

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

<b>Date of the meeting</b>	18/01/2017
<b>Author</b>	P Dove, Head of Performance Intelligence
<b>Sponsoring GB 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 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 2016/17

- 2.1 The performance of Dorset Clinical Commissioning Group is set out below highlighting aggregate performance against main NHS Constitution standards.

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
RTT within 18 Weeks Target: 92%	92.2%	91.8%	91.5%	91.0%	90.7%	91.0%
6 Week Diagnostics Target: 1%	1.9%	3.2%	2.6%	3.5%	2.4%	1.6%
14 Day Cancer Target: 93%	96.6%	98.1%	98.1%	96.7%	98.4%	97.7%
31 Day Cancer Target: 96%	97.0%	99.1%	99.3%	97.3%	96.2%	98.4%
62 Day Cancer Target: 85%	82.8%	87.7%	87.7%	82.6%	83.8%	84.7%
SWAST Red Response Target: 75%	See section from 2.41					

- 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 main providers within the Dorset Clinical Commissioning Group health community is shown below at aggregate level for the period ending 30<sup>th</sup> November 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%

	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
Dorset County	88.5%	87.5%	86.3%	86.3%	87.4%	87.5%
Poole	93.1%	93.0%	92.7%	92.4%	92.6%	93.4%
Royal Bournemouth	92.4%	92.2%	91.8%	91.2%	91.4%	91.3%
Dorset Healthcare	98.4%	98.8%	97.9%	98.8%	98.4%	Not available
Salisbury	90.1%	90.7%	91.0%	92.2%	89.4%	
Yeovil	89.3%	89.3%	89.5%	89.6%	90.4%	
NHS England	91.5%	91.3%	90.9%	90.6%	90.4%	

## 9.2

- 2.4 The above table displays an improvement in performance in November 2016 for both Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust. Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust continued to underperform against the 92% standard.
- 2.5 Performance at Dorset County Hospital NHS Foundation Trust (DCH) remains disappointing despite a number of actions being undertaken. It is expected the position for December 2016 will show a further small deterioration.
- 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 January 2017. The CCG is proactively reviewing the 'take up' rate to ensure that the maximum number of patients is being treated. (DCH)
- 2.7 In addition a locum consultant started on 31<sup>st</sup> October 2016 and is currently seeing 240 new patients a month all of whom would have breached 18 weeks. (DCH)
- 2.8 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. Gastroenterology remains a notable concern due to the unavailability of locums in the short term whilst the Trust advertises for a substantive post for the longer term solution. Failure to achieve progress in this speciality will hinder the Trust in delivering the 92% standard. (DCH)
- 2.9 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.
- 2.10 The Trust 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. Plans are in place for extended evening working and super Saturday working in January 2017 to reduce non admitted backlog. (RBH)
- 2.11 The Trust 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. (RBH)
- 2.12 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. (RBH)

- 2.13 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)

	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
Dorset County Adm (607)	693	671	708	707	650	653
Poole Adm (360)	286	312	324	325	336	277
Royal Bournemouth Adm (1,160)	1,246	1,136	1,123	1,222	1,179	1,137
Dorset County Non Adm (448)	756	944	1,021	1,121	1,029	970
Poole Non Adm (519)	549	488	485	520	473	414
Royal Bournemouth Non Adm (811)	951	1,095	1,044	1,380	1,413	1,341

- 2.14 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

- 2.15 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 30<sup>th</sup> November 2016 for our main Providers:

**Performance Target: <1%**

	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
Dorset County	10.2%	7.8%	11.2%	8.2%	5.7%	7.6%
Poole	1.7%	0.7%	0.5%	0.2%	0.3%	0.4%
Royal Bournemouth	0.0%	0.0%	0.2%	0.0%	0.0%	0.1%
Dorset Healthcare	2.2%	3.4%	3.3%	2.8%	0.2%	0.0%
Salisbury	1.0%	0.7%	0.9%	0.7%	0.3%	Not available
Yeovil	0.9%	0.9%	1.0%	0.9%	0.8%	
NHS England	1.5%	1.4%	1.7%	1.5%	1.1%	

- 2.16 Diagnostic performance for Dorset CCG will have deteriorated in November 2016 following a further deterioration in performance at Dorset County Hospital NHS Foundation Trust.
- 2.17 Dorset County Hospital NHS Foundation Trust failed to achieve the 1% standard and reported a further deterioration on the reported position in October 2016. The Trust reported that 7.6% of patients waited over 6 weeks for their diagnostic test as at 30<sup>th</sup> November 2016.
- 2.18 The Trust reported a number of modalities not achieving the standard including Cardiology, Audiology, Neurophysiology and Endoscopy. All services are currently being impacted by either vacancies or staff sickness.

