

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

<b>Date of the meeting</b>	18/11/2015
<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 2015/16
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report and make recommendations.
<b>Stakeholder Engagement</b>	N/A
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

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

Initials : PD

## 1. Introduction

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

## 2. Performance Report 2015/16

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

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

- 2.2 The performance of providers within the Dorset Clinical Commissioning Group health community is shown below at aggregate level for the period ending 30 September 2015. This section now reports on the percentage of patients waiting under 18 weeks for treatment as at the end of each month following the recent removal of the admitted and non-admitted standards as directed by NHS England. The incomplete standard is that a minimum of 92% of patients should be waiting under 18 weeks for treatment.

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15
Dorset County	90.1%	90.1%	91.7%	91.4%	91.1%	92.8%
Poole	96.4%	96.7%	96.2%	95.5%	94.7%	94.1%
Royal Bournemouth	92.7%	94.0%	94.4%	94.3%	94.1%	94.1%

- 2.3 The table above confirms the expected improvement at Dorset County Hospital NHS Foundation Trust. Further improvements seen in the admitted pathway backlog should enable the Trust to sustain performance in October 2015 and beyond.

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

Weekly PTL Backlog	29 Mar	27 Sep	4 Oct	11 Oct	18 Oct	25 Oct
DCH Admitted	524	484	460	475	437	434
Poole Admitted	130	173	182	202	202	200
RBH Admitted	794	810	831	838	811	830
DCH Non Admitted	359	416	392	433	413	389
PHT Non Admitted	219	381	375	369	377	390
RBH Non Admitted	1,181	376	362	363	427	415

- 2.5 The information highlighted in the above table shows an improved position for those patients on the admitted pathway at Dorset County Hospital NHS Foundation Trust as expected. The position at Poole Hospital NHS Foundation Trust however continues to deteriorate:

- Admitted backlog at PHT has increased by 55% since 29<sup>th</sup> March 2015 primarily in General Surgery, ENT and Dermatology.
- Non Admitted backlog at PHT has increased by around 80% since 29<sup>th</sup> March 2015 primarily in Dermatology.

- 2.6 The NHS Foundation Trust has seen a significant increase in GP Referrals for Dermatological services in 2015/16 however referrals are now expected to reduce back to previous experienced levels.

### Diagnostic Performance

- 2.7 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 September 2015:

Percentage of 6 week breaches	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15
Dorset County	0.3%	1.4%	0.5%	0.2%	0.6%	0.7%	0.9%
Poole	1.4%	1.2%	1.5%	2.2%	0.8%	1.2%	1.0%
Royal Bournemouth	2.0%	5.2%	2.5%	2.3%	3.8%	7.2%	8.2%
Dorset Healthcare	1.9%	3.2%	0.6%	0.7%	0.1%	1.9%	0.0%
Salisbury	0.0%	4.9%	4.1%	2.4%	1.7%	0.9%	TBC
Yeovil	1.3%	0.5%	0.5%	0.4%	1.5%	2.6%	TBC

- 2.8 Diagnostic performance across Dorset CCG and in particular Royal Bournemouth and Christchurch Hospital NHS Foundation Trust. The position to 30 September 2015 equates to approximately 400 patients waiting in excess of the six week target. The majority of patients were waiting for Endoscopy tests
- 2.9 The Trust has initiated a quality improvement project related to administration and booking processes. This work is now well underway focusing on the design and implementation of new lean processes. This, together with a piece of work analysing demand and capacity will inform our forward looking trajectory. The Trust is increasing its nursing staffing levels with recruitment underway and in addition to this an additional consultant post went out to to advert in August 2015. The Trust is providing additional capacity every other Saturday in Quarter 3 which will address the majority of the backlog however we have yet to receive the demand and capacity review undertaken by the Trust.

