

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

<b>Date of the meeting</b>	21/09/2016
<b>Author</b>	P Dove, Head of Performance Intelligence
<b>Sponsoring GB member</b>	P Vater, Chief Finance Officer
<b>Purpose of Report</b>	To note the progress against National and Local Performance Standards for 2016/17.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report and make recommendations.
<b>Stakeholder Engagement</b>	N/A
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

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

Initials : PD

## 1. Introduction

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

## 2. Performance Report 2016/17

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

	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
RTT within 18 Weeks Target: 92%	93.4%	92.2%	92.2%	92.2%	91.8%	91.5%
6 Week Diagnostics Target: 1%	1.1%	2.3%	1.5%	1.9%	3.2%	2.6%
14 Day Cancer Target: 93%	97.5%	95.4%	90.2%	96.6%	98.1%	98.1%
31 Day Cancer Target: 96%	97.4%	97.4%	96.1%	97.0%	99.1%	99.3%
62 Day Cancer Target: 85%	81.2%	86.3%	84.8%	82.8%	87.7%	87.7%
SWAST Red Response Target: 75%			66.8%	69.0%	69.8%	65.9%

- 2.2 Performance, by NHS Foundation Trust is set out below and where applicable comparisons are made against NHS England performance.

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

- 2.3 The performance of providers within the Dorset Clinical Commissioning Group health community is shown below at aggregate level for the period ending 31<sup>st</sup> July 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%

	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Dorset County	93.3%	91.1%	90.8%	90.6%	88.5%	87.5%
Poole	93.2%	92.3%	93.0%	93.2%	93.1%	93.0%
Royal Bournemouth	92.8%	92.1%	92.3%	92.4%	92.4%	92.2%
Dorset Healthcare	98.2%	99.1%	99.1%	98.7%	98.4%	98.8%
Salisbury	92.2%	92.2%	91.1%	90.9%	90.1%	90.7%
Yeovil	92.1%	91.5%	90.7%	91.3%	89.3%	89.3%
NHS England	91.1%	90.4%	91.3%	91.8%	91.5%	91.3%

## 9.2

- 2.4 The table above displays a further decline in performance for Dorset County Hospital NHS Foundation Trust (DCH). Performance at both Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust remains resilient around the 92% national standard.
- 2.5 A contractual query notice has been issued on the 4 July 2016 to Dorset County Hospital NHS Foundation Trust regarding the lack of compliance with the NHS Constitutional standards. Remedial actions have been discussed with senior officers of the Trust and actions agreed to hopefully recover performance in the late stages of quarter 3.
- 2.6 Ophthalmology continues to drop below the target at Dorset County Hospital NHS Foundation Trust with the standard now at 69.5% (previously 72.8%). ENT, Cardiology and Gastroenterology all failed the standard in July 2016. Gastroenterology achieved 65.9% in July 2016.
- 2.7 A review of pathways and protocols is underway within Ophthalmology with the aim of speeding up the waiting time for a new appointment. In conjunction with this, the cataract protocol is being developed which may reduce the conversion rate for surgery. The backlog of patients will be managed separately and planning is currently underway for the use of a third party provider to carry out additional work.
- 2.8 An action plan within Gastroenterology has been implemented which includes a review of clinic templates, assessment of new referrals, booking of new patients in order and a full review of the outpatient waiting list. Additional capacity is provided wherever possible. Depending on recruitment, the department is expecting to be back on track by end of October 2016.
- 2.9 Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust continue to achieve the 92% national standards despite both providers seeing high levels of RTT backlog, as shown below.
- 2.10 Despite the deteriorating performance and increasing backlog seen across the community, aggregate performance when compared to NHS England average performance remains favourable. Performance against the 92% standard, for the reasons highlighted above has now fallen below the 92% standard for the health community.
- 2.11 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at 31<sup>st</sup> March 2016.

### Weekly PTL Backlog (month end snapshot)

	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Dorset County Adm (607)	607	634	662	693	671	708
Poole Adm (360)	360	354	287	286	312	324
Royal Bournemouth Adm (1160)	1,160	1,333	1,190	1,246	1,136	1,123
Dorset County Non Adm (448)	448	653	515	756	944	1,021
Poole Non Adm (519)	519	463	490	549	488	485
Royal Bournemouth Non Adm (811)	811	878	898	951	1,095	1,044

- 2.12 The information highlighted in the above table indicates the level of backlog (number of patients waiting in excess of 18 weeks), highlighting concerns within admitted and non-admitted pathways.

