

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

<b>Date of the meeting</b>	16/09/2015
<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 2015/16
<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 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 July 2015. 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.

	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Dorset County	92.1%	92.7%	90.1%	90.1%	91.7%	90.6%
Poole	95.8%	96.2%	96.4%	96.7%	96.2%	95.5%
Royal Bournemouth	92.7%	92.7%	92.7%	94.0%	94.4%	93.9%

- 2.3 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at 29th March 2015.

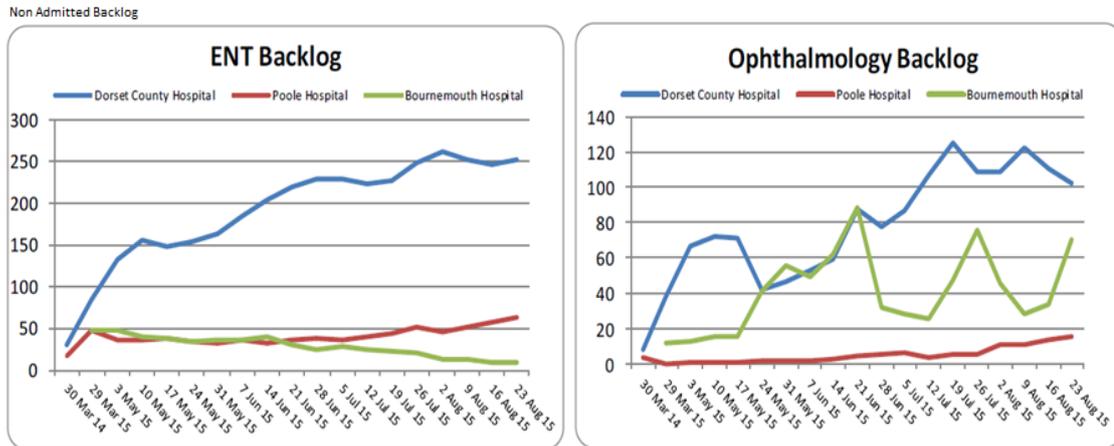
Weekly PTL Backlog	29 Mar	26 Jul	2 Aug	9 Aug	16 Aug	23 Aug
DCH Admitted	524	445	451	455	483	492
Poole Admitted	130	123	135	134	139	142
RBH Admitted	794	657	692	669	687	673
DCH Non Admitted	359	626	657	646	626	620
PHT Non Admitted	219	285	298	323	320	366
RBH Non Admitted	1,181	496	448	423	416	447

- 2.4 The information highlighted in the above table shows an improved position for those patients on the admitted pathway however highlights significant increases in patients waiting on the non-admitted pathway at Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust:

- Non Admitted backlog at DCH has increased by 72% since 29<sup>th</sup> March 2015 with ENT and Ophthalmology accounting for 37% and 20% of the total non-admitted backlog respectively, the graphs below indicates the current breaches of the 18 week standard on the Non Admitted pathway for ENT and Ophthalmology.
- The Trust has actions in place to address the 18 Week RTT backlog in September 2015 and beyond, including:

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- \* Stabilising the workforce: new consultants in ENT with additional long term locum cover in place in both ENT and Ophthalmology
- \* Providing additional clinics within ENT and current tender with the Independent Sector for additional in house weekend activity in Ophthalmology.



2.5 The above actions when delivered in September 2015 will have a positive impact on the 18 Week RTT backlog and achieve delivery of the 92% incomplete pathway standard.

## Diagnostic Performance

2.6 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 July 2015:

Percentage of 6 week breaches	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Dorset County	0.4%	0.2%	0.3%	1.4%	0.5%	0.2%	0.6%
Poole	0.9%	0.8%	1.4%	1.2%	1.5%	2.2%	0.8%
Royal Bournemouth	5.8%	5.2%	2.0%	5.2%	2.5%	2.3%	3.8%
Dorset Healthcare	9.7%	0.0%	1.9%	3.2%	0.6%	0.7%	0.1%
Salisbury	0.0%	0.0%	0.0	4.9%	4.1%	2.4%	TBC
Yeovil	1.1%	0.6%	1.3%	0.5%	0.5%	0.4%	TBC

