

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

Date of the meeting	16/03/2016
Author	P Dove - Head of Performance Intelligence
Sponsoring GB member	P Vater - Chief Finance Officer
Purpose of Report	To note the progress against National and Local Performance Standards for 2015/16.
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 2015/16

- 2.1 Performance information for 2015/16, where known, is set out in Appendix 1. The performance concerns are noted below:

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

- 2.2 The performance of providers within the Dorset Clinical Commissioning Group health community is shown below at aggregate level for the period ending 31 January 2016. This section now reports on the percentage of patients waiting under 18 weeks for treatment as at the end of each month following the recent removal of the admitted and non-admitted standards as directed by NHS England. The incomplete standard is that a minimum of 92% of patients should be waiting under 18 weeks for treatment.

	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Dorset County	91.1%	92.8%	93.0%	94.0%	93.5%	94.1%
Poole	94.7%	94.1%	93.7%	93.9%	93.4%	93.1%
Royal Bournemouth	94.1%	94.1%	94.5%	94.5%	93.7%	93.7%

- 2.3 The table above continues to show strong performance of NHS Foundation Trusts in Dorset against the RTT standard.
- 2.4 Despite the positive performance seen there remains significant concern as we head into 2016/17 with significant backlog increases in admitted pathways across East Dorset (see below).
- 2.5 The current urgent care pressures seen within Providers and other issues such as infection control and junior doctors strikes has resulted in a significant increase in cancellations of elective routine surgery.
- 2.6 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at 29th March 2015.

Weekly PTL Backlog	29 Mar	10 Jan	17 Jan	24 Jan	31 Jan	7 Feb
DCH Admitted	524	417	412	416	450	418
Poole Admitted	130	269	289	295	306	352
RBH Admitted	794	999	996	995	1,020	1,041
DCH Non Admitted	359	335	339	372	345	333
PHT Non Admitted	219	394	359	352	358	331
RBH Non Admitted	1,181	521	599	585	597	518

- 2.7 The information highlighted in the above table continues to highlight significant concerns within admitted pathways.

2.8 The following specialties on the admitted pathway have the highest level of backlog recorded (i.e patients who have already breached 18 weeks):

- Ophthalmology at DCH (187), up 40% since December 2015;
- ENT at Poole (137), up 50% since December 2015;
- General Surgery at Poole (82), up 100% since December 2015;
- Ophthalmology at RBH (255), down 10% since December 2015;
- Urology at RBH (237), up 80% since December 2015;
- T&O at RBH (233), up 20% since December 2015.

2.9 There has also been disruption to elective services caused through the junior doctors disputes and cancellation of routine procedures on certain days to assist with urgent care capacity. Refer also to 2.26. The CCG will work closely with the Trusts to recover access to the services through remedial actions.

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 31 January 2016:

Percentage of 6 week breaches	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Dorset County	0.6%	0.7%	0.9%	0.5%	0.2%	1.4%	0.8%
Poole	0.8%	1.2%	1.0%	0.9%	0.9%	1.0%	1.1%
Royal Bournemouth	3.8%	7.2%	8.2%	6.2%	5.1%	6.1%	5.1%
Dorset Healthcare	0.1%	1.9%	0.0%	0.5%	2.0%	0.1%	TBC
Salisbury	1.7%	0.9%	0.3%	0.3%	0.1%	0.0%	TBC
Yeovil	1.5%	2.6%	3.5%	3.1%	2.7%	7.1%	TBC

2.11 Diagnostic performance across Dorset CCG and in particular Royal Bournemouth and Christchurch Hospital NHS Foundation Trust remains disappointing however significant improvements are expected to be seen over the coming months.

2.12 The CCG has agreed a remedial action plan with the NHS Foundation Trust which includes delivery of the 1% threshold by 30 June 2016. The CCG has subsequently invested a further £75,000 (matched by the Provider) to bring in additional independent sector capacity which is expected to support the delivery of the threshold before June 2016.