## Diagnostic Performance

- 2.13 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<sup>st</sup> July 2016:

**Performance Target: <1%**

	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Dorset County	1.3%	5.3%	3.8%	6.3%	10.2%	7.8%
Poole	0.9%	2.5%	1.2%	0.8%	1.7%	0.7%
Royal Bournemouth	0.9%	0.1%	0.0%	0.0%	0.0%	0.0%
Dorset Healthcare	0.3%	3.0%	0.0%	0.2%	2.2%	3.4%
Salisbury	0.1%	0.1%	0.6%	0.2%	1.0%	0.7%
Yeovil	4.7%	2.1%	2.5%	0.3%	0.9%	0.9%
NHS England	1.3%	1.7%	1.8%	1.4%	1.5%	1.4%

- 2.14 Diagnostic performance for Dorset CCG improved marginally in July 2016 however still notably below the 1% national threshold. Aggregate performance for Dorset CCG was 2.6% against recorded performance of 3.2% in June 2016.
- 2.15 Dorset County Hospital NHS Foundation Trust and Dorset Healthcare NHS Foundation Trust both failed the 1% standard.
- 2.16 Performance improved at Dorset County Hospital NHS Foundation Trust in July 2016 however a number of modalities including Non Obstetric Ultrasound, Cardiology, Paediatric Audiology and Endoscopy are still significantly underperforming. All services are currently being impacted by either vacancies or staff sickness.
- 2.17 The Trust expects to be compliant with the 1% threshold for these modalities at differing time periods as shown below:
- Non obstetric Ultrasound, by 31 October 2016.
  - Cardiology, by 31 August 2016
  - Paediatric Audiology, by 31 August 2016
  - Endoscopy, by 31 October 2016
- The Trust is currently recruiting to all vacancies within the above modalities and looking to provide additional capacity where available.
- 2.18 Dorset Healthcare NHS Foundation Trust, for the second month in a row did not achieve the 1% target for diagnostics breaches over six weeks.

## 9.2

- 2.19 In July 2016 the figure was 3.4% with 43 breaches across a number of services. As previously reported there is high demand and capacity constraints in the Audiology service which resulted in half the breaches, and consultant leave and cancelled lists in Endoscopy, Echos and Urodynamics also led to breaches where consultations could not be rescheduled within the target timeframe. The Audiology performance had been formally noted as a performance risk to Dorset CCG in April 2016 given the constraints and remains a risk until additional staff are in post in July 2016 and August 2016. The service continues to focus on delivering to the target and the demand and capacity is subject to weekly scrutiny.
- 2.20 Royal Bournemouth Hospital and Christchurch Hospitals NHS Foundation Trust continues to achieve the 1% standard in July 2016. It should be noted that despite delivering the 1% standard in July 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.

### Cancer Standards (Lead Director Mike Wood)

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

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

	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Dorset County	98.6%	95.0%	90.2%	99.0%	97.8%	98.9%
Poole	98.6%	99.5%	97.5%	99.7%	99.7%	99.8%
Royal Bournemouth	96.2%	93.1%	84.3%	93.6%	97.7%	97.4%
Salisbury	94.5%	95.7%	93.8%	93.6%	93.9%	93.4%
Yeovil	96.2%	95.7%	96.5%	95.5%	93.3%	92.3%
NHS England	95.4%	94.8%	93.0%	94.0%	93.9%	94.4%

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

	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Dorset County	100.0%	98.4%	97.2%	96.7%	98.9%	100.0%
Poole	98.2%	98.0%	98.6%	97.9%	99.4%	100.0%
Royal Bournemouth	93.4%	93.3%	91.3%	98.9%	99.3%	98.9%
Salisbury	98.4%	98.9%	97.5%	95.5%	99.1%	97.8%
Yeovil	94.7%	97.5%	98.5%	96.7%	100.0%	98.0%
NHS England	97.7%	97.6%	97.4%	97.6%	97.6%	97.8%

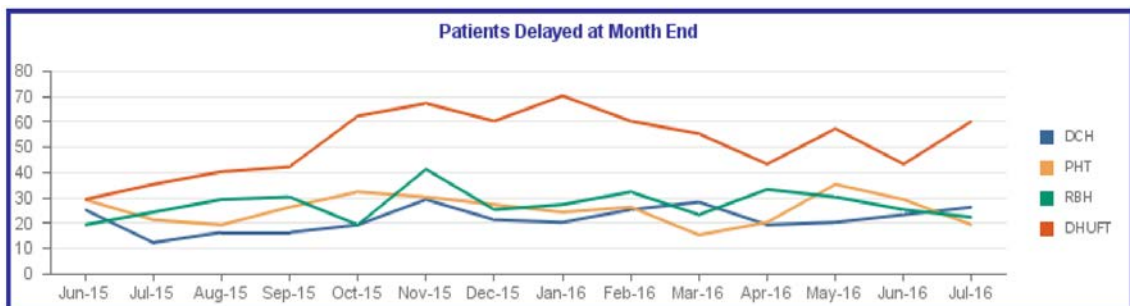
#### 62 day from referral to treatment. (85% Target)

	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Dorset County	66.9%	79.1%	82.5%	77.9%	93.0%	88.6%
Poole	87.3%	86.7%	88.5%	85.2%	85.3%	88.1%
Royal Bournemouth	89.2%	88.0%	87.8%	85.6%	86.7%	87.5%
Salisbury	91.7%	100.0%	84.6%	90.9%	90.5%	92.8%
Yeovil	100.0%	100.0%	84.3%	72.1%	87.4%	90.4%
NHS England	80.8%	83.8%	82.8%	81.3%	82.5%	82.2%