- 2.7 Poole Hospital NHS Foundation Trust, in line with the provided trajectory achieved the 1% threshold in July 2015.
- 2.8 Royal Bournemouth Hospital NHS Foundation Trust reported that 3.8% of patients were waiting in excess of 6 week for their test as at 31 July 2015. The majority of patients were waiting for Endoscopy tests. The Trust has initiated a quality improvement project related to administration and booking processes. This work is now well underway focusing on the design and implementation of new lean processes. This, together with a piece of work analysing demand and capacity will inform our forward looking trajectory. The Trust is increasing its nursing staffing levels with recruitment underway and in addition to this an additional consultant post was advertised in August.
- 2.9 It is expected that the national standard will be delivered in Quarter 3.

### Cancer Standards (Lead Director Mike Wood)

- 2.10 The following table shows the performance of acute Trusts across Dorset for Quarter 1 2015/16.

	RBCH	Poole	DCH
<b>Cancer waits</b>			
Two week wait from cancer referral to specialist appointment	96.4%	99.0%	95.5%
Two week wait (breast symptoms - cancer not suspected)	98.7%	97.9%	94.2%
31-day wait from diagnosis to treatment	96.5%	97.9%	99.0%
62-day wait from referral to treatment	85.7%	85.5%	80.8%
31-day wait for subsequent surgery	94.8%	99.1%	97.3%
31-day wait for subsequent anti-cancer drug regimen	100.0%	100.0%	100.0%
31-day wait for subsequent radiotherapy	100.0%	98.4%	100.0%
62-day wait for treatment following a referral from a screening service	91.3%	93.5%	93.6%
62-day wait for treatment following a consultant upgrade	76.5%	85.7%	78.6%

- 2.11 Dorset County Hospital NHS Foundation Trust failed to achieve the 14 day breast symptom standard in both April and May 2015 however the position improved notably in June 2015 enabling the Trust to achieve the quarter 1 target of 93%.
- 2.12 Dorset County Hospital NHS Trust failed to achieve the 62 day standard in Quarter 1 but expects to deliver notable improvement in the pathway in Quarter 2. Previously reported histology (template biopsies) constraints contributed to long pathways in this period.
- 2.13 In Quarter 1 all Providers achieved the remaining cancer standards. For Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust the improved cancer performance addresses issues that were raised in a former contract query notice.

### Urgent and Emergency Care (Lead Director Mike Wood)

- 2.14 The table below highlights the performance across Dorset CCG in 2015/16 with the latest reported position in Quarter 2 to 22<sup>nd</sup> August 2015.

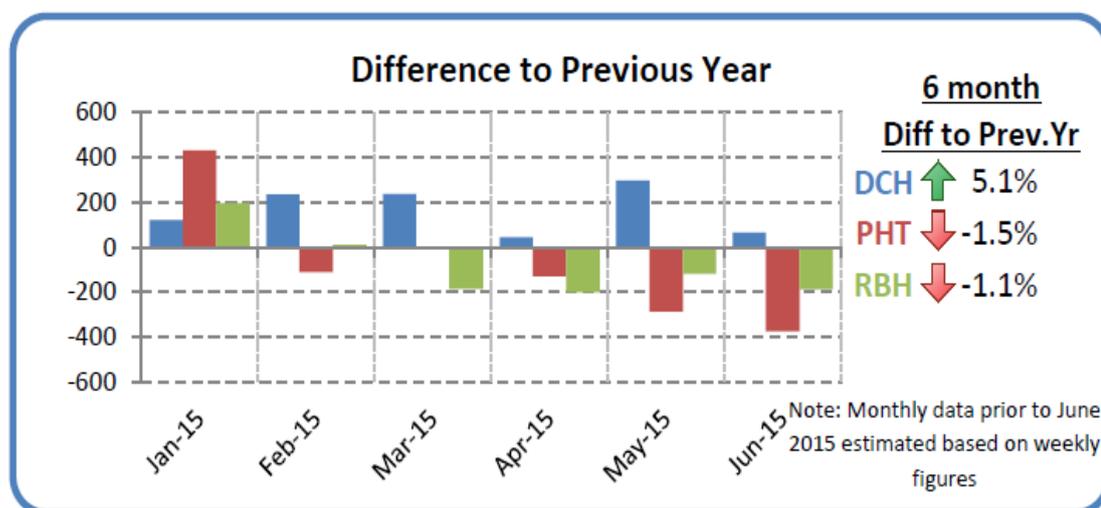
<b>4 Hour Wait in ED % Seen in 4 Hours</b>				
	DCH	PHT	RBH	England
<b>2014-15 Q1</b>	95.2%	94.6%	94.8%	95.1%
<b>2014-15 Q2</b>	96.6%	93.8%	93.8%	95.0%
<b>2014-15 Q3</b>	96.3%	91.9%	92.1%	92.5%
<b>2014-15 Q4</b>	91.0%	91.5%	92.3%	91.8%
<b>Latest Quarter To Date &amp; Month</b>				
<b>2015-16 Q1</b>	95.4%	95.5%	93.0%	94.1%
<b>2015-16 Q2</b>	96.1%	94.9%	95.8%	94.8%