### Cancer Standards (Lead Director Mike Wood)

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

Cancer Waits	RBCH	Poole	DCH
All Cancer seen - 2 week wait	93.4%	98.2%	86.8%
Breast Symptoms - 2 week wait	100.0%	100.0%	81.0%
All Cancer first treatment - 31 days (standard)	93.0%	98.0%	100.0%
Subsequent treatment - 31 days (surgical)	90.0%	100.0%	100.0%
Subsequent treatment - 31 days (drug)	100.0%	100.0%	100.0%
Subsequent treatment - 31 days (radiotherapy)	100.0%	97.3%	100.0%
<b>All cancer - 62 day wait (standard)</b>	<b>80.4%</b>	<b>84.2%</b>	<b>87.5%</b>
All cancer - 62 day wait (NSP)	84.6%	90.5%	100.0%
All cancer - 62 day wait (consultant upgrade)		100.0%	

# 9.2

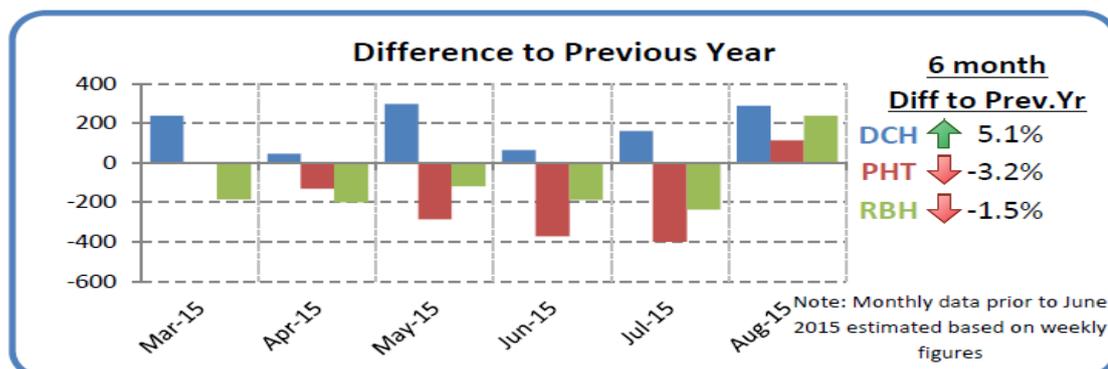
- 2.11 Dorset County Hospital NHS Foundation Trust failed to achieve the 14 day and 14 day breast symptom standards in August 2015. The NHS Foundation Trust is unlikely to achieve the Quarter 2 of 93%.
- 2.12 Poole Hospital NHS Foundation Trust failed to achieve the 62 day standard in August 2015. The reasons for breaching this target continue to be multifactorial including delays caused by late referrals from other Trusts, extended radiology waits, patient choice to delay diagnostics and surgeon availability. The Trust has provided details of an escalation report identifying the actions which are being taken internally to address this issue.
- 2.13 Royal Bournemouth Hospital NHS Foundation Trust achieved the 62 day standard in quarter 1 and the remedial action plan in place has been closed. The Trust however is currently underperforming against this standard in Quarter 2. The Trust is in the process of clearing backlog with additional surgeon operating on weekends, middle grade expected to commence November 2015. The Trust is also undertaking a full services review now the service has been operational for at least six months.

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

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

<b>4 Hour Wait in ED % Seen in 4 Hours</b>				
	<b>DCH</b>	<b>PHT</b>	<b>RBH</b>	<b>England</b>
<b>2014-15 Q2</b>	96.6%	93.8%	93.8%	95.0%
<b>2014-15 Q3</b>	96.3%	91.9%	92.1%	92.5%
<b>2014-15 Q4</b>	91.0%	91.5%	92.3%	91.8%
<b>2015-16 Q1</b>	95.4%	95.5%	93.0%	94.1%
<b>Latest Quarter To Date &amp; Month</b>				
<b>2015-16 Q2</b>	95.2%	95.2%	96.1%	94.7%

- 2.15 All three acute providers delivered the 95% standard in Quarter 2, however based on historical performance in the remaining quarters of the financial year it is unlikely that providers have delivered significant headroom to ensure delivery of the standard on an annualised basis. The informal position for October 2015 would indicate activity and performance pressures remain.
- 2.16 Emergency Department attendances remain high across Dorset CCG following a significant increase in activity in 2014/15. Activity continues to show a minor reduction across East Dorset however Dorset County Hospital NHS Foundation Trust has reported a 5% increase in attendances to the period ending 31 August 2015.



