

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

<b>Date of the meeting</b>	15/03/2017
<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 2016/17.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<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 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 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	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
RTT within 18 Weeks Target: 92%	91.5%	91.0%	90.7%	91.0%	91.0%	90.3%
6 Week Diagnostics Target: 1%	2.6%	3.5%	2.4%	1.6%	1.6%	2.3%
14 Day Cancer Target: 93%	98.1%	96.7%	98.4%	97.7%	97.7%	98.0%
31 Day Cancer Target: 96%	99.3%	97.3%	96.2%	98.4%	98.4%	100.0%
62 Day Cancer Target: 85%	87.7%	82.6%	83.8%	84.7%	84.7%	87.9%
SWAST Red Response Target: 75%	See section from 2.34					

- 2.1 Performance, by 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 31<sup>st</sup> January 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	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Dorset County	86.3%	86.3%	87.4%	87.5%	86.5%	85.1%
Poole	92.7%	92.4%	92.6%	93.4%	92.5%	92.1%
Royal Bournemouth	91.8%	91.2%	91.4%	91.3%	90.3%	91.1%
Dorset Healthcare	97.9%	98.8%	98.4%	97.3%	96.2%	Not yet available
Salisbury	91.0%	92.2%	89.4%	83.9%	91.1%	
Yeovil	89.5%	89.6%	90.4%	90.8%	91.5%	
NHS England	90.9%	90.6%	90.4%	90.5%	89.7%	

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- 2.3 The above table displays a decline in performance during January 2017 for both Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust. Poole Hospital NHS Foundation Trust, despite seeing a reduction in performance are continuing to maintain delivery of the 92% standard.
- 2.4 Performance at Dorset County Hospital NHS Foundation Trust (DCH) remains disappointing despite a number of actions being undertaken. An update on access waits is included at Appendix 1, against recovery trajectories formerly agreed with the CCG.
- 2.5 DCH has recently secured additional funding for Referral to Treatment of £428,000 through NHS Improvement, which will support performance improvement through February and March 2017. This funding will compliment the internal actions the Trust is currently undertaking, but significant risks remain over the achievement of referral to treatment targets.
- 2.6 Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBH) 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 RBH is providing 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. There has been extended evening working and super Saturday working in January 2017 which helped increase throughput of activity.
- 2.8 RBH is also outsourcing and insourcing in ophthalmology, surgical specialties and endoscopy and providing additional internal sessions where possible. Additional recruitment has also been secured in a number of services such as ophthalmology and dermatology.
- 2.9 RBH is expecting to become compliant with the 92% standard in Quarter 4 of 2016/17.
- 2.10 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at 31<sup>st</sup> March 2016.

### Weekly PTL Backlog (month end snapshot)

Provider Backlogs	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Dorset County Adm (607)	671	708	707	650	653	624
Poole Adm (360)	312	324	325	336	277	285
Royal Bournemouth Adm (1,160)	1,136	1,123	1,222	1,179	1,137	1,142
Dorset County Non Adm (448)	944	1,021	1,121	1,029	970	992
Poole Non Adm (519)	488	485	520	473	414	414
Royal Bournemouth Non Adm (811)	1,095	1,044	1,380	1,413	1,341	1,294

## Diagnostic Performance

- 2.11 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<sup>st</sup> December 2016.

**Performance Target: <1%**

Provider Performance	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Dorset County	7.8%	11.2%	8.2%	5.7%	7.6%	8.9%
Poole	0.7%	0.5%	0.2%	0.3%	0.4%	0.8%
Royal Bournemouth	0.0%	0.2%	0.0%	0.0%	0.1%	0.0%
Dorset Healthcare	3.4%	3.3%	2.8%	0.2%	0.0%	0.1%
Salisbury	0.7%	0.9%	0.7%	0.3%	3.5%	1.6%
Yeovil	0.9%	1.0%	0.9%	0.8%	0.7%	0.4%
NHS England	1.4%	1.7%	1.5%	1.1%	1.4%	1.7%

- 2.12 Diagnostic performance for Dorset CCG deteriorated during December 2016, due to a further deterioration in performance at DCH. Appendix 1 provides additional information on DCH and diagnostic improvement requirements
- 2.13 DCH aims to be compliant with the 1% threshold by the 31 March 2017. Additional capacity is being provided where possible.
- 2.14 Poole Hospital NHS Foundation Trust, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Dorset Healthcare University NHS Foundation Trust all achieved the standard in December 2016.