- 2.15 All three acute providers are expecting to deliver the 95% standard in Quarter 2, however based on historical performance in the remaining quarters of the financial

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year it is unlikely that providers have delivered significant headroom to ensure delivery of the standard on an annualised basis.

- 2.16 Emergency Department attendances remain high across Dorset CCG following a significant increase in activity in 2014/15 however the indications highlight that activity has reduced across East Dorset throughout quarter 1 when compared to 2014/15 however West Dorset has seen a further increase. The table below identifies the latest six months of activity compared to the same six months the previous year.



- 2.17 Despite natural variation all three local acute providers have a higher conversion rate from attendance to admission than the national average however there are signs of improvement in this area.
- 2.18 South West Ambulance Services NHS Foundation Trust continues to achieve the Red 1 (8 minute) performance as a Provider and across Dorset CCG. All other indicators are not being achieved at either a provider or local level.
- 2.19 The tables below identify the performance for the period ending 31 July 2015 for both the aggregated provider performance and Dorset CCG performance.

### SWAST (Provider Level)

	June 2015	July 2015	2015 YTD
Priority: Red			
Red (8) Performance	66.4%	67.1%	67.3%
Red 1 (8) Performance	75.3%	75.3%	76.2%
Red 2 (8) Performance	65.9%	66.6%	66.8%
A19 Performance	91.1%	90.5%	91.5%

### Dorset CCG

	June 2015	July 2015	2015 YTD
Priority: Red			
Red (8) Performance	70.4%	72.1%	71.8%
Red 1 (8) Performance	82.9%	87.6%	85.0%
Red 2 (8) Performance	69.7%	71.2%	71.0%
A19 Performance	94.5%	93.6%	94.3%

- 2.20 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	Feb 15	Mar 15	Apr 15	May 15	June 15	July 15
% Calls answered within 60 seconds	74.4%	69.6%	73.2%	68.9%	70.8%	86.2%

2.21 Key challenges remain within the 111 service. The service is currently reporting:

- Non compliance against the 60 second call answer standard
- Non compliance against the call abandonment rate

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

#### **Mental Health Services**

2.22 As at end July 2015, DHUFT are reporting that 76% of Mental Health Targets are being met compared with 75% as at 30 June 2015.

2.23 Contract Query

- The MAS service delivered much stronger performance than expected in July 2015 and is now substantially ahead of their recovery trajectory. The NHS Foundation Trust achieved the 4 week referral target of 75% by 31 October 2015 by delivering 88.3% in the period ending 31 July 2015. The NHS Foundation Trust delivered 90.3% against the 6 week referral target and while this is above the current trajectory of 65% is below the contractual standard of 95%. The NHS Foundation Trust is confident this can be achieved by 31 October 2015.

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

2.24 As at July 2015, DHUFT are reporting that 100% of monthly C&YPS targets are being met.

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

2.25 As at July 2015, DHUFT are reporting exceptions in the 8 week referral time for Tier 2 services where the Trust reported 79 breaches compared to 36 breaches in June 2015. All waits of 16 weeks and over relate to the Bournemouth and Christchurch CAMHS team which continues to be an area of focus for DHUFT improvement work, it should be noted that approximately 45% (34 breaches) of all breaches are in the Bournemouth and Christchurch area with the majority waiting in excess of 20+ weeks.

