

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

Date of the meeting	20/05/2015
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 2014/15.
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 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 28th February 2015.

	Admitted	Non Admitted	Incomplete
Dorset County	87%	94%	92%
Poole	91%	96%	96%
Royal Bournemouth	90%	91%	93%
Dorset Healthcare	92%	99%	98%
Salisbury	89%	99%	96%
Yeovil	84%	95%	92%

- 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 28th February 2015:

18 wk RTT Admitted (Adj)	RBH	Poole	DCH	Salisbury	Yeovil
Aggregate Performance	90.1%	91.0%	87.0%	88.7%	84.4%

- 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 28 February 2015:

18 wk RTT Non Admitted	RBH	Poole	DCH	Salisbury	Yeovil
Aggregate Performance	91.0%	96.0%	94.4%	98.7%	94.5%

- 2.7 Performance for Non-Admitted pathways across Dorset against the 95% standard further deteriorated in February 2015.

9.2

- 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 28 February 2015.

18 wk RTT Incompletes	RBH	Poole	DCH	Salisbury	Yeovil
Aggregate Performance	92.7%	95.8%	92.1%	96.3%	92.3%

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

Weekly PTL Backlog	30 Mar	29 Mar	5 Apr	12 Apr	19 Apr	26 Apr
DCH Admitted	445	524	562	596	618	652
Poole Admitted	54	130	146	147	139	134
RBH Admitted		794	814	779	750	721
DCH Non Admitted	371	359	335	410	461	490
PHT Non Admitted	193	219	217	206	222	210
RBH Non Admitted				1,181	1,139	1,164

- 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 the majority of the total admitted backlog and continues to increase;
- Non Admitted backlog at DCH in ENT, Neurology, Ophthalmology and Trauma and Orthopaedics account for 56% of the total non admitted backlog;
- The combined backlog at RBH in Trauma and Orthopaedics, Dermatology and Ophthalmology accounts for 55% of the total backlog. The reported position at the Trust has deteriorated significantly in line with guidance from the Provider following implementation of a new 18 week RTT reporting system.

- 2.11 Indicative local targets have been set to ensure NHS Foundation Trust waiting list positions improve. The current position at the end of February 2015 indicates that the waiting list position across the local health community has increased notably. The table below indicates the latest waiting list position compared with 31 March 2014.

RTT – Waiting List	RBH	Poole	DCH	Salisbury	Yeovil
Target Number of Waits	14,520	9,366	10,661	9,776	6,387
Actual Number of Waits	15,241	10,010	11,458	11,054*	6,758*

*(provider level)

- 2.12 Dorset Clinical Commissioning Group reported that five patients waited over 52 weeks as at 28 February 2015 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)	39	11	43	14	18

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 28 February 2015:

Percentage of 6 week breaches	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Dorset County	9.3%	4.1%	1.2%	0.1%	0.5%	0.4%	0.2%
Poole	0.2%	0.1%	0.1%	0.2%	0.5%	0.9%	0.8%
Royal Bournemouth	0.2%	0.2%	0.3%	1.1%	3.1%	5.8%	5.2%
Dorset Healthcare	0.2%	0.1%	0.0%	0.0%	5.6%	9.7%	0.0%
Salisbury	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Yeovil	0.2%	1.4%	0.7%	1.0%	2.1%	1.1%	0.6%

- 2.14 Dorset County Hospital NHS Foundation Trust reported significant improvements in diagnostic waiting times in November 2014 and sustained this performance to February 2015.
- 2.15 Dorset Healthcare NHS Foundation Trust reported that 9.7% of patients were waiting over 6 weeks for Audiology tests as at 31 January 2015, the Trust reported no six week breaches in February 2015.
- 2.16 Royal Bournemouth Hospital NHS Foundation Trust reported that 5.2% of patients were waiting in excess of 6 week for their test as at 28th February 2015. The majority of patients were waiting for Endoscopy tests.
- 2.17 Provisional information for the period ending 31 March 2015 indicates that further progress has been made at Royal Bournemouth Hospital NHS Foundation Trust however the Trust is still reporting breaches in excess of the six week threshold.
- 2.18 Poole Hospital NHS Foundation Trust is expected to report non achievement against the six week threshold following an increase in cardiac imaging referrals received from Dorset County Hospital NHS Foundation.

Cancer Standards (Lead Director Jane Pike)

- 2.19 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.

- 2.20 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.
- 2.21 62 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.

Urgent and Emergency Care (Lead Director Jane Pike)

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. All local acute providers also failed the 95% standard in quarter 4 despite improved levels of performance in March 2015. The table below identifies the performance of each acute provider during late March/April 2015.

4 Hour Wait in ED						
% Seen in 4 Hours						
	22-Mar	29-Mar	5-Apr	12-Apr	19-Apr	2014-15 Q4
DCH	92.7%	94.3%	95.5%	95.8%	91.4%	90.9%
PHT	95.1%	95.3%	92.3%	95.0%	93.5%	91.5%
RBH	97.6%	94.3%	88.6%	87.5%	94.3%	92.6%

- 2.22 Emergency Department attendances remain high across Dorset CCG which impacts directly on the number of hospital admissions. The table below highlights the conversion rate of hospital admission from Emergency Department attendance.

Emergency Admission Conversion Rates				
(from A&E Type 1 attendances)				
	DCH	PHT	RBH	England
2013-14 Q4	33.1%	31.5%	27.9%	27.7%
2014-15 Q1	30.2%	28.2%	28.0%	26.4%
2014-15 Q2	28.4%	27.4%	26.2%	26.4%
2014-15 Q3	31.1%	29.3%	28.1%	27.6%
2014-15 Q4	36.5%	30.7%	29.5%	28.5%
Latest Week				
19-Apr-15	37.4%	27.6%	26.5%	27.0%

- 2.23 Despite natural variation all three local acute providers have a higher conversion rate from attendance to admission with Dorset County Hospital NHS Foundation Trust significantly higher than the national average.