## Cancer Standards (Lead Director Mike Wood)

- 2.15 The following tables show the performance of acute Trusts across Dorset CCG for the period ending 31<sup>st</sup> December 2016.

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

Provider Performance	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Dorset County	98.9%	97.2%	97.9%	97.2%	95.1%	97.5%
Poole	99.8%	99.9%	99.9%	99.6%	99.2%	99.3%
Royal Bournemouth	97.4%	95.3%	98.8%	98.4%	98.8%	97.8%
Salisbury	93.4%	94.4%	93.0%	93.4%	92.3%	94.4%
Yeovil	92.3%	88.2%	90.5%	88.7%	92.3%	94.5%
NHS England	94.4%	93.9%	94.1%	94.8%	95.1%	95.4%

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

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Dorset County	100.0%	98.7%	97.6%	97.5%	100.0%	100.0%
Poole	100.0%	98.7%	99.3%	98.1%	100.0%	100.0%
Royal Bournemouth	98.9%	99.5%	94.1%	99.0%	98.2%	100.0%
Salisbury	97.8%	94.4%	98.0%	98.0%	97.0%	94.1%
Yeovil	98.0%	96.2%	100.0%	96.1%	95.5%	97.2%
NHS England	97.8%	97.3%	97.4%	97.4%	97.4%	97.8%

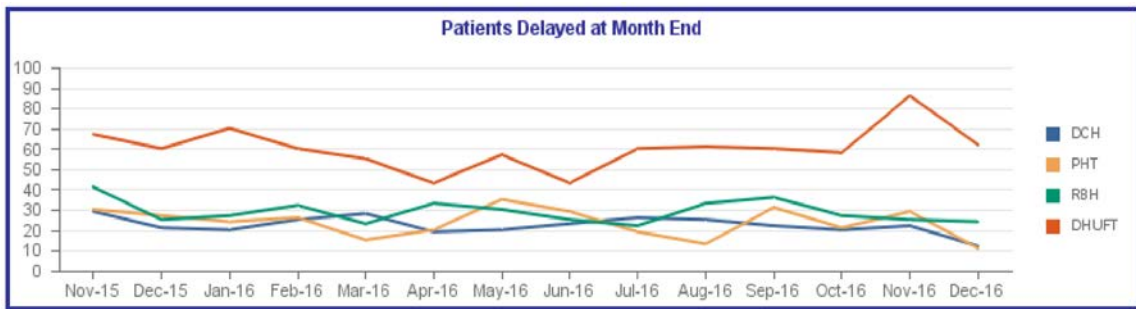
**62 day from referral to treatment. (85% Target)**

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Dorset County	88.6%	78.4%	86.1%	81.5%	89.7%	95.5%
Poole	88.1%	90.7%	90.7%	84.9%	91.4%	92.7%
Royal Bournemouth	87.5%	88.2%	80.0%	86.5%	88.7%	82.6%
Salisbury	92.8%	92.9%	81.4%	85.3%	94.6%	81.0%
Yeovil	90.4%	87.0%	80.2%	79.8%	90.0%	84.3%
NHS England	82.2%	82.6%	81.4%	81.1%	82.3%	82.8%