## 9.2

- 2.19 The Trust expects to be compliant with the 1% threshold for these modalities throughout quarter 4 with staged improvement in performance across the quarter. Additional capacity is being provided where possible.
- 2.20 Poole Hospital NHS Foundation Trust, Royal Bournemouth Hospital NHS Foundation Trust and Dorset Healthcare NHS Foundation Trust all achieved the standard in November 2016.

### Cancer Standards (Lead Director Mike Wood)

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

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

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Dorset County	99.0%	97.8%	98.9%	97.2%	97.9%	97.2%
Poole	99.7%	99.7%	99.8%	99.9%	99.9%	99.6%
Royal Bournemouth	93.6%	97.7%	97.4%	95.3%	98.8%	98.4%
Salisbury	93.6%	93.9%	93.4%	94.4%	93.0%	93.4%
Yeovil	95.5%	93.3%	92.3%	88.2%	90.5%	88.7%
NHS England	93.0%	93.9%	94.4%	93.9%	94.1%	94.8%

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

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Dorset County	96.7%	98.9%	100.0%	98.7%	97.6%	97.5%
Poole	97.9%	100.0%	100.0%	98.7%	99.3%	98.1%
Royal Bournemouth	98.9%	99.3%	98.9%	99.5%	94.1%	99.0%
Salisbury	95.5%	99.1%	97.8%	94.4%	98.0%	98.0%
Yeovil	96.7%	100.0%	98.0%	96.1%	100.0%	96.1%
NHS England	97.6%	97.6%	97.8%	97.3%	97.4%	97.4%

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

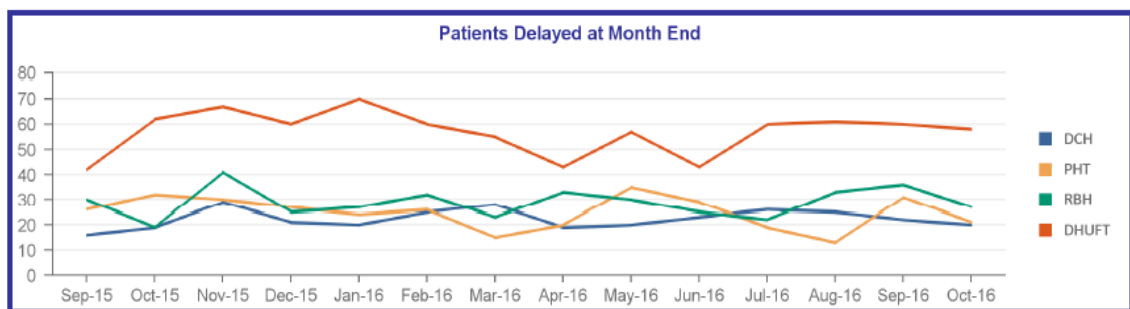
	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Dorset County	77.9%	93.0%	88.6%	78.4%	86.1%	81.5%
Poole	85.2%	85.3%	88.1%	90.7%	90.7%	84.9%
Royal Bournemouth	86.6%	86.7%	87.5%	88.2%	80.0%	86.5%
Salisbury	90.9%	90.5%	92.8%	92.9%	81.4%	85.3%
Yeovil	72.1%	87.4%	90.4%	87.0%	80.2%	79.8%
NHS England	81.3%	82.5%	82.2%	82.6%	81.4%	81.1%

- 2.22 All main providers across Dorset achieved the 14 day and 31 day cancer standards in October 2016.