- 2.17 South West Ambulance Services NHS Foundation Trust continues to achieve the Red 1 (8 minute) performance as a Provider and across Dorset CCG.
- 2.18 All other indicators are not being achieved at either a provider or local level with the exception of the Dorset CCG A19 performance which delivered 95.9% in September 2015.
- 2.19 The tables below identify the performance for the period ending 30 September 2015 for both the aggregated provider performance and Dorset CCG performance.

### SWAST (Provider Level)

Priority: Red	Aug 2015	Sept 2015	2015 YTD
Red (8) Performance	69.9%	68.5%	67.9%
Red 1 (8) Performance	76.2%	75.0%	76.0%
Red 2 (8) Performance	69.0%	68.1%	67.4%
A19 Performance	91.7%	91.5%	91.6%

### Dorset CCG

Priority: Red	Aug 2015	Sept 2015	2015 YTD
Red (8) Performance	74.0%	74.0%	72.6%
Red 1 (8) Performance	85.3%	83.6%	84.8%
Red 2 (8) Performance	73.4%	73.4%	71.9%
A19 Performance	93.9%	95.9%	94.5%

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

Month Ending	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15
% Calls answered within 60 seconds	73.2%	68.9%	70.8%	86.2%	82.5%	94.3%

- 2.21 Key challenges remain within the 111 service however performance has significantly since July 2015. The service is on target to achieve the year end trajectory and standard of 95%.

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

#### Mental Health Services

- 2.22 As at end September 2015, DHUFT are reporting that 83% of Mental Health Targets are being met compared with 79% as at 31 August 2015.
- 2.23 Contract Query

- The MAS service delivered their recovery trajectory in June 2015 and have sustained the improved performance through to September 2015. The Trust is reporting that 99.5% of patients are waiting below the 6 week target.

#### Children and Young People Services

- 2.24 Dorset Healthcare NHS Foundation Trust failed to achieve 5 of the 6 quarterly indicators report, all five focused around Looked after Children services.

### CAMHS (Emotional Health and Wellbeing)

- 2.25 As at September 2015, DHUFT are reporting exceptions in the 8 week referral time for Tier 2 services where the Trust reported 51 breaches compared to 33 breaches in August 2015. Of 16 week breaches all but one related to the Bournemouth and Christchurch teams. The maximum wait was 27 weeks.

### Community Health Services

- 2.26 As at September 2015, DHUFT are reporting that 87.5% of Community Health Services targets are being met and 80% of the quarterly targets are being met.
- 2.27 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report. The main areas of concern are:
- 2.28 **Delayed Transfers of Care:** snapshot day for patients whose discharge from Community Hospitals was delayed was 24<sup>th</sup> September 2015. There were a total of 29 reported patient delays giving a percentage of 9.8% to target 3.5%. These figures are the same as the August results. A total of 988 bed days were lost to target 325..
- 2.29 **Stroke Services:** The percentage of Stroke patients accepting a review in September is reporting 77.8% to target 90%. The eighteen patient exceptions were due to ten patients declining, five moved out of the area and three accepted but then did not attend.
- 2.30 **Speech and Language Therapy:** The service is reporting amber for LTC patients seen within 8 weeks of referral – 97.2% against a target of 100%, and 89% against 90% target for the 6 week measure. There were five breaches reported. Two breaches were due to patients declining appointments within the 6 week target, two patients were deferred for Phonology Disorder Groups and were assessed by telephone within 6 weeks and placed on the next group which was not until after the 8 week target, and one patient was referred for treatment of dysfluency and was clinically assessed as requiring specialist intervention. This was arranged for the next available appointment with the specialist, which was 10 weeks after referral
- 2.31 **Ambulatory Leg Ulcer Service:** The service is reporting 67.4% to the target 98% for the percentage of patients contacted within 3 working days and 84.8% to the target 98% for the percentage of patients to be offered an appointment within 10 working days. There were fifteen breaches of the 3-day target, all but one being contacted within six days. There were seven breaches of the 10-day target. The administration capacity within the service has been reduced which has contributed to some patients being contacted outside of the timeframes. Work continues to increase the capacity of administration in the service.
- 2.32 The NHS Foundation Trust has also raised concerns and advisories against a number of other service areas as shown below:
- Long Term Conditions
  - Continuing Healthcare
  - Diabetes Education
  - Community Dermatology

