

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

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|---|---|
| Date of the meeting | 21/01/2015 |
| 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 2014/15 |
| 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

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|--|--|--------------------------------|-----------|
| 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 2014/15

- 2.1 Performance information for 2014/15, where known, is set out in Appendix 1. The performance concerns are noted below:

18 Week Referral to Treatment (Lead Director – Jane Pike)

- 2.2 The performance of providers within the Dorset Clinical Commissioning Group health community is shown below at aggregate level for the period ending 31 October 2014.

| | Admitted | Non Admitted | Incomplete |
|-------------------|----------|--------------|------------|
| Dorset County | 91.1% | 98.0% | 94.6% |
| Poole | 93.9% | 96.3% | 97.5% |
| Royal Bournemouth | 88.3% | 96.4% | 95.1% |
| Dorset Healthcare | 96.3% | 98.0% | 98.7% |
| Salisbury | 93.9% | 98.0% | 95.9% |
| Yeovil | 88.0% | 95.5% | 94.0% |

- 2.3 There is however notable variation in performance at speciality level as shown below.
- 2.4 The following performance is noted for Referral to Treatment Admitted Specialty Compliance at Provider level (and therefore subject to various commissioning organisations), for the period ending 31 October 2014:

| 18 wk RTT Admitted (Adj) | RBH | Poole | DCH | Salisbury | Yeovil |
|-----------------------------|-------|-------|-------|-----------|--------|
| Aggregate Performance | 88.3% | 93.9% | 91.1% | 93.9% | 88.0% |
| No of Specialties | 10 | 12 | 12 | 14 | 15 |
| No of Specialties Achieving | 5 | 10 | 10 | 14 | 11 |

- 2.5 Performance across a number of Providers improved notably in October 2014 in line with expectation following the national backlog clearing exercise. Further improvements are expected to be seen in November 2014.
- 2.6 The following performance is noted for Referral to Treatment Non-Admitted Specialty Compliance at Provider level (and therefore subject to various commissioning organisations) for the period ending 31 October 2014:

| 18 wk RTT Non Admitted | RBH | Poole | DCH | Salisbury | Yeovil |
|-----------------------------|-------|-------|-------|-----------|--------|
| Aggregate Performance | 96.4% | 96.3% | 98.0% | 98.0% | 95.5% |
| No of Specialties | 15 | 16 | 15 | 16 | 17 |
| No of Specialties Achieving | 12 | 10 | 12 | 14 | 12 |

- 2.7 Performance for Non-Admitted pathways across Dorset against the 95% standard improved in October 2014 with all providers achieving the 95% standard at aggregate level, however further improvement is necessary to achieve 95% at speciality level.

10.2

- 2.8 The following performance is noted for Referral to Treatment on Incomplete Pathway Compliance at Provider level (and therefore subject to various commissioning organisations) for the period ending 31 October 2014.

| 18 wk RTT Incompletes | RBH | Poole | DCH | Salisbury | Yeovil |
|------------------------------|------------|--------------|------------|------------------|---------------|
| Aggregate Performance | 95.1% | 97.5% | 94.6% | 95.9% | 94.0% |
| No of Specialties | 16 | 16 | 15 | 16 | 17 |
| No of Specialties Achieving | 13 | 16 | 13 | 15 | 15 |

- 2.9 The table below identifies the weekly PTL backlog for the most recent period compared with the backlog as at 30th March 2014.

| Weekly PTL Backlog | 30 Mar | 2 Nov | 9 Nov | 16 Nov | 23 Nov | 30 Nov |
|---------------------------|---------------|--------------|--------------|---------------|---------------|---------------|
| DCH Admitted | 445 | 306 | 342 | 347 | 340 | 311 |
| Poole Admitted | 54 | 70 | 69 | 77 | 67 | 63 |
| DCH Non Admitted | 371 | 382 | 410 | 455 | 472 | 503 |
| PHT Non Admitted | 193 | 149 | 157 | 152 | 167 | 171 |
| RBH Total | 679 | 698 | 678 | 701 | 682 | 694 |

- 2.10 The information highlighted in the above table highlights some improvement compared with the position as at 30 March 2014 however the following areas are a significant concern:

- * Admitted backlog at DCH in Ophthalmology which accounts for 60% of the total admitted backlog;
- * Non Admitted backlog at DCH in Neurology, Trauma and Orthopaedics and Paediatric Ophthalmology which account for 55% of the total non admitted backlog;
- * Combined backlog at RBH in Trauma and Orthopaedics which accounts for 33% of the total backlog.