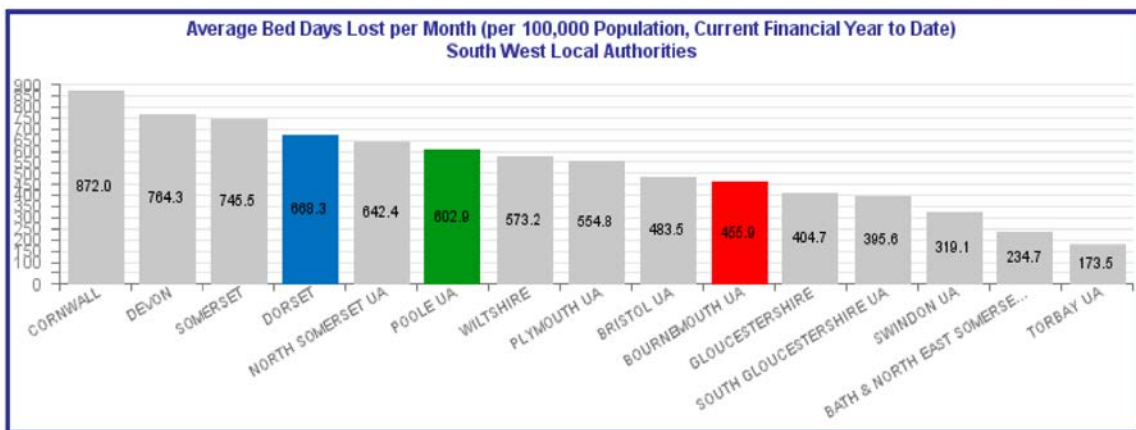
- 2.16 All main providers across Dorset achieved the 14 day and 31 day cancer standards in December 2016, and this is relatively consistent since July 2016.
- 2.17 Royal Bournemouth Hospital NHS Foundation Trust failed to achieve the 85% 62 day standard in December 2016. The Trust reported an increase in complex pathway and patient choice breaches in December 2016 with other concerns around outpatient and elective capacity.
- 2.18 Quarter 3 was achieved across all 3 providers and for the CCG for the 62 day referral to treatment standard meaning that all 3 quarters for the year to date have been achieved for this standard.
- 2.19 Significant concerns, however, remain around achievement of quarter 4 for the 62 day referral to treatment standard. Concerns have been raised within contract review meetings and Board to Board meetings, where held, about cancer standards and the importance of meeting these.

**Delayed Transfers of Care**

- 2.20 Delayed Transfers of Care continue to remain high for all providers across Dorset for the period ending 31<sup>st</sup> December 2016. All Trusts across Dorset exceeded the expected level of Delayed Transfers of Care.



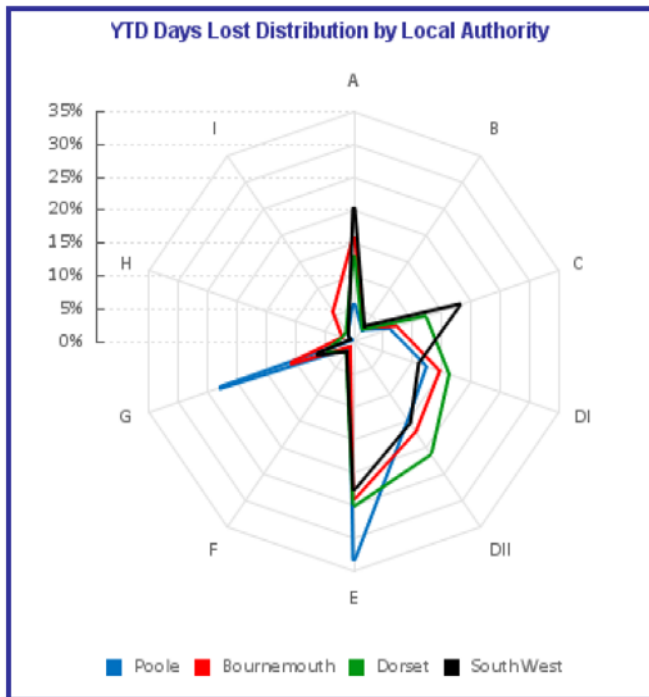
2.21 The graph below identifies the rate of bed days lost by local authority for the year to 31<sup>st</sup> December 2016.



2.22 Of the 15 authorities listed above, Dorset County Council is now recording the 4<sup>th</sup> highest rate of bed days lost. Poole LA is recording the 6<sup>th</sup> highest whilst Bournemouth LA now has the 10<sup>th</sup> highest rate of bed days lost when benchmarked across the South West. This position has deteriorated slightly from the position in November 2016, particularly across Bournemouth and Poole.

2.23 The following chart identifies the reasons why bed days are lost, by local authority for the year to 31<sup>st</sup> December 2016. 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.

