

Performance Exception Report

Month 5 - 2019/20

August 2019

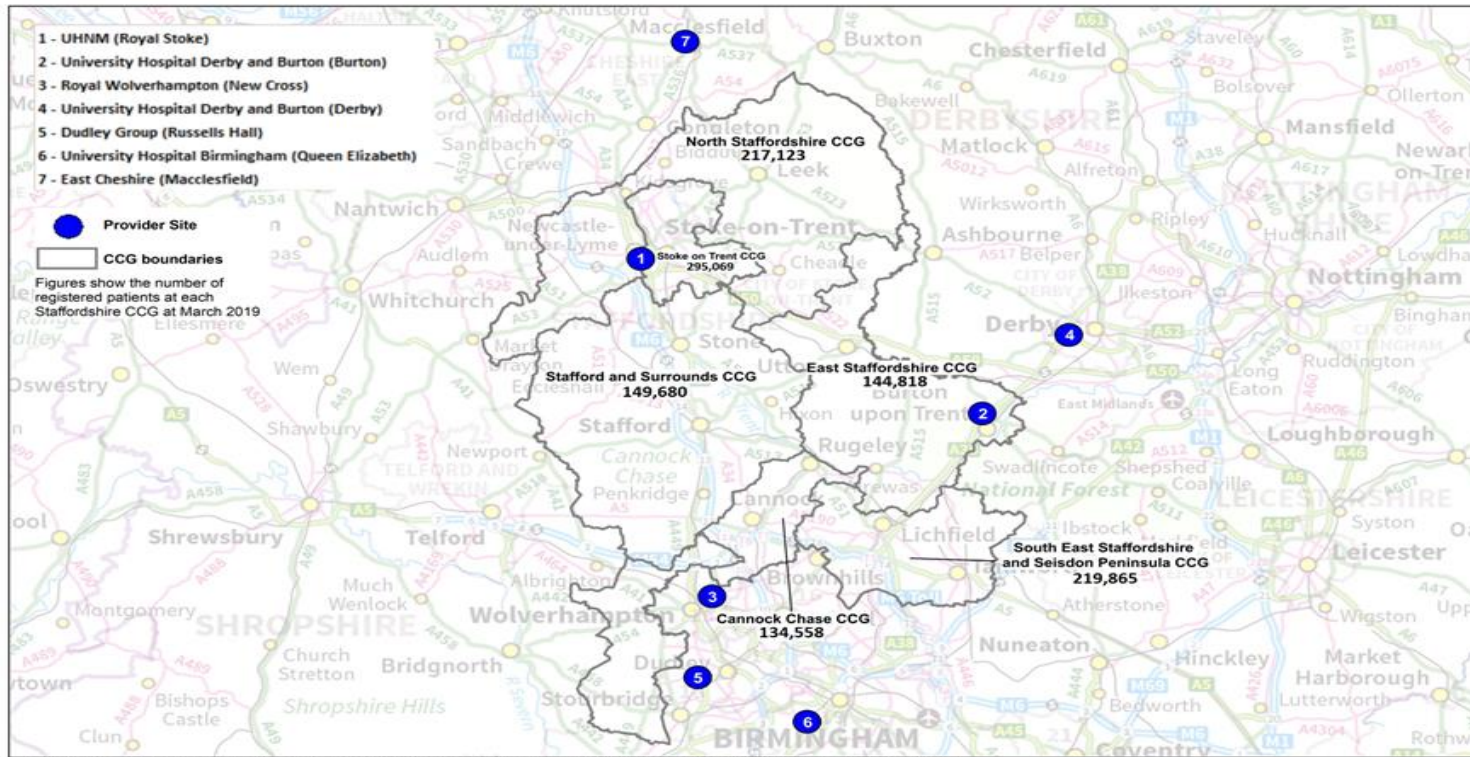
Aug-19

South West Staffordshire CCGs

No	Exception Summary	National Target	Achievement in each CCG		Performance Direction from last month	% variance on last month -> Jul-19
1	18 Week Referral to Treatment	92%	SaS	84.40%	Decreased	-0.70%
			CC	86.40%	Decreased	-1.00%
			SeS&SP	89.40%	Decreased	-0.80%
2	Diagnostics 6 weeks +	99%	SaS	98.45%	Decreased	-0.64%
			CC	97.67%	Decreased	-1.61%
			SeS&SP	97.76%	Decreased	-1.08%
3	Cancer - 2 Week Wait	93%	SaS	80.16%	Decreased	-5.53%
			CC	80.51%	Decreased	-0.76%
			SeS&SP	90.81%	Increased	8.86%
4	Cancer: Breast Symptoms 2 week wait	93%	SaS	84.21%	Increased	21.71%
			CC	33.33%	Decreased	-2.15%
			SeS&SP	68.42%	Increased	24.80%
5	Cancer: 31 day first definitive treatment	96%	SaS	97.18%	Increased	1.78%
			CC	96.92%	Increased	6.80%
			SeS&SP	93.00%	Increased	0.14%
6	Cancer: 31 day subsequent treatment - Surgery	94%	SaS	80.00%	Decreased	-20.00%
			CC	80.00%	Decreased	-4.21%
			SeS&SP	90.00%	Decreased	-3.55%
7	Cancer: 31 day subsequent treatment - Drug	98%	SaS	94.74%	Decreased	-5.26%
			CC	100.00%	No Change	0.00%
			SeS&SP	100.00%	No Change	0.00%
8	Cancer: 31 day subsequent treatment - Radiotherapy	94%	SaS	89.66%	Decreased	-2.23%
			CC	76.19%	Decreased	-23.81%
			SeS&SP	92.11%	Decreased	-3.45%
9	Cancer: 62 day standard	85%	SaS	78.95%	Increased	3.95%
			CC	72.97%	Increased	6.30%
			SeS&SP	76.19%	Increased	9.52%
10	Cancer: 62 day screening	90%	SaS	66.67%	Decreased	-4.76%
			CC	83.33%	Decreased	-4.17%
			SeS&SP	78.57%	Decreased	-1.43%

No	Exception Summary	National Target	Achievement in each CCG		Performance Direction from last month	% variance on last month -> Jul-19
11	Mixed Sex Accommodation (MSA)	0	SaS	0	No Change	0
			CC	0	No Change	0
			SeS&SP	0	Decreased	-3
12	A&E: 4 hours to admission, transfer or discharge	95%	UHNM	80.02%	Increased	1.57%
			UHDB	80.69%	Increased	1.08%
			RWT	88.39%	Decreased	-1.49%
			WHT	82.38%	Decreased	-2.19%
			DGFT	82.71%	Decreased	-5.10%
			UHB	70.21%	Increased	0.46%
13	DTOCs (non-Constitution, national planning requirement)	< 3.5% <i>(note a decrease is positive so labelled green)</i>	UHNM	4.20%	No Change	0.00%
			UHDB	3.20%	No Change	0.00%
			RWT	3.00%	Decreased	-0.20%
			WHT	3.40%	No Change	0.00%
			DGFT	0.40%	Decreased	-2.20%
			UHB	5.20%	Increased	0.50%
14	Dementia Diagnosis Rate	66.7%	SaS	62.42%	Increased	0.38%
			CC	74.37%	Decreased	-0.58%
			SeS&SP	65.60%	Increased	0.64%
15	Healthcare Acquired Infections (HCAI) - MRSA	0	SaS	0	No Change	0
			CC	0	No Change	0
			SeS&SP	0	No Change	0
16	Cancelled Urgent Operations	0	UHNM	4	Decreased	-5
			UHDB	0	No Change	0
			RWT	0	No Change	0
			WHT	0	No Change	0
			DGFT	19	Increased	5
			UHB	0	No Change	0

CCG Population Data - Updated to September 2019



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Exception	18 Weeks Referral to Treatment: Incomplete Pathways (1)					
Target	92%					
Achievement	SAS: 84.40%	CC: 86.40%	SeS&SP: 89.40%			
What are the issues?	<i>% Achieved</i>		<i>Count of Breaches</i>		<i>Waiting List (WL)</i>	<i>WL movement</i>
	SaS:	84.40%	Target Breach	2020	12929	Increased
	CC:	86.40%	Target Breach	1589	11701	Increased
	SeS&SP:	89.40%	Target Breach	1960	18412	Increased
	Main Providers only (% performance against the standard) for South Staffs patients combined (3 combined CCG's):					
	<i>% Achieved</i>		<i>Count of Breaches</i>		<i>Waiting List (WL)</i>	
	UHNM	81.29%	Target Breach	1935	10340	
	UHDB	89.81%	Target Breach	761	7468	
	UHB	85.63%	Target Breach	622	4328	
	Walsall	90.16%	Target Breach	85	864	
Dudley	95.28%	Target Met	41	868		
RWT	84.79%	Target Breach	1851	12169		
UHNM focus for South Staffs patients only by CCG - Top three specialities (by the count of breaches over 18 weeks):						
		<i>Speciality</i>	<i>% Achieved</i>	<i>Count of Breaches</i>	<i>Waiting List (WL)</i>	
CC:	Trauma & Orth		68.62%	75	239	
	General Surgery		79.49%	64	312	
	Urology		67.03%	60	182	
SaS:	General Surgery		78.05%	230	1048	
	Urology		71.89%	219	779	
	Trauma & Orth		74.85%	214	851	
SeS&SP:	General Surgery		75.76%	24	99	
	Trauma & Orth		67.86%	9	28	
	Urology		50.00%	6	12	

Exception	18 Weeks Referral to Treatment: Incomplete Pathways (2)																																												
	<p>UHHM - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. Consultant's refusal to undertake TI sessions due to Tax Issues / Lack of Robust processes for referrals triage. 2. Administrative inefficiencies e.g. High less than 6 week Hospital Cancellations and lack of trench clinics to mitigate any clinic cancellations. 3. Inefficiencies in booking processes. 4. Further work required regarding implementation of the Medway Review by date. 5. Lack of standardisation of Administrative workforce in management of pathways. 																																												
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	<p>UHB - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. The RTT Waiting list is on plan to date however there are aging waiting lists in some specialties. Trend is that waiting lists tend to increase around this time of year following increase in referrals at Easter and annual leave periods in July / August. Key issues include: <ul style="list-style-type: none"> • A reduction in willingness of staff to take-up additional sessions (tax and pension rules); • Theatre, bed and outpatient capacity - subject to improvement projects and capacity and demand modelling; • Significant Consultant vacancies e.g. urology, neurology, neurosurgery, ENT - recruitment under way in specialties • Diverting resources to accommodate growth in cancer referrals - particularly colorectal and dermatology; • Sub-specialty long waits creating a long tail to the waiting list - particularly in neurology, bariatric surgery and cardiology; • Emergency pressures. 																																												
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Exception	18 Weeks Referral to Treatment: Incomplete Pathways (3)				
	CC:	General Surgery	78.79%	14	66
		Ophthalmology	77.19%	13	57
		Trauma & Orth	86.36%	12	88
	SeS&SP:	Ophthalmology	81.52%	156	844
		Trauma & Orth	85.95%	118	840
		ENT	91.60%	81	964
	UHDB - General factors affecting performance:				
	1. Capacity				
	2. Workforce issues including consultant tax issue				
3. Increased referrals					
Walsall focus for South Staffs patients only by CCG - Top three specialities (by the count of breaches over 18 weeks):					
	SaS:	<i>Speciality</i>	<i>% Achieved</i>	<i>Count of Breaches</i>	<i>Waiting List (WL)</i>
		Dermatology	95.83%	1	24
		Trauma & Orth	50.00%	1	2
	CC:	Rheumatology	100.00%	0	2
		General Surgery	89.29%	6	56
		Dermatology	89.58%	5	48
	SeS&SP:	Urology	87.50%	4	32
		General Surgery	80.95%	4	21
		Respiratory Medicine	78.95%	4	19
	ENT	73.33%	4	15	
Walsall - General factors affecting performance:					
1. There was a further deterioration in the RTT performance with patients waiting > 18 weeks increasing. The increase was predominantly in General Surgery specialities. Recovery plans are in place for Surgery and Medicine & Long Term Conditions (MLTC).					
2. Dermatology - Owing to capacity issues at surrounding Trusts					
3. Cancer - Diversion of activity from neighbouring trusts under the Black Country plan affecting routine capacity.					

