

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

Date of the meeting	16/11/2016
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 2016/17.
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 providers.

2. Performance Report 2016/17

- 2.1 The performance of Dorset Clinical Commissioning Group is set out below highlighting aggregate performance against main NHS Constitution standards. The Dorset Clinical Commissioning Group position is not known for the period ending September 2016, due to cancer information not being available at the time of producing this report.

	Apr 16	May 16	Jun 16	Jul 16	Aug 16
RTT within 18 Weeks Target: 92%	92.2%	92.2%	91.8%	91.5%	91.0%
6 Week Diagnostics Target: 1%	1.5%	1.9%	3.2%	2.6%	3.5%
14 Day Cancer Target: 93%	90.2%	96.6%	98.1%	98.1%	96.7%
31 Day Cancer Target: 96%	96.1%	97.0%	99.1%	99.3%	97.3%
62 Day Cancer Target: 85%	84.8%	82.8%	87.7%	87.7%	82.6%
SWAST Red Response Target: 75%		69.0%	69.8%	65.9%	69.1%

- 2.2 Performance, by NHS Foundation Trust is set out below and where applicable comparisons are made against NHS England performance.

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

- 2.3 The performance of providers within the Dorset Clinical Commissioning Group health community is shown below at aggregate level for the period ending 30th September 2016. 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%

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Dorset County	90.8%	90.6%	88.5%	87.5%	86.3%	86.3%
Poole	93.0%	93.2%	93.1%	93.0%	92.7%	92.4%
Royal Bournemouth	92.3%	92.4%	92.4%	92.2%	91.8%	91.2%
Dorset Healthcare	99.1%	98.7%	98.4%	98.8%	97.9%	98.8%
Salisbury	91.1%	90.9%	90.1%	90.7%	91.0%	-
Yeovil	90.7%	91.3%	89.3%	89.3%	89.5%	-
NHS England	91.3%	91.8%	91.5%	91.3%	90.9%	-

- 2.4 The table above displays a further decline in performance for at Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. Dorset County Hospital NHS Foundation Trust (DCH) performance remains notably below the 92% standard.
- 2.5 A contractual query notice was issued on the 4 July 2016 to Dorset County Hospital NHS Foundation Trust regarding the lack of compliance with the NHS Constitutional standards. Remedial actions have been discussed with senior officers of the Trust and actions agreed to hopefully recover performance in the late stages of quarter 3. A number of specialities continue to cause concern within the Trust. A Board To Board meeting was also held on the 25 October 2016 to run through performance concerns.
- 2.6 A review of pathways and protocols is underway within Ophthalmology with the aim of speeding up the waiting time for a new appointment. In conjunction with this, the cataract protocol is being developed which may reduce the conversion rate for surgery. The backlog of patients is being managed separately with several hundred patients being treated by a third party provider to carry out additional work. This exercise commenced in October 2016 and will be completed during December 2016 with the majority of patients being seen in November 2016. The CCG is proactively reviewing the 'take up' rate to ensure that the maximum number of patients is being treated.
- 2.7 An action plan within Gastroenterology has been implemented which includes a review of clinic templates, assessment of new referrals, booking of new patients in order and a full review of the outpatient waiting list. Additional capacity is provided wherever possible. Depending on recruitment, the department is expecting to be back on track by end of October 2016.
- 2.8 Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has failed to achieve the 92% standard in both August 2016 and September 2016 mainly attributable to increasing demand and issues within the workforce for some specialties.
- 2.9 The Trust is providing additional sessions in house to reduce some of the accrued backlog and is also out to recruitment for a number of posts. Additional workforce is now in place within General Surgery, Gynaecology and Urology.

9.2

- 2.10 The Trust is expecting to become compliant with the 92% standard in Quarter 4 of 2016/17 however are compliant with their submitted STF trajectory.
- 2.11 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at 31st March 2016.