2.13 Dorset County Hospital NHS Foundation Trust failed to achieve the standard in December 2015 however recognised this as a short term concern within Urodynamics and delivered the standard in January 2016.

2.14 Poole Hospital NHS Foundation Trust failed to achieve the 1% standard in January 2016 with a number of breaches in MRI and Non Obstetric Ultrasound. The CCG has requested further information on these breaches, reasons and actions being undertaken by the Provider.

Cancer Standards (Lead Director Mike Wood)

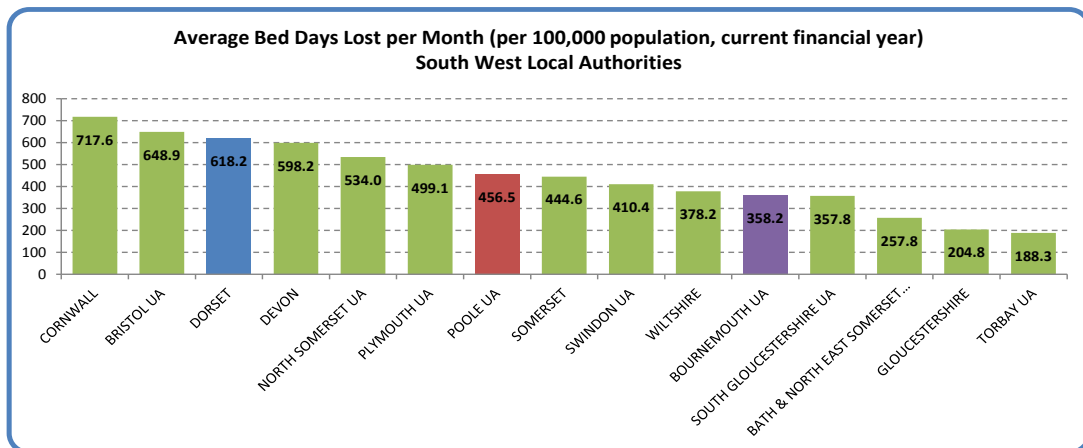
- 2.15 The following table shows the performance of acute Trusts across Dorset CCG for December 2015.

	RBCH	Poole	DCH
Two week wait from cancer referral to specialist appointment	95.9%	98.9%	97.1%
Two week wait (breast symptoms – cancer not suspected)	100.0%	100.0%	91.2%
31 day wait from diagnosis to treatment	95.6%	98.5%	100.0%
62 day wait from referral to treatment	91.2%	87.0%	87.1%
31 day wait for subsequent surgery	90.9%	100.0%	100.0%
31 day wait for subsequent anti-cancer drug regimen	100.0%	100.0%	100.0%
31 day wait for subsequent radiotherapy	100.0%	98.6%	
62 day wait for treatment following a referral from a screening service	95.7%	95.0%	88.9%
62 day wait for treatment following a consultant upgrade	75.0%	100.0%	100.0%

- 2.16 Cancer performance across Dorset CCG improved significantly in December with only three standards failing. These three standards are vulnerable in that the number of patients going through these pathways remains low and any breach will significantly impact on the overall performance.
- 2.17 Significantly, the main 14 day, 31 day and 62 day pathways were all achieved in December 2015. The CCG has been in dialogue with Royal Bournemouth Hospital NHS Foundation Trust regarding backlog clearance and expects the NHS Foundation Trust to significantly underperform against the main 62 day standard in both Quarter 4 of 2015/16 and Quarter 1 of 2016/17.
- 2.18 Royal Bournemouth Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust continue to work towards delivering remedial action plans in respect of the 62 day wait from referral to treatment standard.

