

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

Date of the meeting	20/07/2016
Author	P Dove, Head of Performance Intelligence
Sponsoring Board 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 2016/17

- 2.1 Performance information for 2016/17 is set out within this report. To provide trends, performance information from 2015-16 has also been included where comparable.
- 2.2 The performance of Dorset Clinical Commissioning Group is set out below highlighting aggregate performance against main NHS Constitution standards.

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
RTT within 18 Weeks Target: 92%	93.6%	93.6%	93.4%	92.2%	92.1%	Data not available at CCG level
6 Week Diagnostics Target: 1%	2.7%	2.5%	1.1%	2.3%	1.5%	
14 Day Cancer Target: 93%	97.2%	97.0%	97.5%	95.4%	90.2%	
31 Day Cancer Target: 96%	97.3%	96.9%	97.4%	97.4%	96.1%	
62 Day Cancer Target: 85%	87.6%	81.1%	81.2%	86.3%	84.8%	
SWAST Red Response Target: 75%					66.8%	

- 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 31st May 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%

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
Dorset County	93.5%	93.4%	93.3%	91.1%	90.8%	90.6%
Poole	93.4%	93.1%	93.2%	92.3%	93.0%	93.2%
Royal Bournemouth	93.7%	93.7%	92.8%	92.1%	92.3%	92.4%
Dorset Healthcare	93.7%	95.4%	98.2%	99.1%	99.1%	98.7%
Salisbury	92.1%	92.2%	92.2%	92.2%	91.1%	Data not available
Yeovil	90.3%	91.5%	92.1%	91.5%	90.7%	
NHS England	90.8%	90.9%	91.1%	90.4%	91.3%	

- 2.5 The table above displays a continued decline in performance for Dorset County Hospital NHS Foundation Trust and as at 31st May 2016 continue to fail the 92% standard. Significant waiting list pressures remain within the NHS Foundation Trust, particularly within Ophthalmology. A contract query has been issued to the trust covering performance on RTT access times, diagnostic waits and cancer waits following detailed scrutiny of the areas at the contract review meeting dated 22 June 2016.
- 2.6 Performance at both Royal Bournemouth Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust is proving resilient despite continued increases in the total waiting list. Further junior doctors strikes, if they occur, however may cause performance to fall further.
- 2.7 Despite the deteriorating performance and increasing backlog seen across the community, aggregate performance when compared to NHS England average performance remains largely favourable.
- 2.8 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at March 2016.

Weekly PTL Backlog (month end snapshot)

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Dorset County Adm (607)	441	473	607	634	662	693
Poole Adm (360)	306	336	360	354	287	286
Royal Bournemouth Adm (1160)	1,020	1,097	1,160	1,333	1,190	1,246
Dorset County Non Adm (448)	345	367	448	653	515	756
Poole Non Adm (519)	358	377	519	463	490	549
Royal Bournemouth Non Adm (811)	597	561	811	878	898	951

- 2.9 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.
- 2.10 The following specialties on the RTT pathway have the highest level of backlog recorded (i.e patients who have already breached 18 weeks)
- * Admitted Ophthalmology at DCH (374);
 - * Admitted ENT at Poole (110);
 - * Admitted Ophthalmology at RBH (400);
 - * Non Admitted Ophthalmology at DCH (290);
 - * Non Admitted Ophthalmology at RBH (259);

Diagnostic Performance

- 2.11 The table below shows the performance of organisations across Dorset and those providers on the health community boundary. The percentages detailed below show

9.2

the percentage of patients waiting over 6 weeks for treatment against the total waiting list for the period ending 31st May 2016:

Performance Target: <1%

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
Dorset County	1.4%	0.8%	1.3%	5.3%	3.8%	6.3%
Poole	1.0%	1.2%	0.9%	2.5%	1.2%	0.8%
Royal Bournemouth	6.1%	5.1%	0.9%	0.1%	0.0%	0.0%
Dorset Healthcare	0.1%	0.0%	0.3%	3.0%	0.0%	0.2%
Salisbury	0.0%	0.1%	0.1%	0.1%	0.6%	Data not available
Yeovil	7.1%	6.8%	4.7%	2.1%	2.5%	
NHS England	1.5%	2.1%	1.3%	1.7%	1.8%	

