

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
QUALITY PREMIUM REPORT**

<b>Date of the meeting</b>	21/05/2014
<b>Author</b>	P Dove – Head of Performance Intelligence
<b>Sponsoring Board Member</b>	P Vater – Chief Financial Officer
<b>Purpose of Report</b>	To note the progress against National and Local Performance Standards for 2013/14
<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 Assurance Domains</b>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Engagement</li> <li>• Outcomes</li> <li>• Governance</li> <li>• Partnership-Working</li> <li>• Leadership</li> </ul>		
<b>I confirm that I have considered the implications of this report on each of the matters below, as indicated:</b>	<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	✓		✓

Initials :PD

## 1 Introduction

- 1.1 The 'Quality Premium' is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.
- 1.2 The 'Quality Premium' reward to be paid to Clinical Commissioning Groups in 2014/15 will be subject to the Clinical Commissioning Group 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.
- 1.3 The four national measures, all of which are based on measures in the NHS Outcomes Framework, are:
  - **Reducing potential years of lives lost through amenable mortality** (12.5 per cent of quality premium): the overarching objective for Domain 1 of the NHS Outcomes Framework;
  - **Reducing avoidable emergency admissions** (25 per cent of quality premium), a composite measure drawn from four measures in Domains 2 and 3 of the NHS Outcomes Framework;
  - **Ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services** (12.5 per cent of quality premium), based on one of the overarching objectives for Domain 4 of the NHS Outcomes Framework;
  - **Preventing healthcare associated infections** (12.5 per cent of quality premium), based on one of the objectives for Domain 5 of the NHS Outcomes Framework.
- 1.4 The three local measures should be based on local priorities such as those identified in joint health and wellbeing strategies. These will be agreed by individual Clinical Commissioning Groups with their Health and Wellbeing Boards and with the area team of the NHS Commissioning Board (NHS CB).
- 1.5 The three local measures agreed for 2013/14, all of which are based on measures in the NHS Outcomes Framework and represent 12.5 per cent of quality premium are:
  - Total health gain assessed by patients by difference between the pre-operative score and post-operative score as completed by the patient;
  - Number of people diagnosed / Prevalence of dementia;
  - Under 75 mortality rate respiratory disease.

## 2 Overview of Current Position (NHS Constitution Requirements)

- 2.1 The assessment for the period ending 31 March 2014 is shown in Appendix 1.
- 2.2 As at the period ending 31 March 2014 the Clinical Commissioning Group is not achieving two of the four key NHS Constitution standards.
- 2.3 Dorset Clinical Commissioning Group worked closely with South West Ambulance Service Trust to ensure the Category A8 (Red 1 standard) would be achieved in 2013/14, however despite notable improvements in the service throughout the last few months of 2013/14 the year to date position did not achieve the 75% standard.

Category A8 Critical (Red 1 Cardiac Arrest, not breathing - 8 minutes response)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Dorset CCG	90.4%	78.1%	82.8%	85.7%	80.9%	86.4%	78.4%	77.0%	82.2%	85.1%	92.8%	85.3%
SWAST/inclusive of full provider service (including GWAST)	71.4%	75.0%	75.2%	69.5%	72.7%	71.7%	68.4%	71.4%	68.6%	76.0%	77.1%	N/A

- 2.4 As highlighted above, the population of Dorset Clinical Commissioning Group continue to see response times above the 75% target and notably above the Provider average.
- 2.5 Dorset Clinical Commissioning Group is also working very closely with both Royal Bournemouth Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust in terms of reviewing pathways for urological 62 day cancers treatments. Royal Bournemouth Hospital NHS Foundation Trust has not achieved the 85% standard since the middle of 2013 due to ongoing concerns. Whilst Dorset County Hospital NHS Foundation Trust did achieved the 85% standard the overall Dorset Clinical Commissioning Group aggregate performance for the period ending 31 December 2013 remains below standard at 84%.

### Domain 1 - Reducing potential years of lives lost through amenable mortality

- 2.6 Assessment against this indicator is not possible at present as the Clinical Commissioning Group is not able to access relevant mortality information. Access to mortality information is being discussed with Local Authority/Public Health colleagues. Recent performance indicates a significant improvement in the Potential Years of Life Lost (PYLL) and therefore achieving a further 3.2% reduction will be challenging.