Weekly PTL Backlog (month end snapshot)

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Dorset County Adm (607)	634	662	693	671	708	707
Poole Adm (360)	354	287	286	312	324	325
Royal Bournemouth Adm (1,160)	1,333	1,190	1,246	1,136	1,123	1,222
Dorset County Non Adm (448)	653	515	756	944	1,021	1,121
Poole Non Adm (519)	463	490	549	488	485	520
Royal Bournemouth Non Adm (811)	878	898	951	1,095	1,044	1,380

- 2.12 The information highlighted in the above table indicates the level of backlog (number of patients waiting in excess of 18 weeks), highlighting concerns within admitted and non-admitted pathways. The number of patients reported as waiting in excess of 18 weeks for their treatment continues to rise.

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 30th September 2016:

Performance Target: <1%

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Dorset County	3.8%	6.3%	10.2%	7.8%	11.2%	8.2%
Poole	1.2%	0.8%	1.7%	0.7%	0.5%	0.2%
Royal Bournemouth	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%
Dorset Healthcare	0.0%	0.2%	2.2%	3.4%	3.3%	2.8%
Salisbury	0.6%	0.2%	1.0%	0.7%	0.9%	-
Yeovil	2.5%	0.3%	0.9%	0.9%	1.0%	0.9%
NHS England	1.8%	1.4%	1.5%	1.4%	1.7%	-

- 2.14 Diagnostic performance for Dorset CCG improved marginally in September 2016 however performance will not be meeting the 1% national threshold. Aggregate performance for Dorset CCG will be around 2.5% for the period ending 30th September 2016 however should be on an improving trajectory.
- 2.15 Dorset County Hospital NHS Foundation Trust and Dorset Healthcare NHS Foundation Trust both failed the 1% standard.

9.2

- 2.16 Performance improved at Dorset County Hospital NHS Foundation Trust in September 2016 however a number of diagnostic services including Non Obstetric Ultrasound, Cardiology, Paediatric Audiology and Endoscopy are still significantly underperforming. All services are currently being impacted by either vacancies or staff sickness.
- 2.17 The Trust expects to be compliant with the 1% threshold for these areas at differing time periods as shown below:
- Non obstetric Ultrasound, this was achieved in September 2016;
 - Cardiology, by 31st October 2016;
 - Paediatric Audiology, by 30th November 2016;
 - Endoscopy, significant improvements expected to be seen in October 2016 however delivery is not expected until 30th November 2016.

The Trust is currently recruiting to all vacancies within the above diagnostic services and looking to provide additional capacity where available

- 2.18 Dorset Healthcare NHS Foundation Trust, for the fourth month in a row did not achieve the 1% target for diagnostics breaches over six weeks.
- 2.19 The target for the number of patients waiting over 6 weeks for diagnostic assessment has not been achieved in September 2016 due to the continued high demand and capacity constraints in the Audiology service and cancelled lists in Echo at Swanage Hospital which could not be rescheduled within the target timeframe. The Trust is reporting 34 patient breaches in September 2016 equating to 2.8%. This represents an improvement on the 43 breaches reported in August 2016.
- 2.20 The majority of breaches are again in the Audiology service (26 breaches in September against 36 in August).
- 2.21 In the Echocardiogram (Echo) service at Swanage where the remaining eight breaches have occurred, demand and capacity is being reviewed and additional capacity created where this is possible. The effectiveness of the waiting list management processes are also being reviewed, with more comprehensive control mechanisms put in place to monitor waiting lists to proactively avoid breaches. Dorset Healthcare University NHS Foundation Trust (DHUFT) is reliant on the provision of clinical resource from other NHS organisations through contracts for which cover for annual leave and sickness can at times be compromised most specifically when clinics are cancelled at short notice and when demand peaks. The Trust expects to deliver the 1% threshold in October 2016.

