appendix 2.
- 2.40 The highlights from this report are shown below:
- On target to achieve the pre qualifying NHS Constitution areas of 18 Week RTT waiting list;

## 9.2

- Currently off target to achieve the pre qualifying NHS Constitution area of Emergency Department performance where both Poole Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust underperformed in both Quarter 2 and Quarter 3. The position in quarter 4 is currently significantly under the 95% standard for all acute providers and therefore the year to date performance is no longer recoverable. Failure to achieve this standard will result in a 25% reduction in the Quality Premium.
- Currently off target to achieve the 14 day cancer standard for the period ending 30 November 2014. Significant performance concerns at Royal Bournemouth Hospital NHS Foundation Trust have been addressed and the Trust is now delivering the 93% standard from early December 2014. The 93% standard for 2014/15 is recoverable.
- 25% of the total funding is achievable through reducing emergency admissions against the 2013/14 baseline. Current indications across the cohort of areas which form this indicator show an increase of 11% when compared to the 2013/14 baseline period.
- Provisional information has been released by HSCIC in relation to Dementia Diagnosis for the period ending 31 December 2014, this indicates CCG performance of 61%. Notable improvements have been made since August 2014 however the target remains extremely challenging. This local priority measure for the CCG will attract payment of 15% of the total quality premium if achieved.

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**Date : 27<sup>th</sup> February 2015**

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Corporate Performance Report and Quality Premium</b>