

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
PERFORMANCE REPORT

Date of the meeting	20/01/2016
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. 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 November 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.

	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15
Dorset County	91.7%	91.4%	91.1%	92.8%	93.0%	94.0%
Poole	96.2%	95.5%	94.7%	94.1%	93.7%	93.9%
Royal Bournemouth	94.4%	94.3%	94.1%	94.1%	94.5%	94.5%

- 2.3 The table above continues to show strong performance of NHS Foundation Trusts in Dorset across the RTT standard.
- 2.4 Poole Hospital NHS Foundation Trust reported a small improvement in November 2015 following six consecutive months of deterioration. The increased backlog seen this year however puts the NHS Foundation Trust at significant risk against this standard going forward.
- 2.5 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	22 Nov	29 Nov	6 Dec	13 Dec	20 Dec
DCH Admitted	524	386	369	388	347	378
Poole Admitted	130	210	209	213	218	225
RBH Admitted	794	809	858	944	937	920
DCH Non Admitted	359	332	331	338	325	331
PHT Non Admitted	219	384	374	370	362	358
RBH Non Admitted	1,181	413	405	426	434	463

- 2.6 The information highlighted in the above table shows a mixed picture.
- 2.7 The position at Dorset County Hospital NHS Foundation remains stable across both pathways.

- 2.8 The position at Poole Hospital NHS Foundation Trust in admitted pathways continues to deteriorate with significant backlog increases in General Surgery, ENT and Dermatology. The NHS Foundation Trust has however reported a reduction in the Non Admitted backlog in early December 2015.
- 2.9 Royal Bournemouth Hospital NHS Foundation Trust has reported a significant increase in backlog within Trauma and Orthopaedics throughout late November and early December 2015 which will increase the pressure on the 92% incomplete standard going forward.

Diagnostic Performance

- 2.10 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 November 2015:

Percentage of 6 week breaches	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15
Dorset County	0.5%	0.2%	0.6%	0.7%	0.9%	0.5%	0.2%
Poole	1.5%	2.2%	0.8%	1.2%	1.0%	0.9%	0.9%
Royal Bournemouth	2.5%	2.3%	3.8%	7.2%	8.2%	6.2%	5.1%
Dorset Healthcare	0.6%	0.7%	0.1%	1.9%	0.0%	0.5%	2.0%
Salisbury	4.1%	2.4%	1.7%	0.9%	0.3%	0.3%	TBC
Yeovil	0.5%	0.4%	1.5%	2.6%	3.5%	3.1%	TBC

- 2.11 Diagnostic performance across Dorset CCG and in particular Royal Bournemouth and Christchurch Hospital NHS Foundation Trust remains disappointing – despite recent improvements. The NHS Foundation Trust reported that 5.1% of patients were waiting in excess of the six week target, equating to around 250 patients.
- 2.12 The CCG is working with the NHS Foundation Trust to agree a remedial action plan which includes delivery of the 1% threshold by 30 June 2016. The NHS Foundation Trust is currently ahead of their trajectory as at 30 November 2015. The CCG and NHS Foundation Trust are working closely to see if the position can be improved ahead of the provisionally agreed trajectory.
- 2.13 Dorset Healthcare NHS Foundation Trust reported that 2% of patients (circa 25) were waiting over 6 weeks for their diagnostic test as at 30 November 2015 with breaches seen in both Ultrasound and Urodynamics. The breaches were all reported at Wimborne Hospital where an absence of clinicians in November 2015 was noted. All patients have subsequently been seen in less than 8 weeks by the NHS Foundation Trust.