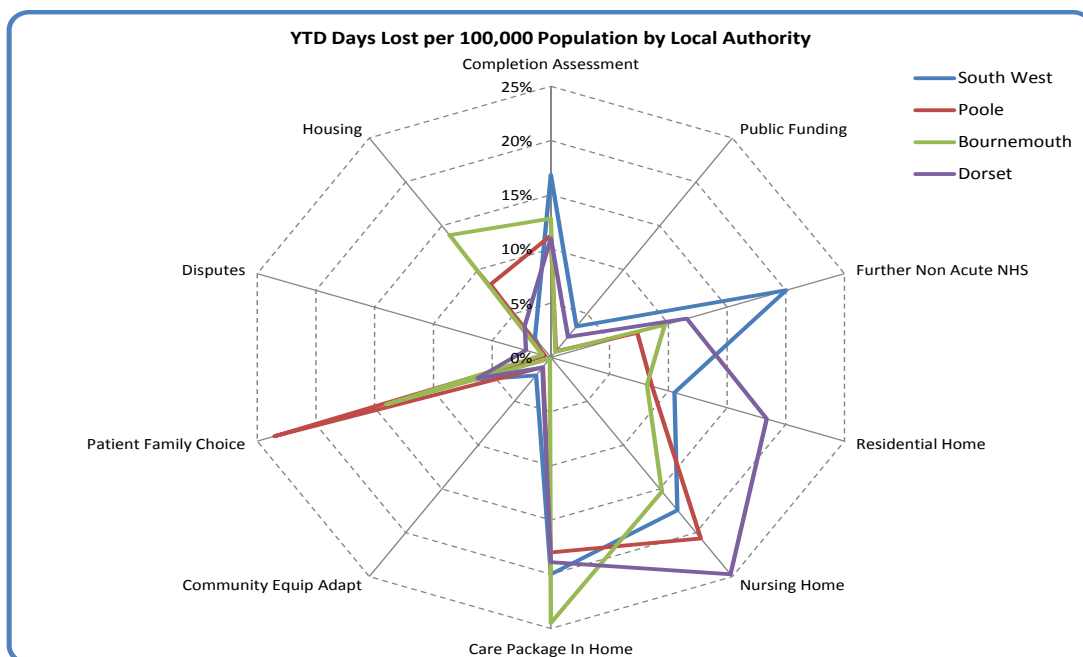
Delayed Transfers of Care

- 2.19 Delayed Transfers of Care continues to provide concerns across the Dorset Health community. The position at the end of December 2015 indicates a further increase in delayed transfers of care, particularly at Dorset Healthcare NHS Foundation Trust.
- 2.20 The graph below identifies the rate of bed days lost by local authority for the year to 31 December 2015.



2.21 Of the 15 unitary authorities listed above, Dorset unitary authority is now recording the 3rd highest rate of bed days lost (4th in November 2015). Bournemouth unitary authority is now recording the 12th highest rate of bed days lost (13th in November 2015). This confirms that the position across Dorset continues to deteriorate.

2.22 The following chart identifies the reasons why bed days are lost, by local authority for the year to 31 December 2015. This clearly identifies that patients are waiting for care packages in own home or placements to either a nursing home or residential care home. The Dorset Health community remains a significant outlier in these areas.



2.23 Throughout December 2015, a significant number of bed days were lost where these were attributable to 'Patient Family Choice' at Poole Hospital NHS Foundation Trust. This remains consistent with the reported position in November 2015 however accounts for nearly 25% of all bed days lost.

2.24 Dorset CCG remains an outlier across the South West in relation to beds days lost for both Care Packages in Home (Dorset) and Nursing Homes (Bournemouth).