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RWT - General factors affecting performance:																																													
1. Trust continues to see an increase in referrals (particularly 2ww cancer) - demand on services (priority to suspected cancer patients)																																													
2. Case Mix on current waiting list (e.g. Orthopaedics-Spine)																																													
3. Significant increase in urgent cases resulting in reallocation of already constrained staff and wider acute resource.																																													
4. Shortage of skilled medical staff for some specialties (e.g. General Surgery & Dermatology)																																													
5. Pension implications continue to cause barriers to Clinicians working extra hours to address backlog.																																													
6. Performance saw further deterioration during September also. This is a knock on effect from reduced activity during August over the holiday/bank holiday period.																																													
How is the CCG addressing the issue and when is this being done by?	<table border="1"> <thead> <tr> <th>System Actions</th> <th>Completion Date</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	System Actions	Completion Date	N/A																																									
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Exception	18 Weeks Referral to Treatment: Incomplete Pathways (5)	
	Actions - UHNM	Completion Date
	1. Development of RTT Standard Operating Procedures (SOPS) to support efficient pathway management.	30/10/2019
	2. Revised Patient Access Policy to support management of RTT.	Completed
	3. RTT e-learning training available for staff to access.	Completed
	4. RTT Training Royal Stoke University Hospital (RSUH) & County Hospital. Roll out has commenced.	30/12/2019
	5. The implementation of a Trust-Led demand and capacity programme for the remaining including divisional targets set to improve capacity.	Completed
	6. Theatre utilisation programme (monitored monthly) Theatre utilisation has improved in August to 79.5% from 76.6% in July against the NHSI target of 79.5%	Ongoing
	7. Outpatient utilisation (monitored monthly) Month 5 Currently not meeting 96% target for booking OP slots - 83.26%. DNA rate month 5 currently at 13.38% against a target of 6%. This is a dip in performance but reflect seasonality (DNA rates are higher in Aug).	Ongoing
	8. Sleep studies - Issues with equipment now resolved and in place. 3 month recovery in place up to September to recover 6 week diagnostic position. Update: 09/10/19 Board Papers: the action plan agreed and reported on in previous reports are in place and the benefits are being realised. The target date for clearance of the backlog is the end of October 2019.	October 2019
	9. Introduction of Hospital Based Optometrists.	Completed
	10. Introduction of third Glaucoma Consultant and Speciality Doctor (appointed - to 13 sessions. Staggered start dates commencing November 2019 - all sessions will have commenced February 2020.	Partially completed
	11. Growth of Virtual clinics in Macular and introduction of this approach for Glaucoma. UHNM to produce a paper outlining the proposed investment including costs and expected outcomes with a view to potential funding through the CCGs TECS programme.	30/11/2019
	12. Root Cause Analysis re: network outage and twice weekly recovery group meetings to monitor and rebook cancelled patients.	Completed
	13. Urology - Increasing the surgical list size and additional outpatient clinics.	Completed

Actions - UHDB	Completion Date
<p>1. Revised local RTT Incompletes trajectory was agreed at RTT Programme Board and now needs to go to the Trust's Quality and Performance Meeting before going to the System via the System Review Meeting. Update 24/10/19 - The trajectory is to be revised due to services moving from Derby Community Health Services to UHDB but in practice the shift will mainly affect Derbyshire patients.</p>	November 2019
<p>2. Ophthalmology - Locum returning from Maternity Leave in September 2019 and will include backlog patient clinics. - Consultant interviews at Burton - 25/09/19. Three candidates have been shortlisted. Update 24/10/19 - COMPLETED: Recruited to 3 consultant posts (2 at Burton and 1 at Derby). One to start at Burton this year, two in Summer 2020. - An extra 500 clinic slots per month have been implemented; Saturday and Sunday clinics running weekly. Update 24/10/19 Significant volume of WLIs carried out at both sites but not enough to match demand. - CCG's remedial action plan produced for commissioner actions in relation to the backlog reduction. Update 24/10/19 - Information request has gone to Trust through Host and this is being picked up by Trust's Contract Team. Update 24/10/19 - 3 Specialty Doctor posts out to advert - Interviews to take place on 20/11/19.</p>	November 2019
<p>3. Trauma & Orthopaedics - Increasing appointment slot issue for foot and ankle; this is being dealt with by extra clinics; converting day case lists to inpatient theatre lists where possible due to lack of day case patients. - Ongoing work to validate and reduce the total number of incomplete pathways, reliant on overtime in validation team to look at under 18 weeks. Update 24/10/19 - Actions ongoing; backlog increase has slowed following some validation work, this will continue to be monitored.</p>	November 2019
<p>4. General Surgery - Gastro - Increasing appointment slot issues due to consultant sickness; short term plan in place to cover from September 2019: Senior Fellow post acting up into consultant post for 3 months to provide some additional outpatient and day case activity, as well as supporting phased return of consultant who has been off sick. Update 24/10/19 - Outpatient Sister triaging patients to minimise risk and send straight to test where possible.</p>	December 2019
<p>5. General Surgery - Urology - Appointment slot issue is being triaged weekly to minimise risk; additional clinics are being held; business case for additional 11th Consultant in progress. Update 24/10/19 - Business case for additional 11th Consultant approved in October 2019.</p>	November 2019
<p>6. ENT - Plan in place to utilise capacity across both Queens Hospital Burton (UHB) and Derby sites, particular pressure in plastics identified. - Recently advertised locum consultant post(s). Update 24/10/19 - Locum ENT consultants to be interviewed 8th November 2019.</p>	November 2019

Exception	18 Weeks Referral to Treatment: Incomplete Pathways (6)	
	Actions - UHB	Completion Date
	1. As an associate commissioner we are collaborating with the host commissioner and the Trust on shaping the Remedial Action Plan (RAP) and trajectories which are across the whole of UHB this will come to CQRM in November.	November 2019
	2. A Contract Performance Notice was issued to UHB in September 2019 and is now being enacted	November 2019
	3. Trust looking to introduce 3 session days (i.e. 7am-7pm) to maximise capacity. October feedback at next CRM.	November CQRM
	4. Access policy is being reviewed as Queen Elizabeth Hospital (QE) currently have a policy of unlimited patient choice for offered appointments whereas Heartlands Good Hope and Solihull (HGS) will send back to GP after a set number of rejections.	September 2019 - Feedback at November CQRM
	5. Full Root Cause Analysis for every 52w breach.	Ongoing process
	6. Recruitment to vacant posts being actioned.	October 2019
	7. Divisions and specialties to identify additional outpatient capacity wherever feasible	Ongoing
	8. Neurosurgery recovery plans to be refreshed and discussed with NHS England (August 2019) and shared with Birmingham and Solihull CCGs (BSOL).	Feedback at November 2019 CQRM
	9. Capacity and demand models to be refreshed generally, with action plans developed subsequently:	October-Dec 2019
	• Urology - Refresh of capacity and demand modelling in key specialities	October 2019
	• Neurology - Refresh of capacity and demand modelling in key specialities	Feedback at Nov CQRM
	• T&O - Specific Musculoskeletal and spinal pathway work.	Feedback at Nov CQRM
	Actions - Walsall	Completion Date
	1. Dermatology - This is impacted by the closure of RWT Department. Procurement option to be confirmed. Further in the interim the current Tier 3 Provider will absorb Roaccutane and Patch testing via a Contract Variation Order (CVO). Delayed decision to be made by November 2019.	November 2019
	2. MSK - The CCG will be seeking approval from Clinical Cabinet for MSK GP referrals to be processed by the choice and referral centre. This will not address reduction in FOPA activity however will support pathway optimisation and resource sharing across the LHE. Agreed timeline to be finalised by December 2019.	December 2019
	3. Neurology - Talks are continuing between Walsall CCG and Shropshire CCG owing to the underperformance is a result of SATH reduction in slots being diverted to Walsall. An update will be requested at the next CRM.	October 2019
	4. General Surgery - This is to be raised at the next CRM as a new concern and at the Elective Access Performance Group.	November 2019

Exception	18 Weeks Referral to Treatment: Incomplete Pathways (7)	
	Actions - Dudley	Completion Date
	1. N/A - target met	
	2.	
	3.	
	4.	
	5.	
	Actions - RWT	Completion Date
	1. Dermatology - There is a national workforce shortage on Dermatologists coupled with the Trust serving notice to discontinue routine referrals with the exception of red flags and Paediatrics. The locality is currently developing a project plan for a Dermatology Community Procurement this would increase tier 3 capacity thus alleviating pressure within the Acutes. This has been delayed owing to data issues to confirm the approximate activity to transfer from RWT into the Community service. CCG is working with the Trust and Host CCG to refine the data in order to undertake cost and activity modelling.	Ongoing
	2. General Surgery - Continue undertake weekly waiting list meeting to review all long waiting PTL patients for all surgical specialties.	Ongoing
	3. General Surgery - Review of new patients waiting (including ASI); develop process for on-going review and booking.	RWT CRM (29/10)
	4. General Surgery - Introduce weekly escalation e-mail to radiology for patients waiting appointments or report to allow next steps to be actioned.	August 2019 - Ongoing
	5. General Surgery -Full introduction of Colorectal Nurse Triage for fast track to free up OPD capacity for RTT patients	November 2019
	6. General Surgery - Plan to increase SLA with Dudley for Vascular capacity at Cannock.	TBC
	7. Ophthalmology - Create additional capacity for outpatients and day cases with private provider (agreement to be sought by end of Aug 2019).	Delayed -TBC in November CRM
8. The recovery action plan and new trajectory has been completed with specific departmental actions to aid improvement of compliance for this indicator. This is being monitored on a weekly basis at the Divisional Managers performance meeting. Additional validation is underway, along with pathway cleansing and targeted training.	Ongoing	

Who is the lead?	CCG Executive:	Director of Commissioning and Operations
	CCG Officer:	Managing Director - South West Division
What is the Expected Outcome?	<p>RWT - Increase of service access in community to reduce acute capacity.</p> <p>UHNM - Improved utilisation of OP and theatre capacity will increase capacity and lead to improved performance (particular in T&O at County site. Improvement in sleep study times will lead to improvements in RTT for respiratory. Ophthalmology actions will increase capacity through effective utilisation of skill mix, increased workforce and use of non-face to face consultation.</p> <p>Whilst overall recovery in year is unlikely, there has been some improvement towards the national target; the aim is to ensure the position does not deteriorate further and the CCGs expectation is to see an incremental improvement in line with the recovery trajectories. Not far off PSF trajectory.</p> <p>General - Overall improvement in RTT target and improved challenge through the host providers in partnership with Staffordshire CCGs as associates.</p>	