- 2.12 Diagnostic performance for Dorset CCG remain variable as at 31st May 2016. Royal Bournemouth Hospital NHS Foundation Trust have now achieved the 1% threshold for four consecutive months and as a result have been removed from the NHS England risk register on performance. A robust contractual recovery action plan (RAP) remains in place with the NHS Foundation Trust to ensure continued delivery of the diagnostic performance.
- 2.13 Both Dorset Healthcare NHS Foundation Trust and Poole Hospital NHS Foundation Trust achieved the standard in May 2016 despite previous recent failings.
- 2.14 Dorset County Hospital NHS Foundation Trust failed to achieve the standard for the fourth consecutive month. The NHS Foundation Trust is reporting non-compliance in a number of areas such as, Ultrasound, Echocardiography, Paediatric Audiology and Neurophysiology.
- 2.15 The NHS Foundation Trust has for some time been struggling with staffing issues and whilst some locum cover is in place the NHS Foundation Trust does not expect to be up to a full staffing compliment until the end of September 2016.
- 2.16 Performance in both Paediatric Audiology and Echocardiography is expected to improve in by 31st July 2016.
- 2.17 The NHS Foundation Trust is undertaking a 'deep dive' into Ultrasound demand and capacity and may look to source additional capacity in the near future.
- 2.18 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 services can be delivered more effectively.

Cancer Standards (Lead Director Mike Wood)

- 2.19 The following tables show the performance of acute Trusts across Dorset CCG for the period ending 30th April 2016.

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

	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Dorset County	85.7%	97.1%	92.6%	98.6%	95.0%	90.2%
Poole	99.9%	98.9%	99.6%	98.6%	99.5%	97.5%
Royal Bournemouth	97.7%	95.9%	98.1%	96.2%	93.1%	84.3%
Salisbury	94.8%	95.6%	94.2%	94.5%	95.7%	93.8%
Yeovil	93.4%	95.4%	95.4%	96.2%	95.7%	96.5%
NHS England	94.8%	94.8%	93.6%	95.4%	94.8%	93.0%

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

	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Dorset County	100.0%	100.0%	100.0%	100.0%	98.4%	97.2%
Poole	99.3%	98.5%	100.0%	98.2%	98.0%	98.6%
Royal Bournemouth	95.8%	95.6%	94.1%	93.4%	93.3%	91.3%
Salisbury	96.8%	98.9%	99.1%	98.4%	98.9%	97.5%
Yeovil	100.0%	98.4%	98.4%	94.7%	97.5%	98.5%
NHS England	96.0%	98.0%	96.9%	97.7%	97.6%	97.4%

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

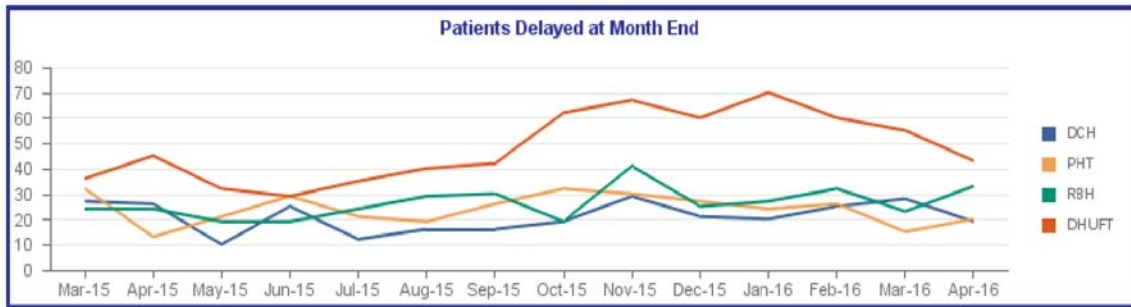
	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Dorset County	79.8%	87.1%	72.5%	66.9%	79.1%	82.5%
Poole	89.4%	87.0%	89.9%	87.3%	86.7%	88.5%
Royal Bournemouth	89.6%	91.0%	84.5%	89.2%	88.0%	87.8%
Salisbury	86.3%	95.6%	85.6%	91.7%	100.0%	84.6%
Yeovil	81.5%	83.1%	83.1%	100.0%	100.0%	84.3%
NHS England	83.4%	84.9%	80.8%	80.8%	83.8%	82.8%

- 2.20 Poole Hospital met all the cancer standards for April 2016;
- 2.21 Dorset County Hospital did not meet the 2WW wait from urgent GP referral, achieving 90.2% against the 93% target. Also failing the 62 day wait from referral (standard) 82.5% against 85% standard, and the 62 day wait from National Screening Programme 88.9% against 90% target.
- 2.22 RBCH did not meet the 2WW wait from urgent GP referral, achieving 84.3% against the 93% target nor the 31 day wait for first treatment 91.3% against 96% target.
- 2.23 Overall the CCG failed two of the performance standards for April as a commissioner, achieving 90.2% against 93% target for 2WW wait from urgent GP referral, and 84.8% against 85% target against the 62 day wait from referral standard.

