

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

Date of the meeting	18/05/2016
Author	P Dove, Head of Performance Intelligence
Sponsoring GB member	P Vater, Chief Finance Officer
Purpose of Report	To note the progress against National and Local Performance Standards for 2015/16.
Recommendation	The Governing Body is asked to note the report and make recommendations.
Stakeholder Engagement	N/A
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : PD

1. Introduction

- 1.1 The Corporate Performance Report has been designed to incorporate all of the main performance targets of the Clinical Commissioning Group including the National Operating Framework Performance Measures. The detail below, and annexes attached, report on any significant underperformance for the Commissioner, and for the main NHS Foundation Trust providers.

2. Performance Report 2015/16

- 2.1 Performance information for 2015/16, where known, is set out in Appendix 1.
- 2.2 The performance of Dorset Clinical Commissioning Group is set out below highlighting aggregate performance against main NHS Constitution standards.

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
RTT within 18 Weeks Target: 92%	94.0%	94.1%	93.6%	93.6%	93.4%	Data not available at CCG level
Six Week Diagnostics Target: 1%	2.3%	2.2%	2.7%	2.5%	1.3%	
14 Day Cancer Target: 93%	97.0%	97.9%	97.2%	97.0%	97.5%	
31 Day Cancer Target: 96%	97.0%	96.7%	97.3%	96.9%	97.4%	
62 Day Cancer Target: 85%	83.6%	85.7%	87.6%	81.1%	81.2%	
SWAST Red 1 Target: 75%	76.9%	73.1%	75.3%	72.0%	66.0%	67.9%

- 2.3 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)

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

Performance Target: 92%

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dorset County	93.0%	94.0%	93.5%	93.4%	93.3%	91.1%
Poole	93.7%	93.9%	93.4%	93.1%	93.2%	92.3%
Royal Bournemouth	94.5%	94.5%	93.7%	93.7%	92.8%	92.1%
Dorset Healthcare	96.3%	95.5%	93.7%	95.4%	98.2%	
Salisbury	93.1%	93.1%	92.1%	92.2%	92.2%	
Yeovil	91.4%	91.2%	90.3%	91.5%	92.1%	91.5%
NHS England	91.3%	91.7%	90.8%	90.9%	91.1%	

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- 2.5 The table above displays a decline in performance for all NHS Foundation Trusts in Dorset for the RTT standard in March 2016. In particular, Dorset County Hospital Foundation Trust is displaying a significant deterioration in March 2016 and did not achieve the 92% standard.
- 2.6 Ophthalmology continues to drop below the target at Dorset County Hospital NHS Foundation Trust with the standard now at 78.40% (previously 87.21%). Gastroenterology and Dermatology also failed to achieve the standard in March. Backlog numbers continue to increase.
- 2.7 Royal Bournemouth and Christchurch Hospital NHS Foundation Trust are seeing pressures from growth in activity and demand. Pressures have been exacerbated by bed related cancellations and junior doctor strikes.
- 2.8 Despite the deteriorating performance and increasing backlog seen across the community, aggregate performance when compared to NHS England average performance remains favourable.
- 2.9 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 (month end snapshot)

	Mar15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Dorset County Adm.	524	372	441	473	607	634
Poole Adm.	130	259	306	336	360	354
Royal Bournemouth Adm.	794	994	1020	1,097	1,160	1,333
Dorset County Non Adm.	359	368	345	367	448	653
Poole Non Adm.	219	389	358	377	519	463
Royal Bournemouth Non Adm.	1,181	511	597	561	811	878

- 2.10 The information highlighted in the above table indicates the level of backlog (number of patients waiting in excess of 18 weeks) has grown significantly, highlighting concerns within admitted and non-admitted pathways.
- 2.11 The following specialties on the admitted pathway have the highest level of backlog recorded (i.e patients who have already breached 18 weeks)
- * Ophthalmology at DCH;
 - * General Surgery at Poole;
 - * Ophthalmology at RBH;
 - * Trauma and Orthopaedics;
 - * Urology at RBH.