Cancer Standards (Lead Director Mike Wood)

2.22 The following tables show the performance of acute Trusts across Dorset CCG for the period ending 31st August 2016.

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

	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Dorset County	95.0%	90.2%	99.0%	97.8%	98.9%	97.2%
Poole	99.5%	97.5%	99.7%	99.7%	99.8%	99.9%
Royal Bournemouth	93.1%	84.3%	93.6%	97.7%	97.4%	95.3%
Salisbury	95.7%	93.8%	93.6%	93.9%	93.4%	94.4%
Yeovil	95.7%	96.5%	95.5%	93.3%	92.3%	88.2%
NHS England	94.8%	93.0%	94.0%	93.9%	94.4%	93.9%

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

	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Dorset County	98.4%	97.2%	96.7%	98.9%	100.0%	98.7%
Poole	98.0%	98.6%	97.9%	100%	100.0%	98.7%
Royal Bournemouth	93.3%	91.3%	98.9%	99.3%	98.9%	99.5%
Salisbury	98.9%	97.5%	95.5%	99.1%	97.8%	94.4%
Yeovil	97.5%	98.5%	96.7%	100.0%	98.0%	96.1%
NHS England	97.6%	97.4%	97.6%	97.6%	97.8%	97.3%

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

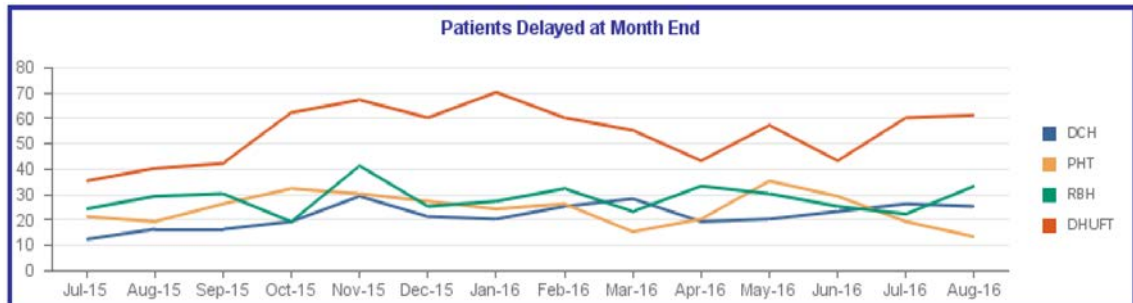
	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Dorset County	79.1%	82.5%	77.9%	93.0%	88.6%	78.4%
Poole	86.7%	88.5%	85.2%	85.3%	88.1%	90.7%
Royal Bournemouth	88.0%	87.8%	85.6%	86.7%	87.5%	88.2%
Salisbury	100.0%	84.6%	90.9%	90.5%	92.8%	92.9%
Yeovil	100.0%	84.3%	72.1%	87.4%	90.4%	87.0%
NHS England	83.8%	82.8%	81.3%	82.5%	82.2%	82.6%

2.23 Cancer performance throughout August 2016 fell in a number of areas however in general there are mitigating circumstances for the breaches seen. Of our three main providers only Dorset County Hospital NHS Foundation Trust breached any of the three main cancer standards. The Trust reported 11 breaches against the 62 day from referral to treatment standard in August 2016. This included 2 breaches for patient choice, 2 breaches for patients unfit for surgery. The Trust would have achieved the standard if it were not for these breaches; in addition the Trust expects to achieve the standard in September 2016 and the combined quarter 2 position.