Exception	Diagnostics (6 weeks +)					(1)
Target	99%					
Achievement	SAS: 98.45%	CC: 97.67%	SeS&SP: 97.76%			
What are the issues?		<i>% Achieved</i>	<i>Status</i>	<i>Count of Breaches</i>	<i>Waiting List (WL)</i>	<i>WL movement</i>
	SaS:	98.45%	Target Breach	32	2058	Decreased
	CC:	97.67%	Target Breach	43	1849	Decreased
	SeS&SP:	97.76%	Target Breach	80	3564	Decreased
Stafford & Surrounds Patients - Main Provider Summary:						
		<i>% Achieved</i>	<i>Status</i>	<i>Count of Breaches</i>	<i>Waiting List (WL)</i>	<i>% below target</i>
RWT		93.75%	Target Breach	15	240	5.25%
Underperformance in: Colonoscopy (7/22), Gastroscopy (4/12), Felix Sig (2/7), Neurophysiology (1/23), CT (1/27).						
		<i>% Achieved</i>	<i>Status</i>	<i>Count of Breaches</i>	<i>Waiting List (WL)</i>	<i>% below target</i>
UHNM		98.91%	Target Breach	17	1556	0.09%
Underperformance in: Sleep Studies (10/25), Cystoscopy (6/58), Audiology (1/43).						
Key Issues: SaS						
UHNM - General factors affecting performance:						
Adult sleep studies: issues with equipment now resolved and in place. The target date for clearance of the backlog is the end of October 2019.						
RWT - General factors affecting performance:						
This indicator continues to be a challenge, largely due to a marked increase in referrals into the Endoscopy Department owing to an increased demand of Fast Track patients taking precedence over routine tests.						
Cannock Chase Patients - Main Provider Summary:						
		<i>% Achieved</i>	<i>Status</i>	<i>Count of Breaches</i>	<i>Waiting List (WL)</i>	<i>% below target</i>
RWT		97.23%	Target Breach	30	1083	1.77%
Underperformance in: Colonoscopy (14/18), Gastroscopy (9/98), Flexi Sig (2/18), Neurophysiology (1/64).						
		<i>% Achieved</i>	<i>Status</i>	<i>Count of Breaches</i>	<i>Waiting List (WL)</i>	<i>% below target</i>
UHNM		98.09%	Target Breach	7	367	n/a
Underperformance in: Sleep Studies (3/8), Cystoscopy (3/12), Audiology (1/15).						

Exception	Diagnostics (6 weeks +) (2)																														
	<p>Key Issues: Cannock Chase</p> <p>RWT & UHNM - General factors affecting performance: As above.</p>																														
	<p>South East & Seisdon Patients - Main Provider Summary:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">% Achieved</th> <th style="text-align: center;">Status</th> <th style="text-align: center;">Count of Breaches</th> <th style="text-align: center;">Waiting List (WL)</th> <th style="text-align: center;">% below target</th> </tr> </thead> <tbody> <tr> <td>RWT</td> <td style="text-align: center;">96.65%</td> <td style="text-align: center; color: red;">Target Breach</td> <td style="text-align: center;">18</td> <td style="text-align: center;">538</td> <td style="text-align: center;">n/a</td> </tr> <tr> <td colspan="6">Underperformance in: Gastroscopy (7/33), Colonoscopy (4/33), Ultrasound (2/194), CT (2/63), Neurophysiology (1/22), Flexi Sig (1/10),MRI (1/98)</td> </tr> <tr> <td>UHNM</td> <td style="text-align: center;">100.00%</td> <td style="text-align: center; color: green;">Target Met</td> <td style="text-align: center;">0</td> <td style="text-align: center;">47</td> <td style="text-align: center;">n/a</td> </tr> <tr> <td colspan="6">Underperformance in: None</td> </tr> </tbody> </table>		% Achieved	Status	Count of Breaches	Waiting List (WL)	% below target	RWT	96.65%	Target Breach	18	538	n/a	Underperformance in: Gastroscopy (7/33), Colonoscopy (4/33), Ultrasound (2/194), CT (2/63), Neurophysiology (1/22), Flexi Sig (1/10),MRI (1/98)						UHNM	100.00%	Target Met	0	47	n/a	Underperformance in: None					
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	<p>Key Issues: SeS&SP</p> <p>RWT - General factors affecting performance: As above.</p>																														
	<p><i>Note that breaches occurred in other tests but as the target was not breached, they are not included here</i></p>																														

Exception	Diagnostics (6 weeks +) (3)	
How is the CCG addressing the issue and when is this being done by?	Actions to Address the Issues	
	UHNM Actions	Completion Date
	1. Sleep studies - Issues with equipment now resolved and in place. 3 month recovery in place up to September to recover 6 week diagnostic position. Update: 09/10/19 Board Papers: the action plan agreed and reported on in previous reports are in place and the benefits are being realised. The target date for clearance of the backlog is the end of October 2019. To confirm achievement next month.	October 2019
	2. Cardiac MRIs: Management of Cardiac MRIs agreed now to be managed by imaging directorate liaising with Cardiology directorate in order to streamline process and use resource more effectively.	Completed
	RWT Actions	
	1. Flexing of the floorplan to accommodate the need for more Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy capacity.	Ongoing
	2. Commenced weekend working during the month of August and September this is scheduled to continue through October. Completed.	October 2019
3. Where possible lists are converted to symptomatic service lists.	Ongoing	
4. Additional sessions are being undertaken in endoscopy at the weekend to improve this performance as quickly as possible.	TBC Progress at November CRM	
5. Capacity constraints also exist in neurophysiology with alternative capacity being explored.	TBC Progress at November CRM	
Who is the lead?	CCG Executive: Director of Commissioning and Operations CCG Officer: Managing Director - South West Division	
What is the Expected Outcome?	Efficient resource optimisation to provide extra diagnostic capacity. The aim is to ensure the position does not deteriorate further and the CCGs expectation is to see an incremental improvement in line with the recovery trajectories.	

Exception	Cancer 2 week wait				(1)	
Target	93%					
Achievement	SAS: 80.16%	CC: 80.51%	SeS&SP: 90.81%			
What are the issues?		Breach Count	Waiting List	% in Standard	Status	
	SAS	126	635	80.16%	Target Breach	
	CC	84	431	80.51%	Target Breach	
	SeS&SP	70	762	90.81%	Target Breach	
Number of patients breaching the standard by Provider: (note tumour type data is not available) <i>(breach count/waiting list)</i>						
SAS: UHNM (111/557), RWT (15/77)						
CC: RWT (46/255), UHNM (30/132), Walsall (5/31), UHDB (3/9)						
SeS&SP: UHDB (28/289), RWT (22/145), UHB (13/258), Dudley (5/57), UHNM (1/2), Shrewsbury (1/3).						
Provider Key Issues:						
UHNM - General factors affecting performance: UHNM reported a large increase in colorectal referrals. Due to the increase in colorectal GP 2ww referrals the Trust has not achieved the 2ww standard in August and is unlikely to achieve in September.						
Urology - Diagnostic delays (Transrectal Ultrasound Guided Biopsy and Flexible sigmoidoscopy), increased demand for template biopsies (a gold standard biopsy) (stand-alone consultant service), capacity for robotic surgery cases. Outpatient clinic letter typing backlog.						
UHNM have a number of medical vacancies.						

Exception	Cancer - 2 Week Wait (2)
	<p>RWT - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. Referrals into the trust are above baseline plan. 2. Diagnostic capacity is stretched - the Trust has needed to outsource work for both routine and reporting to cope with demand. 3. Inability to recruit to key roles has impacted on available capacity (Radiography, Breast). 4. Overall performance remains static, though there are some definite signs of recovery in terms of 2 week wait. The breast diversion process is working well for phase 1 and 2 practices. The backlog has now reduced from 560 in July 2019 to 153 on 20.09.19 a reduction of 73%. The average number of referrals received daily has decreased from 14 in July 2019 to 9 per day in September 2019. 5. A follow up meeting for the STP to discuss took place on 4th October 2019 - See 2 week wait breast standard for update. 6. RWT advised that their backlog is now 60 patients and are on trajectory to be back within the 14 day booking by the end of November 2019, however Breast Cancer Awareness commences in October and is expected to increase demand significantly. <p>WHT - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. Insufficient tertiary centre capacity 2. Delays in Histology reporting continue 3. Delays in Imaging reporting 4. Insufficient Ultra-sound capacity 5. PET scans demand 6. Walsall's performance has deteriorated (booking at day 28) since the diversion at source. <p>UHDB - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. UHDB met the Cancer 2 Week Wait standard during August (94.6% against a standard of 93%) with an improvement of 8.9% from last month. This was due to the improvement in Cancer 2ww Breast Symptoms performance during August which was 79.0% (standard 93%) compared to 44.06% in July. <p>UHB - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. Trust wide 2ww performance improved in July by over 10% to 83.1%, and within 0.5% of the recovery trajectory. This is a reflection of the significant work undertaken to reduce the breast backlog following the spike in referrals seen at the beginning of the year. Current issues remain: Elevated referral demand -13% increase YTD in 2ww colorectal referrals. <p>DGFT - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. Drivers are the diversion of RWT referrals into the wider Black Country system which include Dudley and Walsall. The Trust is achieving the standard on a provider perspective.

Exception	Cancer - 2 Week Wait (3)	
<p>How is the CCG addressing the issue and when is this being done by?</p>	Actions - UHNM	Completion Date
	1. All specialty cancer recovery plans are being revised to ensure all elements of timed pathways are being reconsidered. Limited consultant T1 work due to changes to tax regulations has a limiting factor on the increase in 2ww referrals appointed.	Ongoing
	2. Strong operational grip and use of pathway trackers plus frequent reviews of patients potentially breaching. Provider focus is on a number of key steps, especially 1st appointment in 7 days and 7 day turnaround on diagnostics. Delivery of this tends to be challenged by month on month increases in 2 week wait referrals.	Ongoing
	3. Colorectal - UHNM Board Report (09/10/19): Increase 2ww resource (locum consultant in post, business case being prepared for 4 registrars - circa 98 additional OPAs per week). Implementation of "straight to test" colonoscopy. Introduction of FIT test to triage patients.	Ongoing
	4. Colorectal - Additional consultant for 1st appointments.	Completed
	5. Colorectal - Business case being developed for 4 new registrar posts.	December 2019
	6. Colorectal locum post has been extended.	Completed
	7. Locum Radiologist now commenced in September.	Completed
	8. Head & Neck - 2nd consultant appointed from interviews due to start in January 2020.	January 2020
	9. Head & Neck - UHNM Board Report (09/10/19): management teams to negotiate theatre overruns for complex surgical cases.	Ongoing
	10. Additional Lists for Flexi-sigmoidoscopy .	Completed
	11. Urology - UHNM Board Report (09/10/19): Implementation of best practice pathways (Prostate). Look at additional capacity for TRUS & FLEXI to support demand on a permanent basis.	Ongoing
	Actions - RWT	Completion Date
	1. Increase radiotherapy capacity-2 year training program to be developed ready for start date in January. Job plan meetings planned with consultants however, new Consultant Radiographer posts being developed to support. Outlining of radiotherapy plans reducing the pressure on the consultants. Completed and commenced in September 2019.	Completed
	2. Breast - Review of Breast Symptomatic Pathway and option of commissioned service for community. Working with STP partners to balance demand across the system to enable a reduction in the backlog of breast symptomatic patients waiting for their first appointment. Completed. Reduction in backlog achieved.	Completed
	3. 28 day fast diagnosis GP event to be organised.	November 2019
	4. 2 appointments made following interviews on August 12th; 8th and 9th consultant. Start dates Oct-19 and Apr-20.	Completed
	5. Recruit additional radiographers - 8 additional radiographers recruited, with 6 due to commence in post in M6 and a further 2 due to commence in M9.	December 2019
	Actions - DGFT	Completion Date
	1. The provider is complying with Standard from a provider perspective and this will be monitored at CRM on monthly basis and furthermore via CQRM.	Ongoing