#### **Community Health Services**

2.26 As at July 2015, DHUFT are reporting that 89.3% of Community Health Services targets are being met.

- 2.27 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:
- 2.28 **Delayed Transfers of Care:** The snapshot day for patients whose discharge from Community Hospitals was delayed was 30<sup>th</sup> July 2015. There were a total of 24 reported patient delays giving a percentage of 8.1% to target 3.5%. A total of 665 bed days were lost to target 325. This matter is being raised at the Systems Resilience Group as a serious concern, with Local Authorities.
- 2.29 **Stroke Services:** The percentage of Stroke patients accepting a review is reporting 77.2% against a target of 90%. The patient exceptions were due to death, moving out of the area, declining a review or not attending the service. Although still below target, the performance against this measure is improving.
- 2.30 The percentage of patients in a nursing or care home accepting a review is reported as 25% against a target of 90%. There were only four relevant patients; one patient died, one moved out of area, one patient declined, and one accepted.
- 2.31 **Ambulatory Leg Ulcer Service:** In July the service is reporting 57.8% to the target 98% for the percentage of patients contacted within 3 working days and 71.1% to the target 98% for the percentage of patients to be offered an appointment within 10 working days. The Administration capacity within the service has been reduced which has contributed to patients being contacted outside of the timeframes. This is being addressed by the service.
- 2.32 The NHS Foundation Trust has also raised concerns and advisories against a number of other service areas as shown below:
- Rheumatology 18 Week RTT
  - Wheelchair Service
  - Community Dermatology
  - Community Pain
  - Community Endoscopy

### **Quality Premium Report 2015/16**

- 2.33 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.
- 2.34 **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.
- 2.35 **Urgent and Emergency Care – 30% Quality Premium:**
- 10% Quality Premium (reduction in the number of emergency admissions across a number of specific conditions);

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- 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).
- 2.36 **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).
- 2.37 **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.
- 2.38 **Dementia Diagnosis – 10% of Quality Premium:** Achieve a dementia diagnosis stretch target of 70%.
- 2.39 **Admission Avoidance – 10% of Quality Premium:** Ensure that more than 82% of patients remain at home after 91 days of discharge.
- 2.40 An assessment of Dorset CCG's performance for the period ending 31 July 2015 is shown in Appendix 2.
- 2.41 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 July 2015 with significant current headroom ahead of winter;
  - Achievement of the 14 day cancer standard for the period ending 30 June 2015;
  - Currently not achieving the 95% four hour Emergency Department standard as at 31 July 2015. With no headroom achieved, delivering this standard in both Quarter 3 and Quarter 4 based on historical performance will be challenging. Failure to achieve this standard will result in a 25% reduction in the Quality Premium.
- 2.42 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 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 year 2013 indicated a 10% increase in the PYLL and therefore subsequent reductions in PYLL in 2014 and 2015 will need to show a significant improvement. The data for 2014 will be published in September 2015.
  - 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 on target to achieve the reduction in delayed days and to increase the weekend and bank holiday discharges however is less likely to achieve the reduction in emergency admissions. The indicator guidance suggests that the rate of emergency admissions should reduce over the period 2012/13 to 2015/16 and following exceptional increases in demand in 2014/15 this is now deemed unlikely.
  - 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 meeting with all providers and improvement plans are in place.
    - \* Performance against the 95% Emergency Department standard is currently below target for the period ending 31 July 2015 for all patients. The position for this cohort of patients is currently unknown.
- 2.43 Local information would indicate that since 31 March 2015 there has been a notable increase in the number of patients being diagnosed with Dementia which will positively affect the CCG performance. However, as national information is currently not available and as there have been recent changes to the guidance there is uncertainty around the current performance levels being achieved.

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**Date : 1<sup>st</sup> September 2015**

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Corporate Performance Report</b>
<b>Appendix 2</b>	<b>Quality Premium</b>