### Domain 2&3 - Reducing avoidable emergency admissions

- 2.7 Domain 2 and 3 combine four outcomes from the NHS Outcomes Framework into one composite measure, with the aim of reducing the rate of emergency /unplanned admissions per 1,000 Population, or simply reducing admissions.

2.8 The four outcomes measures are as follows:

- Unplanned hospitalisation for Chronic Ambulatory care sensitive conditions
- Unplanned hospitalisation for Asthma, Diabetes and Epilepsy in under 19s
- Emergency Admissions for acute conditions that should not usually require admission
- Emergency Admissions for children with Lower Respiratory Tract Infections

2.9 Performance for the period ending 28 February 2014 indicates a reduction on the 2012/13 baseline information of 6%, with, as shown below a notable reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions.

NHS Outcomes Framework	Number of Admissions		
	2012/13 Full Year	Mar 13 to Feb 14	% Variance
Admissions for acute conditions that should not usually require admission	7,545	7,296	(3%)
Unplanned hospitalisation for Chronic Ambulatory Care sensitive conditions	6,386	5,837	(9%)
Unplanned hospitalisation for Asthma, Diabetes and Epilepsy in under 19s	458	464	1%
Emergency Admissions for Children with Lower respiratory Tract Infections (LRTI)	613	567	(8%)
<b>Total</b>	15,002	14,164	(6%)

2.10 This domain is therefore expected to be achieved in 2013/14.

#### **Domain 4 - Ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services**

2.11 The Friends and Family Test has been rolled across Dorset Clinical Commissioning Group in line with the national timescale. The Inpatient, Accident and Emergency and Combined response rates are shown below for February and December 2014.

Trust Name	Feb-14			Mar-14		
	Inpatient response rates	A&E response rates	Combined response rates	Inpatient response rates	A&E response rates	Combined response rates
<b>England</b>	<b>34.20%</b>	<b>18.60%</b>	<b>24.00%</b>	<b>34.80%</b>	<b>18.50%</b>	<b>24.00%</b>
Dorset County	37.00%	19.80%	26.90%	42.00%	21.40%	29.60%
Poole	58.00%	5.70%	19.70%	49.60%	19.80%	28.50%
Royal Bournemouth	43.70%	10.60%	20.80%	42.40%	11.30%	20.80%
Salisbury	50.80%	21.60%	31.40%	49.70%	13.50%	25.40%
Yeovil	43.40%	9.30%	20.70%	47.60%	7.10%	20.00%

2.12 The following points can be noted from the above data:

- Dorset County Hospital NHS Foundation Trust recorded a combined response rate of 29.6% with both Inpatient and Accident & Emergency response rates higher than the national average.

- In March 2014 Poole Hospital NHS Foundation Trust recorded a combined response rate of 28.5% with both Inpatient and Accident & Emergency response rates higher than the national average. The NHS Foundation Trust recorded a significant change in the response rate in Accident & Emergency when compared to February 2014.
- Royal Bournemouth Hospital NHS Foundation Trust recorded response rates above the national average for Inpatients services however the rate in Accident & Emergency remains below the national average.

### Domain 5 - Preventing healthcare associated infections

2.13 This element of the Quality Premium will not be achieved in 2013/14.

2.14 The performance of Dorset Clinical Commissioning Group reported to the period ending 28 February 2014 is shown below.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target
Number of MRSA Cases attributable to CCG (cumulative)	0	0	0	1	2	2	3	4	5	7	7	0
Number of C-DIFF Cases attributable to CCG (cumulative)	19	28	45	59	83	105	115	127	143	157	169	187

2.15 Dorset Clinical Commissioning Group has reported seven cases of MRSA to the period ending 28 February 2014 against a threshold of zero. Despite not achieving the threshold the Clinical Commissioning Group has reported a notable reduction in cases of MRSA in the year to date. In 2012/13, thirteen cases were reported.