- 2.23 Dorset County Hospital NHS Foundation Trust failed to achieve the 62 day standard in October 2016. The Trust is currently undertaking a root cause analysis into the breaches seen in October 2016 to try and establish any trends. Despite failing to achieve the standard in October 2016 the Trust expects to be compliant with the standard at aggregate level throughout Quarter 3.
- 2.24 Poole Hospital NHS Foundation Trust failed marginally to achieve the 62 day standard in October 2016. The Trust reported 10 patient breaches in October 2016 however the reason for these are multifactorial. The majority of patient breaches seen in October 2016 were due to the Trust receiving a late referral for treatment by another provider and therefore not giving the Trust sufficient time to treat the patient. Several patient choice breaches were also seen.
- 2.25 Despite failing to achieve the standard in October 2016 the Trust expects to be compliant with the standard in both November and December 2016. This will ensure the Q3 aggregated position is also met.
- 2.26 The above table highlights the performance of local acute providers. This not only highlights that organisation are generally performing well, but also that the national position continues to deteriorate.

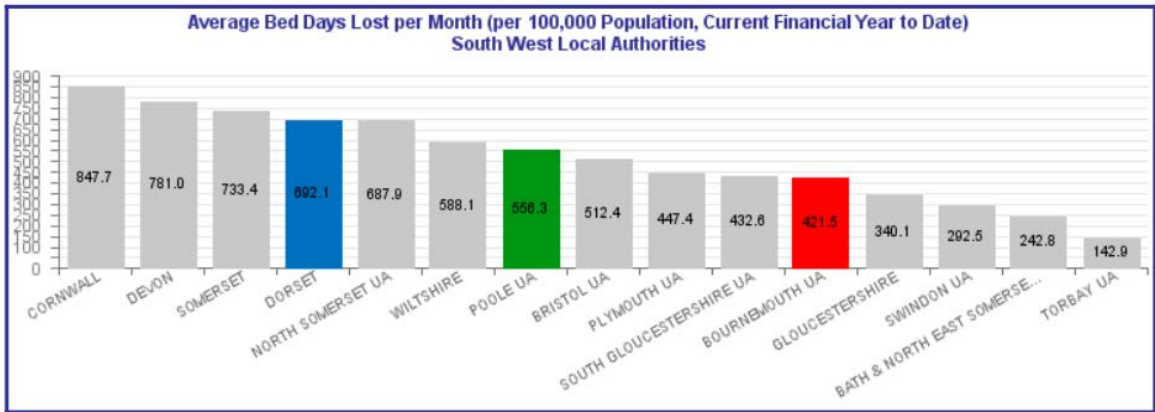
### Delayed Transfers of Care

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



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

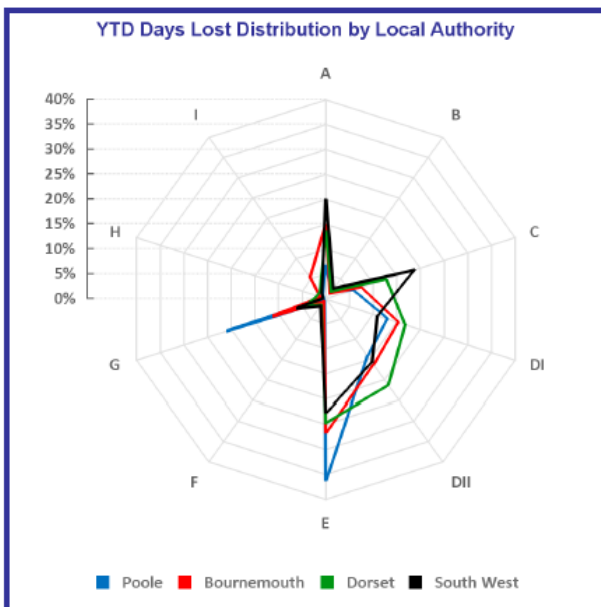
# 9.2



2.29 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 7<sup>th</sup> highest whilst Bournemouth LA now has the 11<sup>th</sup> highest rate of bed days lost when benchmarked across the South West. This position has deteriorated slightly from the position in August 2016, particularly across Dorset.

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

2.31 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 35% of their delays relate to 'Care Packages In Home'.