- 2.11 Indicative local targets have been set to ensure NHS Foundation Trust waiting list positions improve. The current position at the end of October 2014 indicates that the waiting list position across the local health community have increased notably. The table below indicates the latest waiting list position compared with 31 March 2014.

| RTT – Waiting List | RBH | Poole | DCH | Salisbury | Yeovil |
|---------------------------|------------|--------------|------------|------------------|---------------|
| Target Number of Waits | 14,520 | 9,366 | 10,661 | 9,776 | 6,387 |
| Actual Number of Waits | 16,053 | 10,161 | 12,222 | 12,526 | 6,810 |

- 2.12 Dorset Clinical Commissioning Group reported that five patients waited over 52 weeks as at 31 October 2014: one at the Royal Bournemouth Hospitals NHS Foundation Trust and four at North Bristol Hospital NHS Foundation Trust. The following table however shows the number of patients waiting in excess of 35 weeks for treatment at Provider level (and therefore subject to various commissioning organisations):

10.2

| RTT – Over 35 weeks Wait | RBH | Poole | DCH | Salisbury | Yeovil |
|---|-----|-------|-----|-----------|--------|
| Target Number of Waits based on position at end of March 2014 | 28 | 0 | 36 | 0 | 10 |
| Actual Number of Waits (Provider) | 44 | 8 | 37 | 4 | 17 |

- 2.13 The one patient waiting at the end of October 2014 at Royal Bournemouth Hospital NHS Foundation Trust received treatment in November 2014.

Diagnostic Performance

- 2.14 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 October 2014:

| Percentage 6 week breaches | Apr 14 | May 14 | Jun 14 | Jul 14 | Aug 14 | Sep 14 | Oct 14 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|
| Dorset County | 12.5% | 12.0% | 10.2% | 6.9% | 9.3% | 4.1% | 1.2% |
| Poole | 1.0% | 0.9% | 0.2% | 0.3% | 0.2% | 0.1% | 0.1% |
| Royal Bournemouth | 0.6% | 3.1% | 0.7% | 0.2% | 0.2% | 0.2% | 0.3% |
| Dorset Healthcare | 0.8% | 0.0% | 0.0% | 0.1% | 0.2% | 0.1% | 0.0% |
| Salisbury | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% |
| Yeovil | 1.8% | 0.8% | 0.6% | 0.5% | 0.2% | 1.4% | 0.7% |

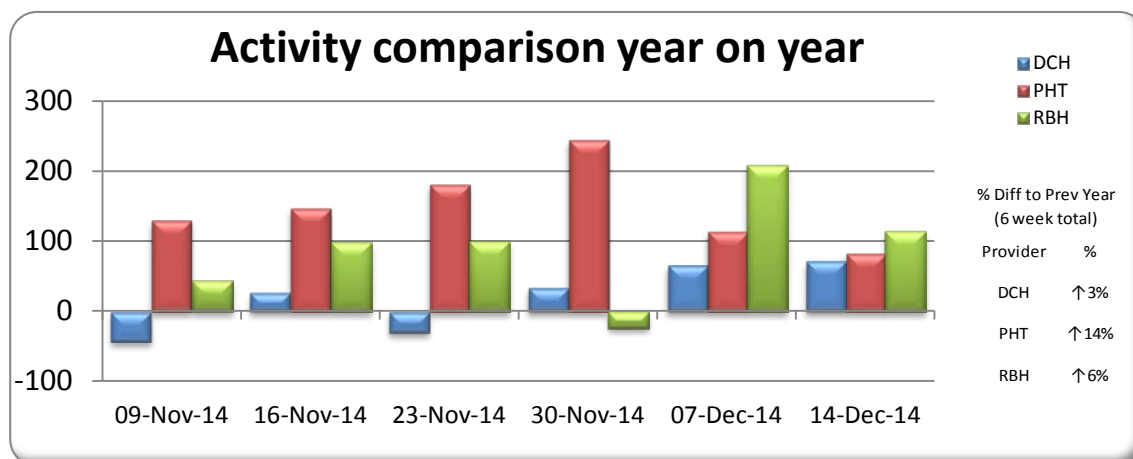
- 2.15 Dorset County Hospital NHS Foundation Trust reported that 1.2% of patients were waiting over 6 weeks for treatment as at 31 October 2014 which represents a significant improvement. Provisional information for the period ending 30 November 2014 indicates the Provider achieved the 1% threshold. The NHS Foundation Trust has provided assurance to Monitor with regard sustained delivery in this area.