2.24 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 33% of their delays relate to 'Care Packages In Home'.



Delay Reason		YTD Days Lost (South West)
A	Completion Assessment	46,969
B	Public Funding	6,233
C	Further Non Acute NHS	41,536
DI	Residential Home	25,107
DII	Nursing Home	35,383
E	Care Package In Home	52,033
F	Community Equip Adapt	4,037
G	Patient Family Choice	14,416
H	Disputes	1,188
I	Housing	2,933
<b>Total</b>		<b>229,835</b>

- 2.25 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.
- 2.26 It is recognised that despite all the efforts taken over the last twelve months, that as a whole health and social care needs to make significant improvements to achieve nationally mandated performance targets in Dorset. These improvements will need to be delivered despite the reductions in local authority funding.
- 2.27 The Dorset Delayed Transfers of Care Action Plan is an overarching plan which supports the recommendations of the two recent external reviews, references best practice as set out in the Eight High Impact Changes and describes a clear governance structure including monitoring of the plan.
- 2.28 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)**

- 2.29 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)**

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Dorset County	91.0%	91.8%	92.9%	93.3%	95.8%	97.3%
Poole	91.3%	94.0%	91.0%	88.5%	91.4%	91.3%
Royal Bournemouth	95.8%	97.2%	95.0%	94.4%	95.8%	94.1%
Salisbury	89.6%	93.6%	92.2%	92.5%	89.5%	92.5%
Yeovil	90.6%	94.1%	93.7%	90.5%	95.3%	94.0%
NHS England	90.3%	91.0%	90.6%	90.6%	89.0%	86.2%

- 2.30 Performance against the four hour emergency department standard remains below the 95% standard across the CCG at an aggregate level however the reported position held up well throughout December 2016. Performance is significantly better than the position reported nationally which fell to 86.2% in December 2016.
- 2.31 Dorset CCG is now monitoring the performance of providers locally on a weekly basis and this is reported across the Sustainability and Transformation Plan (STP). For further information on the current performance to date please click on the following link: [Weekly SITREP](#).
- 2.32 Systems Resilience Groups (SRGs) are now expected to focus on urgent care and particularly emergency departments and have been renamed as A&E delivery boards. At local level, all systems are asked to implement five mandated initiatives to improve performance:
- Introduce primary and ambulatory care screening in the Emergency Department.
  - Increase the proportion of NHS 111 calls handled by clinicians.
  - Implement the Ambulance Response Programme (Dispatch on Disposition and improved Clinical Coding).
  - Implement SAFER and other measures to improve in-hospital flow.
  - Implement Discharge best practice to reduce DtoCs (Discharge to Assess, Trusted Assessor etc).

**South Western Ambulance NHS Foundation Trust (999 services)**

- 2.33 From the 19<sup>th</sup> 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



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attached to it and will be monitored by NHS England to ensure patients are not harmed.

- 2.34 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.
- 2.35 The table below identifies performance for the period ending 31<sup>st</sup> December 2016 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.
- 2.36 With effect from November 2016 the ambulance service provider progressed to the next phase of the Ambulance Response Programme (ARP).

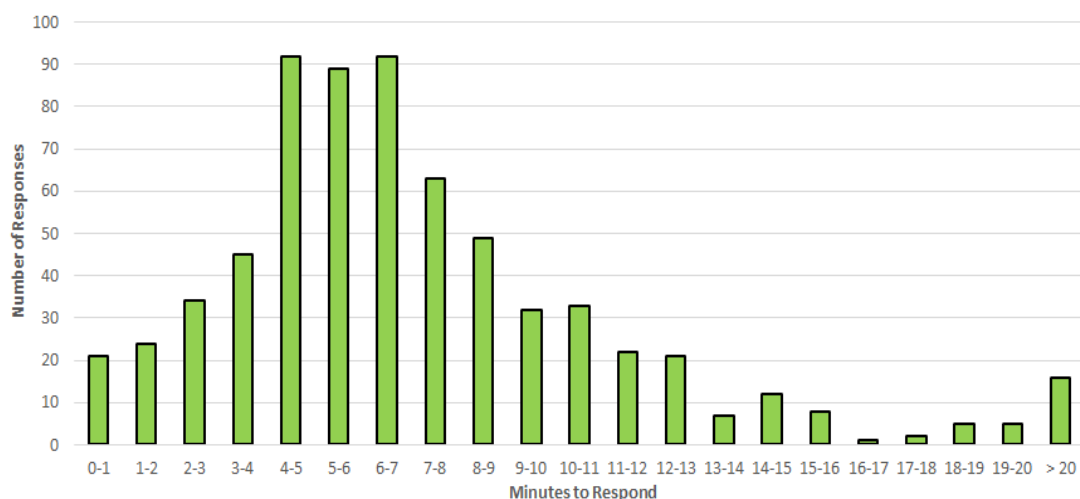
### Red Response 8 Minute Standard. (75% Target)