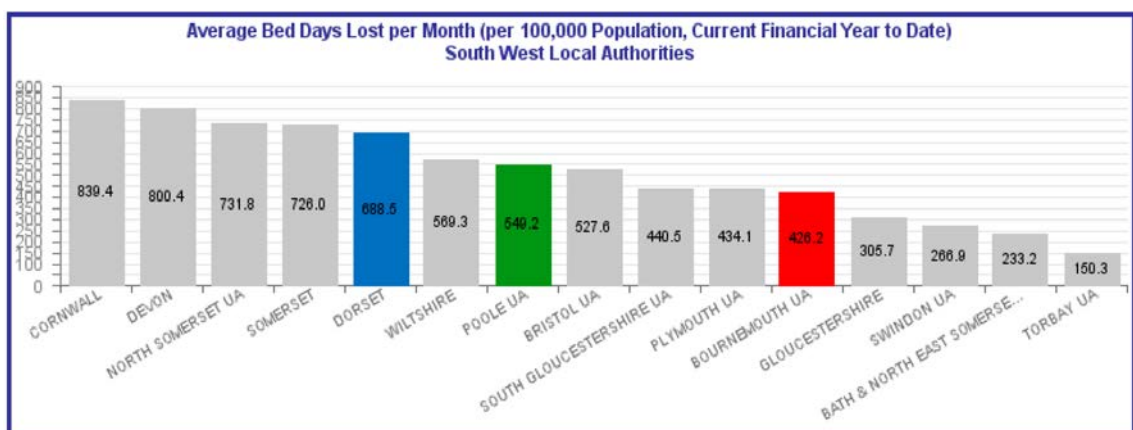
- 2.24 It should be noted that providers are held to account contractually for delivering the cancer standards over a three month, quarterly period, to take account of variations in referral/patients exercising choice in treatment decisions and the cancer pathway.
- 2.25 Capacity issues within other Trusts had played a significant part in patients breaching the cancer standards in the past, in particular issues with access to robotic surgery at Bournemouth for RARPs (Robotically Assisted Radical Prostatectomies). In addition access to biopsies at Dorset County Hospital NHS Foundation Trust was causing some delays for Prostate cancer patients and this has now been addressed.
- 2.26 The CCG and Provider organisations will continue to focus on delivery against all cancer standards and continue to reflect on ‘patient choice’ breaches and the impact of increasing cancer campaigns such as the “blood in pee” campaign. In addition further work will be undertaken to understand the significant increases in 2 week wait referrals, particularly around Dermatology services.

Delayed Transfers of Care

- 2.27 Delayed Transfers of Care continue to remain high for all providers across Dorset for the period ending 31st August 2016. All NHS Foundation Trusts across Dorset exceeded the expected level of Delayed Transfers of Care with the exception of Poole Hospital NHS Foundation Trust.



- 2.28 The graph below identifies the rate of bed days lost by local authority for the year to 31st August 2016.



9.2

- 2.29 Of the 15 authorities listed above, Dorset County Council is now recording the 5th highest rate of bed days lost. Poole LA is recording the 7th highest whilst Bournemouth LA now has the 11th highest rate of bed days lost when benchmarked across the South West. This position improved significantly in August 2016 across the three authorities/councils in Dorset indicating that the length of delayed transfer is reducing.
- 2.30 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 40% of their delays relate to 'Care Packages In Home'.
- 2.31 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.
- 2.32 It is recognised that despite all the efforts taken over the last twelve months that as a whole Health and Social Care system Dorset needs to make significant improvements to achieve nationally mandated performance targets. These improvements will need to be delivered despite the reductions in local authority funding, in order to maintain patient flow throughout the health and social care system.
- 2.33 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.

Urgent and Emergency Care (Lead Director Mike Wood)

- 2.34 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 Standards. (95% Target)

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Dorset County	88.9%	94.4%	92.0%	91.0%	91.8%	92.9%
Poole	89.1%	91.1%	90.9%	91.3%	94.0%	91.0%
Royal Bournemouth	88.9%	93.8%	96.0%	95.8%	97.2%	95.0%
Salisbury	90.5%	94.1%	92.8%	90.1%	93.6%	-
Yeovil	92.1%	92.7%	88.6%	90.6%	94.9%	-
NHS England	90.0%	90.2%	90.5%	90.3%	91.0%	-

- 2.35 Performance against the four hour emergency department standard remains below the 95% standard across the CCG at an aggregate level. In 2016 NHS Foundation Trusts submitted Sustainable Transformation Fund (STF) recovery trajectories for Emergency Department performance.

- 2.36 Royal Bournemouth Hospital NHS Foundation Trust, Poole Hospital NHS Foundation Trust and Dorset Healthcare NHS Foundation Trust are all on target to achieve their individual STF trajectories.
- 2.37 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)

- 2.38 From the 19th 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 attached to it and will be monitored by NHS England to ensure patients are not harmed.
- 2.39 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.
- 2.40 The Trust has also seen an increase in Hear & Treat rates from 8% prior to commencement of the Dispatch on Disposition pilot (in February 2015) to 16% in August 2016. The Trust has reported an increase in Hear & Treat rates of 21% in 2016/17 when compared to the previous year.
- 2.41 The table below identifies performance for the period ending 30th September 2016 for both the aggregated provider performance and Dorset CCG performance.