Exception	Cancer - 2 Week Wait (3)	
	Actions - UHDB	Completion Date
	1. Performance monitoring continues and any breaches are discussed at the monthly Contract, Management Delivery Group (CMDG). Good practice states that breaches of a constitutional standard for 2 consecutive months trigger a contract performance notice and consequently appropriate remedial actions are agreed in partnership with host CCG.	Monthly - November 2019
	2. Due to the high volume of demand and issues of consultant oncology capacity the trust have developed an extended oncology CNS role for Breast. Update 24/10/19 - Cancer Programme Board 17/10/19 cancelled, next meeting 21/11/19.	November 2019
	3. The breast pain pathway is currently being reviewed by clinicians as a tool to support General Practice as currently they have no option but to refer to the acute trusts. Update 24/10/19 - Cancer Programme Board 17/10/19 cancelled, next meeting 21/11/19.	November 2019
	4. The service is discussing the possibility of triaging referrals internally and developing a nipple discharge pathway. Update 24/10/19 - Cancer Programme Board 17/10/19 cancelled, next meeting 21/11/19.	November 2019
	5. The two additional permanent patient clinics commenced in July 2019. An additional 28 slots per week (112 per month, on top of 720 permanent slots) were implemented until the end of August 2019 and have continued during September to clear the backlog of patients.	November 2019
	6. The Host CCG is monitoring clinic availability for breast patients and the Trust are predicting achievement of both 2 week wait and Breast symptomatic 2 week wait by September 2019. (September data available in Nov 2019)	November 2019

Actions - UHB		Completion Date
The endoscopy service is working to identify additional capacity throughout September and October although it is likely that this will impact on capacity for routine referrals in the short term.		December 2019
Weekly extra clinics implemented to help address the backlog and improve on performance.		December 2019
Review of system to triage appropriate referrals to 2ww capacity.		December 2019
New 2ww GP referral forms implemented to help address inappropriate referrals.		December 2019
Backlog forecast models in place to support capacity planning.		December 2019
Accelerated work undertaken for the adoption of straight to test across the organisation for Lower GI. Weekly extra clinics implemented to help address the backlog and improve on performance.		December 2019
Contract Performance Notice (CPN) has been issued for all cancer targets not achieving.		December 2019
Cancer RAP has been analysed and Staffordshire and Stoke-on-Trent CCGs have fed back from a quality, contracting and a commissioner perspective to be fed in to the final RAP.		November 2019 CQRM
Audit taking place to assess issues with various referral forms in circulation and inappropriate referrals also being assessed.		Ongoing
Actions - WHT		Completion Date
1. Work ongoing with the Cancer Alliance to improve cross organisational working. Escalation process remains in place.		Ongoing
2. Additional sessions arranged and seeking agreement to outsource to reduce wait to 4 weeks by December 2019.		December 2019
3. WLI sessions to be arranged. Additional support is being scoped.		Ongoing
4. Trust Cancer Lead in discussions with PET centre as requests are being rejected.		Ongoing
Who is the lead?	CCG Executive: Director of Commissioning and Operations CCG Officer: Managing Director - South West Division	
What is the Expected Outcome?	UHNM - Anticipated to see an incremental improvement in performance RWT - System wide working to support recovery of Cancer Performance Improvement in 2ww targets, improved collaboration between host CCGs and Staffordshire as associate CCGs to improve assurance on actions and mitigations.	

Exception	Cancer Breast Symptoms 2 week wait (1)																																																																																	
Target	93%																																																																																	
Achievement	SAS: 84.21%	CC: 33.33%	SeS&SP: 68.42%																																																																															
What are the issues?		Breach Count	Waiting List	% in Standard	Status																																																																													
	SAS	3	19	84.21%	Target Breach																																																																													
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1. Issues at UHNM have now resolved. Expected continued achievement (Sept 94.9%). Failure of North Staffordshire CCG due to small numbers of breaches at multiple providers. NB Standard is a quarterly target.																																																																																		

RWT - General factors affecting performance:

1. Referrals into the trust are greater than the agreed values identified within the original recovery plan.
2. Certain specialties are receiving huge increases in referrals that are leading to delays - Urology, Upper GI, Breast (in some months).
3. Diagnostic capacity is stretched - the Trust has needed to outsource work for both routine and reporting to cope with demand.
4. Inability to recruit to key roles has impacted on available capacity (Radiography, Breast).
5. Pension implications on overtime working for Consultants.
6. There are some definite signs of recovery in terms of 2 week wait. The breast diversion process is working well for phase 1 and 2 practices. The backlog has now reduced from 560 in July 2019 to 153 on 20.09.19 a reduction of 73%. The average number of referrals received daily has decreased from 14 in July 2019 to 9 per day in September 2019.
7. RWT advised that their backlog is now 60 patients and are on trajectory to be back within the 14 day booking by the end of November 2019, however Breast Cancer Awareness commenced in October and is expected to increase demand significantly.
8. Since the divert at source has been in place, the booking days for patients attending RWT has significantly reduced from day 58, to back within standard (booking within 14 days) on the 23rd October 2019. The current position as of the 1st November 2019, the Trust are booking patients at day 23.
9. A follow up meeting for the STP to discuss took place on 4th October 2019. The decision to divert at source has had an impact on performance across other STP providers (Walsall and Dudley). Both providers were meeting the constitutional targets prior to the divert at source being in place, however their current position as of the 1st November 2019 is: Dudley - time to first appointment - day 23 Walsall - time to first appointment - day 27.

Exception	Cancer Breast Symptoms 2 week wait (2)
	<p>UHDB - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. There has been a significant increase (31%) in the average number of GP breast referrals per month from 2017/18 (average of 503 per month) to 2018/19 (average of 658 per month). There was also a 31% increase in referrals from 2016/17 (average of 384 per month) to 2017/18. 2. Cancer 2 week wait Breast Symptoms performance during August was non-compliant 79.0% (standard 93%). This is an increase on the July performance of 44.06% and is expected to be compliant in September 2019. 3. In July, 726 referrals were received. Although the number of breast referrals has increased, performance is improving. 4. Performance against the target is improving - Breast patients are booked within 14 days on both sites. <p>UHB - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. August CQRM 2019 - Reported Actions that have been in place for several months are now starting to be reflected in improvements in performance targets. 2. Backlog reduced to 9 patients for breast (down from c.300) This will start to be reflected in breast 2ww performance targets

Exception	Cancer Breast Symptoms 2 week wait (3)	
<p>How is the CCG addressing the issue and when is this being done by?</p>	<p>Actions - RWT</p>	<p>Completion Date</p>
	<p>1. Increase radiotherapy capacity-2 year training program to be developed ready for start date in January. Job plan meetings planned with consultants however, new Consultant Radiographer posts being developed to support outlining of radiotherapy plans reducing the pressure on the consultants.</p>	<p>To be raised in October CRM, 29/10</p>
	<p>2. Review of Breast Symptomatic Pathway and option of commissioned service for community. Working with STP partners to balance demand across the system to enable a reduction in the backlog of breast symptomatic patients waiting for their first appointment.</p>	<p>Near completion monitor progress at October CRM</p>
	<p>3. 28 day fast diagnosis GP event to be organised.</p>	<p>November 2019</p>
	<p>4. 2 appointments made following interviews on August 12th - 8th and 9th consultant. Start dates Oct-19 and Apr-20.</p>	<p>Completed</p>
	<p>5. Plan to increase radiotherapy capacity - Head & Neck and Breast Consultant Radiographer now in post. Recruitment of additional radiographers - 8 additional radiographers recruited, with 6 due to commence in post in M6 and a further 2 due to commence in M9.</p>	<p>December 2019</p>
	<p>6. A follow up meeting for the STP to discuss took place on 4th October 2019. Since agreement for the trust to divert referrals directly we have diverted 26% of referrals received and are on trajectory for achieving 14 day booking by the end of November. However note Breast Cancer Awareness month in October may significantly increase referrals.</p>	<p>October 2019</p>
	<p>7. Diversion to apply to GP surgeries within two miles. I.e. diversion lifted for GP surgeries greater than two miles but less than three miles. This option is attractive both in maintaining a net surplus of capacity at RWT but also in reducing the current demand being seen on system partners. However, it has been discounted on account of the net surplus of capacity being too high when RWT would aspire to use this to treat its own patients.</p>	<p>Jan 2020</p>
	<p>8. The above option would be put into a briefing paper which will be submitted and discussed at the Black Country and West Birmingham STP meeting on the 10th October and also at the Cancer Alliance and Cancer Board meetings.</p>	<p>November 2019</p>
	<p>Actions - UHNM</p>	<p>Completion Date</p>
<p>1. Issues at UHNM have now resolved. Expected continued achievement (Sept 94.9%). Failure of North Staffordshire CCG due to small numbers of breaches at multiple providers. NB Standard is a quarterly target.</p>	<p>N/A</p>	

Actions - UHDB	Completion Date
1. Performance monitoring continues and any breaches are discussed at the monthly Contract, Management Delivery Group (CMDG). Good practice states that breaches of a constitutional standard for 2 consecutive months trigger a contract performance notice and consequently appropriate remedial actions are agreed in partnership with host CCG.	Monthly
2. Due to the high volume of demand and issues of consultant oncology capacity the trust have developed an extended oncology CNS role for Breast. Update 24/10/19 - Cancer Programme Board 17/10/19 cancelled, next meeting 21/11/19.	November 2019
3. The breast pain pathway is currently being reviewed by clinicians as a tool to support General Practice as currently they have no option but to refer to the acute trusts. Update 24/10/19 - Cancer Programme Board 17/10/19 cancelled, next meeting 21/11/19.	November 2019
4. The service is discussing the possibility of triaging referrals internally and developing a nipple discharge pathway. Update 24/10/19 - Cancer Programme Board 17/10/19 cancelled, next meeting 21/11/19.	November 2019
5. The two additional permanent patient clinics commenced in July 2019. An additional 28 slots per week (112 per month, on top of 720 permanent slots) were implemented until the end of August 2019 and have continued during September to clear the backlog of patients.	Completed
6. The Host CCG is monitoring clinic availability for breast patients and the Trust are predicting achievement of both 2WW and Breast symptomatic by September 2019. (September data available in Nov 2019).	November 2019

Exception	Cancer Breast Symptoms 2 week wait (4)	
	Actions - UHB	
	1. Contract Performance Notice (CPN) has been issued for all cancer targets not achieving.	Complete
	2. Cancer RAP has been analysed and Staffordshire and Stoke-on-Trent CCGs have fed back from a quality, contracting and a commissioner perspective to be fed in to the final RAP.	November 2019 CQRM
	3. Audit taking place to assess issues with various referral forms in circulation and inappropriate referrals also being assessed.	Ongoing
	Actions - Walsall	
	1. One breach only; the Trust is complying with the standard on a contractual basis. KPI continues to be monitored on Monthly basis via CRM.	Ongoing
Who is the lead?	CCG Executive:	Director of Commissioning and Operations
	CCG Officer:	Managing Director - South West Division
What is the Expected Outcome?	Improvement in 2ww targets, improved collaboration between host CCGs and Staffordshire as associate CCGs to improve assurance on actions and mitigations.	