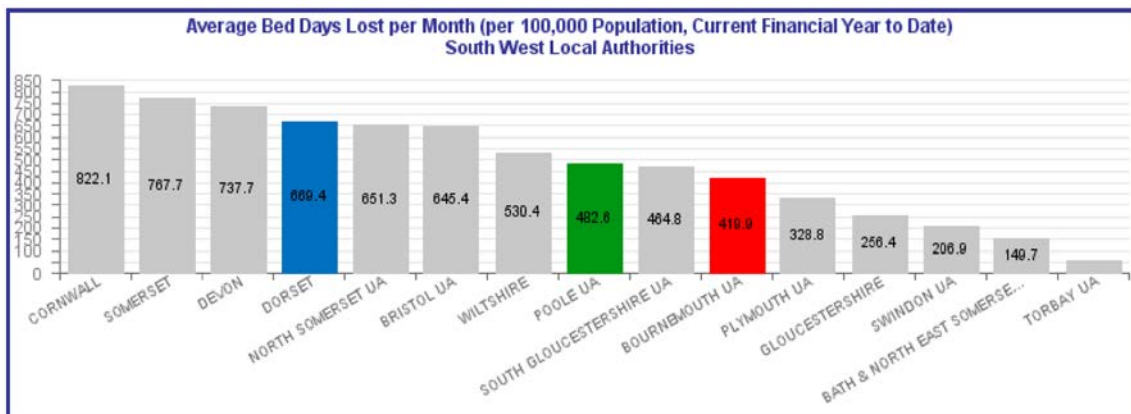
2.24 The corrective performance actions regarding improving and sustaining cancer performance is included within the **System Resilience report update**.

Delayed Transfers of Care

2.25 Delayed Transfers of Care for the period ending 30th April 2016 fell to the lowest level of delays recorded since September 2015, however remain high.



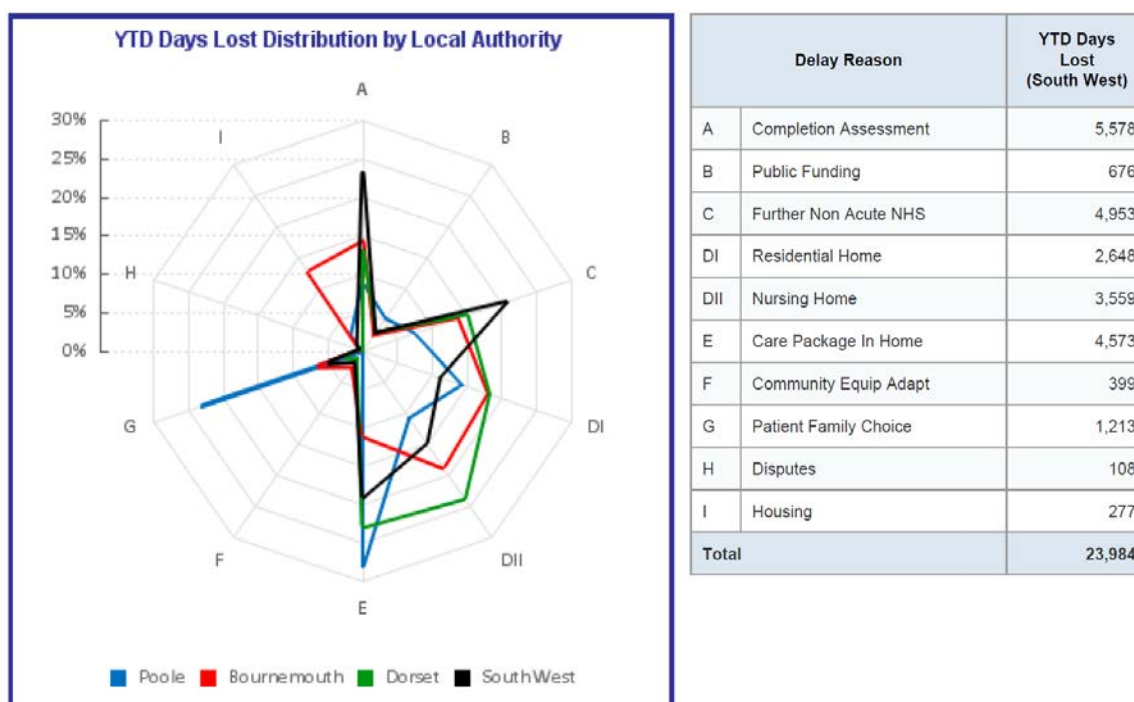
The graph below identifies the rate of bed days lost by local authority for the year to 30st April 2016.