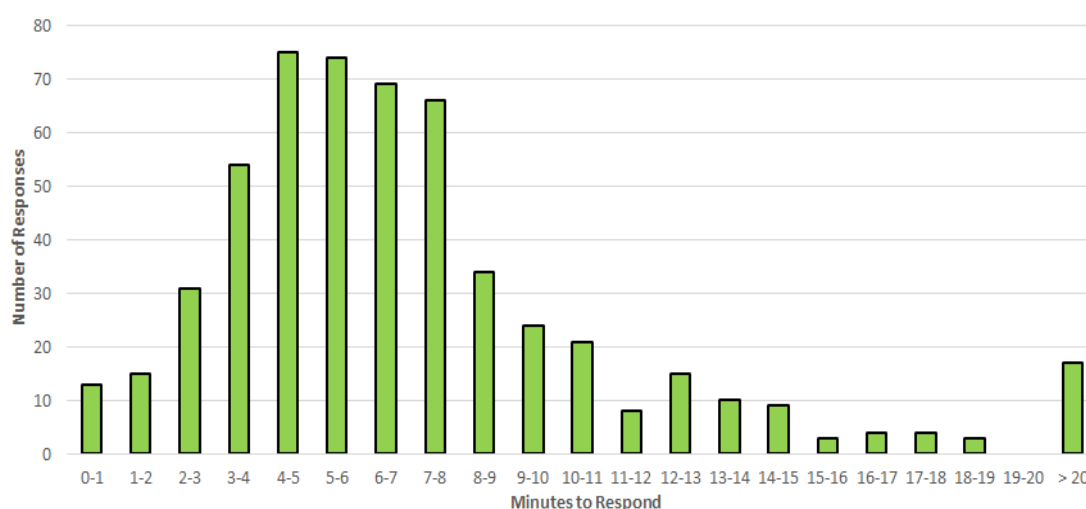
Red Response 8 Minute Standard. (75% Target)

Priority: Red Response	May 16	Jun 16	Jul 16	Aug 16	Sep 16
SWAST	69.0%	69.8%	66.0%	69.1%	69.8%
Dorset CCG	72.3%	73.2%	67.3%	72.9%	72.3%

Red Response 19 Minute Standard. (95% Target)

Priority: Red T Response	May 16	Jun 16	Jul 16	Aug 16	Sep 16
SWAST	83.1%	84.2%	83.1%	83.9%	84.1%
Dorset CCG	86.9%	86.6%	87.6%	89.4%	88.7%

2.42 The graph below identifies the number of responses seen in September 2016 within Dorset and the number of minutes taken to respond.



2.43 Throughout September 2016 the number of patients being responded to outside of the 8 minute standard reduced from 168 breaches in August 2016 to 152 breaches in September 2016. This is the lowest recorded number of breaches since April 2016 when the new recording commenced.

2.44 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. The key actions include:

- Operational – additional changes to Control and Despatch system to reduce allocation times;
- Fleet – increase the number of Double Crew Ambulances available to support ‘transport’ categories;
- Improvement to call escalation arrangements with real-time review by clinicians;

- Code review - analysis of codes for Amber R calls that have high proportion of non-ambulance responses and were subsequently attended (e.g. patient in public place or no transport).

South Western Ambulance NHS Foundation Trust

(111 services)

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

Performance Target: 95%

Month Ending	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
% Calls answered within 60 seconds	94.0%	82.1%	83.8%	75.8%	78.9%	85.2%

- 2.46 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.
- 2.47 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

- 2.48 Dorset Healthcare NHS Foundation Trust is assessed by NHS Improvement on a number of Mental Health services. The table below highlights the performance of the NHS Foundation Trust in delivering performance against the standards assessed by Monitor for the period ending 30th September 2016.