Diagnostic Performance

- 2.12 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 March 2016:

Performance Target: <1%

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dorset County	0.2%	0.8%	1.4%	0.8%	1.3%	5.3%
Poole	0.9%	0.9%	1.0%	1.2%	0.9%	2.5%
Royal Bournemouth	6.2%	5.1%	6.1%	5.1%	0.9%	0.1%
Dorset Healthcare	0.5%	2.0%	0.1%	0.0%	0.3%	3.0%
Salisbury	0.3%	0.1%	0.0%	0.1%	0.1%	TBC
Yeovil	3.1%	2.7%	7.1%	6.8%	4.7%	2.1%
NHS England	1.0%	0.5%	1.5%	2.1%	1.3%	TBC

- 2.13 Diagnostic performance for Dorset CCG improved notably in February 2016 following significant improvement at Royal Bournemouth and Christchurch NHS Foundation Trust. A robust contractual recovery action plan (RAP) is in place with the NHS Foundation Trust to ensure improvement and delivery of the diagnostic performance. This includes agreed recovery which is performance managed against agreed milestones which are closely monitored and signed off. Actions have included a review of the processes and administrative pathway for Endoscopy patients and improved use of capacity. The NHS Foundation Trust achieved the 1% threshold in both February and March 2016 ahead of their recovery trajectory, planned for 30 June 2016. It should be noted that despite delivering the 1% standard in March 2016, the RAP remains in place until September 2016. The number of “planned” patients waiting in excess of their “planned” date however remains high and these will be closely monitored.
- 2.14 Dorset CCG and the three Acute Trusts have agreed that a detailed review of Endoscopy capacity will be undertaken by the University of Southampton, funded by the Wessex Cancer SCN. This will report in June 2016 and should identify further efficiencies and point to how the Endoscopy service can be delivered more effectively.

Cancer Standards (Lead Director Mike Wood)

- 2.15 The following tables show the performance of acute Trusts across Dorset CCG for the period ending 29 February 2016.

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

	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Dorset County	77.9%	96.1%	85.7%	97.1%	92.6%	98.6%
Poole	99.1%	97.5%	99.9%	98.9%	99.6%	98.6%
Royal Bournemouth	95.3%	99.2%	97.7%	95.9%	98.1%	96.2%
Salisbury	94.4%	93.9%	94.8%	95.6%	94.2%	94.5%
Yeovil	91.3%	93.7%	93.4%	95.4%	95.4%	96.2%
NHS England	93.3%	94.7%	94.8%	94.8%	93.6%	95.4%

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

	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Dorset County	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%
Poole	100.0%	99.3%	99.3%	98.5%	100.0%	98.2%
Royal Bournemouth	97.5%	94.1%	95.8%	95.6%	94.1%	95.6%
Salisbury	98.0%	100.0%	96.8%	98.9%	99.1%	TBC
Yeovil	97.6%	98.6%	100.0%	98.4%	98.4%	TBC
NHS England	97.4%	97.8%	96.0%	98.0%	96.9%	97.7%

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

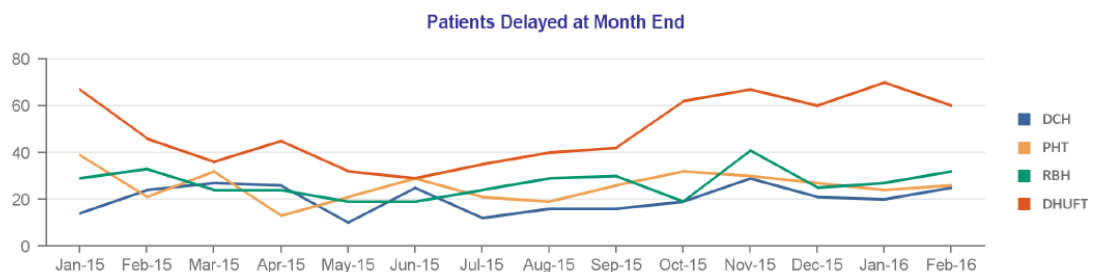
	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Dorset County	89.4%	86.1%	79.8%	87.1%	72.5%	65.9%
Poole	89.3%	80.3%	89.4%	87.0%	89.9%	87.3%
Royal Bournemouth	83.3%	83.9%	89.8%	91.2%	84.5%	90.1%
Salisbury	91.6%	96.3%	86.3%	95.6%	85.6%	TBC
Yeovil	88.4%	86.1%	81.5%	83.1%	83.1%	TBC
NHS England	81.5%	81.8%	83.4%	85.1%	81.0%	81.0%