2.16 Dorset CCG has reported 169 cases of C DIFF to the period ending 28 February 2014 and is now likely to achieve the year end objective of 187 cases. The Clinical Commissioning Group reported 210 cases in 2012/13 and is on target to achieve a notable reduction in reported cases in 2013/14.

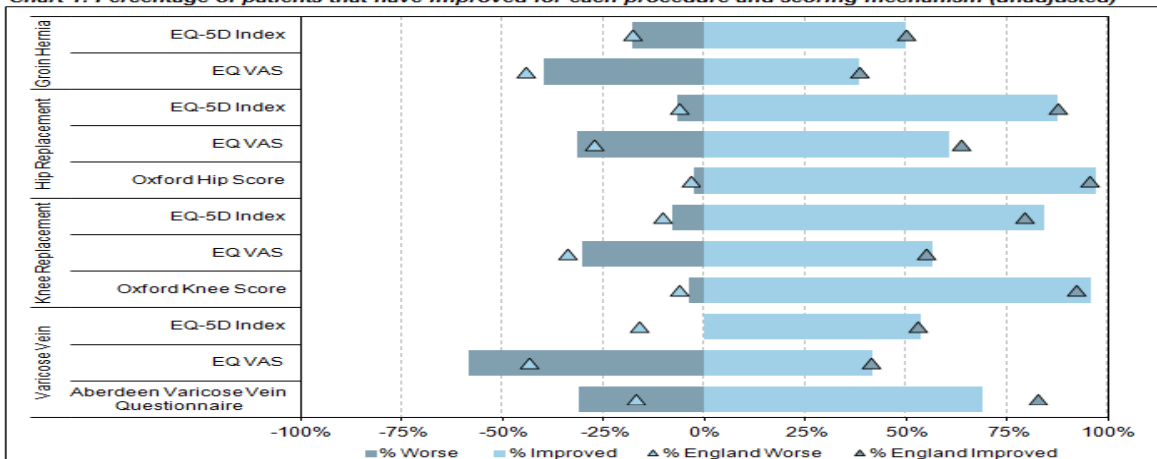
2.17 On a provider level, Dorset County Hospital NHS Foundation Trust will exceed their national objective following an outbreak of cases in July 2013.

### Local Priority 1 – Total health gain (Knee Replacement)

Patient Reported Outcome Measures (PROMs) are reported by the Information Centre. The Information Centre has published provisional information for April and May 2013 on a national basis. The next publication in February 2014 should detail this performance at a local level. The required trajectory for 2013/14 based on the health gain achieved previously is expected to be achieved.

Organisation level	Organisation name
CCG of GP Practice	NHS DORSET CCG (11J)

Chart 1: Percentage of patients that have improved for each procedure and scoring mechanism (unadjusted)



2.18 The above chart shows the performance of Dorset Clinical Commissioning Group in 2012/13 across all PROM procedures, identifying where the Clinical Commissioning Group is better or worse than the England average across a number of questionnaire types.

2.19 For Knee replacement surgery NHS Dorset Clinical Commissioning Group has a higher percentage of patients reporting an improvement in their health questionnaire scores than the England average.

### Local Priority 2 – Dementia Diagnosis

2.20 Performance for the period ending 31 March 2013 indicates that the Clinical Commissioning Group achieved an estimated dementia diagnosis rate of 45%. This is an area of concern across the Clinical Commissioning Group, particularly across Dorset where performance is significantly lower than Bournemouth and Poole. The local trajectory for 2013/14 is to achieve a minimum diagnosis rate of 50%.

### Local Priority 3 – Under 75 mortality rate Respiratory Disease

2.21 The Clinical Commissioning Group set a trajectory to achieve a mortality rate of no more than 21.5 per 100,000 Population for the period 2013/14.

2.22 The latest information indicates that the position improved notably over the course of the last year with a mortality rate of 19.0 per 100,000 Population. It is therefore anticipated the Clinical Commissioning Group will achieve the set trajectory. Currently the Clinical Commissioning Group is not permitted to receive mortality information due to on-going data sharing/information governance issues, which we are working to resolve.

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<b>APPENDICES</b>		
<b>Appendix 1</b>	<b>Quality Premium Report</b>	