Exception	Cancer 31 day first definitive treatment (1)				
Target	96%				
Achievement	SAS: 97.18%	CC: 96.92%	SeS&SP: 93.00%		
What are the issues?		Breach Count	Waiting List	% in Standard	Status
	SAS	2	71	97.18%	Target Met
	CC	2	65	96.92%	Target Breach
	SeS&SP	7	100	93.00%	Target Breach
	<div style="display: flex; justify-content: space-around;"> <div data-bbox="539 603 981 898"> <p>SaS - YTD trend - % in Standard</p> </div> <div data-bbox="1010 603 1451 898"> <p>CC - YTD trend - % in Standard</p> </div> <div data-bbox="1480 603 1921 898"> <p>SeSSP - YTD trend - % in Standard</p> </div> </div>				
Number of patients breaching the standard by Provider:					
<i>(Provider / tumour type / breach count)</i>					
SAS: UHNM (1/62) - Urological (1/7) RWT (1/4) - Skin (1/2)					
CC: RWT (2/44) - Gynae (1/4), Urological (1/9).					
SeS&SP: UHB (3/26) - Skin (2/5), Urological (1/5). RWT (2/22) - Urological (1/4), Lower Gastro (1/3).					
<i>The number of patients in this category is low and as a general rule any more than 1 or 2 breaches may result in under achievement of the standard.</i>					

Exception	Cancer - 31 day first definitive treatment (2)	
<p>How is the CCG addressing the issue and when is this being done by?</p>	<p>Provider Key Issues:</p>	
	<p>UHNM - General factors affecting performance:</p>	
	<p>1. Surgical capacity - particularly in Urology for Robot procedures: cystectomy, nephrectomy and prostatectomy. Robot requires 2 surgeons. Robot procedures are cystectomy, nephrectomy and prostatectomy - no more procedures will be added when more robot capacity as not commissioned.</p>	
	<p>UHB - General factors affecting performance:</p>	
	<p>1. On-going issues within Urology and the ability to date patients for treatment in target. This has been further exacerbated by Consultant Annual Leave throughout July & August (agreed prior to the merger of services) which has caused a backlog.</p>	
	<p>UHDB - General factors affecting performance:</p>	
	<p>N/A - No breaches.</p>	
	<p>RWT - General factors affecting performance:</p>	
	<p>1. Referrals into the trust are greater than the agreed values identified within the original recovery plan 2. Certain specialties are receiving huge increases in referrals that are leading to delays - Urology, Upper GI, Breast (in some months) 3. Diagnostic capacity is stretched - the Trust has needed to outsource work for both routine and reporting to cope with demand 4. Inability to recruit to key roles has impacted on available capacity (Radiography, Breast)</p>	
	<p>UHNM Actions</p>	
<p>1. Urology - Increasing the surgical list size and additional outpatient clinics (prostatectomy increase from 2 to 3 per list)</p>		<p>Completed</p>
<p>2. Urology - locum due to start on 1st November 2019 with a focus on the robotic surgery</p>		<p>November 2019</p>
<p>3. Urology - 2nd robot scheduled to be up and running in April 2020 but aim to try and bring forward. Focus will be on cystectomy, nephrectomy and prostatectomy.</p>		<p>April 2020</p>
<p>4. Urology - UHNM Board Report (09/10/19): Implementation of best practice pathways (Prostate). Look at additional capacity for TRUS & FLEXI to support demand on a permanent basis.</p>		<p>Ongoing</p>
<p>5. Locum Radiologist now commenced in September 2019.</p>		<p>Completed</p>
<p>6. Head & Neck - 2nd consultant appointed from interviews due to start in January 2020.</p>		<p>January 2020</p>
<p>7. Head & Neck - UHNM Board Report (09/10/19): management teams to negotiate theatre overruns for complex surgical cases</p>		<p>Ongoing</p>

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What is the Expected Outcome?	<p>UHNM - Anticipated to see an incremental improvement in performance.</p> <p>RWT - Assurance that pathways are effective for patient care.</p> <p>Improvement in 31 day definitive treatment targets, improved collaboration between host CCGs and Staffordshire as associate CCGs to improve assurance on actions and mitigations.</p>																						

Exception	Cancer 31 day subsequent treatment - Surgery (1)				
Target	94%				
Achievement	SAS: 80.00%	CC: 80.00%	SeS&SP: 90.00%		
What are the issues?		Breach Count	Waiting List	% in Standard	Status
	SAS	3	15	80.00%	Target Breach
	CC	1	5	80.00%	Target Breach
	SeS&SP	2	20	90.00%	Target Breach
Number of patients breaching the standard by Provider: (note tumour type data is not available)					
<i>(breach count/waiting list)</i>					
SAS: UHNM (2/14), RWT (1/1)					
CC: RWT (1/2)					
SeS&SP: UHDB (1/7), RWT (1/4)					
Provider Key Issues:					
RWT - General factors affecting performance:					
1. Referrals into the trust are greater than the agreed values identified within the original recovery plan					
2. Certain specialties are receiving huge increases in referrals that are leading to delays - Urology, Upper GI, Breast (in some months)					
3. Diagnostic capacity is stretched - the Trust has needed to outsource work for both routine and reporting to cope with demand					
4. Inability to recruit to key roles has impacted on available capacity (Radiography, Breast)					
UHDB - General factors affecting performance:					
1. Breaches were due to capacity.					

Exception	Cancer - 31 day subsequent treatment - Surgery (2)		
How is the CCG addressing the issue and when is this being done by?	Actions - RWT		Completion Date
	1. Regular meetings with Surgery and Radiology chaired by Deputy COO to monitor progress.		Ongoing
	2. Continue to be monitored by West Midlands Cancer Alliance with NHSE/I representation.		Ongoing
	Actions - UHNM		Completion Date
	N/A - very small patient numbers. Continue to monitor.		
	Actions - UHDB		Completion Date
1. The Host CCG continue to monitor performance and issues are discussed at weekly Cancer Escalation meeting.		Weekly	
Who is the lead?	CCG Executive:	Director of Commissioning and Operations	
	CCG Officer:	Managing Director - South West Division	
What is the Expected Outcome?	RWT - MDT approach to support efficient utilisation of surgery theatres.		
	Improvement in 31 day subsequent treatment - surgery targets, improved collaboration between host CCGs and Staffordshire as associate CCGs to improve assurance on actions and mitigations		

Exception	Cancer 31 day subsequent treatment - Radiotherapy (1)			
Target	94%			
Achievement	SAS: 89.66%	CC: 76.19%	SeS&SP: 92.11%	
What are the issues?		Breach Count	Waiting List	% in Standard
	SAS	3	29	89.66%
	CC	5	21	76.19%
	SeS&SP	3	38	92.11%
				Status
				Target Breach
				Target Breach
				Target Breach
	Number of patients breaching the standard by Provider: (note tumour type data is not available) <i>(breach count/waiting list)</i>			
	SAS: UHNM (3/24)			
	CC: RWT (5/17)			
	SeS&SP: Royal Marsden (1/1), UHDB (1/16), RWT (1/9)			
	Provider Key Issues:			
	RWT - General factors affecting performance:			
	1. Shortage of Radiographers, a number of vacant positions require recruitment			
	2. Radiologists required to support the breast service			
	3. Capacity and reporting support required in radiology for 62 day target patients			
	4. Radiotherapy pathway needs to be reviewed			

Exception		Cancer - 31 day subsequent treatment - Radiotherapy	(2)
	UHNM - General factors affecting performance: N/A		
	UHDB - General factors affecting performance: 1. Breaches were due to patient choice, capacity or medical reasons.		
How is the CCG addressing the issue and when is this being done by?	Actions - RWT		Completion Date
	1. Recruitment of additional radiographers - 7 offers were made, 4 have since started in post with the Trust, with a further 2 due to start in post in September 2019 and 1 in December 2019.		01/12/2019
	2. The Trust has acquired 2 locum radiologists to support the breast service.		Completed
	3. Clinical fellow has been appointed and started in post to provide capacity and reporting support in radiology for 62 day target patients.		Completed
	4. Review Radiotherapy pathway - a quality checklist has been developed with medical physics and radiotherapy		Ongoing
	Actions - UHNM		Completion Date
	N/A - North CCGs did not breach target so no actions to update.		
	Actions - UHDB		Completion Date
	1. The Host CCG continue to monitor performance and issues are discussed at weekly Cancer Escalation meeting.		Weekly
	Who is the lead?	CCG Executive: Director of Commissioning and Operations CCG Officer: Managing Director - South West Division	
What is the Expected Outcome? UHNM - Anticipated to see an incremental improvement in performance. Improvement in 31 day subsequent treatment - Radiotherapy, improved collaboration between host CCGs and Staffordshire as associate CCGs to improve assurance on actions and mitigations			

Exception	Cancer 62 day Screening (1)				
Target	90%				
Achievement	SAS: 66.67%	CC: 83.33%	SeS&SP: 78.57%		
What are the issues?		Breach Count	Waiting List	% in Standard	Status
	SAS	1	3	66.67%	Target Breach
	CC	0	5	100.00%	Target Met
	SeS&SP	3	5	40.00%	Target Breach
	Number of patients breaching the standard by Provider: <i>(Provider / tumour type / breach count)</i>				
	SAS: UHNM (1/3) - Breast (1/2)				
	CC: UHNM (1/1) - Breast				
SeS&SP: RWT (3/5) - Breast					
<p>The patients on the 62 day cancer screening pathway are patients referred from the national screening programme. The number of patients in this category is low and as a general rule any more than 1 or 2 breaches may result in under achievement of the standard.</p>					
<p>Public Health England oversee three key cancer screening programmes - bowel cancer screening, breast screening and cervical screening.</p>					

Exception		Cancer - 62 Day Screening	(2)
	Provider Key Issues: RWT - General factors affecting performance: 1. Referrals into the trust are greater than the agreed values identified within the original recovery plan 2. Certain specialties are receiving huge increases in referrals that are leading to delays - Urology, Upper GI, Breast (in some months) 3. Diagnostic capacity is stretched - the Trust has needed to outsource work for both routine and reporting to cope with demand 4. Inability to recruit to key roles has impacted on available capacity (Radiography, Breast) UHNM - General factors affecting performance: 1. As described in 62 day standard and 2 week wait standards.		
How is the CCG addressing the issue and when is this being done by?	Actions - UHNM		Completion Date
	1. Breast screening pathway review to be undertaken to minimise delays in the pathway.		October 2019
	2. The weekly cancer PTL meetings continue, each individual patient's pathway is discussed to identify updates and actions to mitigate delays in the pathway.		Weekly
	3. See other actions for 62 day standard.		See next page
	Actions - RWT		Completion Date
	1. Clinical fellow will be appointed and started in post to provide capacity and reporting support in radiology for 62 day target. Completed.		October 2019
2. Continue to be monitored by West Midlands Cancer Alliance.		Ongoing	
Who is the lead?	CCG Executive: Director of Commissioning and Operations CCG Officer: Managing Director - South West Division		
What is the Expected Outcome?	UHNM - Anticipated to see an incremental improvement in performance RWT - Increased workforce capacity		

Exception	Cancer 62 day Standard (1)				
Target	85%				
Achievement	SAS: 78.95%	CC: 72.97%	SeS&SP: 76.19%		
What are the issues?		Breach Count	Waiting List	% in Standard	Status
	SAS	0	1	100.00%	Target Met
	CC	8	25	68.00%	Target Breach
	SeS&SP	2	5	60.00%	Target Breach
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>SaS - YTD trend - % in Standard</p> </div> <div style="text-align: center;"> <p>CC - YTD trend - % in Standard</p> </div> <div style="text-align: center;"> <p>SeSSP - YTD trend - % in Standard</p> </div> </div>				
Number of patients breaching the standard by Provider:					
<i>(Provider / tumour type / breach count)</i>					
SAS:	UHNM (7/34) - Skin (/7), Urological (1/6), Sarcoma (1/1), Gynae (1/4), Lower Gastro (1/4), Other (1/1) RWT (1/2) - Upper Gastro (1/1)				
CC:	RWT (8/25) - Breast (4/4), Gynae (2/4), Skin (1/7), Urological (1/5) UHNM (2/10) - Lung (1/1), Breast (1/7)				
SeS&SP:	UHB (4/13) - Urological (1/3), Upper Gastro (1/1), Breast (1/4), Skin (1/4) UHDB (3/18) - Lung (1/1), Urological (1/3), Lower Gastro (1/3) Dudley (2/5) - Upper Gastro (1/1), Haematological (1/1). RWT (1/6) - Breast (1/1).				