Cancer Standards (Lead Director Mike Wood)

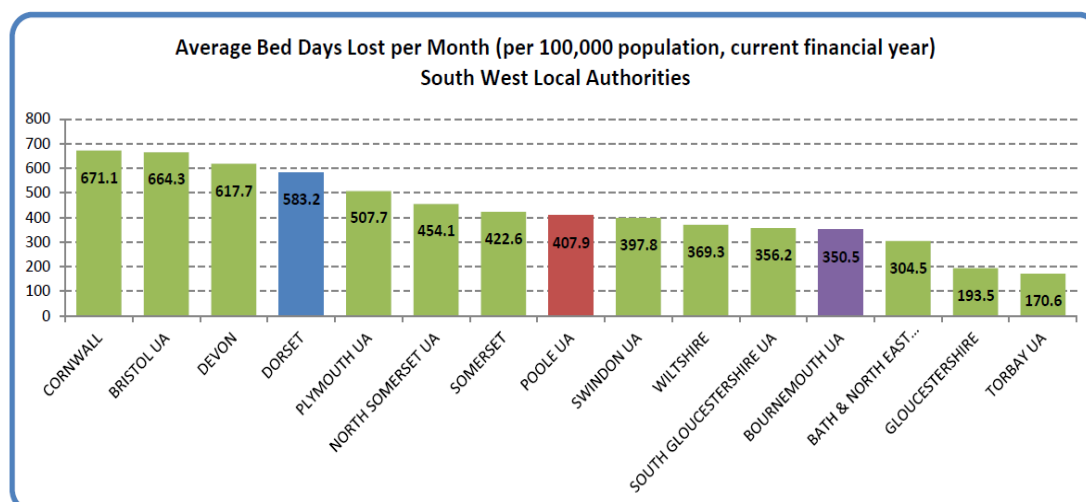
- 2.14 The following table shows the performance of acute Trusts across Dorset CCG for October 2015.

	RBCH	Poole	DCH
Two week wait from cancer referral to specialist appointment	99.2%	99.2%	96.1%
Two week wait (breast symptoms – cancer not suspected)	100.0%	100.0%	100.0%
31 day wait from diagnosis to treatment	94.2%	99.3%	99.0%
62 day wait from referral to treatment	83.9%	80.3%	86.1%
31 day wait for subsequent surgery	96.7%	94.6%	100.0%
31 day wait for subsequent anti-cancer drug regimen	100.0%	100.0%	100.0%
31 day wait for subsequent radiotherapy		98.5%	
62 day wait for treatment following a referral from a screening service	100.0%	90.6%	90.0%
62 day wait for treatment following a consultant upgrade		100.0%	100.0%

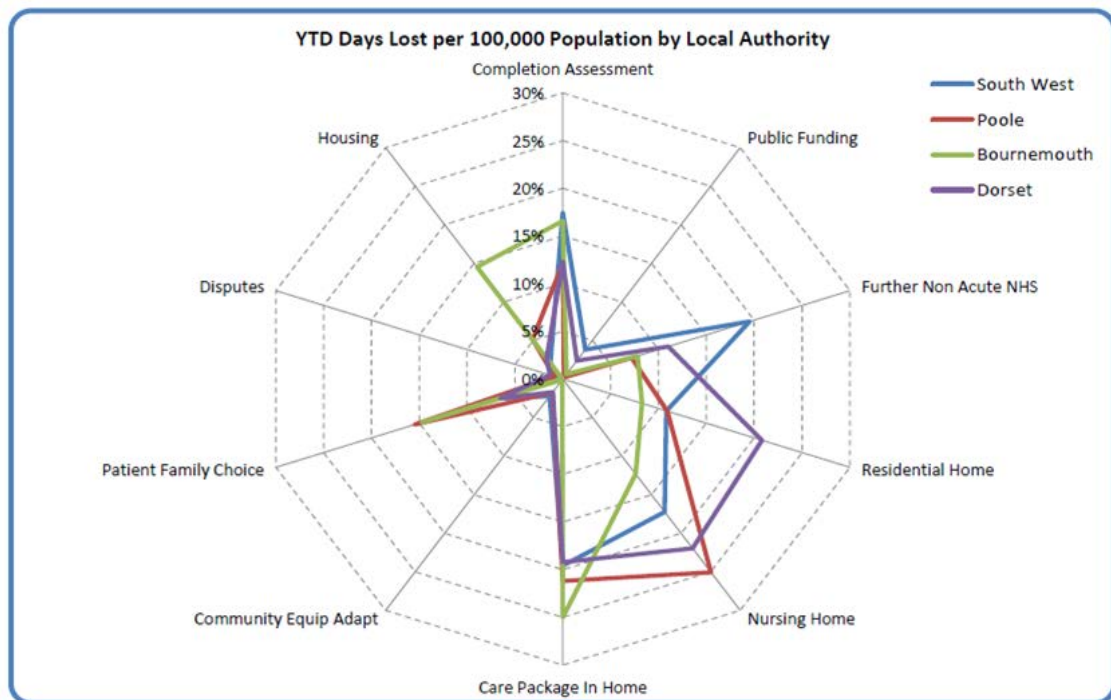
- 2.15 Dorset County Hospital NHS Foundation Trust achieved all cancer standards in October 2015 however remain at risk to fail the quarterly 62 day standard.
- 2.16 Royal Bournemouth Hospital NHS Foundation Trust continues to underperform against the 62 day standard. The NHS Foundation Trust indicated performance in Quarter 3 is marginal but that the standard is likely to be achieved. The CCG is in the progress of agreeing a remedial action plan with the NHS Foundation Trust based on Quarter 2 performance.
- 2.17 Poole Hospital NHS Foundation Trust achieved all standards in October 2015 with the exception of the 62 day standard. The NHS Foundation Trust indicated performance in Quarter 3 is marginal and that the 85% standard could be achieved. The CCG is in the progress of agreeing a remedial action plan with the NHS Foundation Trust based on Quarter 2 performance.