Cancer Standards (Lead Director Jane Pike)

- 2.16 14 day standard & 14 day breast symptom standard: The performance of Royal Bournemouth Hospital NHS Foundation Trust has been concerning and addressed through the formal contract process. The NHS Foundation Trust has provided a remedial action plan and trajectory regarding 14 day cancer standards. Provisional information received in early December 2014 indicates that the NHS Foundation Trust has implemented actions to ensure the necessary performance improvement and the provisional information indicates the NHS Foundation Trust is now achieving this standard. This standard forms part of the NHS Constitution element within the Quality Premium.
- 2.17 31 Day Standard: Royal Bournemouth Hospital NHS Foundation Trust failed the respective standard in October 2014 however is significantly above the 93% standard for the year to date.
- 2.18 62 Day Standard: Poole Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust both failed the respective standard marginally in September 2014 however are achieving the year to date standard.

Urgent and Emergency Care (Lead Director Jane Pike)

- 2.19 Poole Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust both failed to achieve the 95% standard in Quarter 2 and are likely to fail the standard in Quarter 3. Dorset County Hospital NHS Foundation is likely to achieve the standard in Quarter 3.
- 2.20 The chart below highlights the level of activity seen by each provider compared to the corresponding week in 2013/14. This highlights that over the past six weeks alone each NHS Foundation Trust has seen a notable increase in activity, particularly at Poole Hospital NHS Foundation Trust.



- 2.21 South West Ambulance Services NHS Foundation Trust failed all key national standards (priority Red) for the period ending 30 November 2014. The table below highlights the performance on a month on month basis and clearly shows a deteriorating position in terms of the year to date performance. Red 1, which is closely linked to the CCG Quality Premium remains above target for the period to 30 November 2014.

| Priority: Red | Apr 2014 | May 2014 | Jun 2014 | Jul 2014 | Aug 2014 | Sep 2014 | Oct 2014 | Nov 2014 | YTD |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|-------|
| Red (8) Performance | 76.8% | 75.5% | 75.6% | 74.0% | 76.4% | 76.9% | 73.6% | 71.0% | 74.9% |
| Red 1 (8) Performance | 76.2% | 75.3% | 75.0% | 73.7% | 75.2% | 77.6% | 75.1% | 74.7% | 75.3% |
| Red 2 (8) Performance | 76.8% | 75.5% | 75.7% | 74.1% | 76.5% | 76.9% | 73.6% | 70.8% | 74.9% |
| A19 Performance | 95.4% | 95.3% | 95.0% | 94.6% | 95.3% | 95.3% | 93.9% | 93.3% | 94.8% |

- 2.22 The 111 service performance in December 2014 has been challenging. The following table identifies the weekly performance for answering calls within 60 seconds.

| Week Ending | 30/11/14 | 07/12/14 | 14/12/14 | 21/12/14 | 28/12/14 |
|------------------------------------|----------|----------|----------|----------|----------|
| % Calls answered within 60 seconds | 73.8% | 66.5% | 79.9% | 71.3% | 50.7% |

- 2.23 Key challenges remain within the 111 service where in 2014/15 the service has reported:
- * 9% increase in call volume (approximately 350 patients per month)
 - * 9% increase in calls triaged (approximately 325 patients per month)
 - * 38% increase in Ambulance Dispatches (approx. 111 ambulance dispatches per month). 50% of these patients are conveyed.

Dorset Healthcare University Foundation Trust (Lead Director Jane Pike)

Mental Health Services

- 2.24 As at October 2014, DHUFT are reporting that 58% of Mental Health Targets are being met, these exceptions are primarily around indicators relating to Memory Assessment Service, Crisis Response, Urgent Assessments, Adult and Older Persons discharge plan and delayed discharge days for mental health inpatients.