- 2.16 Cancer performance during February 2016 was disappointing for Dorset providers as only Poole Hospital NHS Foundation Trust achieved the main cancer standards for 2 week wait referrals and 31 day and 62 day standards. 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.
- 2.17 Poole Hospital NHS Foundation Trust is expecting to be compliant against the 62 day standard throughout Quarter 4, to the end of March 2016 and this is in line with the agreed remedial action plan (RAP), to recover from failing the Quarter 2 in 2015/16, 62 day standard. The first milestone from the RAP has been successfully delivered and signed off and the second milestone of achieving the cancer standards by the end of March 2016, Quarter 4, is likely to be delivered by Poole Hospital.
- 2.18 Dorset County Hospital NHS Foundation Trust failed to achieve both the two week wait and 62 day target for January and the 62 day target for February. In January 2016 the NHS Foundation Trust failed to attain the 2 week wait standard due to a low denominator of patients on the 2 week wait pathway, high level of breaches where patients chose not to take up an appointment offer and a high level of capacity breaches due to constraints within Diagnostic Imaging. This issue resolved in month and the standard was met in February/March and therefore the Trust will meet the standard for Quarter 4, to March 2016
- 2.19 Capacity issues within other Trusts have played a significant part in patients breaching the cancer standards, 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.

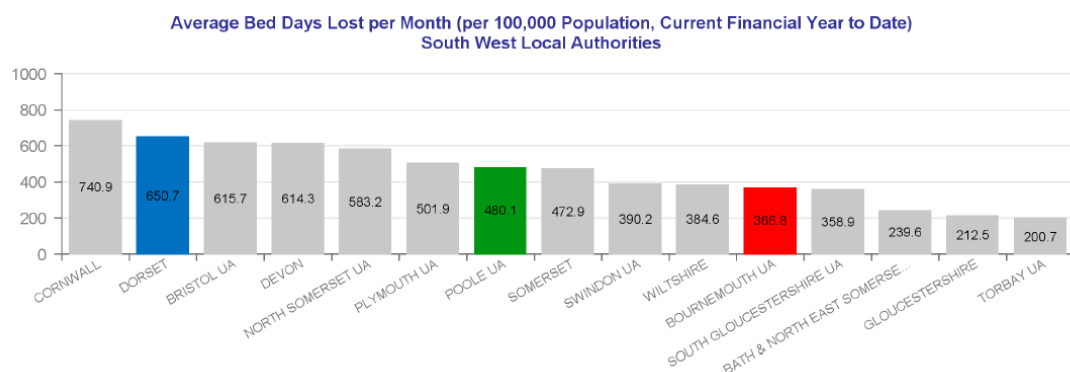
- 2.20 Action has been taken to secure additional capacity and pool surgical waiting lists between DCH and RBCH surgeons which has led to a reduction in waiting times for these patients to the end of Quarter 4 2015/16. From April 2016 patients who have been compliant with the appointment offers throughout their journey will be able to be offered a date for surgery within 62 days.
- 2.21 Dorset County Hospital NHS Foundation Trust personnel attended the Intensive Support Team National Conference and ran a workshop for other providers on the running of effective MDTs. This workshop was very well received with a number of other providers booking time to visit the Trust to see and the Dorset Experience.
- 2.22 Royal Bournemouth Hospital NHS Foundation Trust failed to achieve the 31 and 62 day target in January and the 31 day target in February 2016.
- 2.23 31 day to first treatment continues to challenge the NHS Foundation Trust, achieving 95.6% in February. (against the standard of 96%) It is anticipated that the NHS Foundation Trust should achieve this in March 2016 showing that the actions to improve the pathways across the health community are having an impact. However it is the increase in demand due to the recent be clear on cancer campaign for “blood in pee” will continue to challenge this standard due to surgical demand and capacity. This will be reviewed following the campaign.

Delayed Transfers of Care

- 2.24 Delayed Transfers of Care continue to increase for the majority of Dorset CCG Providers during February 2016 with Dorset County Hospital NHS Foundation Trust displaying the greatest percentage increase this month for Delayed Transfers of Care. Dorset Healthcare NHS Foundation Trust have displayed a slight improvement during February 2016.



- 2.25 The graph below identifies the rate of bed days lost by local authority for the year to 29 February 2016.