Urgent and Emergency Care (Lead Director Mike Wood)

- 2.25 Dorset County Hospital NHS Foundation Trust achieved the 95% standard in Quarter 3 and is on track to deliver the standard over the financial year. Both Poole Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust failed to achieve the 95% standard. All NHS Foundation Trusts failed to achieve the standard in January 2016.
- 2.26 The acute Trusts in Dorset have experienced significant challenges around bed capacity since 4 January 2016. There are a combination of factors involved; high levels of ED attendances, outbreaks of norovirus on some wards, delays with packages of care (self funders and social care). The CCG hold daily resilience calls with all partner organisations including Local Authorities and Dorset Healthcare University NHS Foundation Trust to assist with mitigating actions to improve the position around capacity.
- 2.27 SWASFT 999 performance against the Red 1 standard remains above target for the year to date despite underperforming significantly in January 2016. Several clinical conditions which had previously had a Red 2 response have now been moved to a Red 1, increasing the level of Red 1 responses.
- 2.28 Despite agreement by all commissioners to reduce the Red 2 target to 70% to reflect the impact of Dispatch on Disposition, SWAST performance remains below target. A recovery trajectory has been agreed with all commissioners but has not been achieved.
- 2.29 It has been agreed nationally that Dispatch on Disposition will continue and is now being rolled out to other Ambulance providers across the country. SWASFT have now moved to five minutes before they are required to dispatch. While this additional time allows SWASFT to ensure the right response vehicle is dispatched to meet the clinical need of the patient it does increase the challenge in achieving the Red 2 target. This is recognised as an issue nationally.
- 2.30 Commissioners are closely monitoring Green performance targets. A Green activity efficiency review report is due to be published shortly.
- 2.31 The Dorset 999 contracted activity is 3.78% below contract year to date. Hear and Treat/ See and Treat rates are maximised by SWASFT so that conveyance rates to A&Es in Dorset are at 42%. It is not deemed clinically appropriate to reduce conveyance rates below 42%.
- 2.32 Dorset CCG has continued to work closely with SWASFT on the local Right Care 2 demand management programme working with other providers such as Care Homes, and NHS 111 where required in order to manage the activity impact into 999.
- 2.33 The table below identify the performance for the period ending 31 January 2016 for both the aggregated provider performance and Dorset CCG performance.

SWAST (Provider Level)

Priority: Red	Dec 2015	Jan 2016	2015/16 YTD
Red (8) Performance	64.5%	61.3%	66.7%
Red 1 (8) Performance	75.3%	72.0%	75.2%
Red 2 (8) Performance	63.9%	60.6%	66.2%
A19 Performance	90.3%	88.8%	91.1%

Dorset CCG

Priority: Red	Dec 2015	Jan 2016	2015/16 YTD
Red (8) Performance	65.8%	63.4%	70.0%
Red 1 (8) Performance	84.9%	80.0%	84.3%
Red 2 (8) Performance	64.6%	62.2%	69.2%
A19 Performance	92.0%	91.8%	93.4%

- 2.34 The aggregated monthly 111 service performance remains challenging despite notable improvement seen in July 2015. The following table identifies the monthly performance for answering calls within 60 seconds.

Month Ending	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
% Calls answered within 60 seconds	82.5%	94.3%	92.6%	94.4%	89.8%	93.1%

- 2.35 The Dorset 111 service performance has improved significantly since July 2015. The service now meets national key performance indicators. This is a result of the service moving to an unblended call handling with additional investment, in year, to increase the number of clinicians available to support call handlers within the service.

Dorset Healthcare University Foundation Trust (Lead Director Mike Wood)

Mental Health Services

- 2.36 The Trust is on track to meet the national mental health standards for the year:

Care Programme Approach (CPA) – proportion of people under adult mental illness specialties on CPA who are followed up within 7 days of discharge from inpatient psychiatric care during the period.

IAPT - proportion of people who have depression & or anxiety who receive psychological therapies and proportion of people who complete treatment and move to recovery.