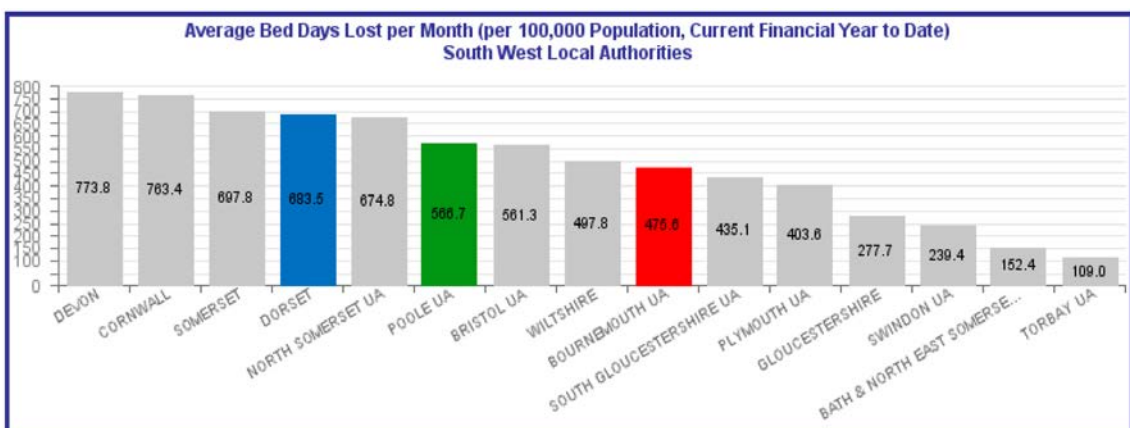
- 2.22 Cancer performance throughout both June 2016 and July 2016 was highly encouraging and indicates that waiting times for Cancer services across Dorset are amongst the best in the country.
- 2.23 It should be noted that providers are held to account contractually for delivering the cancer standards over a three month, quarterly period, to take account of variations in referral/patients exercising choice in treatment decisions and the cancer pathway.
- 2.24 Capacity issues within other Trusts had played a significant part in patients breaching the cancer standards in the past, 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.
- 2.25 The CCG and Provider organisations will continue to focus on delivery against all cancer standards and continue to reflect on 'patient choice' breaches and the impact of increasing cancer campaigns such as the "blood in pee" campaign. In addition further work will be undertaken to understand the significant increases in 2 week wait referrals, particularly around Dermatology services.

## Delayed Transfers of Care

- 2.26 Delayed Transfers of Care continue to remain high for all providers across Dorset. Throughout July 2016 a significant increase in Delayed Transfer of Care can be seen at Dorset Healthcare University NHS Foundation Trust. All NHS Foundation Trusts across Dorset exceed the expected level of Delayed Transfers of 3.5% of occupied beds.



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



- 2.27 Of the 15 authorities listed above, Dorset County Council is now recording the 4<sup>th</sup> highest rate of bed days lost. Poole LA is recording the 6<sup>th</sup> highest whilst Bournemouth LA now has the 9<sup>th</sup> highest rate of bed days lost when benchmarked across the South West.
- 2.28 The following chart identifies the reasons why bed days are lost, by local authority for the year to 31<sup>st</sup> July 2016. This is compared against the position for the South West area and highlights a number of key issues seen across Bournemouth, Poole and Dorset health communities.
- 2.29 Throughout the period, a significant number of bed days were lost where these were attributable to 'Care Packages In Home'. All three authorities across Dorset reported significantly more bed days lost in percentage terms than the South West average with the Poole area reporting that 40% of their delays relate to 'Care Packages In Home'.
- 2.30 Delayed Transfers of Care continue to be the greatest cause of concern reflected in the fact that Dorset has received National support to try to identify any areas that could be improved and form an action plan.
- 2.31 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.
- 2.32 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)

- 2.33 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)

	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Dorset County	91.0%	87.2%	88.9%	94.4%	92.0%	91.0%
Poole	84.5%	82.7%	89.1%	91.1%	90.9%	91.3%
Royal Bournemouth	92.6%	90.2%	88.9%	93.8%	96.0%	95.8%
Salisbury	92.6%	90.5%	90.5%	94.1%	92.8%	90.1%
Yeovil	91.2%	88.1%	92.1%	92.7%	88.6%	90.6%
NHS England	87.8%	87.3%	90.0%	90.2%	90.5%	90.3%

- 2.34 Performance against the four hour emergency department standard remains below the 95% standard across the CCG.