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- 2.26 Of the 15 authorities listed above, Dorset County Council is now recording the 2nd 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.
- 2.27 Throughout February 2016, a significant number of bed days were lost where these were attributable to 'Care Packages In Home', mainly at Royal Bournemouth and Christchurch Hospital NHS Foundation Trust. This accounts for nearly 19% of all bed days lost across the South West.
- 2.28 Delayed Transfers of Care continue to be the greatest cause of concern reflected in the fact that Dorset has recently received national support to try to identify any areas that could be improved and form an action plan.
- 2.29 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.
- 2.30 The Local Government Association (LGA) continues to provide expertise through Alan Rosenbach to Dorset County Council and has supported them in producing an action plan to reduce delayed transfers of care. These actions have fed into the overarching Dorset Delayed Transfer of Care Action Plan.
- 2.31 On 5 May Dorset County Council are running an 'Admission Avoidance and Timely Hospital Discharge' workshop facilitated by Alan Rosenbach in collaboration with Dorset County Hospital and Dorset HealthCare with the aim of identifying key delivery actions by the end of the session.
- 2.32 NHS England provided an independent Consultant, Ian Wilson, to conduct a review of Delayed Transfers of Care in respect of the Bournemouth system. The report that followed identified 42 key recommendations which have fed into the Dorset Delayed Transfer of Care Action Plan.
- 2.33 Royal Bournemouth and Christchurch Hospital Foundation Hospital Trust are holding weekly meetings to ensure the Ian Wilson report recommendations are implemented.
- 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. The Dorset Delayed Transfers of Care in Action Plan was presented at the SRG in April and has been signed-off for implementation.
- 2.35 Dorset CCG are holding a 'Discharge to Assess Learning Event' on Friday 27 May bringing partners together to discuss the lessons learnt from the versions of Discharge to Assess pathways that have been trailed in Dorset.

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.

2.37

Four Hour Emergency Department Standard. (95% Target)

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dorset County	97.6%	95.2%	95.0%	92.1%	91.0%	87.2%
Poole	90.1%	92.5%	90.7%	87.1%	84.5%	82.7%
Royal Bournemouth	91.3%	92.8%	95.7%	90.9%	92.6%	90.2%
Salisbury	94.5%	93.9%	93.9%	94.1%	92.6%	TBC
Yeovil	92.0%	92.1%	93.0%	90.5%	91.2%	88.1%
NHS England	92.3%	91.3%	91.0%	88.7%	87.8%	TBC

- 2.38 Since September 2015 performance against the four hour emergency department standard has deteriorated significantly in local providers, however in line NHS England performance.
- 2.39 SWASFT 999 underperformed against all 'Red' standards in March 2016 and for the completed year underperformed against the key 'Red1' target for 2015/16.
- 2.40 National benchmarking data is available against a number of the main ambulance service standards however this is only available for the period ending 29th February 2016. The table below identifies the performance of SWASFT compared to other ambulance service providers nationally.

AMBULANCE SERVICE ENGLAND		
CODE	AMBULANCE SERVICE	% Response (8 minutes)
RYA	West Midlands Ambulance Service NHS Foundation Trust	75.5%
RX7	North West Ambulance Service NHS Trust	70.5%
RYE	South Central Ambulance Service NHS Foundation Trust	70.4%
R1F	Isle of Wight NHS Trust	70.3%
RX8	Yorkshire Ambulance Service NHS Trust	69.6%
RYF	South Western Ambulance Service NHS Foundation Trust	66.0%
RYD	South East Coast Ambulance Service NHS Foundation Trust	65.5%
RX9	East Midlands Ambulance Service NHS Trust	64.7%
RRU	London Ambulance Service NHS Trust	64.7%
RYC	East of England Ambulance Service NHS Trust	64.6%
RX6	North East Ambulance Service NHS Foundation Trust	62.5%

- 2.41 Despite agreement by all commissioners to reduce the Red 2 target to 70% to reflect the impact of Dispatch on Disposition, SWAST performance remains below target. This has been the subject of a Lead Commissioner performance summit held on the 23 March 2016, at which SWAST went through all the pathway changes (Ambulance Response Programme) that impacted Red 2 performance in particular. In addition to this, the provider has experienced significant demand increases (incident responses); 2013 to 2014 (weekly average incidents 15,000 to 16,500; Q3 2015/16 increase to 17,000 per week and in Q4 18,000 2015/16 per week. The capacity/activity growth has been a key feature of the 2016/17 contract with SWAST with all commissioners

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committing to fund activity growth of 4%, as well as implementing demand management plans.