Delay Reason	YTD Days Lost (South West)	
A	Completion Assessment	35,189
B	Public Funding	4,366
C	Further Non Acute NHS	32,843
DI	Residential Home	19,043
DII	Nursing Home	27,623
E	Care Package In Home	39,773
F	Community Equip Adapt	2,964
G	Patient Family Choice	10,842
H	Disputes	875
I	Housing	2,267
Total		175,785

2.32 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.

## 9.2

- 2.33 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.
- 2.34 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.
- 2.35 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. It was discussed at the A&E delivery board meeting in December 2016 to focus on the number of bed days lost indicator rather than the number of Delayed Transfers of Care, this approach has been taken by NHS England.

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

- 2.36 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)

	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
Dorset County	92.0%	91.0%	91.8%	92.9%	93.3%	95.8%
Poole	90.9%	91.3%	94.0%	91.0%	88.5%	91.4%
Royal Bournemouth	96.0%	95.8%	97.2%	95.0%	94.4%	95.8%
Salisbury	92.8%	90.1%	93.6%	92.2%	92.5%	Not available
Yeovil	88.6%	90.6%	94.9%	93.8%	95.3%	
NHS England	90.5%	90.3%	91.0%	90.6%	89.0%	

- 2.37 Performance against the four hour emergency department standard remains below the 95% standard across the CCG at an aggregate level however the reported position improved notably in November 2016 with both Dorset County Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust both achieving the 95% standard.
- 2.38 Dorset CCG is now monitoring the performance of providers locally on a weekly basis and this is reported across the STP. For further information on the current performance to date please click on the following link: [Weekly SITREP](#).
- 2.39 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)**

- 2.40 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.
- 2.41 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.
- 2.42 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.
- 2.43 The table below identifies performance for the period ending 30<sup>th</sup> November 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 in not reporting on, and not held to account to deliver the nationally agreed ambulance standards throughout the period of this pilot.
- 2.44 With effect from November 2016 the ambulance service provider progressed to the next phase of the Ambulance Response Programme (ARP). The information for November 2016 has therefore been split out to highlight the above change and the impact this had on delivering the agreed standards.

# 9.2

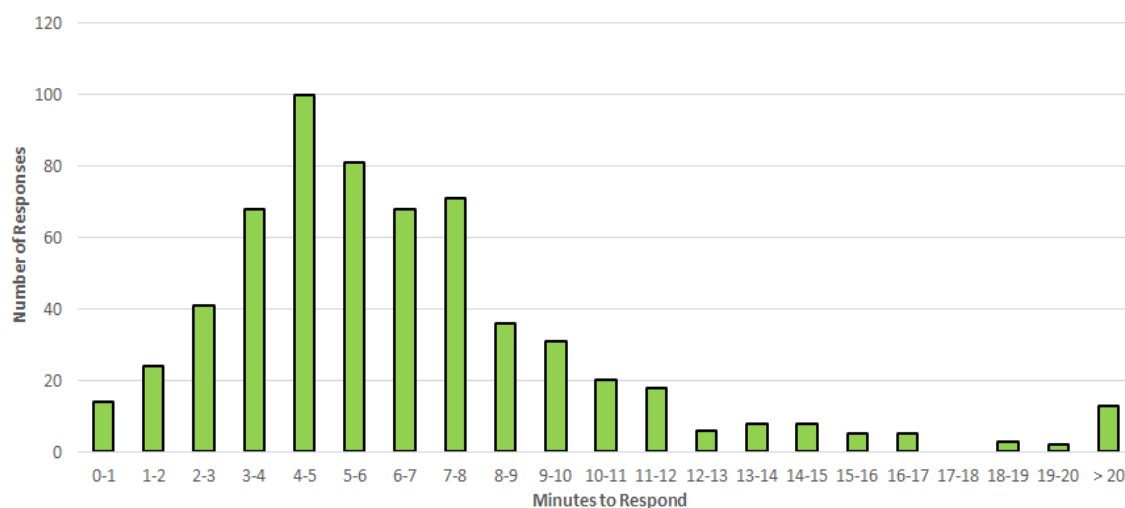
## Red Response 8 Minute Standard. (75% Target)

Priority: Red Response	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
SWAST	69.8%	66.0%	69.1%	69.8%	66.6%	72.9%
Dorset CCG	73.2%	67.3%	72.9%	72.3%	68.6%	75.1%

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

Priority: Red T Response	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
SWAST	84.2%	83.1%	83.9%	84.1%	80.4%	81.8%
Dorset CCG	86.6%	87.6%	89.4%	88.7%	81.7%	87.4%

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



2.46 Throughout November 2016 the number of patients being responded to outside of the 8 minute standard totalled 155 patients, 50% of these breaches were in the 8-9 and 9-10 minute cohort suggesting further improvements could be seen.