Priority: Red Response	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
SWAST	66.0%	69.1%	69.8%	66.6%	72.9%	69.7%
Dorset CCG	67.3%	72.9%	72.3%	68.6%	75.1%	68.4%

### Red Response 19 Minute Standard. (95% Target)

Priority: Red T Response	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
SWAST	83.1%	83.9%	84.1%	80.4%	81.8%	81.3%
Dorset CCG	87.6%	89.4%	88.7%	81.7%	87.4%	84.6%

- 2.37 The graph below identifies the number of responses seen in December 2016 within Dorset and the number of minutes taken to respond.



- 2.38 Throughout December 2016 the number of patients being responded to outside of the 8 minute standard totalled 213 patients, 38% of these breaches were in the 8-9 and 9-10 minute cohort. The number of breaches increased

significantly in December 2016 from 155 in November 2016 to 213 in December 2016.

- 2.39 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.
- 2.40 The CCG Board agreed a letter summarising a number of quality concerns with the 999 service, which was sent 27 January 2017. A meeting was then held with the Chief Executive and Deputy Chief Executive and other Executives of SWAST on 14 February 2017, with Executive representation of the CCG to discuss the overall concerns of the 999 service.

SWAST is investigating many of these quality concerns as serious incidents. There are though ongoing concerns about the long delays for the less prioritised 999 calls.

2.41 **South Western Ambulance NHS Foundation Trust (111 services)**

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

**Performance Target: 95%**

Month Ending	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
% Calls answered within 60 seconds	75.8%	78.9%	85.2%	78.5%	76.6%	83.1%

- 2.43 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.
- 2.44 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.
- 2.45 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.

## Dorset Healthcare University Foundation Trust (Lead Director Mike Wood)

### Mental Health Services

- 2.46 As at 31<sup>st</sup> December 2016, DHUFT are reporting that 80% 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.

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Dorset Healthcare NHS Foundation Trust, overall compliance against Mental Health Indicators	85%	74%	78%	84%	77%	80%

- 2.47 Dorset Healthcare NHS Foundation continues to deliver good progress in achieving local quality standards within Mental Health. In December 2016 the Trust achieved 80% of all targets.
- 2.48 The NHS Foundation Trust did not achieve 8 standards in December 2016, 5 of which have not been achieved for more than 3 consecutive reporting periods, these relate to:
- Memory Assessment Service, DNA Rate as a proportion of all appointments;
  - Dementia Intermediate Care Service: percentage of patients discharged from service within 6 weeks of commencement;
  - % of Adult Routine Referrals assessed within 28 days;
  - Delayed discharge days (health related only) for all inpatients in month as % of all inpatient bed days;
  - Psychiatric Liaison; Identify and Rate the aim of the contact, percentage of cases completed in the reporting period.

- 2.49 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

- 2.50 The national target for dementia diagnosis rates is 67% by the end of March 2017 and to maintain this target until 2020. NHS Dorset CCG dementia diagnosis rate was reported 61.7% in December 2016. Local data continues to show significant variation across Dorset.