2.42 The Trust developed a 'Measures to Improve Performance' (MIP) plan which was introduced during Quarter Two of 2015/16. The MIP was reviewed in October 2015 and refreshed to reflect the actions required to deliver performance improvements through Quarter Three of 2015/16. There will be an updated MIP in Quarter Four of 2015/16 which will be reviewed at the next 999 contract meeting in May 2016. Key action areas include:

- Abstraction Management including the management of sickness;
- Rotas and relief cover;
- Staff training;
- Demand management;
- Call cycles;
- Procedures and processes;
- Communications (internal and external).

2.43 From the 19th April 2016 the Trust will commence participation in phase 2 of the dispatch on disposition pilot now referred to Ambulance Response Programme (ARP). This will change the categorisations of 999 calls. From this point all 999 calls will be 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.

2.44 Performance metrics from April 2016 onwards will therefore focus on the revised ambulance quality indicators introduced with this pilot.

2.45 The Dorset 999 contracted activity ended the financial year 3.21% under contract, although most other commissioners are over contract. Hear and Treat/ See and Treat rates are maximised by SWASFT so that conveyance rates to A&Es in Dorset remained at 42% for the year.

2.46 Investment into Right Care 2 for 2016/17 has been secured and Dorset CCG are currently working closely with SWASFT to agree the outcomes and action plan for the year ahead. This will include actively working with care homes and linking in on the falls strategy in order to manage the activity impact into 999.

2.47 The table below identifies performance for the period ending 31 March 2016 for both the aggregated provider performance and Dorset CCG performance.

SWAST (Provider Level)

Priority: Red	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Red (8) Performance	69.9%	65.6%	64.5%	61.3%	55.1%	50.9%
Red 1 (8) Performance	76.9%	73.1%	75.3%	72.0%	66.0%	67.9%
Red 2 (8) Performance	69.4%	65.1%	63.9%	60.6%	54.5%	49.9%
A19 Performance	91.8%	90.9%	90.3%	88.8%	83.9%	80.9%

Dorset CCG

Priority: Red	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Red (8) Performance	71.6%	65.7%	65.8%	63.4%	54.1%	48.9%
Red 1 (8) Performance	88.5%	81.6%	84.9%	80.0%	73.3%	75.6%
Red 2 (8) Performance	70.4%	64.7%	64.6%	62.2%	53.0%	47.2%
A19 Performance	93.2%	90.9%	92.0%	91.8%	85.0%	78.7%

- 2.48 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.

Performance Target: 95%

Month Ending	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
% Calls answered within 60 seconds	92.6%	94.4%	89.8%	93.1%	89.7%	85.4%

- 2.49 The Dorset 111 service performance has improved significantly since July 2015. The service now consistently meets national key performance indicators throughout the week and particularly now at weekends. Dorset is performing better than the national average. This is a result of the service moving to an unblended call handling with additional investment, in year, to increase the number of clinicians available to support call handlers within the service.
- 2.50 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

- 2.51 As at end 29 February 2016, DHUFT are reporting that 74% of Mental Health Targets are being met compared with 77% as at 31 January 2016.
- 2.52 Of the 9 standards missed in February 2016, 7 of these were missed for 2 or more consecutive months relating to:
- Memory Assessment Service (3 indicators);
 - % of Adult Routine Referrals assessed within 28 days;
 - % of Older Persons routine referrals assessed within 28 days;
 - IRAC (Identify and Rate the aim of the contract – Percentage of cases completed within the reporting period);
 - Clinical Global Impression – Improvement Scale, Percentage of cases rated.

- 2.53 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

- 2.54 The national target for dementia diagnosis rates is 67% by the end of March 2016 and to maintain this target until 2020. NHS Dorset CCG dementia diagnosis rate was reported 62.4% in February 2016. Local data shows Bournemouth localities at 72.76%, Poole 75.59% and Bournemouth and Poole joint at 74.32%. Dorset localities are significantly below at 55.02%.