NHS Improvement Compliance

NJS Improvement Mandatory Service Targets	Target	September Performance
Individuals on enhanced CPA receiving follow up within 7 days	95%	99%
Individuals on enhanced CPA having formal review within 12 months	95%	96%
Delayed Discharges (Mental Health)	7.5%	5.9%
Inpatient Access to Crisis Resolution Home Treatment services	95%	100%
Early Intervention in Psychosis waiting times	50%	69%

2.49 As at 30th September 2016, DHUFT are reporting that 78% 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.

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Dorset Healthcare NHS Foundation Trust, overall compliance against Mental Health Indicators	76%	75%	83%	85%	74%	78%

2.50 The above table indicates that DHUFT are making good progress in delivering local quality standards within Mental Health so far in 2016/17 however over the past couple of months this level of performance has dropped marginally. The CCG will review the areas of underperformance and ensure relevant actions are undertaken to address these.

2.51 The Trust did not achieve 8 standards in September 2016, these related to:

- Memory Assessment Service (2 indicators);
- Dementia Intermediate Care Service: percentage of patients discharged from service within 6 weeks of commencement;
- % of Adult Routine Referrals assessed within 28 days;
- % of Routine Referrals assessed within 28 days;
- Delayed discharge days (health related only) for all inpatients in month as % of all inpatient bed days;
- Average length of stay - Functional Older Persons;
- Psychiatric Liaison; Identify and Rate the aim of the contact, percentage of cases completed in the reporting period.

2.52 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

- 2.53 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 61.6% in July 2016. Local data continues to show significant variation across Dorset.

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

- 2.54 Further actions are in place to better understand the calculations above through the data harmonisation project. A report around dementia reporting will be provided through the Primary Care Committee.

Steps to Wellbeing

- 2.55 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.
- 2.56 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.
- 2.57 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
- 2.58 Performance against these standards has been reported since April 2016 and continue to be achieved by Dorset Healthcare NHS Foundation Trust.

National Performance Target: 75%

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Wait from Referral to Treatment - Percentage treated within 6 weeks	89.9%	88.1%	87.9%	85.5%	83.7%	84.0%

National Performance Target: 95%

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Wait from Referral to Treatment - Percentage treated within 18 weeks	99.5%	99.6%	99.9%	99.2%	100.0%	100.0%

National Performance Target: 50%

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Number (%) of people who are 'moving to recovery' (those who at initial assessment achieved caseness and at final session did not)	59.4%	57.7%	54.8%	58.2%	57.9%	55.4%

- 2.59 The NHS Foundation Trust is also on target to deliver the moving to recovery performance standard of 50% (achieved 55.4% in September 2016).
- 2.60 Performance against the 6 week national target continues to fall and is expected to be below target from January 2017. The NHS Foundation Trust 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 NHS Foundation Trust in respect of clearing this backlog and is being reviewed.
- 2.61 The table below identifies the level of variation in performance by GP Locality against two local standards and one national standard.

	Local Target of 95%		National Target of 50%
	Wait from Referral to First Appointment - Percentage seen within 28 days	Wait from Assessment to Treatment - Percentage seen within 28 days	Number of people who are 'moving to recovery' (those who at initial assessment achieved caseness and at final session did not)
Dorset West	53.6%	12.0%	55.9%
Mid Dorset	47.4%	25.6%	62.8%
North Dorset	64.1%	31.9%	55.2%
Weymouth and Portland	62.4%	25.5%	59.6%
East Dorset	66.7%	53.4%	63.5%
Purbeck	60.0%	69.6%	59.3%
Poole North	65.3%	56.9%	58.7%
Poole Central	66.3%	56.1%	65.3%
Poole Bay	68.0%	48.3%	55.2%
Bournemouth Central	94.2%	26.6%	50.9%
Bournemouth East	97.1%	33.3%	51.3%
Bournemouth North	95.1%	21.2%	53.1%
Christchurch	94.4%	36.7%	53.8%

- 2.62 Neither the Wait from Referral to First Appointment nor Wait from Assessment to Treatment local standards is being met. Whilst these local standards have been replaced by two national standards the level of reporting at locality can still be used to assess the overall performance of the service and understand where some of the performance concerns are geographically.