2.47 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)

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

#### Performance Target: 95%

Month Ending	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
% Calls answered within 60 seconds	83.8%	75.8%	78.9%	85.2%	78.5%	76.6%

- 2.49 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.
- 2.50 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.
- 2.51 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

2.52 As at 31st October 2016, DHUFT are reporting that 84% 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.

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Dorset Healthcare NHS Foundation Trust, overall compliance against Mental Health Indicators	75%	83%	85%	74%	78%	84%

2.53 The above table indicates that DHUFT are making very good progress in delivering local quality standards within Mental Health. In October 2016 the Trust achieved 84% of all targets, the highest level of compliance in 2016/17.

2.54 The NHS Foundation Trust did not achieve 7 standards in October 2016, these related to:

- Memory Assessment Service (3 indicators);
- 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.

2.55 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

2.56 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 61.7% in October 2016. Local data continues to show significant variation across Dorset.

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%

2.57 NHS Dorset CCG continues to engage with NHS England, Dorset Healthcare NHS Foundation Trust and Primary Care to understand why, despite the diagnosis of in excess of 1,650 patients in 2015/16 the diagnosis rate remains largely unchanged from the position in March 2015. The number of patients currently being diagnosed remains at the same levels seen in 2015/16 and despite this our performance has remained static. Actions undertaken include:

- Data harmonisation scheme progressed during November and December 2015, follow up review planned early in the new year;
- Taking forward a pilot with Wessex SCN to pilot the Dementia Diagnosis toolkit in care homes;
- 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);

- Review of the dementia denominator and discussions with Professor Alistair Burns regarding current NHS Dorset CCG concerns. Professor Burns recommended that no new initiatives are taken forward around improving dementia diagnosis rates until there is a full understanding how the numerator and denominator is calculated. Professor Burns congratulated the CCG on the significant progress made throughout the year and has asked his team to support the CCGs review.

2.58 Further actions are now being agreed within the CCG including conducting a further data harmonisation project, further visits to Primary Care to understand 'patient removals' and further work with Dorset Healthcare NHS Foundation Trust to understand the number of patients being diagnosed with Dementia.

## Steps to Wellbeing

2.59 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.

2.60 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.

2.61 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

2.62 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%

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Wait from Referral to Treatment - Percentage treated within 6 weeks	88.1%	87.9%	85.5%	83.7%	83.0%	81.5%

### National Performance Target: 95%

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Wait from Referral to Treatment - Percentage treated within 18 weeks	99.6%	99.9%	99.2%	100%	99.4%	100%

## 9.2

### National Performance Target: 50%

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Number (%) of people who are 'moving to recovery' (those who at initial assessment achieved caseness and at final session did not)	57.7%	54.8%	58.2%	57.9%	55.4%	56.0%

2.63 The NHS Foundation Trust is also on target to deliver the moving to recovery performance standard of 50% (achieved 55.4% in September 2016).

2.64 Performance against the 6 week national target improved in October 2016 however is expected to fall. 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.

2.65 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%

2.66 Neither the Wait from Referral to First Appointment nor Wait from Assessment to Treatment local standards are 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.

## Children and Adolescent Mental Health Services (CAMHS)

- 2.67 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.
- 2.68 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 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).
- 2.69 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%
Oct 2016	90%	97%	77%	6%	12%

### Waiting Time by Locality Team – Performance Target: 95%

	B&C	East Dorset	North Dorset	Poole	West Dorset	W&P	Total
Tier 3	84%	100%	100%	94%	100%	67%	90%
Tier 2	100%	100%	96%	100%	94%	89%	97%
RTT	80%	83%	78%	70%	88%	68%	77%

\*RAG rating as reported by Dorset HealthCare NHS Foundation Trust

### Community Health Services

- 2.70 As at 31<sup>st</sup> October 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.