- 2.55 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 2016/17 the diagnosis rate remains largely unchanged from the position in March 2015. Actions undertaken in 2015/16 include:

- Data harmonisation scheme progressed during November and December 2015;
- Dorset Care Home project has Dorset Care Home project had 68 care homes take part from the 82 initially identified to be in the project. From these homes 41 identified residents whom might be appropriate to refer for assessment;
- 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.

Community Health Services

- 2.56 As at 29 February 2016, DHUFT are reporting that 80% of monthly Community Health Services targets are being met, 9 of these were missed for 2 or more consecutive months relating to consecutive months relating to:

- Ambulatory Leg Ulcer Service (3 indicators);
- Heart Failure Service;
- Speech and Language Service (2 indicators);
- MSK Service;
- Delayed Transfers of Care (2 indicators).

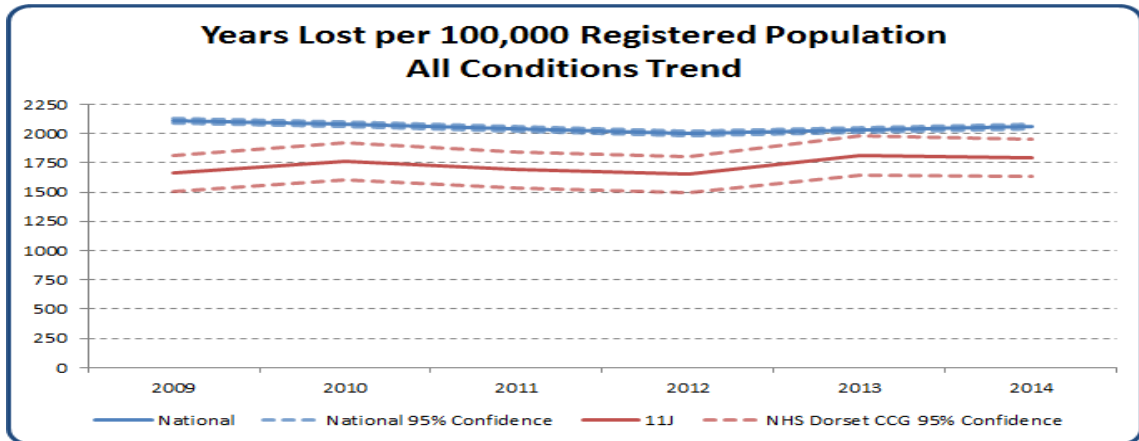
- 2.57 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report. The main areas of concern are:

- 2.58 **Delayed Transfers of Care:** The snapshot day for patients whose discharge from Community Hospitals was delayed was Thursday 25th February 2016. There were a total of 41 reported patient delays giving a percentage of 14% to target 3.5%. A total of 1,483 bed days were lost to target 325. The number of delayed patients and the number of bed days recorded in February 2016 did show an improvement on the reported position in January 2016.
- 2.59 **Muskuloskeletal Service (MSK):** The MSK service reported that 89.3% of patients were referred to secondary care within 9 weeks in February 2016, against the contracted target of 90%. There were 13 breaches in February 2016; six in East Dorset and seven in West Dorset. The service has improved access to diagnostics and this has assisted with improving patient flow and onward referral. Additional staff sessions were recruited to in February 2016 and wait times on all sites are being closely monitored and capacity moved to different sites where feasible.
- 2.60 **Speech and Language Therapy:** In February 2016 the service reported that 78.6% of patients stroke patients were assessed within four weeks. There were 3 breaches: two patients did not respond to telephone contacts and one cancelled the first appointment made with the service.
- 2.61 In February 2016 the service is reporting amber at 98.8% to target 100% for LTC referrals seen within eight weeks of referral. There were two breaches: one was patient choice and the other was due to the patient being re-admitted to an acute hospital.
- 2.62 **Heart Failure:** In February 2016, the service reported 83.3% against the target of 100% for the percentage of patients seen within two weeks of referral. This represents an improvement on the January 2016 position. There were seven breaches, three due to reduced capacity, two due to patient choice and two because the patients were admitted to hospital.