Exception	Cancer 62 day Standard (2)																																																				
What are the issues?	Provider Key Issues:																																																				
	RWT - General factors affecting performance:																																																				
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	3. Please note as of July 2019 the Trust is achieving the agreed Trajectory. See table below:																																																				
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UHNM - General factors affecting performance:																																																					
1. There are a number of histology results outstanding which may yield more treatments. Risks to August and beyond include continued increase in 2ww demand, diagnostics turnaround, robotic surgery capacity and oncology. Risks are being managed through daily escalation meetings and weekly Executive meetings.																																																					
2. Demand in colorectal - delays at front end of the pathway 2ww and diagnostics impacting on 62 day performance.																																																					
3. Urology - Diagnostic delays (Transrectal Ultrasound Guided Biopsy and Flexible sigmoidoscopy), increased demand for template biopsies (a gold standard prostate cancer biopsy) (stand-alone consultant service), capacity for robotic surgery cases. Outpatient clinic letter typing backlog.																																																					
UHDB - General factors affecting performance:																																																					
1. Oncology capacity - delays remain within the Urology and Upper GI Clinical Oncology clinics due to demand, diagnostic delays and workforce / recruitment issues.																																																					
2. Urology - Robotic capacity issues continue due to a continued high number of referrals received with a number of patients choosing to have this type of surgery.																																																					
3. Lower GI - Patient comorbidity and capacity issues due to staffing issues.																																																					
4. Increased imaging turnaround times (TAT) both for request-to-scan, & scan-to-report at the Burton site.																																																					
5. Haematology capacity issues due to an increase in demand and staffing issues.																																																					
6. Histopathology capacity - delays due to staff vacancies.																																																					

Exception	Cancer 62 day Standard (3)	
	<p>UHB - General factors affecting performance:</p> <ol style="list-style-type: none"> 1. The key cause of underperformance against the 62 day standard is the position in urology, where there were significant breaches in July. 2. There have been significant capacity shortfalls in urology, exacerbated over the summer with the loss of cancer theatre sessions due to consultant availability. 3. Whilst other factors, such as radiology constraints, are compounding the issue. Had urology experienced the same level of performance in July and August as in previous months, then Trust wide reported performance would have been 70.5% in line with the recovery trajectory. 	
<p>How is the CCG addressing the issue and when is this being done by?</p>	Actions - RWT	Completion Date
	1. Clinical fellow had been appointed and started in post to provide capacity and reporting support in radiology for 62 day target.	Complete
	2. Cancer RAP is being updated to focus upon actions that will target reporting sessions for 62 day standard.	Ongoing
	Actions - UHNM	Completion Date
	1. Cancer Recovery Programme in place. High impact action plan in place, agreed by Trust Board. Cancer Services strategy group in place with all clinical leads in attendance, overseeing the recovery plan.	Ongoing
	2. Fortnightly calls between NHSE/I, CCG and UHNM.	Fortnightly
	3. All agreed transformation and improvement actions are underway.	2019/20
	4. Colorectal locum started but leaving at the end of the week. Another locum has been approached. Locum confirmed to be continuing.	Completed
	5. Colorectal Straight to test pilot starting in September.	Completed
	6. Implementation of Faecal Immunochemical Testing (FIT). UHNM have capital funding bid agreed for equipment.	30/12/2019
	7. Weekly cancer PTL meetings continue, each individual patient's pathway is discussed to identify updates and actions to mitigate delays in the pathway.	Weekly
	8. NHS England & Improvement (NHSE/I) met with trust in July 2019.	Completed
	9. NHSE/I to conduct a Cancer Deep Dive with UHNM - CCG will ask for an update on call arranged for 31/10/19.	October 2019
10. Staffordshire and Stoke-On-Trent CCGs submitted a Cancer Deep Dive to the Governing Body in Common on 26th September 2019. Verbal update on progress given at the Divisional Committee.	Completed	
11. UHNM Finance and Performance Committee (F&FC) to consider the cancer improvement plans. On F&PC agenda for October.	October 2019	
12. Risks are being managed through daily escalation meetings and weekly executive meetings.	Ongoing	
13. The Trust's Clinical/directorate management teams are continuing to improve cancer pathways in line with best practice to ensure further improvement in performance. The key area of focus is reducing the time to diagnosis to 28 days. As this is a new standard the Trust are in the process of shadow monitoring against the 28 day standard from April 2019, this data will not be available until June 2020.	April 2020	

14. Training event planned for primary care to support appropriate use of pathway (September 2019). Date revised to Jan 20 due to competing priorities for GP Education.	January 2020
15. Additional clinics are being delivered. The impact of this is limited because of the consultant “pension and tax” issue which has been widely reported.	Ongoing
16. Locum Radiologist now commenced in September	Completed
17. 2nd Head and Neck consultant appointed from interviews due to start in January 2020.	January 2020
18. Urology - Increasing the surgical list size and additional outpatient clinics	Completed
19. West Midlands Cancer Alliance (WMCA) have ratified the Faecal Immunochemistry Test (FIT) test for use in primary care - the CCGs and providers are reviewing an acceptable model to implement. When this test comes in fewer patients will need colonoscopies. The model ratified by the Alliance has been shared with CCG Chairs and was discussed at SW Clinical Leaders it was decided that the ratified model will require sign-off by all CCG Membership Boards before implementation. Update: All CCGs have agreed through MEGs / Membership Boards to implement FIT for non-symptomatic patients.	Completed
20. West Midlands Cancer Alliance recommended establishing a dedicated Cancer Programme Board for Staffordshire and Stoke-on-Trent. The first meeting of the board is being chaired by the Director of Strategy at UHNM and is expected to take place in October 2019. Update: First meeting took place on 10th October. STP Cancer Transformation Plan developed, accepted and approved.	Completed

Exception	Cancer 62 day Standard (4)	
<p>How is the CCG addressing the issue and when is this being done by?</p>	<p>Actions - UHDB</p>	
	<p>1. One locum oncology consultant post being recruited to, to increase capacity and help to clear the backlog in Urology and Upper GI. Update 24/10/19 - An agency clinical oncology locum is due to start on 4th November for one year. The trust are actively recruiting for another locum to increase capacity and help to clear the backlog in Urology and Upper GI.</p>	<p>November 2019</p>
	<p>2. Upper GI & Urology - oncology locum is flexing new patient appointments between Urology and Upper GI patients as required. Ongoing.</p>	<p>November 2019</p>
	<p>3. Oncology - a demand and capacity analysis has being completed by the trust confirming a gap in oncology capacity. A site specific radiographer in Urology has been recruited. Executive workforce director exploring recruitment of radiation oncologists from overseas. Update 24/10/19 - Oncology medical workforce model review - Radiation oncologists post reviewed, now being trained in Urology. A site specific radiographer in Urology has been recruited.</p>	<p>Completed</p>
	<p>4. Lower GI - extra clinics have been arranged to improve capacity. Current robotic fellow's contract to be extended and an extra robotic fellow to be recruited, to improve capacity. Ongoing.</p>	<p>November 2019</p>
	<p>5. Lower GI referrals - Host CCG are supporting and the Trust are continuing to gather further information regarding number of referrals and GP practices concerned to further inform. Robotic capacity - facilitating extra urology lists. 2nd robot is planned.</p>	<p>January 2020</p>
	<p>6. Haematology - extra clinics being implemented. Developing a business case for additional junior doctors to join the department. Ongoing.</p>	<p>November 2019</p>
	<p>7. Histopathology - Consultant overtime offered in an attempt to reduce the delays. A new consultant has been appointed, starting in January 2020.</p>	<p>January 2020</p>
	<p>8. The high level Recovery Action Plan has been received from the Trust and has been accepted by the Host CCG and NHSi; fortnightly calls are in place. Improvement plan and trajectory being revised currently.</p>	<p>Fortnightly</p>

Exception		A&E (4 hours to admission, transfer or discharge) - Combined Performance			(1)
Target		95%			
Achievement		Sub target performance against the 95% target:			
What are the issues?	Provider	% achieved	Status	Mini Trend	
	UHNM	80.02%	Target Breach		
	UHDB	80.69%	Target Breach		
	RWT	88.39%	Target Breach		
	WHT	82.38%	Target Breach		
	DGFT	82.71%	Target Breach		
	UHB	70.21%	Target Breach		
Brief Core Provider Summary - ALL					
<p>UHNM - Overall performance has risen this month in line with a small reduction in Attendances. Performance is worse than this time last year from similar levels of demand. Type 1 demand reduced this month. Performance continues to be of concern as 80% has not been achieved for some time. Performance is much worse than this time last year. Type 3 performance remains well above target. Note that the total (Overall A&E) attendance figure for M5 equates to an average of 743 attendances per day across the 31 days of August.</p>					
<p>RWT - Overall performance has fallen on last month, total A&E attendances decreasing. Performance is much lower than this time last year and remains below target. Type 1 performance also decreased, against a fall in attendances - the target remains elusive. Type 3 performance remains well above target. Note that the total (Overall A&E) attendance figure for M5 equates to an average of 663 attendances per day across the 31 days of August.</p>					
<p>Walsall - Overall performance was trending upwards despite constant high levels of demand but curiously a fall in demand has also led to a reduction in performance. Achievement is better than this time last year. Type 1 performance mirrors overall - a fall in demand and a fall in the performance figure. Type 3 demand has spiked considerably over the last four months but reduced this month, performance continues to be above target and this month, is at 100%. Note that the total (Overall A&E) attendance figure for M5 equates to an average of 352 attendances per day across the 31 days of August.</p>					
<p>Dudley - Overall performance was trending upwards and was higher than this time last year but as demand fell so did performance (which remains lower than this time last year). Type 1 performance remains below target and has also reduced from lower demand - not the expected outcome. Type 3 performance is at 100%, attendances less than in M4. Note that the total (Overall A&E) attendance figure for M5 equates to an average of 470 attendances per day across the 31 days of August.</p>					
<p>UHDB - Overall performance has steadily increased across the last 5 months and has eclipsed 80% after 4 months below. Demand reduced on last months spike. Type 1 attendances reduced slightly this month, performance increased by less than 1%. 70% has not been achieved since March, the target is 95%. Type 3 performance remains well above target, demand remaining very high - performance not affected. Note that the total (Overall A&E) attendance figure for M5 equates to an average of 953 attendances per day across the 31 days of August.</p>					
<p>UHB - Overall performance has improved on last month and is matched against a slightly decreased volume of attendances - performance remains much lower than this time last year but is steadily improving. Type 1 attendances have declined, performance has increased slightly this month but [performance] is much worse than last year. Type 3 performance remains well above target, demand falling on the spike last month - a stable system. Note that the total (Overall A&E) attendance figure for M5 equates to an average of 1110 attendances per day across the 31 days of August.</p>					