Delayed Transfers of Care

- 2.18 Delayed Transfers of Care continues to provide concerns across the Dorset Health community. The position at the end of October 2015 indicates a further increase in delayed transfers of care, particularly at Dorset Healthcare NHS Foundation Trust.
- 2.19 The graph below identifies the rate of bed days lost by local authority for the year to 31 October 2015.



2.20 The following chart identifies the reasons why bed days are lost, by local authority for the year to 31 October 2015. This clearly identifies that patients are waiting for care packages in own home or placements to either a nursing home or residential care home. The Dorset Health community remains a significant outlier in these areas.



Urgent and Emergency Care (Lead Director Mike Wood)

- 2.21 All three acute providers delivered the 95% standard in Quarter 2, 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.
- 2.22 The informal position for Quarter 3 would indicate performance pressures remain particularly across East Dorset.
- 2.23 Emergency Department attendances remain high across Dorset CCG following a significant increase in activity in 2014/15, particularly across West Dorset. Despite this, Dorset County Hospital NHS Foundation Trust achieved 95.4% throughout Quarter 3 against the 95% standard.
- 2.24 South West Ambulance Services NHS Foundation Trust continues to achieve the Red 1 (8 minute) performance as a Provider and across Dorset CCG on an annualised basis, however performance dropped notably in November 2015. The NHS Foundation Trust delivered 72% in November 2015 against the 75% standard.
- 2.25 All other indicators are not being achieved at either a provider or local level.
- 2.26 The tables below identify the performance for the period ending 30 November 2015 for both the aggregated provider performance and Dorset CCG performance.

SWAST (Provider Level)

Priority: Red	Oct 2015	Nov 2015	2015 YTD
Red (8) Performance	69.8%	65.6%	67.8%
Red 1 (8) Performance	76.7%	72.0%	75.5%
Red 2 (8) Performance	69.4%	65.2%	67.4%
A19 Performance	91.8%	90.9%	91.5%

Dorset CCG

Priority: Red	Oct 2015	Nov 2015	2015 YTD
Red (8) Performance	71.6%	65.7%	71.5%
Red 1 (8) Performance	88.5%	80.8%	84.7%
Red 2 (8) Performance	70.4%	64.7%	70.8%
A19 Performance	93.2%	90.9%	93.9%

- 2.27 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	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15
% Calls answered within 60 seconds	70.8%	86.2%	82.5%	94.3%	92.6%	94.4%

- 2.28 Key challenges remain within the 111 service however performance has significantly improved 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

- 2.29 As at end 30 November 2015, DHUFT are reporting that 71% of Mental Health Targets are being met compared with 81% as at 31 October 2015.
- 2.30 Of the 9 standard missed in November 2015, 6 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 routine referrals assessed within 28 days
- Delayed Discharge days for all inpatient bed day days