2.26 Of the 15 authorities listed above, Dorset County Council is now recording the 4th highest rate of bed days lost. Poole LA is recording the 8th highest whilst Bournemouth LA now has the 10th highest rate of bed days lost. This represents a significant improvement on the recorded positions in 2015/16. This does however represent only one months data and is subject to significant variation.

2.27 The following chart identifies the reasons why bed days are lost, by local authority for the year to 30st April 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.

9.2



- 2.28 Throughout April 2016, a significant number of bed days were lost where these were attributable to 'Care Packages In Home' and 'Patient and Family choice' mainly in the Poole Hospital/Poole LA area.
- 2.29 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.
- 2.30 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.
- 2.31 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.
- 2.32 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.

Urgent and Emergency Care (Lead Director Mike Wood)

- 2.35 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)

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
Dorset County	95.0%	92.1%	91.0%	87.2%	88.9%	94.4%
Poole	90.7%	87.1%	84.5%	82.7%	89.1%	91.1%
Royal Bournemouth	95.7%	90.9%	92.6%	90.2%	91.2%	94.9%
Salisbury	93.9%	94.1%	92.6%	90.5%	90.5%	TBC
Yeovil	93.0%	90.5%	91.2%	88.1%	92.1%	TBC
NHS England	91.0%	88.7%	87.8%	87.3%	90.0%	TBC

- 2.36 Performance has improved significant in the past couple of months however still remains under the 95% standard for all providers locally. Dorset wide performance however remain largely positive when compared to NHS England performance.
- 2.37 SWASFT 999 underperformed against all 'Red' standards in 2015/16 and continues to underperform against the 75% standard as at 31st May 2016.
- 2.38 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.
- 2.39 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 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.
- 2.40 Performance metrics from April 2016 onwards will therefore focus on the revised ambulance quality indicators introduced with this pilot. The tables below reflect reporting against the new quality standards and direct comparisons against the previously reported Red1 standard should be avoided.
- 2.41 Investment into Right Care 2 for 2016/17 has been secured and Dorset CCG is 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.
- 2.42 The table below identifies performance for the period ending 31st May 2016 for both the aggregated provider performance and Dorset CCG performance.

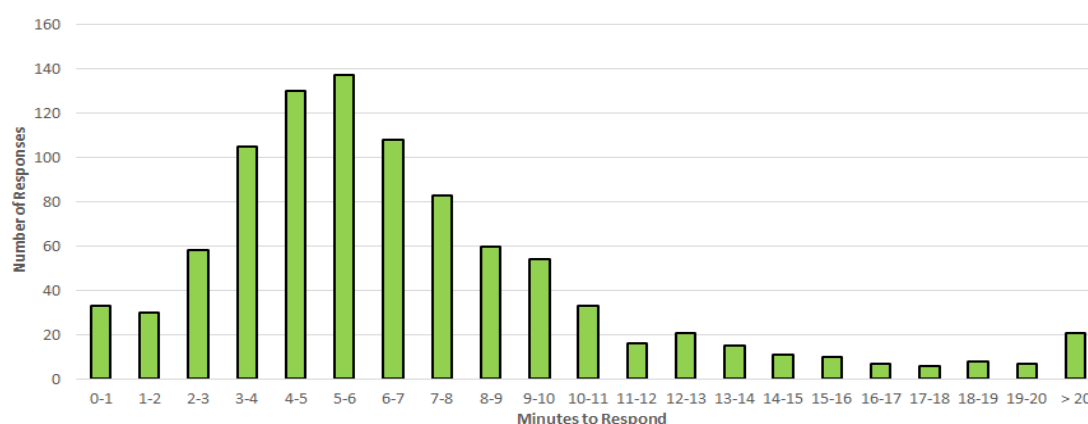
SWAST (Provider Level)