2.35 Systems Resilience Groups (SRGs) are now expected to focus on Urgent Care and particularly Emergency Departments and will be renamed as A&E delivery boards. At local level, all systems are asked to implement five mandated initiatives to improve performance:

- Introduce primary and ambulatory care screening in the Emergency Department.
- Increase the proportion of NHS 111 calls handled by clinicians.
- Implement the Ambulance Response Programme (Dispatch on Disposition and improved Clinical Coding).
- Implement SAFER and other measures to improve in-hospital flow.
- Implement Discharge best practice to reduce DToCs (Discharge to Assess, Trusted Assessor etc).

### **South Western Ambulance NHS Foundation Trust (999 services)**

2.36 From the 19th April 2016 the Trust commenced participation in phase 2 of the dispatch on disposition pilot now referred to Ambulance Response Programme (ARP). This changes the categorisations of 999 calls. From this point all 999 calls are categorised as red, amber or green with revised response targets. The pilot has a robust governance and safety framework attached to it and will be monitored by NHS England to ensure patients are not harmed.

2.37 Since the commencement of the Ambulance Response Programme (ARP) the proportion of incidents identified as Red has been between 5% and 6% Trust wide. This compares to 37% for Red (2% Red 1, 35% Red 2) under the previous code set.

2.38 The Trust has also seen an increase in Hear & Treat rates from 8% prior to commencement of the Dispatch on Disposition pilot (in February 2015) to 13% in June 2016.

2.39 The table below identifies performance for the period ending 31<sup>st</sup> July 2016 for both the aggregated provider performance and Dorset CCG performance.

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

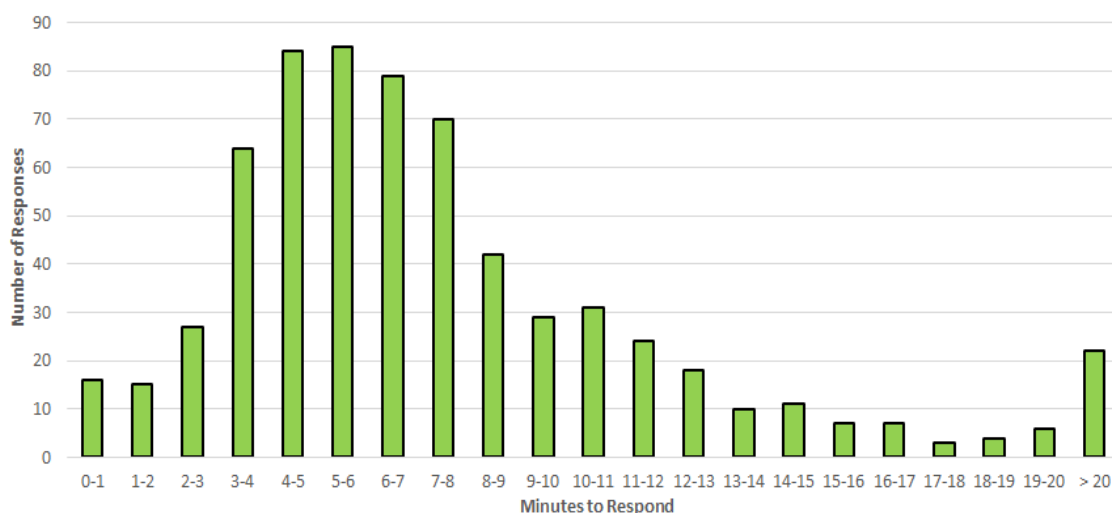
Priority: Red Response	Apr 16	May 16	Jun 16	Jul 16
SWAST	66.8%	69.0%	69.8%	65.9%
Dorset CCG	70.4%	72.3%	73.2%	67.3%

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

Priority: Red T Response	Apr 16	May 16	Jun 16	Jul 16
SWAST	81.3%	83.1%	84.2%	83.1%
Dorset CCG	83.7%	86.9%	86.6%	87.6%

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





- 2.41 Throughout July 2016 the number of patients being responded to outside of the 8 minute standard increased from 155 breaches in June 2016 to 214 breaches in July 2016. The significant increase occurred mainly in the 8-9 minute cohort however of more concern a significant increase has been seen in those patients responded to greater than 20 minutes.
- 2.42 An action plan has been implemented from June 2016. The plan was designed to improve the performance of SWASFT under the ARP trial and explore the impact on clinical outcomes. It focussed on short and mid-term measures in a number of areas to both fix outstanding issues and underpin the changes needed longer-term to fully embed ARP into the organisation. The key actions include:
- Operational - additional changes to Control and Despatch system to reduce allocation times;
  - Fleet - increase the number of Double Crew Ambulances available to support 'transport' categories;
  - Improvement to call escalation arrangements with real-time review by clinicians;
  - Code review - analysis of codes for Amber R calls that have high proportion of non-ambulance responses and were subsequently attended (e.g. patient in public place or no transport).