Exception	A&E (4 hours to admission, transfer or discharge) - Combined Performance (2)
	<p>Provider Key Issues: UHNM</p> <ol style="list-style-type: none"> 1. UHNM Board Papers (09/10/19): Total LHE A&E performance was 80.02% versus operating plan of 90%. Reduction in aggregate patient delay, (626 mins to 485 mins) and improvement in time to treatment (86mins - 75mins) suggested to be as a result of the recent new doctors who started in August. 2. Key issues at UHNM [Source: Urgent Care System Escalation Meeting, 15.10.19]: 3. The overall trend in recent weeks for RSUH has been one of gradual improvement despite poor performance in the final week shown. 4. The performance at the County site has deteriorated over the same period. This has been seen acutely in the past few weeks and is significant as improvement trajectories have assumed stable performance (as has occurred historically). 5. This has resulted in the overall performance for UHNM remaining flat with particular deterioration in the last two weeks. 6. Workforce constraints associated with nurses / doctors are also now more restricted following the Care Quality Commission (CQC) review. The CQC instructed UHNM to place a senior clinician (band 6 or above) to act as a navigator at the front reception of ED to perform a navigation role prior to the patient booking in with the ED receptionist. This has altered the process of streaming within the Urgent Care Centre (UCC) causing increased clinical risk, decreased activity in the UCC and increased activity in UHNM ED.
	<p>Provider Key Issues: RWT</p> <ol style="list-style-type: none"> 1. The Trust continue to see an increase in attendances through ED compared with same period last year (5.68%) compared with same period last year, this in turn is linked to the on-going rise in ambulance conveyances that the Trust experienced during the month. 2. At the end of quarter 1 we have seen an additional 3,016 attendances (8.17%) in ED compared with last year, and an increase of 1,020 emergency admissions (11.57%) in the same period. 3. This in turn is linked to the on-going rise in ambulance conveyances experienced during the month. 4. The Local Authority are currently struggling to provide immediate care for patients who are being discharged from Hospital.
	<p>Provider Key Issues: UHDB</p> <ol style="list-style-type: none"> 1. The volume of attendances has increased by 8.4% year on year, with attendances exceeding 200 on most days. 2. The acuity of attendances has increased, with ambulance arrivals up at 26.1%. 3. A shortage of mid-grade medical staff has reduced departmental activity. 4. Delayed inpatient discharges reduce the bed availability and therefore delays admissions from A&E.
	<p>Provider Key Issues: WHT</p> <ol style="list-style-type: none"> 1. Decrease in Bed Capacity resulting in a delay in onwards referrals from A&E.

Provider Key Issues: DGFT

Performance remains below target with a deterioration from 87.81% to 82.71%:

1. Attendances to site in August were 9.34% higher than July 2018, both ED and UTC saw higher attendances, 7.95% and 11.63% respectively
2. Year to date site attendances up 1.42% (April and August only months to see higher attendances than last year)
3. 4 hour performance dropped significantly with average of 81 breaches per day in August with a monthly delivery of 82.71% (87.81% in July)
4. Ambulance conveyance has dropped 12.47% on average since middle of March
5. Handover delays have reduced in August, and are focussed mainly on the bank holiday weekend for >1 hour delays
6. Emergency admissions 1.3% below plan
7. Patients discharged from ED remains >50%, work underway on streaming
8. Delayed Transfers of Care have decreased to 2.5% in line with the long term averages despite the change in counting. Main delay reason is patient choice
9. Super stranded patients have increased to 68. However this is mainly due to patients continuing to receive acute care and a small number of out of area delayed transfers of care
10. Staffing was an issue for acute site and domiciliary care agencies in the second half of August

Exception	A&E (4 hours to admission, transfer or discharge) - Combined Performance (3)
	<p>Provider Key Issues: UHB</p> <ol style="list-style-type: none"> 1. The training route is significantly reduced, with large numbers of doctors choosing to function via the agency locum rate, often well beyond capped rates. Whilst the Trust does attract staff at a more reasonable rate for the majority of shifts, the overnight period is a particular pressure area. 2. Inpatient capacity has meant that the EDs regularly hold patients whilst suitable inpatient facilities are identified. This pressurises ED further. Inpatient capacity is an issue due to: 3. Demand pressures from increased acuity and volume of emergency admissions. Whilst the Trust does operate at a high level of ambulatory care, opportunities to increase remain and are being pursued. 4. Capacity pressures from ambitions surrounding length of stay not being achieved in full. 5. Opportunities to enhance Minors performance are being pursued. The key issues here are: 6. Cubicle capacity, particularly at peak times, results in 'majors' being assessed and/or treated in 'minors'. The number of displaced 'minors' causes a significant number of breaches. 7. Periods of immediate workload pressure in ED result in long waits to be seen for minor patients as staff are reassigned. 8. Medical and trauma alerts to EDs continue to 'spike' with a knock-on effect through the rest of the department whilst staff manage the alerts. It is not uncommon for resus bays to be full and major cubicles used in support of designated resus space.

Exception	A&E (4 hours to admission, transfer or discharge) - Combined Performance (4)	
<p>How is the CCG addressing the issue and when is this being done by?</p>	Actions: System Wide	Completion Date
	1. Staffordshire and Stoke-on-Trent Urgent Care System is back on monthly escalation meetings with NHSE/I. Next meeting scheduled for 15th October 2019. Update: meeting took place as planned.	Completed
	2. Winter Plan meeting held w/c 9th September 2019.	Completed
	3. The System-wide Urgent and Emergency Care (UEC) Programme Board continues to monitor performance of both main acute hospitals in Staffordshire.	Ongoing
	4. NHS111 - Fortnightly escalation meetings are being held with NHSE, CCG and Vocare. Recruitment, retention and sickness are contributing factors of poor performance. New recruitment strategy in place.	Fortnightly
	5. Independent review of the NHS 111 forecasting is underway and started week commencing 10th June 2019. Independent reviewer (SVL) conducting. Expected to conclude in 4 weeks with outputs shared with commissioners. Awaiting outputs.	October 2019
	6. Procurement is underway for Integrated Urgent Care (IUC) service for delivery from October 2020 (mobilisation timeline was extended to 6 months after feedback from providers as part of Bidder Engagement). NHS England mandated national service specification covering 111 call handling, G.P. out of hour's service, Urgent Treatment Centres (UTC), and primary care.	October 2019
	7. All Staffordshire Services are under review by the CCG Financial Improvement Team (FIT).	End of Q3
	8. The Winter / Surge Plan has gone through further iterations since submission to NHSE-I on 30th August. The plan has received an initial assessment from system Medical Directors and actions have been identified to strengthen the plan further. Anticipated that another iteration will be shared during w/c 4th November for the Winter Planning Review meeting with NHSE-I.	November 2019

Actions: UHNM	
1. Additional nursing staff agreed for enlarged foot print and CQC enforcement notice - currently recruiting (17 new starters commence September 2019).	October 2019
2. Transfer team, Clinical Streamer, Emergency Nurse Practitioner (ENP) out to advert to support flow through the department - expected date to start October 2019.	October 2019
3. Vocare - Change in working arrangements to be implemented in November to increase streaming through Urgent Care Centre (UCC).	November 2019
4. Transformation change programme to commence in ED September 2019 - implemented, however while some improvements have been made this is not on trajectory. Increased nursing workforce to staff the newly repatriated areas will not be in post until December and so while the space has been an enabler for other areas (such as reducing corridor occupancy and time to treatment) its core improvement has not yet been fully realised.	Ongoing
5. Impact of amendments to ED footprint and emergency floor to be reviewed. A revised KPI dataset is being drafted to document improvements against ED flow - Update (UHNM Board Report 09/10/19): improvement in admitted performance not on trajectory (simple and complex discharges). While there were improvements Monday to Friday, weekend performance has remained flat.	Ongoing
6. Community Rapid Intervention Service (CRIS) Pilot started 9th September in 2 Primary Care Networks (PCNs).	Completed

Exception	A&E (4 hours to admission, transfer or discharge) - Combined Performance (5)	
	Actions: RWT	
	ED trajectory numbers are included in the improvement forecast that the AE Delivery Board is requested to sign off. The trajectories are based on the following assumptions:	-
	1. Type 1 attendees will increase by +3.5%.	
	2. The current 15% reduction in type 3 attendees will continue and will reduce by a further 40% when the town centre Urgent Care Centre closes.	November 2019
	3. The ED conversion rates remain unchanged.	
	4. The next steps will be to sign off the work streams and project plans at the ED Operations Board and the A&E Delivery Board.	
	5. Trajectory of ED performance sustains the +4% achieved so far and improves by a further +4% from October onwards due to further acute improvements such as addressing bed day capacity.	October 2019
	Actions: UHDB	
	1. In SE division through the host CCGs (BSOL and Derby) we are: - Increasing rigour and robustness of trust reporting, proactively engaged in managing our trust provider's performance, attending Host CCGs QRRMs and relevant boards, providing feedback and collaborating with host CCGs on areas for improvement, and sanctions.	Monthly
	2. Working groups review the attendance data, clinician throughput and productivity to align staff rotas. ONGOING	November 2019
	3. Active covering of vacant shifts by local middle grades. Ongoing.	November 2019
	4. Implementation of recommendations from pilot projects, aimed at improving minors performance and streaming. Ongoing.	November 2019
	5. The Remedial Action Plan (RAP) has been updated as a site-specific part of the UHDB RAP. Actions include: - Auditing the GP Triage situation to identify the cohort of patients not needing to attend A&E en-route to specialist wards. Update 24/10/19 - Audit completed; exploring the feasibility of operating a full GP triage model based on the Kata approach (a methodology that uses repeated, consistent practice and scientific thinking to train the skills that enable a person to make rapid, incremental improvements every day). - Alternative streaming working practices to be piloted in September 19 with the hope to implement thereafter. Update 24/10/19 Action completed, work to be evaluated. Conducting a full assessment of Same Day Emergency Care services, identifying improvement opportunities for 0 day LOS patients, Ambulatory Care Sensitive Conditions. Schedule yet to be agreed.	November 2019

Exception	A&E (4 hours to admission, transfer or discharge) (6)	
	Actions: WHT	
	1. Whilst there are further operational improvements which can be made in the Trust to improve performance it is recognised across the A&E Delivery Board that the key interventions required to mitigate the growing demand of an ageing population rest with the acute and within the community and social care environments.	Ongoing
	2. The establishment of Walsall Together as an Integrated Care System (ICS), creates the real opportunity to implement the most impactful elements of Right Care, manage more patients with frailty related conditions whilst simultaneously reducing prescribed levels of social care in the wider health economy, and improving and growing capacity in admission avoidance pathways (Rapid Response).	Ongoing to 2021
	3. Enabling work such as developing and launching Single Point of Access (SPA) provision and improving care navigation will facilitate maximum use and impact of these improved services.	Update at next CRM - November 2019
	4. When patients come to the Emergency Department greater focus on Emergency Care Intensive Support Team (ECIST) best practice techniques such as ambulatory care linked with frailty, better flow management and integrated board rounds focusing on the sick and the quick to shorten length of stay in acute beds.	Ongoing
	Actions: UHB	
	1. Alternative pathways, diverting away from core ED provision.	Oct - Dec 2019
	2. Improving ED staffing levels, and alternative staffing models being explored	Oct - Dec 2019
	3. Providing alternatives to admission.	Oct - Dec 2019
	4. Decongesting ED, including provision of capacity for improved 'minors' performance.	Oct - Dec 2019
	5. Further improvements in length of stay.	Oct - Dec 2019
	6. Conversion of elective activity to day case to release beds for emergency admissions.	Oct - Dec 2019
	Actions: DGFT	
	1. New local indicators (Quality and Information) are currently being developed and agreed for ED for inclusion in the 19/20 contract. A meeting is being arranged to review and agree the proposed indicators which will provide the flow of data required by the CCG in addition to national requirements. A Contract Variation will then be completed and monitoring in 19/20 contract. Latest position-Indicators are still being finalised and will be included within the contract once they are agreed. On-going monitoring takes place through the A&E delivery board and UCOG in addition to the national A&E indicators which are part of the SQPR. This work is managed by the host commissioner and Staffordshire CCGs as an associate will request completion date to be confirmed at next CRM on 8th November.	
Who is the lead?	CCG Executive: Director of Commissioning and Operations CCG Officer: Managing Director - South West Division	
What is the Expected Outcome?	UHNM - Anticipated to see an incremental improvement in performance RWT - Increased workforce capacity UHDB &UHB - Monitor performance and work with host CCGs in improvement through the RAPs.	