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Month Ending	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Dementia Diagnosis Rate	61.1%	61.4%	61.6%	61.5%	61.7%	61.7%

- 2.51 The number of patients currently being diagnosed remain at the same levels seen in 2015/16 and despite this our performance has remained static.
- a revised review with Primary Care is expected to commence in February 2017 which will also incorporate visits to GP Practices to help understand the variation at GP Practice level and to understand particular coding concerns across some practices (and with a focus on Non QOF codes being used);

### Steps to Wellbeing

- 2.52 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.
- 2.53 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.
- 2.54 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
- 2.55 Performance against these standards has been reported since April 2016 and continues to be achieved by Dorset Healthcare NHS Foundation Trust (DHUFT).

#### National Performance Target: 75%

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Wait from Referral to Treatment – Percentage treated within 6 weeks	85.5%	83.6%	83.2%	80.6%	83.0%	80.9%

#### National Performance Target: 95%

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Wait from Referral to Treatment – Percentage treated within 18 weeks	99.2%	100.0%	99.4%	99.6%	100.0%	99.7%

**National Performance Target: 50%**

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Number (%) of people who are 'moving to recovery' (those who at initial assessment achieved caseness and at final session did not)	58.2%	57.9%	55.4%	56.0%	53.7%	55.6%

- 2.56 DHUFT is currently achieving the above standard however performance against the 6 week national standard is expected to fall. DHUFT 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 from the Trust in respect of clearing this backlog and is being reviewed.

**Children and Adolescent Mental Health Services (CAMHS)**

- 2.57 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 are leadership arrangements within DHUFT, 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.
- 2.58 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 position and also look at 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 Young People (YP) satisfaction measures in the autumn 2016. This will ensure much higher completion rate and better young people and clinician satisfaction in completing measures;

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- 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).

2.59 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
Jul 2015	66%	46%	61%	11%	16%
Aug 2015	62%	70%	75%	9%	16%
Sep 2015	57%	61%	64%	7%	14%
Oct 2015	72%	77%	62%	15%	14%
Nov 2015	76%	89%	65%	14%	15%
Dec 2015	70%	85%	74%	10%	15%
Jan 2016	67%	83%	73%	10%	14%
Feb 2016	54%	85%	69%	10%	15%
Mar 2016	61%	82%	78%	10%	16%
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%

### Community Health Services

2.60 As at 31<sup>st</sup> December 2016, DHUFT are reporting that 80% of monthly Community Health Services 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 Community Health services.

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Dorset Healthcare NHS Foundation Trust, overall compliance against Community Health Indicators	75%	77%	78%	80%	77%	80%

- 2.61 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.
- 2.62 The Trust did not achieve the 15 local standards in December 2016, of which 10 of these were outside of target for more than 3 consecutive reporting periods, these standards not achieved are shown below:
- Ambulatory Leg Ulcer Service – percentage of patients to be offered an appointment within 10 working days;
  - 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 in delayed (2 indicators);
- 2.63 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report.
- 2.64 **Ambulatory Leg Ulcer Service:** The Service Improvement Plan within the service continues to progress well. Changes to SystmOne processes were introduced at the beginning of October as planned and this has been reviewed with the team during November. In terms of current Key Performance Indicators, the service has again achieved 100% in December for the number of patients contacted within 3 working days. The service achieved 74.3% for the number of patients offered an appointment within 10 working days against target 98% due to capacity constraints in the month.
- 2.65 **Heart Failure:** The service is reporting 89.7% to the target 100% for the percentage of patients seen within two weeks of referral. There were three patients who could not be seen within two weeks due to their own choice. The percentage of patients whose medication was optimised within 16 weeks is reporting 66.7 to target 60%. This is the first time this target has been achieved since July 2016.
- 2.66 **Intermediate Care:** The service is reporting 94.8% percentage of people with a full management plan in place within 48 hours of discharge to place of residence against target 100%. There were seven breaches in Poole Intermediate Care Team, six due to demands on the service and one due to patient choice. Three of the patients received visits with management plans

put in place during the second day after discharge, but outside the 48 hour target. The other patients were seen later but all patients were risk assessed and kept safe in order that all patients' needs could be prioritised at a very busy time.