## South Western Ambulance NHS Foundation Trust

### (111 services)

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

#### Performance Target: 95%

Month Ending	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
% Calls answered within 60 seconds	89.7%	85.4%	94.0%	82.1%	83.8%	78.9%

- 2.44 The Dorset 111 service is continuing to support New Devon and Cornwall CCG with their 111 calls during peak times over the weekends whilst they move to new providers of the service. Performance is being regularly reviewed and monitored through the executive oversight group (EOG) which holds twice weekly calls and involves all stakeholders.
- 2.45 A Regulatory Consolidated Action Plan and Service Improvement Plan has been developed by SWASFT and is updated and reported on weekly and through monthly contract review meetings.
- 2.46 It is anticipated that Dorset CCG will be able to cease this additional support from October 2016 and hence see an improved performance position.
- 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 Dorset Healthcare NHS Foundation Trust is assessed by NHS Improvement on a number of Mental Health services. The table below highlights the performance of the NHS Foundation Trust in delivering performance against the standards assessed by NHS Improvement for the period ending 31<sup>st</sup> July 2016.

### **NHS Improvement Compliance**

<b>NHS Improvement Mandatory Service Targets</b>	Target	July Performance
Individuals on enhanced CPA receiving follow up within 7 days	95%	98.8%
Individuals on enhanced CPA having formal review within 12 months	95%	96.0%
Delayed Discharges (Mental Health)	7.5%	6.1%
Inpatient Access to Crisis Resolution Home Treatment services	95%	98.1%
Early Intervention in Psychosis waiting times	50%	63.2%

- 2.49 As at 31 July 2016, DHUFT are reporting that 85% of Mental Health Targets are being met. The table below highlights the performance of Dorset Healthcare NHS Foundation Trust over the past 4 months showing the overall level of compliance within Mental Health services.

	Apr 16	May 16	Jun 16	Jul 16
Dorset Healthcare NHS Foundation Trust, overall compliance against Mental Health Indicators	76%	75%	83%	85%

- 2.50 The above table indicates that DHUFT are making good progress in delivering local quality standards within Mental Health so far in 2016/17.

2.51 The NHS Foundation Trust did not achieve 6 standards in July 2016, these related to:

- Memory Assessment Service (2 indicators);
- % of Adult Routine Referrals assessed within 28 days;
- IRAC (Identify and Rate the aim of the contract – Percentage of cases completed within the reporting period;
- % of cases on psychosis pathway with a cardia – metabolic assessment completed and recorded;
- Delayed discharge days (health related only) for all inpatients in month as % of all inpatient bed days.

2.52 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

2.53 The national target for dementia diagnosis rates is 67% by the end of March 2016 and to maintain this target until 2020. NHS Dorset CCG dementia diagnosis rate was reported 61.6% in July 2016. Local data continues to show significant variation across Dorset.

Month Ending	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Dementia Diagnosis Rate	62.4%	62.2%	61.4%	61.1%	61.4%	61.6%

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

- 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.

## Steps to Wellbeing

- 2.55 The Improving Access to Psychological Therapies (IAPT) programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
- 2.56 Originally launched in 2008, the Improving Access to Psychological Therapies (IAPT) programme is a large-scale initiative that aims to significantly increase the availability of NICE-recommended psychological treatments for depression and anxiety disorders, within NHS-commissioned services in England.
- 2.57 In 2016/17, two new national performance standards were introduced;
- Wait from Referral to Treatment - Percentage treated within 6 weeks
  - Wait from Referral to Treatment - Percentage treated within 18 weeks
- 2.58 Performance against these standards has been reported since April 2016 and continue to be achieved by Dorset Healthcare NHS Foundation Trust.

### Performance Target: 75%

	Apr 16	May 16	Jun 16	Jul 16
Wait from Referral to Treatment - Percentage treated within 6 weeks	89.9%	88.4%	87.7%	86.5%

### Performance Target: 95%

	Apr 16	May 16	Jun 16	Jul 16
Wait from Referral to Treatment - Percentage treated within 18 weeks	99.5%	99.6%	99.9%	99.6%

### Performance Target: 50%

	Apr 16	May 16	Jun 16	Jul 16
Number (%) of people who are 'moving to recovery' (those who at initial assessment achieved caseness and at final session did not)	59.4%	57.7%	54.8%	58.2%

- 2.59 The NHS Foundation Trust is also on target to deliver both the moving to recovery performance standard of 50% (achieved 58.2% in July 2016) and the access to Psychological Therapies standard of 15% (achieving 16.4% in the first four months of 2016/17).

## CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

- 2.60 The Joint Commissioning Operational Group and leads from within the Maternity and Family Health Team have been working closely with DHUFT management and clinical leaders to monitor the service and to highlight and understand the performance issues and drive work to support improvement. Areas have been highlighted and are now being addressed are leadership arrangements within DHC, the use of data and intelligence by the service to understand the issues and to form the basis for improvement plans with clear actions against timescales to achieve specific outcomes.
- 2.61 DHUFT are currently updating their overall improvement plan to include progress and any new actions identified. A brief update on progress is outlined below:
- Performance has improved ahead of trajectory in all bar two areas for the month of July. Whilst there continues to be a lot of work to do, an effort is now being focused on ensuring access standards are improving;
  - Recruitment to additional funded posts, with particular benefits already being realised from the appointment of a psychiatric liaison nurse in East Dorset resulting in the development of joint working relationships with staff in the acute hospitals;
  - The new CQC draft report has taken CAMHS from 'requires improvement' to 'good';
  - A series of engagement events have been held with CAMHS clinical staff to better understand their position and also look at developing a vision and strategy for Dorset CAMHS. This is forming part of DHC's communication and participation work and will lead onto a consultative piece of work with key stakeholders and service users;
  - The service is hoping to launch an electronic solution to the completion of routine outcome measures and YP satisfaction measures in the autumn 2016. This will ensure much higher completion rate and better young people and clinician satisfaction in completing measures;
  - The CAMHS Transformation Group and associated work streams are now becoming more embedded. In particular, the participation work stream now has regular attendance by parent and young people;
  - The service is actively involved in the development of the Implementation Plan for the new Pan Dorset Emotional Wellbeing and Mental Health Strategy for Children and Young People (2016-2020).
- 2.62 The following two tables identify the current waiting time for the CAMHS service with relevant DNA rates and service waiting times by locality team across Dorset.

**Trend in Waiting Time and DNA Rate – Performance Target: 95%**

	Tier 3 (4 Weeks)	Tier 2 (8 Weeks)	RTT 18 Weeks	First Appt DNA Rate	F/U Appt DNA Rate
Jul 2015	66%	46%	61%	11%	16%
Aug 2015	62%	70%	75%	9%	16%
Sep 2015	57%	61%	64%	7%	14%
Oct 2015	72%	77%	62%	15%	14%
Nov 2015	76%	89%	65%	14%	15%
Dec 2015	70%	85%	74%	10%	15%
Jan 2016	67%	83%	73%	10%	14%
Feb 2016	54%	85%	69%	10%	15%
Mar 2016	61%	82%	78%	10%	16%
Apr 2016	62%	69%	75%	15%	16%
May 2016	54%	70%	76%	13%	16%
Jun 2016	65%	82%	73%	13%	15%
Jul 2016	81%	92%	79%	10%	16%

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

	B&C	East Dorset	North Dorset	Poole	West Dorset	W&P	Total
Tier 3	61%	100%	92%	75%	100%	100%	81%
Tier 2	68%	100%	100%	93%	100%	100%	92%
RTT	62%	94%	100%	79%	100%	79%	79%

**Community Health Services**

- 2.63 As at 31 July 2016, DHUFT are reporting that 75% of monthly Community Health Services targets are being met. The table below highlights the performance of Dorset Healthcare NHS Foundation Trust over the past 4 months showing the overall level of compliance within Community Health services.

	Apr 16	May 16	Jun 16	Jul 16
Dorset Healthcare NHS Foundation Trust, overall compliance against Community Health Indicators	78%	78%	79%	75%

- 2.64 The above table indicates that DHUFT are consistently achieving a good level of compliance in delivering local quality standards within Community Health services in 2016/17. The number of service breaches however did increase in July 2016 and this will be monitored closely through the contract review meetings.
- 2.65 The NHS Foundation Trust did not achieve 13 standards in July 2016, the main standards not achieved are shown below:

- Ambulatory Leg Ulcer Service (3 indicators);
- Stroke Services (2 indicators);
- Adult Speech and Language Service (3 indicators);
- MSK Service (1 indicator);

- Overall Percentage of Diagnostic Breaches over 6 weeks (1 indicator).
- 2.66 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report.
- 2.67 **Ambulatory Leg Ulcer Service:** The Service Improvement Plan within the service is progressing well. Revised operational processes have been worked up with the Service Lead with the aim of simplifying administrative record keeping, automating manual processes and improving monitoring of patients in the different clinical pathways. A review meeting with Dorset CCG will take place on 2nd September. In terms of Key Performance Indicators, the service has again achieved 100% in July for the number of patients contacted within 3 working days and is reporting 88.9% for the number of patients offered an appointment within 10 working days. This is the best result since August 2015. In July there were just two breaches due to difficulties with clinic capacity that are being dealt with as part of the Service Improvement Plan.
- 2.68 **Stroke Services:** The service is reporting 79.3% against target 85% for patients accepting a review. Ten patients moved out of the area, three patients declined, two accepted but did not attend and four died. The service is also reporting 66.7% against target 85% for patients in nursing or care homes accepting a review. One patient moved out of the area and two died.
- 2.69 **Adult Speech and Language Therapy:** The service is reporting 80.0% to target 95% for the percentage of Stroke patients seen within 4 weeks. This is a significant improvement on the June figure of 58.8%. There were just two breaches in July due to capacity constraints. All patients were triaged and prioritised.
- 2.70 The service is also reporting slightly below target at 93.5% to target 95% for the percentage of LTC patients seen within 8 weeks and 78.7% against target 90% for patients seen within 8 weeks. This latter result is a further improvement on the June performance and the best result since February.
- 2.71 A detailed update on the high demand of referrals and the capacity constraints within the service has already been provided. Most of the breaches were in Bournemouth & Christchurch where recruitment is progressing as planned, and five of the breaches were due to patient choice. However, sickness in the Central Team has now reduced capacity there and further breaches may now occur, although the service manager is doing everything possible to support that team.
- 2.72 **Muskulo Skeletal Service (MSK) pan Dorset:** The service manager has separately notified Dorset CCG with regard to the service. In July the service is reporting 89.6% against target 90% for referrals to secondary care within nine weeks. However, this figure is subject to further checks and validation as the service is partly through its transfer to SystemOne. Any necessary amendments will be made as soon as possible. Onward referral continues to happen as quickly as possible once the need is identified. Administration staff are reviewing and contacting those who are waiting longer to see if any patient is prepared to travel for an earlier appointment. The service has recruited two new ESPs (part time) who will be able to join the service from August and undertake a period of training to be able to deliver additional capacity to address the increased waiting times. The extended skills of the staff required to undertake these roles means it is challenging to find locum staff to address the gap in the interim. Where possible to avoid extensive waits for people who may need to go on to secondary care, the service triages and sends on where secondary care input is obvious from the referral letter.