	Apr 16	May 16
Response within 8 minutes	66.8%	69.0%

Dorset CCG

	Apr 16	May 16
Response within 8 minutes	70.4%	72.3%

- 2.43 The graph below identifies the number of responses across Dorset in May 2016 and the respective minutes to respond. Despite failing to achieve the 75% standard in May 2016 the majority of patient breaches occurred in both the 8-9 and 9-10 minute response time cohorts.



- 2.44 National benchmarking data is available against a number of the main ambulance service standards however this is only available for the period ending 30th April 2016. The table below identifies the performance of SWASFT compared to other ambulance service providers nationally, against the key ambulance provider standard.

Name	Proportion of Red 1 calls responded to within 8 minutes
England	71.3%
West Midlands Ambulance Service NHS Foundation Trust	76.8%
North West Ambulance Service NHS Trust	76.5%
South Central Ambulance Service NHS Foundation Trust	75.1%
South Western Ambulance Service NHS Foundation Trust	72.7%
South East Coast Ambulance Service NHS Foundation Trust	70.1%
London Ambulance Service NHS Trust	70.0%
Yorkshire Ambulance Service NHS Trust	69.7%
North East Ambulance Service NHS Foundation Trust	69.1%
East Midlands Ambulance Service NHS Trust	66.3%
East of England Ambulance Service NHS Trust	60.8%
Isle of Wight NHS Trust	53.1%

- 2.45 The aggregated monthly 111 service performance remains challenging. The following table identifies the monthly performance for answering calls within 60 seconds.

Performance Target: 95%

Month Ending	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
% Calls answered within 60 seconds	89.8%	93.1%	89.7%	85.4%	94.0%	82.1%

- 2.46 The Dorset 111 service performance improved significantly throughout 2015/16. The service now consistently meets national key performance indicators throughout the week however still continues to underperform against these standards at the weekends. 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.
- 2.47 Work is continuing with SWASFT to improve Dorset 111 and to integrate the service within other service lines such as 999, OOH's and SPoA as part of the integrated urgent care access and advice model which will meet all 12 NHS England Commissioning Standards by April 2018.

Dorset Healthcare University Foundation Trust (Lead Director Mike Wood)

Mental Health Services

- 2.48 As at end 31st May 2016, DHUFT are reporting that 92% of Mental Health Targets are being met.
- 2.49 The Trust is currently failing to achieve:

Community Mental Health Teams (3 indicators);

- CMHT % Adult urgent referrals assessed within 5 days. This indicator is non-compliant for the month of May 2016; compliance reported as 97.7% against a target of 98%. A total of 44 urgent referrals were due to be seen in May 2016 of which one individual was seen outside of the required timescale (6 days).
- CMHT % Adult routine referrals assessed within 28 days. This indicator is non-compliant for the month of May 2016; compliance reported as 76.7% against a target of 95%. A total of 394 routine referrals were due to be seen in May of which 92 were seen outside of the 28 day target. The main factors impacting on performance include workforce and demand pressures. Actions have been agreed with the Trust to address these areas.
- CMHT % Older Urgent referrals assessed within 5 days. This indicator is non-compliant for the month of May 2016; compliance reported as 97.0% against a target of 98%. A total of 33 urgent referrals were due to be seen in May of which one individual was seen outside of the required timescale (6 days).

Memory Assessment Service (2 indicators);

- Trust cancellation rate as a % of all appointments (see below)
- DNA Rate as a % of all appointments. Further analysis of both DNA appointments and Trust cancellation appointments has taken place this month to understand the upward trend shown. Analysis has identified that a significant proportion of these appointments relate to telephone contacts. This is where the service has booked telephone contacts in the RiO diary as a reminder function and do not represent cancellations / DNA of agreed appointments with patients. The Business & Performance Team will be working with the service to rectify the recording of these appointments.