- 2.67 **Stroke Services:** The service is reporting 83.8% against target 85% for patients accepting a review. Fourteen patients did not accept a review. Five patients moved out of the area, four patients declined and five patients died.
- 2.68 **Adult Speech and Language Therapy:** There were ten breaches of the 8 week target, all in the Bournemouth and Christchurch team, and twenty breaches of the six week target, mostly in the same team. These breaches were due to staff sickness absence and vacancies which continue to be addressed by the service manager. The performance of this service overall continues on an upward trend with all measures now very close to target, though the number of referrals in December were much lower than in recent months.
- 2.69 **Muskulo Skeletal Service (MSK) pan Dorset:** In December the service is reporting 71.9% against target 90% for referrals to secondary care within nine weeks. This is partly due to improvements in the number of appointments offered as newer staff increase productivity but also due to increased accuracy of RTT clock stops. Further actions include:
- 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
- 2.70 **Referral to Treatment:** In Ophthalmology there were ten breaches resulting in a performance of 80.8% against target 92%. The service relies on just two sessions a month provided by one consultant from an acute Trust, who has no availability to provide any additional sessions. The acute Trust is also unable to provide an alternative, suitably qualified consultant to support the service. Thus, when demand peaks it is very difficult to flex capacity. Dorset HealthCare is fully engaged in the Ophthalmology Framework Workshop which is reviewing service provision across Dorset to increase service flexibility and resilience.
- 2.71 **Delayed Transfers of Care:** The snapshot day for patients whose discharge from Community Hospitals was delayed was 29<sup>th</sup> December 2016. There were a total of 39 reported patient delays giving a percentage of 13.4% and a total of 1,618 bed days lost. The number of delayed patients was significantly



lower than the previous month as expected however the bed days lost was higher and reflected much higher number of delayed patients seen in the first half of December 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 1<sup>st</sup> January 2017 to 31<sup>st</sup> March 2017.
- 3.10 The current position against trajectory is shown below for the period ending 31st December 2016 is shown below:
  - Non Achievement of the 18 Week RTT (92% standard on incomplete pathway).
    - \* Dorset CCG is currently achieving 90.3% against the 92% standard on incomplete pathway. The CCG will need to achieve

an aggregate 92.1% throughout quarter 4 to achieve this element. This is reflecting the CCG plan submitted as part of the planning round for 2016/17. The indications based on local data for January 2017 as described in section 2.2 would indicate that this standard will not be met in Quarter 4.

- Achievement of the maximum 4 hour emergency department wait standard (95% standard).
  - \* Dorset CCG is currently achieving the four hour STF trajectory across the STP and will need to deliver performance around 91.8% throughout quarter 4 to deliver this element. This is a combination of the agreed provider STF Trajectories.
- Achievement of the maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer (85% standard).
  - \* Dorset CCG is currently achieving the 62 day cancer STF trajectory across the STP and will need to deliver performance of 85.2% throughout quarter 4 to deliver this element. This is reflecting the CCG plan submitted as part of the planning round for 2016/17.
- Dorset CCG are 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.

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.

3.12 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 expecting not to deliver this standard.

3.13 Increase in the proportion of GP referrals made by E-referral - (20 per cent of quality premium). The CCG is expecting to achieve this standard and is making progress on increasing the level of E-Referrals. Performance for the

period ending 30<sup>th</sup> November 2016 indicated compliance against the 80% target, achieving marginally above 81%.

- 3.14 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 now able to access monthly information to determine current performance and the current forecast would indicate compliance.
- 3.15 Reported to estimated prevalence of COPD on GP registers as a % of estimate prevalence - (10 per cent of quality premium). The CCG is expecting to achieve this standard.
- 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 1<sup>st</sup> April to 31<sup>st</sup> July 2016 indicated that 56.5% 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%. Information is now reported every 4 months nationally with the next information available towards the end of February 2017.
- 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. Dorset CCG is reporting concerns against the number of patients who are reported as a delay. The level of delayed patients fluctuates monthly and over the course of 2016/17 there remains very little progress. More positively however is despite the high volumes of delays, organisations have focused on the more complex and longer stay patients, this in turn has reduced the number of delayed days across the system, by around 10%. Further work of course needs to be done in this area to sustain and improve on this performance and focus on reducing the number of overall delays in the system.

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>DCH Referral to Treatment Plan</b>