- 2.73 **Diagnostics:** For the second month running Dorset Healthcare has not achieved the 1% target for diagnostics breaches over six weeks. In July the figure was 3.4% with 43 breaches across a number of services. As previously reported there is high demand and capacity constraints in the Audiology service which resulted in half the breaches, and consultant leave and cancelled lists in Endoscopy, Echos and Urodynamics also led to breaches where consultations could not be rescheduled within the target timeframe.
- 2.74 The Audiology performance had been formally noted as a performance risk to Dorset CCG in April given the constraints and remains a risk until additional staff are in post in July and August. The service continues to focus on delivering to the target and the demand and capacity is subject to weekly scrutiny.
- 2.75 In the other services where breaches have occurred demand and capacity is being urgently reviewed and additional capacity created where this is possible. The effectiveness of the waiting list management processes are also being reviewed, with more comprehensive control mechanisms put in place to monitor waiting lists and proactively avoid breaches. Improvement ideas are being generated and implemented in partnership with the consultants.

## 3. Quality Premium

### Quality Premium Report 2016/17

- 3.1 The 'Quality Premium' reward to be paid to CCGs in 2016/17 will be subject to the CCG delivering financial targets within resources and managing performance across a range of NHS Constitution requirements, rights and pledges. In addition, the amount of reward will be based on performance across four national measures and three local measures as follows:
- 3.2 New Cases of Cancers diagnosed at an early stage - (20 per cent of quality premium).
- 3.3 GP Patient Survey: Overall experience of making a GP appointment - (20 per cent of quality premium).
- 3.4 Increase in the proportion of GP referrals made by E-referral - (20 per cent of quality premium).
- 3.5 Antimicrobial resistance (AMR): Improving antibiotic prescribing in primary care - (10 per cent of quality premium).
- 3.6 Reported to estimated prevalence of COPD on GP registers as a % of estimate prevalence - (10 per cent of quality premium).
- 3.7 Number of Patients in known AF before stroke admitted to hospital that had been prescribed anticoagulation prior to stroke - (10 per cent of quality premium).
- 3.8 Delayed Transfers of Care: From hospital per 100,000 population aged 18+ -(10 per cent of quality premium).



3.9 The highlights from this report are shown below. As in previous years an adjustment will be made based on performance against the pre-qualifying NHS Constitution areas. Each Acute Provider has now submitted trajectories as part of the Sustainable Transformation Fund against each NHS Constitutional area. The CCG will be assessed on the combined performance of the organisations against the combined trajectories submitted. The position for the period ending 31<sup>st</sup> July 2016 is shown below:

- Non Achievement of the 18 Week RTT (92% standard on incomplete pathway).
  - \* Poole Hospital NHS Foundation Trust is currently underperforming against their submitted STF Trajectory;
  - \* Dorset County Hospital NHS Foundation Trust is currently underperforming against their submitted STF Trajectory;
  - \* Royal Bournemouth Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory.
- Achievement of the maximum 4 hour emergency department wait standard (95% standard on incomplete pathway).
  - \* Poole Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory;
  - \* Dorset County Hospital NHS Foundation Trust is currently underperforming against their submitted STF Trajectory;
  - \* Royal Bournemouth Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory.
- Achievement of the maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer (85% standard).
  - \* Poole Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory;
  - \* Dorset County Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory;
  - \* Royal Bournemouth Hospital NHS Foundation Trust is currently achieving their submitted STF Trajectory.
- Dorset CCG and SWAST are expected to achieve the maximum 8 minute response for Category A (Red 1) ambulance calls standard in 2016/17. In April 2016 SWAST commenced participation in phase 2 of the dispatch on disposition pilot now referred to Ambulance Response Programme (ARP) and as such are not monitored against the standards referred to within the quality premium guidance. Dorset CCG is therefore expecting to receive notification that we will not be penalised for undertaking this pilot and that from the perspective of the quality premium will mean this element is achieved.