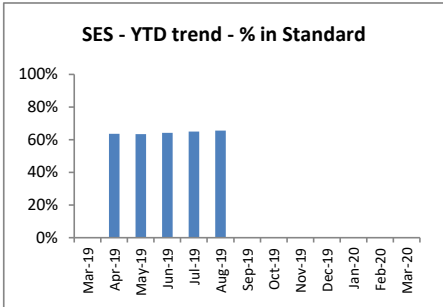
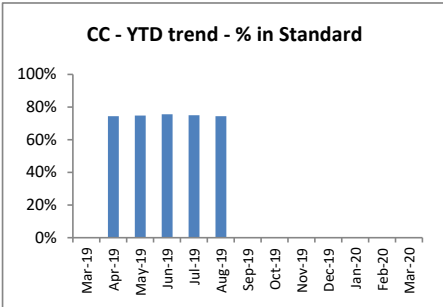
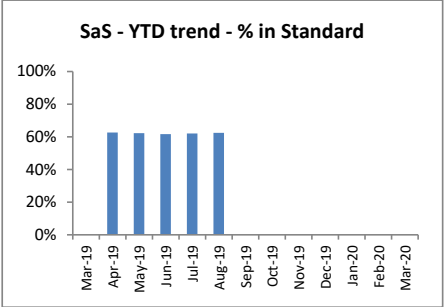
Exception	DTOCs (non-Constitution, national planning requirement) (1)			
Target	3.5%			
Achievement	A DTOC rate above the national target			
What are the issues?	Provider	% achieved	Status	Mini Trend
	UHNM	4.20%	Target Breach	
	UHDB	3.20%	Target Met	
	RWT	3.00%	Target Met	
	WHT	3.40%	Target Met	
	DGFT	0.40%	Target Met	
	UHB	5.20%	Target Breach	
Brief Core Provider Summary - Breaching Providers				
<p>At UHNM - The DTOC rate has remained at 4.2% and is above target again this month. Delays are almost solely due to the NHS with only 42 days delayed due to Social Care (the highest value since November 18). There were 1679 delayed days at UHNM in total - the third month of consecutive increase. UHNM are (for M5) 0.7% above the target and would (this month) have needed a reduction of 290 delays days to meet the target. There is no clear trend aside from the continued volume of NHS delays.</p>				
<p>At UHB - The DTOC rate has increased sharply again, due to an increase in Social Care delays - a continuing pattern of growth is forming which appears to be a reoccurrence of the pattern seen last year. The DTOC rate remains above target.</p>				
Provider Key Issues: UHNM				
1. Key issues at UHNM [Source: Urgent Care System Escalation Meeting, 15.10.19]:				
2. The number of medically fit for discharge (MFFD) patients has returned to the pre-winter range.				
3. MFFD/Green 2 Go (G2G) at Royal Stoke University Hospital (RSUH) within control total and on downward trend since November 2018 (except 3 days).				
4. Home First hours delivering 201 hours above target (8244 hours delivered against target of 8043). Average Length of Stay (LoS) 23 days. D2A beds average LoS June-Aug 26.8 days (target 28 days)				
5. Overall improvement in Staffordshire DTOCs.				
Provider Key Issues: UHB				
1. At UHB the DTOC rate has risen above the target, mainly due to an increase in Social Care delays.				

Exception	DTOCs (non-Constitution, national planning requirement) (2)	
<p>How is the CCG addressing the issue and when is this being done by?</p>	Actions: System Wide	
	1. Review commissioned by the Staffordshire and Stoke on Trent Health & Social Care system to assess the current functionality of the Home First and D2A services. Next steps: Burton and out of area providers, base lining of capacity and establishing fitness for purpose. [Staffordshire and Stoke-on-Trent Urgent Care Escalation meeting]	Completion Date No date provided
	2. Rearrange Home First/D2A provision into 3 defined areas (North, South and East Staffs) to reflect localised end to end patient pathways and service in and out of County acute hospitals.	Completed
	3. The CCGs continue to work with system partners to implement a number of schemes / initiatives to ensure patients do not remain in an acute setting unnecessarily. The majority of these are included within the UEC 5 Discharge STP work programme, the biggest being the implementation of the Discharge to Assess (D2A) model across the CCGs footprint.	Ongoing
	4. A joint Provider Improvement Response Team (PIRT) with the CCG has been implemented, focusing on improving quality in key care homes.	Ongoing
	Actions: UHNM	
	1. D2A Recommendations: <ul style="list-style-type: none"> • Operational Transformational Director role to be created with shared accountability between partners. • Propose staff sharing arrangement between UHNM and MPFT • Identify previous barriers to achievement and resolve. • Agree staff sharing model which enables efficient deployment of resources to match demand. • Rearrange Home First/D2A provision into 3 defined areas (North, South & East Staffs) to reflect localised end to end patient pathways and service all in and out of County acute hospitals 	Completion Date In development. Discussions commenced between providers. Completed
	2. Community Rapid Intervention Service (CRIS) Pilot started 9th September in 2 Primary Care Networks (PCNs).	Completed
	3. Improve Information System - Track and Triage in place in North	October 2019
	4. Fortnightly Multidisciplinary Discharge Events (MADE's) to be convened with CCG, Social Care, MPFT and UHNM to review all patients > 3 days in assessment. This group will review Patient Profiles (PP's) that should be simple rather than complex and will follow up discussions with the wards	Fortnightly
	Actions - UHB	
	1. Monitor through the CQRM monthly meetings.	Monthly
2. This is being raised at November 2019 MDT and CQRM as the position has worsened.	November 2019	
Who is the lead?	CCG Executive: Director of Commissioning and Operations CCG Officer: Managing Director - South West Division	
What is the Expected Outcome?	As a minimum maintain performance at the current level. Achievement of the national standard in 2019/20, in line with CCG planning assumptions.	

Exception	Dementia (Diagnosis Rate) (1)			
Target	66.7%			
Achievement	SAS: 62.42%	CC: 74.37%	SeS&SP: 65.60%	

What are the issues?

	% achieved	
SAS	62.42%	Target Breach
CC	74.37%	Target Met
SeS&SP	65.60%	Target Breach



General Issues Affecting Performance

1. Counting and coding is still an issue
2. Referrals from care homes need to be improved
3. Some practices still have very low diagnosis rates which brings down the overall rates
4. Rates are improving month on month for SES&SP and SaS CCGs, with SES&SP close to target.

Exception	Dementia (Diagnosis Rate) (2)	
<p>How is the CCG addressing the issue and when is this being done by?</p>	<p>Actions</p>	<p>Completion Date</p>
	1. The Dementia services development group is being re-invigorated. Next meeting is 7th November 2019.	November 2019
	2. The Dementia action plan is being updated and will be taken to the meeting above.	November 2019
	3. Support is in place form NHSE/I with an action plan to implement	November 2019
	4. Service specifications are being reviewed	December 2019
	5. Prison services for dementia are being drawn up with a relevant specification	December 2019
	6. CCG is looking at best practices in other CCGs where diagnosis rates are high	December 2019
<p>Who is the lead?</p>	<p>CCG Executive: Director of Commissioning and Operations</p> <p>CCG Officer: Managing Director - South West Division</p>	
<p>What is the Expected Outcome?</p>	<p>Dementia Diagnosis rate to continue to improve incrementally.</p>	

Exception		Cancelled Urgent Operations		(1)
Target		0		
Achievement				
What are the issues?		Count of Cancelled		Notes
	UHNM	4	Target Breach	
	UHDB	0	Target Met	
	RWT	0	Target Met	
	WHT	0	Target Met	
	DGFT	19	Target Breach	
	UHB	0	Target Met	
	UHNM - General issues affecting performance			
	1. At the September 2019 CQRM the Trust advised that all these patients have since been scheduled and treated. For any Cancer patients that have been cancelled (last minute) and their actual operation date is > 7 days after the original date, the consultant is requested to complete a summary RCA. If, in their opinion, the patient has come to harm because of the delay they will complete a full RCA and Datix. No patients have been identified as coming to any harm as a result of the wait.			
	DGFT - General issues affecting performance			
Cancelled Urgent Operations was discussed at CQRM on 8th October 2019. The Trust advised that the main reason why these operations were cancelled is largely due to not having the patients notes available. The Trust implemented a new tracking system for patient records and there has been a large amount of disruption, as a result of moving from the old system to the new system. In addition the Trust advised there have also been staff sickness issues which have impacted upon the team's ability to deliver notes in time to clinical areas.				
The CCG were advised at CQRM that no harm has come to patients as a result in their operation being cancelled.				

How is the CCG addressing the issue and when is this being done by?	Actions: UHNM		Completion Date
	1. Quality Assurance Statement from UHNM: Each cancellation is analysed and preventive measures applied. A robust trust escalation process is in place for any non-clinical cancellation on the day in order to ensure clear and appropriate decision making at the time relating to the cancellation.		As required
	2. Quality actions are coordinated through the Theatres Clinical Steering Group for oversight and ownership. Forward planning is co-ordinated through the Trust Theatres Productivity Group (TPG) which meets on a fortnightly basis, however due to the spike in cancellations the trust has recently increased this group weekly in order to proactively increase pace of improvements.		Weekly
	3. Real time escalation to Divisional senior team of any potential on the day cancellation		Ongoing
	4. Productivity analysis and challenge of the Theatre usage (in-session and number of cancelled sessions)		Ongoing
	5. Use of Net call (patient reminder system - call and text)		Ongoing
	6. Weekly analysis through Theatre Productivity Group for grip and assurance		Ongoing
	7. Length of Stay (LoS) fortnightly meetings; ensuring the bed capacity is available for both EL and NEL demand		Ongoing
	8. Prioritisation of the Inpatient Theatre activity (which may result in short notice of Outpatient activity is a small amount of cases)		Ongoing
	Actions: DGFT		Completion Date
1. Cancelled Operations will be measured by their respective Host CCGs who highlight any potential patient issues to us via their respective CQRMs.		As required	
2. The Trust were asked to address these issues and present an update at the next CQRM on 12th November 2019.		Ongoing	
Who is the lead?	CCG Executive: Director of Commissioning and Operations		
	CCG Officer: Managing Director - South West Division		
What is the Expected Outcome?	As a minimum maintain performance at the current level.		

Authorised by:	(1)		
Name	Paul Jolley		
Job Title	Head of Locality Commissioning - South West		
Signature			
Date	05.11.2019		