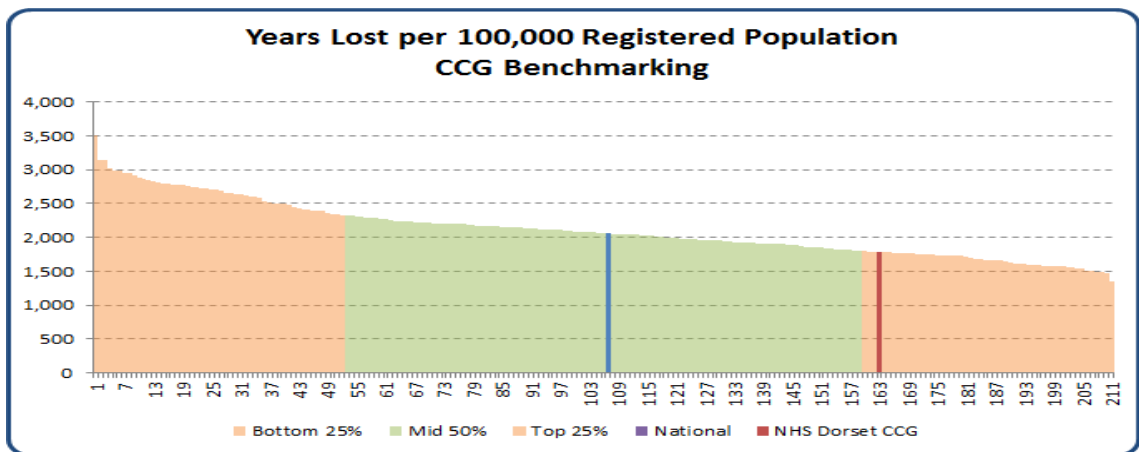
Quality Premium Report 2015/16

- 2.63 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:
- 2.64 **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.
- 2.65 **Urgent and Emergency Care – 30% Quality Premium:**
- 10% Quality Premium (reduction in the number of emergency admissions across a number of specific conditions);
 - 10% Quality Premium (reduction in the number Delayed Transfers of Care Bed Days);
 - 10% Quality Premium (increase in the number of patients discharged at weekends or bank holidays).

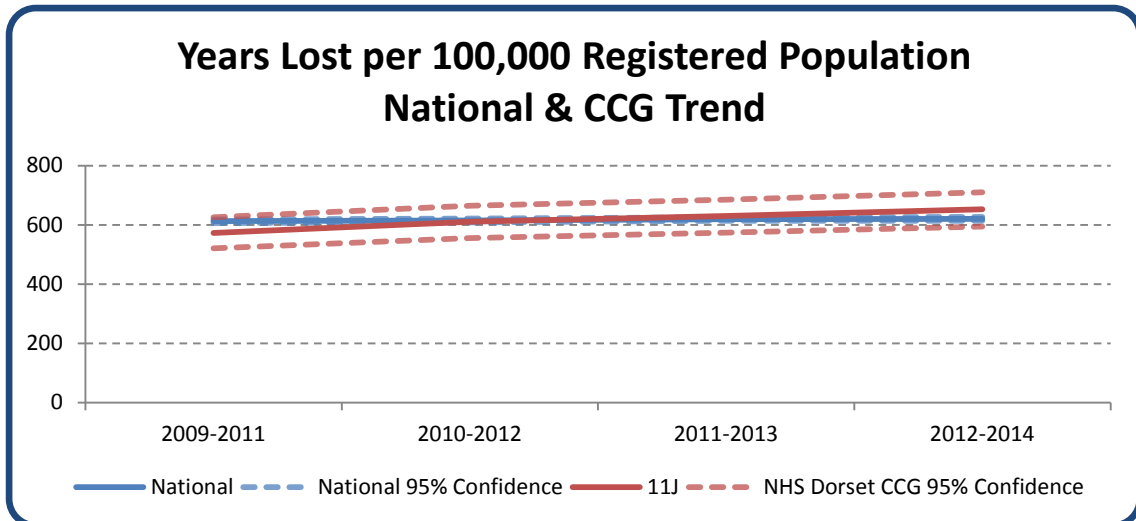
- 2.66 **Mental Health – 30% Quality Premium:** (Reduction in the number of patients attending an A&E department for a mental health-related needs who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E).
- 2.67 **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.
- 2.68 **Dementia Diagnosis – 10% of Quality Premium:** Achieve a dementia diagnosis stretch target of 70%.
- 2.69 **Admission Avoidance – 10% of Quality Premium:** Ensure that more than 82% of patients remain at home after 91 days of discharge.
- 2.70 An assessment of Dorset CCG's performance for the period ending 31 March 2016 is shown in Appendix 2.
- 2.71 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 14 day cancer standard for the period ending 29 February 2016 with significant headroom;
 - Non Achievement of the SWAST Red 1 target of 75% for the period ending 31 March 2016.
 - The CCG did not achieve the four hour Emergency Department standard in 2015/16.
- 2.72 The overall reduction based on delivery of the NHS Constitution is therefore expected at 50% of the total funding available and consistent with reductions seen in previous years and consistent with performance across other health communities.
- 2.73 The concerns from this report are shown below (national and local requirements):
- Quality Premium measure 1: Reducing Premature mortality; The CCG is predicting, based on the results from calendar year 2013 and 2014 that we will not achieve a reduction in the potential years of life lost (PYLL). The expectation is that CCGs over a three year period (2013-2015) each CCG will see a minimum 1.2% reduction on the 2012 baseline data. The information from calendar years 2013 and 2014 indicated a 10% increase in the PYLL. This indicator will not be achieved based on the respective PYLL rates in 2013 and 2014.
 - The CCG continues to work closely with Public Health Dorset to understand the changes in mortality rates and will provide a further update when this is available. The following graphs will help to explain the trends seen and in which condition areas.