3.10 At the first adjustment, the current expected reduction therefore for the period ending 31<sup>st</sup> July 2016 would be 25% of the total quality premium available.

## 9.2

- 3.11 Performance against the national and local quality standards is shown below, where data is not available an initial assessment has been undertaken however this must be used with caution.
- 3.12 New Cases of Cancers diagnosed at an early stage - (20 per cent of quality premium). 2015/16 data is not currently available and 2016/17 data will not be available until later in 2017/18. The CCG current performance is below national average levels and therefore performance is not expected to reach the required thresholds.
- 3.13 GP Patient Survey: Overall experience of making a GP appointment - (20 per cent of quality premium). The current aspiration is to deliver a minimum 3 percentage point increase in the number of respondents who said they had a good experience of making an appointment, from the July 2016 publication. The CCG is currently expecting not to deliver this standard.
- 3.14 Increase in the proportion of GP referrals made by E-referral - (20 per cent of quality premium). The CCG is expecting to achieve this standard and is making progress on increasing the level of E-Referrals. The CCG is now able to access monthly information at Provider and GP Practice level.
- 3.15 Antimicrobial resistance (AMR): Improving antibiotic prescribing in primary care - (10 per cent of quality premium). The CCG is expecting to achieve this standard. The CCG is now able to access monthly information to determine current performance.
- 3.16 Reported to estimated prevalence of COPD on GP registers as a % of estimate prevalence - (10 per cent of quality premium). The CCG is expecting to achieve this standard. The CCG is now able to access local monthly information to determine current performance at GP Practice level.
- 3.17 Number of Patients in known AF before stroke admitted to hospital who had been prescribed anticoagulation prior to stroke - (10 per cent of quality premium). The CCG is expecting to achieve this standard. Information is reported 3 times per year through Sentinel Stroke National Audit Programme (SSNAP). Information for the period ending 31<sup>st</sup> July 2016 will be available in October 2016.
- 3.18 Delayed Transfers of Care: From hospital per 100,000 population aged 18+ -(10 per cent of quality premium). The CCG is expecting to achieve this standard. Dorset CCG is reporting concerns against the number of patients who are reported as a delay. The level of delayed patients fluctuates monthly and over the course of 2016/17 there remains very little progress. More positively however is despite the high volumes of delays, organisations have focused on the more complex and longer stay patients, this in turn has reduced the number of delayed days across the system, by around 10%. Further work of course needs to be done in this area to sustain and improve on this performance and focus on reducing the number of overall delays in the system.
- 3.19 A full assessment and financial implication will be assessed further later this year.

## 4. Primary Care

- 4.1 Dorset CCG received Full Delegation for the commissioning of Primary Medical Care Services in April 2016 taking on the responsibility for the management of, and finance decision making for, the Primary Medical Care Contracts (PMS/GMS/APMS). Contract management of the GMS/PMS/APMS requires joint working with internal and external stakeholders (including Public Health) to develop profiles for each practice across Dorset through a triangulation of data sources as well as joint development of support packages to improve performance.
- 4.2 A general practice 'profiling' and 'contract management' group has been set up to support this. While the Delegation Agreement signed by NHS Dorset CCG in April 2016, outlines the requirement for robust monitoring and management of primary care contracts the CCG also recognises that in order to support practices and manage their contracts, it is vital that accurate and up to date information is collected at the outset. This also provides the CCG with the information required to support vulnerable practices.
- 4.3 The practice profiling group was formed in June 2016 with representatives from Dorset CCG Quality / Business Intelligence / Primary Care Team and LMC. These are undertaken monthly with information from Public Health utilised in this group contributing to the overall profiling of practices. The profiling work will inform the support required to practices and is distinct from any contract management work undertaken.
- 4.4 The intention is that the profile will be used to stimulate discussion within practices, localities, or groups of practices, to highlight and share elements of best practices, understand and reduce variation in quality of general practice and foster a culture of learning.
- 4.5 Some immediate priorities for the Commissioning and Contracting Function of the Primary Care Team in 2016/17 and 2018/19 are:
- Improve sustainability of General Practice by identifying vulnerability and putting a resilience plan in place.
  - Identify and address variation using local and national intelligence through profiling and putting support packages in place to enable practices and localities to understand why variation exist. Incentives and resources to be provided to enable this work (CCLIP / Business Intelligence and Primary Care Team working with practices, localities and Locality chairs).
- 4.6 Work from the profiling group is fed back to the Primary Care Commissioning Committee (PCCC) providing updates on vulnerability, variation and trends across the County. Practice profiling will also support the Primary Care strategy delivery plans including developing the local blueprints for the delivery of future models of care and contribute towards the Sustainability and Transformational Plan (STP).

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