Child and Adolescent Mental Health Services (CAMHS)

- 2.63 The Joint Commissioning Operational Group and leads from within the Maternity and Family Health Team have been working closely with DHUFT management and clinical leaders to monitor the service and to highlight and understand the performance issues and drive work to support improvement. Areas which 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.
- 2.64 DHUFT are currently updating their overall improvement plan to include progress and any new actions identified. A brief update on progress is outlined below:
- Performance has improved ahead of trajectory in all but two areas for the month of July. Whilst there continues to be a lot of work to do, an effort is now being focused on ensuring access standards are improving;
 - 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 DHC's 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;
 - 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).
- 2.65 The following two tables identify the current waiting time for the CAMHS service with relevant DNA rates and service waiting times by locality team across Dorset.

9.2

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%

Waiting Time by Locality Team – Performance Target: 95%

	B&C	East Dorset	North Dorset	Poole	West Dorset	W&P	Total
Tier 3	63%	100%	100%	100%	100%	100%	84%
Tier 2	78%	100%	100%	94%	100%	100%	94%
RTT	61%	100%	75%	71%	90%	86%	75%

Community Health Services

- 2.66 As at 30th September 2016, DHUFT are reporting that 78% 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.

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Dorset Healthcare NHS Foundation Trust, overall compliance against Community Health Indicators	78%	78%	79%	75%	77%	78%

- 2.67 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.

2.68 The NHS Foundation Trust did not achieve 14 standards in September 2016, the main standards not achieved are shown below:

- Ambulatory Leg Ulcer Service – percentage of patients to be offered an appointment within 10 working days;
- Percentage of people on the caseload with a long term condition who have individualised care plans (Purbeck);
- Intermediate Care – Percentage of people with a full management plan in place within 48 hours of discharge to a place of residence;
- Stroke Services (2 indicators);
- Adult Speech and Language Service (2 indicators);
- MSK Service – for the 20% of patients referred for Diagnostics or Secondary Care treatment, to be referred within 9 weeks;
- Heart Failure Service (2 indicators);
- 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 is delayed (2 indicators);
- Overall Percentage of Diagnostic Breaches over 6 weeks, including Audiology (2 indicators).

2.69 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report.

2.70 **Ambulatory Leg Ulcer Service:** The Service Improvement Plan within the service continues to progress well. Changes to SystemOne processes were introduced at the beginning of October as planned. This has enabled simplification of administrative record keeping, automating of previously manual processes and improving the monitoring of patients in the different clinical pathways. As a result, more meaningful activity and performance indicators have now been agreed in line with a revised service specification that better defines the service and the clinical outcomes that benefit patients. In terms of current Key Performance Indicators, the service has again achieved 100% in September for the number of patients contacted within 3 working days and continues on an upward trend for the number of patients offered an appointment within 10 working days reporting 92.9% in September compared to 89.3% in August. There were no patients completing a standard pathway in September, and 83.3% of patients completing a complex pathway were healed. Thus, both targets are rated green for September.