- 2.24 South West Ambulance Services NHS Foundation Trust failed all key national standards (priority Red) for the period ending 28 February 2015 however delivered improved performance against the Red 1 performance in March 2015 which facilitated delivery of the 75% standard on a year to date basis.

Priority: Red	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	YTD
Red (8) Performance	76.4%	76.9%	73.6%	71.0%	63.7%	68.3%	62.3%	64.9%	71.6%
Red 1 (8) Performance	75.2%	77.6%	75.1%	74.7%	69.6%	73.4%	74.8%	81.4%	75.2%
Red 2 (8) Performance	76.5%	76.9%	73.6%	70.8%	63.3%	68.0%	61.6%	63.9%	71.4%
A19 Performance	95.3%	95.3%	93.9%	93.3%	89.7%	92.5%	90.5%	92.6%	93.6%

- 2.25 The aggregated monthly 111 service performance remains challenging. The following table identifies the monthly performance for answering calls within 60 seconds.

Month Ending	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
% Calls answered within 60 seconds	93.2%	68.3%	76.4%	74.4%	69.6%

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

- 10% increase in call volume (approximately 365 patients per week)
- 9% increase in calls triaged (approximately 290 patients per week)
- 39% increase in Ambulance Dispatches (approx. 120 ambulance dispatches per week). 50% of these patients are conveyed.

Dorset Healthcare University Foundation Trust (Lead Director Jane Pike)

Mental Health Services

- 2.27 As at end Feb 2015, DHUFT are reporting that 58.33% of Mental Health Targets are being met.

- 2.28 Contract Query

- There is concern around the continued breaches in assessments in A&E, as additional funding has been given to employ support to A&E assessments and staff have begun to be in position since mid-February. DHC are also not meeting the agreed improvement trajectory, under the contract query improvement plan. Zero breaches are expected in March 2015. The CCG will need to consider other contractual options should this not be delivered.

9.2

- The MAS service delivery continues to decrease, missing the improvement plan trajectory. A team has been set up across the two partners in the pathway and the CCG to troubleshoot bottlenecks in the current system and a further action plan is being presented at the contract meeting in May. There are issues to resolve around the impact that PbR cluster review requirements are having on the availability of slots for assessment and this is being analysed more thoroughly. The action plan also addresses the improvement of referral quality to the MAS from the Support Service. There still remains the issue that the MAS is still not delivering above contracted activity levels outlined in the contract.
- There has been significant improvement in the delivery of urgent referral assessment in both the adults and older persons CMHTs, with DHC exceeding the agreed trajectory in the improvement plan and discharge planning rates have also improved although they are missing the trajectory by <1% in both adults and older people.

2.29 The CCG continues to work with DHC on the DToC issues and market development, or skill level to manage complex dementia clients – work is being undertaken with partners to stimulate the market in this area. The following table identifies the performance of DHUFT against the national Care Programme Approach (CPA) target of 95% compared with organisations within the Wessex Area Team.

CPA follow up within 7 days (by provider)	13-14 Q1	13-14 Q2	13-14 Q3	13-14 Q4	14-15 Q1	14-15 Q2	14-15 Q3
Southern Health NHS FT	97.7%	96.6%	98.5%	97.9%	97.0%	98.1%	97.6%
Dorset Healthcare University NHS FT	95.7%	96.2%	96.9%	96.0%	95.4%	96.8%	99.7%
Solent NHS Trust	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Isle of Wight NHS Trust	97.2%	90.7%	96.1%	97.3%	95.6%	98.1%	98.5%

Children and Young People Services

- 2.30 As at February 2015, 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.
- 2.31 The Trust is reporting that all quarterly targets are currently being achieved.

CAMHS (Emotional Health and Wellbeing)

- 2.32 As at February 2015, 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

- 2.33 As at February 2015, DHUFT are reporting that 90.832% of Community Health Services targets are being met.
- 2.34 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:
- 2.35 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.

- 2.36 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.
- 2.37 The Trust have taken longer than expected to recruit to the community heart failure nursing team, but in the next couple months will reach full establishment for the first time and the full ADP investment will be released. At this point performance will be expected to improve. The service at DCH does not meet this indicator either.

Quality Premium Report 2014/15

- 2.38 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.
- 2.39 **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.
- 2.40 **Improving access to psychological therapies** (15% per cent of quality premium): one of the objectives for Domain 2 of the NHS Outcomes Framework.
- 2.41 **Reducing emergency admissions for long term conditions** (25 per cent of quality premium); the primary objectives of Domains 2 and 3.
- 2.42 **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.
- 2.43 **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.
- 2.44 **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).
- 2.45 An assessment of Dorset CCG's performance for the period ending 28 February 2015 is shown in Appendix 2.

The highlights from this report are shown below:

- Achievement of the pre qualifying NHS Constitution areas of 18 Week RTT waiting list;
- Achievement of the SWAST Red 1 target of 75% following significantly improved delivery in March 2015;
- Non Achievement against the Emergency Department 95% standard.

9.2

- Currently off target to achieve the 14 day cancer standard for the period ending 31 December 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. Failure to achieve this standard will result in a 25% reduction in the Quality Premium.
- 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 10% 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 March 2015, this indicates CCG performance of 62%. Despite notable improvements having been made since August 2014 the target for 2014/15 has not been met.

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APPENDICES	
Appendix 1	Corporate Performance Report
Appendix 2	Quality Premium 2014/15