Children and Young People Services

- 2.25 As at October 2014, DHUFT are reporting that 89% of monthly C&YPS targets are being met. The main exception relates to the number of Smoking Quitters – four week quitters which has been behind target for the more than 3 consecutive months.
- 2.26 The Trust is reporting that all quarterly targets are currently being achieved.

CAMHS (Emotional Health and Wellbeing)

- 2.27 As at October 2014, DHUFT are reporting exceptions in the 8 week referral time for Tier 2 services, DNA's and referral and discharge rates, Tier 3 waiting times and DNA rates.

Community Health Services

- 2.28 As at October 2014, DHUFT are reporting that 80.23% of Community Health Services targets are being met.
- 2.29 A full list of all exceptions and actions being implemented to improve individual areas are detailed in the full Dorset Healthcare Performance report.

Overview of Community and Mental Health Services

- 2.30 For a number of months there have been ongoing concerns around the NHS Foundation Trust ability to manage and improve on delivery of agreed targets. The NHS Foundation Trust currently achieves 58% of 24 targets reported within Mental Health services with 7 of these having not been achieved within the last three months.

- 2.31 The CCG has formally raised a contract notice with the provider to address these performance concerns and the NHS Foundation Trust has provided a trajectory to deliver improvements by 31 March 2015.

Quality Premium Report 2014/15

- 2.32 The 'Quality Premium' reward to be paid to CCGs in 2014/15 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 five national measures and one local measures as follows.
- 2.33 **Reducing potential years of lives lost through amenable mortality** (15 per cent of quality premium): the overarching objective for Domain 1 of the NHS Outcomes Framework.
- 2.34 **Improving access to psychological therapies** (15% per cent of quality premium): one of the objectives for Domain 2 of the NHS Outcomes Framework.
- 2.35 **Reducing emergency admissions for long term conditions** (25 per cent of quality premium); the primary objectives of Domains 2 and 3.
- 2.36 **Addressing issues identified in the Friends and Family test and ensuring that people have a positive experience of care** (15 per cent of quality premium); the overarching objective of Domain 4.
- 2.37 **Improved reporting of medication-related safety incidents** (15 per cent of the quality premium); whereby the objective of Domain 5 is to treat people in a safe environment and protect them from avoidable harm.
- 2.38 **Increasing the number of people diagnosed and the prevalence of dementia** is the agreed local measure for 2014/15, based on one of the measures in the NHS Outcomes Framework: (15 per cent of the quality premium).
- 2.39 An assessment of Dorset CCG's performance for the period ending 30 November 2014 is shown in Appendix 2.
- 2.40 The highlights from this report are shown below:
- On target to achieve the pre qualifying NHS Constitution areas of 18 Week RTT waiting list and SWAST Response times.
 - Currently off target to achieve the pre qualifying NHS Constitution area of Emergency Department performance where both Poole Hospital NHS Foundation Trust and Royal Bournemouth Hospital NHS Foundation Trust underperformed in both Quarter 2 and Quarter 3. The year to date performance is recoverable, however all three organisations will need to achieve this standard in Quarter 4. Failure to achieve this standard will result in a 25% reduction in the Quality Premium.
 - Currently off target to achieve the 14 day cancer standard for the period ending 31 October 2014. Significant performance concerns at Royal Bournemouth Hospital NHS Foundation Trust have been addressed and the Trust is now delivering the 93% standard from early December 2014. The 93% standard for 2014/15 is recoverable.

10.2

- 25% of the total funding is achievable through reducing emergency admissions against the 2013/14 baseline. Current indications across the cohort of areas which form this indicator show an increase of 9% when compared to the 2013/14 baseline period.
- Provisional information has been released by HSCIC in relation to Dementia Diagnosis for the period ending 30 November 2014, this indicates CCG performance of 60%. Further improvements have been made since August 2014 and although the target remains challenging, with further support and additional work the target could be achieved. This local priority measure for the CCG will attract payment of 15% of the total quality premium if achieved.

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Date : 31 December 2014

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| APPENDICES | |
|-------------------|-------------------------------------|
| Appendix 1 | Corporate Performance Report |
| Appendix 2 | Quality Premium 2014/15 |