- 2.37 As at end 31 December 2015, DHUFT are reporting that 77% of CCG Mental Health Targets are being met compared with 71% as at 30 November 2015.
- 2.38 Of the 11 standards missed in December 2015, 5 of these were missed for 2 or more consecutive months relating to:
- Memory Assessment Service (2 indicators)
 - % of Adult Routine Referrals assessed within 28 days
 - % of Older Persons routine referrals assessed within 28 days

- Delayed Discharge days for all inpatient bed day days

- 2.39 As at 31 December 2015, DHUFT are reporting that 83.5% of monthly Community Health Services targets are being met.
- 2.40 The architectural plans and associated documentation for the new female Psychiatric Intensive Care Unit (PICU) at St Anns were approved by the Dorset HealthCare NHS Foundation Trust Board in January 2016. The unit will have five beds and is forecast to be operational from end August 2016. At present all females who require PICU are being placed out of area and we welcome the delivery of the in-county provision.

Community Health Services

- 2.41 As at 31 December 2015, DHUFT are reporting that 83.5% of monthly Community Health Services targets are being met.
- 2.42 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:
- 2.43 **Delayed Transfers of Care:** The snapshot day for patients whose discharge from Community Hospitals was delayed was 31 December 2015. There were a total of 44 reported patient delays giving a percentage of 15.1% to target 3.5%. A total of 1380 bed days were lost to target 325. The number of delayed patients is lower than in November 2015 but the bed days lost is higher.
- 2.44 **Dermatology:** There has been a small improvement in the number of patients seen and treated in less than 8 weeks in December 2015 however there is unlikely to be further significant improvement in the position due to the loss of some appointments during the SystemOne go live which is being rolled out across the service. The NHS Foundation Trust will be utilising their bank GPSI to target longer waits and to maintain the 18 week waiting time.
- 2.45 **Stroke Services:** The percentage of Stroke patients accepting a review in November is reporting 80.6% to target 90%. This is the highest monthly percentage since June. The fourteen patient exceptions were due to four patients declining, five moved out of the area, three accepted but then did not attend, one was admitted and one died.
- 2.46 The NHS Foundation Trust has also raised concerns and advisories against a number of other service areas as shown below, however the volume of breaches remain low:
- RTT (Trauma and Orthopaedics and Urology at Swanage/Wimborne Hospital);
 - Speech and Language Therapy;
 - Heart Failure;
 - Dietetics;
 - Pulmonary Rehab;
 - Diabetes Education;

- Ambulatory Leg Ulcers.

2.47 Dorset Healthcare University Foundation Trust and Dorset CCG continue to work outside of the Contract review meeting regarding the Community Pain service.

Quality Premium Report 2015/16

2.48 The 'Quality Premium' reward to be paid to CCGs in 2015/16 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 two local measures as follows:

2.49 **Reducing potential years of lives lost through amenable mortality** (10 per cent of quality premium): the overarching objective for Domain 1 of the NHS Outcomes Framework.

2.50 **Urgent and Emergency Care – 30% Quality Premium:**

- 10% Quality Premium (reduction in the number of emergency admissions across a number of specific conditions);
- 10% Quality Premium (reduction in the number Delayed Transfers of Care Bed Days);
- 10% Quality Premium (increase in the number of patients discharged at weekends or bank holidays).

2.51 **Mental Health – 30% Quality Premium:** (Reduction in the number of patients attending an A&E department for a mental health-related needs who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E).

2.52 **Patient Safety – 10% of Quality Premium:** Part a) reduction in the number of antibiotics prescribed in primary care, Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care, Part c) secondary care providers validating their total antibiotic prescription data.

2.53 **Dementia Diagnosis – 10% of Quality Premium:** Achieve a dementia diagnosis stretch target of 70%.

2.54 **Admission Avoidance – 10% of Quality Premium:** Ensure that more than 82% of patients remain at home after 91 days of discharge.