- Community Pain
- Acute Care Closer to Home/Intermediate Care

### Quality Premium Report 2015/16

- 2.33 The 'Quality Premium' reward to be paid to CCGs in 2015/16 will be subject to the CCG delivering financial targets within resources and managing performance across a range of NHS Constitution requirements, rights and pledges. In addition, the amount of reward will be based on performance across four national measures and two local measures as follows.
- 2.34 The amount of award available each year remains a significant source of funding and considerations should be given to
- 2.35 **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.
- 2.36 **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).
- 2.37 **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).
- 2.38 **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.
- 2.39 **Dementia Diagnosis – 10% of Quality Premium:** Achieve a dementia diagnosis stretch target of 70%.
- 2.40 **Admission Avoidance – 10% of Quality Premium:** Ensure that more than 82% of patients remain at home after 91 days of discharge.
- 2.41 An assessment of Dorset CCG's performance for the period ending 30 September 2015 is shown in Appendix 2.
- 2.42 The highlights from this report are shown below (pre-qualifying NHS Constitution areas):
- Achievement of the 18 Week RTT (92% standard on incomplete pathway) with significant current headroom ahead of winter;

- Achievement of the SWAST Red 1 target of 75% for the period ending 30 September 2015 with significant current headroom ahead of winter;
- Achievement of the 14 day cancer standard for the period ending 31 August 2015;
- Achievement of the four hour standard for the period ending 30 September 2015. Despite achieving the standard to the period ending 30 September 2015 the CCG has no significant headroom and therefore delivery on an annualised basis is unlikely. Failure to achieve this standard will result in a 25% reduction in the Quality Premium with a total maximum income of £1m.

2.43 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 year 2013 indicated a 10% increase in the PYLL. Whilst the reported position improved in 2014 it will not be possible to achieve this standard.
- Quality Premium measure 2: Urgent and Emergency Care; this measure is split into three sections, all contributing to 10% of the total quality premium. The three sections are: reducing emergency admissions, reducing the number of delayed days and increasing the percentage of weekend and bank holiday discharges. The CCG is on target to achieve an increase in weekend and bank holiday discharges however is less likely to achieve the reduction in number of delayed days and reduction in emergency admissions. The indicator guidance suggests that the rate of emergency admissions should reduce over the period 2012/13 to 2015/16 and following exceptional increases in demand in 2014/15 this is now deemed unlikely.
- Quality Premium measure 3: Mental Health Patients; The CCG is currently undertaking a review against this indicator which is split into two specific areas.
  - \* Coding of A&E activity; the CCG has identified a number of areas where A&E coding is not meeting the national requirements. Actions have been taken to address this through relevant information meeting with all providers and improvement plans are in place. A significant concern relates to CQUIN payments in place with all Providers. The guidance between the Quality Premium and CQUIN differs locally and places the organisation at financial risk.
  - \* Performance against the 95% Emergency Department standard is currently ahead of target for the period ending 30 September 2015 for all patients, the position for this cohort of patient is currently unknown.

2.44 Local information would indicate that since 31 March 2015 there has been a notable increase in the number of patients being diagnosed with Dementia which will positively affect the CCG performance, this has not however reflected in an overall significant performance improvement.

- 2.45 The CCG is undertaking an “invest to gain” approach with General Practice to audit the number of patients diagnosed with Dementia in 2015/16 and to ensure these patients are reflected on the General Practice clinical system. This process will be completed in November 2015. It is hoped that this will drive performance with the aim of achieving the Dementia target for 2015/16.
- 2.46 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.

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**Date : 4th November 2015**

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