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Dorset Healthcare NHS Foundation Trust, overall compliance against Community Health Indicators	78%	79%	75%	77%	78%	80%

- 2.71 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.



- 2.72 The Trust did not achieve the 15 local standards in October 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;
  - 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;
  - 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);
- 2.73 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report.
- 2.74 **Ambulatory Leg Ulcer Service:** The Service Improvement Plan within the service continues to progress well was discussed with Dorset CCG at a further meeting in October. 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 October for the number of patients contacted within 3 working days. It has also achieved healing rate targets for patients completing both the standard and complex pathways in October. The service achieved 83.9% for the number of patients offered an appointment within 10 working days against target 98% due to capacity constraints in the month. Options for increasing capacity in administration and assessments are being evaluated with the service to enable this target to be met in future.
- 2.75 **Purbeck Community 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 in October was 90% against target 95%, which is almost the same as the past three months. The plan to be within target by now remains compromised due to sickness absence.

- 2.76 **Intermediate Care:** The percentage of people with a full management plan in place within 48 hours of discharge to place of residence is reporting 98.9% to target 100%. In October there was one patient referred to the Bournemouth Intermediate Care Team who was seen within three days of discharge after the discharge plan was changed and they went home rather than into an Intermediate Care bed. The team had difficulty contacting the patient to arrange to visit but were able to after three days and were able to provide support and treatment that enabled the patient to stay at home and be safely discharged from the service after three weeks of care from the Team.
- 2.77 **Adult Speech and Language Therapy:** The service is reporting 68.8% to target 95% for the percentage of Stroke patients seen within 4 weeks. This is still below target but is a significant improvement on last month's performance. The service is reporting 84.8% to target 95% for the percentage of LTC patients seen within 8 weeks and 62.0% to target 90% for patients seen within 6 weeks. This is similar performance to last month and again is due to sickness and vacancies in the service, though this month most breaches have been incurred in the Bournemouth and Christchurch team. In light of the ongoing demand and capacity issues in the service a more in-depth study is now planned to identify solutions and support the service to achieve its targets.
- 2.78 **Muskulo Skeletal Service (MSK) pan Dorset:** In October the service is reporting 71.8% against target 90% for referrals to secondary care within nine weeks. This is a small improvement since the previous month, however with appointments now being booked over the Christmas and New Year period and with some ongoing long term sickness, it is noted that this improving trend will be a challenge to maintain. In order to address the current waiting times the service has four areas of action underway;
- GPSI recruitment –aiming for substantive appointments as well as appointing to bank cover in order to give more flexibility at times when sessions are lost to leave and sickness;
  - ESP recruitment and finalisation of competences for new ESP. The most recently recruited ESPs are at the stage of completing competencies in order to practice independently;
  - SystemOne template review and Speech Recognition Pilot – these actions will aim to improve clinicians productivity in clinics;
  - Working with the pain service towards implementing the (draft) 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.
- 2.79 Additionally, the service is reviewing its recording processes on its newly introduced SystemOne module to ensure the data recording and reporting against this performance measure is accurate and consistent across all locations. This may result in some re-calculation of reported performance.

- 2.80 **Referral to Treatment:** In Ophthalmology there were eight breaches resulting in a performance of 86% against target 92%. This is the first month this target has not been achieved for at least thirteen months. 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.
- 2.81 **Delayed Transfers of Care:** The snapshot day for patients whose discharge from Community Hospitals was delayed was 27<sup>th</sup> October 2016. There were a total of 46 reported patient delays giving a percentage of 16.1% and a total of 1,325 bed days lost. The reason and responsible authority often changes while the patient is awaiting discharge. During October 2016 the main challenge was around patient or family choice and the arrangement of packages of care in the patients own home.

### 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 31<sup>st</sup> October 2016 is shown below:
- Non Achievement of the 18 Week RTT (92% standard on incomplete pathway).
    - \* Dorset CCG is currently achieving 91% 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.
  - 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.

## 9.2

- 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. Performance for the period ending 30<sup>th</sup> September 2016 indicated compliance against the 80% target, achieving 81.3%.
- 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 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%.

- 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, 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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