- 2.71 **Purbeck Matron:** As reported previously, the community matrons, as part of the SystmOne user group, have been working to improve the care plan functionality within the system, aligned to the work on Anticipatory Care Plans. Performance against this measure improved further in September to 90.4% but the plan to be within target 95% by now has been compromised due to sickness absence and as such has remained consistent over the past three months.
- 2.72 **Intermediate Care:** The percentage of people with a full management plan in place within 48 hours of discharge to place of residence is reporting 96.9% to target 100%. In September there were two patients within the Poole Intermediate Care team and one each in the Purbeck and Weymouth Teams where the timing of appointments could not be coordinated within the timeframe. All patients had been risk assessed and the risks managed by the teams.
- 2.73 **Adult Speech and Language Therapy:** The service is reporting 38.5% to target 95% for the percentage of Stroke patients seen within 4 weeks. Numbers are low and this represents eight breaches, half of which were in the Central Team. All patients were triaged and prioritised. The service is reporting 85.6% to target 95% for the percentage of LTC patients seen within 8 weeks and 66.7% to target 90% for patients seen within 6 weeks. The service has already provided a detailed update on the high demand of referrals and the capacity constraints within the. The majority of breaches were in the Central Team where sickness has reduced capacity.
- 2.74 **Muskulo Skeletal Service (MSK) pan Dorset:** In September 2016 the service is reporting 70.8% against target 90% for referrals to secondary care within nine weeks. The performance of the MSK service against the 9 week onward referral target has seen a further decline this month due to some staff sickness. New ESP staff are undergoing a period of training and competency assessment in order to deliver additional capacity in their new extended roles. The service is recruiting additional GPSI's both for substantive and bank roles within the service; the latter in order to create some flexibility of cover at times of sickness. Capacity continues to be challenged due to changes in processes which are taking up a greater amount of clinician time following the introduction of SystmOne. Further changes to deliver efficiencies are being explored to address this. Discussions with the pain service are underway to work towards the newly proposed spinal intervention policy with the aim of creating capacity within the service by reducing interventions such that resource can be redirected to first appointments.
- 2.75 **Diagnostics:** The target for the number of patients waiting over 6 weeks for diagnostic assessment was not been achieved in September 2016 due to the continued high demand and capacity constraints in the Audiology service and cancelled lists in Echo at Swanage Hospital which could not be rescheduled within the target timeframe. See 2.18-2.20 for further detail.

- 2.76 **Delayed Transfer of Care:** the NHS Foundation Trust reported 50 patients delays and 1,308 bed days lost in September 2016. The NHS Foundation have provided below an update on the reasons and actions being undertaken to reduce these delays further. During September the main challenge was the arrangement of packages of care in the patient's own home and residential care home placements. These two reasons accounted for over 50% of the delayed patients. Weekly conference call continue with Dorset Healthcare University NHS Foundation Trust and Dorset County Council to reduce the level of delays, with an emphasis on improving integration between hospital and social care staff.

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. The position for the period ending 30th September 2016 is shown below:

9.2

- Non Achievement of the 18 Week RTT (92% standard on incomplete pathway).
 - * Poole Hospital NHS Foundation Trust is currently underperforming against their submitted STF Trajectory on a year to date basis as at 30th September 2016;
 - * Dorset County Hospital NHS Foundation Trust is currently significantly underperforming against their submitted STF Trajectory on a year to date basis as at 30th September 2016;
 - * Royal Bournemouth Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory on a year to date basis as at 30th September 2016.
- Achievement of the maximum 4 hour emergency department wait standard (95% standard on incomplete pathway).
 - * Poole Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory on a year to date basis as at 30th September 2016;
 - * Dorset County Hospital NHS Foundation Trust is currently significantly underperforming against their submitted STF Trajectory on a year to date basis as at 30th September 2016;
 - * Royal Bournemouth Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory on a year to date basis as at 30th September 2016.
- Achievement of the maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer (85% standard).
 - * All providers are currently achieving their submitted STF Trajectory on a year to date basis as at 30th September 2016.
- Dorset CCG and SWAST are expected to achieve 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.

3.10 At the first adjustment, the current expected reduction therefore for the period ending 30th September 2016 would be 25% of the total quality premium available.

9.2

- 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.
- 3.12 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. The CCG current performance is below national average levels and therefore performance is not expected to reach the required thresholds.
- 3.13 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.
- 3.14 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. The CCG is now able to access monthly information at Provider and GP Practice level. Performance for the year to date is currently above 80% however performance over the past couple of months has fallen.
- 3.15 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.
- 3.16 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. The CCG is now able to access local monthly information to determine current performance at GP Practice level.
- 3.17 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). The CCG is expecting to achieve this standard. Information is reported 3 times per year through Sentinel Stroke National Audit Programme (SSNAP). Information for the period ending 31st July 2016 will be available in early November 2016.

3.18 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, and 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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