Community Health Services

- 2.31 As at 30 November 2015, DHUFT are reporting that % of Community Health Services targets are being met.
- 2.32 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:

- 2.33 **Delayed Transfers of Care:** The snapshot day for patients whose discharge from Community Hospitals was delayed was 26 November 2015. There were a total of 53 reported patient delays giving a percentage of 17.9% to target 3.5%. A total of 1289 bed days were lost to target 325. These figures are similar to the October results.
- 2.34 **Diagnostics:** The Dorset HealthCare diagnostic provision is reporting amber at 2.0% to the target 1.0% for patients waiting longer than six weeks for assessment. The areas of exception are the Ultrasound service at Wimborne, which is reporting 24 patient waits of 6 weeks or longer in November, and Urodynamics, also at Wimborne, which is reporting one patient breach. Of the 24 Ultrasound patients eleven were seen exactly on six weeks and a further eleven within seven weeks. The remaining two patients waited less than eight weeks. All the breaches were due to absence of clinicians in November and the difficulties finding suitably qualified, available replacements. The service manager tries to arrange additional sessions to meet demand where possible and is working with the Director of Radiology at Poole to maximise the ultrasound scanning time of our visiting four Consultant Radiologists. A sonographer has recently commenced with the Trust in early December, which is already having a positive impact on waiting times.
- 2.35 **Stroke Services:** The percentage of Stroke patients accepting a review in November is reporting 83.7% to target 90%. This is the highest monthly percentage since June. The sixteen patient exceptions were due to six patients declining, six moved out of the area, two accepted but then did not attend, and two died.
- 2.36 **Speech and Language Therapy:** In November the service is reporting 81.3% against target 100% for stroke patients assessed within four weeks. There were three breaches; two patients could not be contacted in spite of a number of attempts; one of these was later found to have been on holiday. One patient was assessed after 30 days, slightly outside the four weeks because of availability of assessment slots.
- 2.37 The NHS Foundation Trust has also raised concerns and advisories against a number of other service areas as shown below:
- Community Dermatology
 - Community Pain
 - Community Endoscopy

Quality Premium Report 2015/16

- 2.38 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:
- 2.39 **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.

2.40 **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).

2.41 **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).

2.42 **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.

2.43 **Dementia Diagnosis – 10% of Quality Premium:** Achieve a dementia diagnosis stretch target of 70%.

2.44 **Admission Avoidance – 10% of Quality Premium:** Ensure that more than 82% of patients remain at home after 91 days of discharge.

2.45 An assessment of Dorset CCG's performance for the period ending 30 November 2015 is shown in Appendix 2.

2.46 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 November 2015 however the reported position for the period ending 30 November 2015 gives cause for concern;
- Achievement of the 14 day cancer standard for the period ending 31 October 2015;
- The CCG is not currently achieving the four hour Emergency Department standard for the year to date period ending 30 November 2015. Delivery on an annualised basis is therefore unlikely. Failure to achieve this standard will result in a 30% reduction in the Quality Premium, with a maximum reduction of £1m.

2.47 The concerns from this report are shown below (national and local requirements):

9.2

- 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.
 - 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 30 November 2015. This target remains achievable in 2015/16.
 - * The CCG is currently behind target to achieve a reduction in the number of delayed days reported in 2015/16. This target remains achievable in 2015/16 despite additional funding being provided to Local Authorities in the last three months of 2014/15,
 - * 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 30 November 2015 for all patients, the position for this cohort of patient is now measurable however significantly below the 95% standard.
- 2.48 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.
- 2.49 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 was completed in late December 2015. This has had a positive impact on the dementia diagnosis rate however performance improvement is less than expected.

9.2

- 2.50 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.
- 2.51 Several areas reported above have changed from being achieved to not being achieved in the most recent report, these areas remain achievable.
- 2.52 Further consideration needs to be given in aligning the 2016/17 quality premium to future CQUINs, local quality requirements and local reporting requirements to ensure maximum focus and maximum reward is achieved.

Author's name and Title : Phil Dove, Head of Performance
Title : Intelligence
Date : 6th January 2016
Telephone Number : 01202 541621

APPENDICES	
Appendix 1	Corporate Performance Report
Appendix 2	Quality Premium