2.50 In addition to the above the Trust is also providing full exception reporting around:

- Early intervention into psychosis (1 indicator);
- Psychiatric liaison (3 indicators);
- Adult eating disorders (1 indicator);
- Steps to wellbeing (2 indicators)

2.51 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

2.52 The national target for dementia diagnosis rates is 66.7% by the end of March 2017 and to maintain this target until 2020. NHS Dorset CCG dementia diagnosis rate was reported 61.1% in May 2016 and is current on a downward trajectory. Local intelligence still indicates that Dorset localities are significantly below the overall CCG performance.

Performance Target: 66.7%

Month Ending	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
Dementia Diagnosis Rate	63.2%	63.0%	62.8%	62.8%	61.4%	61.1%

2.53 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. 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.
- Further understanding needs to be attained with regards the denominator which is being used to calculate the performance and the CCG is currently in discussions with NHS England around this.

Steps to Wellbeing

- 2.54 As part of “Delivering the 5 year forward view” organisations must deliver against a number of new standards in 2016/17. Within Steps to Wellbeing (IAPT): 75% of patients with “common mental health conditions” will be referred to the Improved Access to Psychological Therapies (IAPT) programme and treated within six weeks of referral. In addition, 95% of all patients will be treated within 18 weeks.
- 2.55 The tables below identify the performance as at 31st May 2016.

Performance Target: 75%

	Apr 16	May 16
Wait from Referral to Treatment - Percentage treated within 6 weeks	89.7%	89.6%

Performance Target: 95%

	Apr 16	May 16
Wait from Referral to Treatment - Percentage treated within 18 weeks	99.4%	100.0%

Community Health Services

- 2.56 As at 31 May 2016, DHUFT are reporting that 78.4% of monthly Community Health Services targets are being met.
- 2.57 The Trust is currently failing to achieve:

Community Services Service Metrics	In month	YTD	2016/17 Threshold	Current status	Change from last month
10. Percentage of people on the caseload with a long term condition who have individualised care plans (Purbeck)	78.3%	-	95%	●	↑
15. Leg ulcer healing rates (Level 2a and 2b): Percentage within 24 weeks for the complex pathway	66.7%	-	70%	●	↑
17. Leg ulcers (Levels 2a, 2b and 3): Percentages of patients to be offered an appointment within 10 working days	81.5%	-	98%	●	↑
41. Heart Failure - Percentage of referrals seen within 2 weeks	88.9%	-	100%	●	↑
48. Adult SALT stroke patients assessed within 4 weeks	46.7%	-	95%	●	↓
50. LTC referrals to be seen within 6 weeks of referral	57.3%	-	90%	●	↓
54. For the (less than or equal to) 20% of patients referred for diagnostics or secondary care treatment, target 9 weeks	84.2%	-	90%	●	↓
80. Percentage of patients whose transfer of care from community hospitals is delayed	15.4%	-	7.5%	●	↑
81. Number of bed days lost due to patients whose discharge or transfer from community hospitals is delayed	1251	-	696	●	↑
83. Number of patients whose discharge from acute hospital is delayed due to lack of availability of Community Services	9	-	6	●	↓
113. Audiology < 18week RTT incomplete pathways at month end	82.8%	-	92.0%	●	↓

- 2.58 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:

Adult Speech and Language Therapy

- 2.59 The service is reporting 46.7% to target 95% for the number of Stroke patients seen within 4 weeks. All patients were triaged and prioritised but 8 patients were seen outside of the timeframe; two due to patient choice and six due to capacity constraints.

Delayed Transfers of Care from Community Hospitals

- 2.60 The snapshot day for patients whose discharge from Community Hospitals was delayed was Thursday 26th May 2016. There were a total of 45 reported patient delays giving a percentage of 15.4% to target 7.5%. Whilst the number of patients delayed in May 2016 has increased compared to the snapshot in April, the number of bed days lost (full month actual) is lower than the April snapshot and continues the downward trend since January 2016.

Referral To Treatment (RTT) Incomplete pathways – Audiology

- 2.61 There is only one service breach to the Incomplete pathway reported position across the 28 indicators in the Trust. This is within the Audiology service; the service continues to focus on delivering the 6 week RTA diagnostic target and has been challenged to meet 18 week RTT. The detailed capacity constraints were documented within the April performance report. The service is running a waiting list initiative of 'fitting aid sessions' and has secured additional resource to start in July/August as outlined in the commentary but there remains a risk to the target until resource is in post.

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