2.55 An assessment of Dorset CCG's performance for the period ending 30 November 2015 is shown in Appendix 2.

2.56 The highlights from this report are shown below (pre-qualifying NHS Constitution areas):

- Achievement of the 18 Week RTT (92% standard on incomplete pathway) with significant current headroom ahead of winter;
- Achievement of the SWAST Red 1 target of 75% for the period ending 31 January 2016 (75.2% Year to date);

- Achievement of the 14 day cancer standard for the period ending 31 December 2015 with significant headroom;
- The CCG is not currently achieving the four hour Emergency Department standard for the year to date period ending 31 January 2016 and will fail the standard on an annualised basis. Failure of this standard will result in a 30% reduction in the total Quality Premium available, equating to a maximum reduction of £1m.

2.57 The overall reduction based on delivery of the NHS Constitution is therefore expected at 30% of the total funding available and consistent with reductions seen in previous years and consistent with performance across other health communities.

2.58 The concerns from this report are shown below (national and local requirements):

- Quality Premium measure 1: Reducing Premature mortality; The CCG is predicting, based on the results from calendar year 2013 and 2014 that we will not achieve a reduction in the potential years of life lost (PYLL). The expectation is that CCGs over a three year period (2013-2015) each CCG will see a minimum 1.2% reduction on the 2012 baseline data. The information from calendar years 2013 and 2014 indicated a 10% increase in the PYLL. This indicator will not be achieved based on the respective PYLL rates in 2013 and 2014.
- Quality Premium measure 2: Urgent and Emergency Care; this measure is split into three sections, all contributing to 10% of the total quality premium. The three sections are: reducing emergency admissions, reducing the number of delayed days and increasing the percentage of weekend and bank holiday discharges.
 - * The CCG is currently behind target to achieve an increase in weekend and bank holiday discharges for the period ending 31 December 2015. This target remains achievable in 2015/16,
 - * The CCG is currently behind target to achieve a reduction in the number of delayed days reported in 2015/16. This target remains achievable in 2015/16 despite additional funding being provided to Local Authorities in the last three months of 2014/15,
 - * The CCG is not forecasting to achieve the necessary reduction in emergency admissions following exceptional increases in demand in 2014/15. The indicator guidance suggests that the rate of emergency admissions should reduce over the period 2012/13 to 2015/16.
- Quality Premium measure 3: Mental Health Patients; The CCG is currently undertaking a review against this indicator which is split into two specific areas.
 - * Coding of A&E activity; the CCG has identified a number of areas where A&E coding is not meeting the national requirements. Actions have been taken to address this through relevant information meetings with all providers and improvement in coding is being observed.

- * Performance against the 95% Emergency Department standard is currently behind target for the period ending 31 January 2016 for all patients, the position for this cohort of patient is now measurable however significantly below the 95% standard and this indicator will not be achieved.
- 2.59 The national target for dementia diagnosis rates is 67% by the end of March 2016 and to maintain this target until 2020. NHS Dorset CCG dementia diagnosis rate was reported 62.4% in January 2016. Local data shows Bournemouth localities at 72.76%, Poole 75.59% and Bournemouth and Poole joint at 74.32%. Dorset localities are significantly below at 55.02%.
- 2.60 Local information, through the Memory Assessment Service (MAS) would indicate an additional 1,356 patients have been diagnosed with Dementia in the first nine months of 2015/16 yet despite this the CCG registers have only increased by approximately 100 patients. Further work to understand the variation and gap is being undertaken with a cohort of GP Practices along with further initiatives and projects being undertaken in 2016/17.
- 2.61 The amount of award available each year remains a significant source of funding and considerations should be given to investing in certain programmes of work to ensure delivery of both NHS Constitution standards and National and Local QP measures.
- 2.62 Several areas reported above have changed from being achieved to not being achieved in the most recent report, these areas remain achievable.
- 2.63 Further consideration needs to be given in aligning the 2016/17 quality premium to future CQUINs, local quality requirements and local reporting requirements to ensure maximum focus and maximum reward is achieved.

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Date : 23 February 2016

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APPENDICES	
Appendix 1	Corporate Performance Report
Appendix 2	Quality Premium