- In both 2013 and 2014 the CCG reported the highest rate of life years lost over the six year reporting period. Despite the increase seen in 2013 the CCG remains in the top quartile nationally as shown below:



- Condition specific years of life lost information is available but reported on a three year rolling average, this is reported across a number of health condition areas including:
 - * Neoplasms
 - * Respiratory diseases
 - * Ischaemic heart diseases
 - * Cerebrovascular diseases
- The rate of years of life lost has improved in a both respiratory diseases and ischaemic heart disease over the six year period however the graph below details the rate of years of life lost within neoplasms over the six year period which is showing a significant increase year on year.



- Further work needs to be undertaken with Public Health Dorset to understand the changes in mortality rates, particularly across condition specific areas noted above.
- Quality Premium measure 2: Urgent and Emergency Care; this measure is split into three sections, all contributing to 10% of the total quality premium. The three sections are: reducing emergency admissions, reducing the number of delayed days and increasing the percentage of weekend and bank holiday discharges.
 - * The CCG is currently behind target to achieve an increase in weekend and bank holiday discharges for the period ending 29 February 2016.
 - * The CCG is currently behind target to achieve a reduction in the number of delayed days reported in 2016/17.
 - * The CCG is not forecasting to achieve the necessary reduction in emergency admissions following exceptional increases in demand in 2014/15. The indicator guidance suggests that the rate of emergency admissions should reduce over the period 2012/13 to 2015/16.
- Quality Premium measure 3: Mental Health Patients; The CCG is currently undertaking a review against this indicator which is split into two specific areas.
 - * Coding of A&E activity; the CCG has identified a number of areas where A&E coding is not meeting the national requirements. Actions have been taken to address this through relevant information meetings with all providers and improvement in coding is being observed.
 - * Performance against the 95% Emergency Department standard is currently behind target for the period ending 31 March 2016 for all patients, the position for this cohort of patient is now measurable however significantly below the 95% standard and this indicator will not be achieved.

9.2

- 2.74 The national target for dementia diagnosis rates is 67% by the end of March 2016 and to maintain this target until 2020. NHS Dorset CCG dementia diagnosis rate was reported 62.4% in February 2016. Local data shows Bournemouth localities at 72.76%, Poole 75.59% and Bournemouth and Poole joint at 74.32%. Dorset localities are significantly below at 55.02%.
- 2.75 Local information, through the Memory Assessment Service (MAS) would indicate an additional 1,356 patients have been diagnosed with Dementia in the first nine months of 2015/16 yet despite this the CCG registers have only increased by approximately 100 patients. Further work to understand the variation and gap is being undertaken with a cohort of GP Practices along with further initiatives and projects being undertaken in 2016/17.
- 2.76 The amount of award available each year remains a significant source of funding and considerations should be given to investing in certain programmes of work to ensure delivery of both NHS Constitution standards and National and Local QP measures.
- 2.77 Further consideration needs to be given in aligning the 2016/17 quality premium to future CQUINs, local quality requirements and local reporting requirements. This is now being implemented into 2016/17 provider contracts.

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APPENDICES	
Appendix 1	Corporate Performance Report
Appendix 2	Quality Premium