

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
 BOARD MEETING**

8<sup>th</sup> January 2019

<b>Title of the report:</b>	Performance Report
<b>Section:</b>	Performance – How are we doing?
<b>Report by:</b>	Ket Chudasama - Director of Performance & Corporate Affairs Kate Allardyce – Senior Performance Manager (M&LCSU)
<b>Presented by:</b>	Ket Chudasama - Director of Performance & Corporate Affairs

<b>Report supports the following West Leicestershire CCG’s goal(s):</b>			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

<b>Equality Act 2010 – positive general duties:</b>
<ol style="list-style-type: none"> <li>The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.</li> <li>The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.</li> </ol>

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Governing Body functions: <ul style="list-style-type: none"> <li>Section 5.2.4: Act with a view to securing continuing improvement to the quality of services</li> <li>Section 6.6.1(f): Monitoring Performance Against Plan</li> </ul>
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To outline the current key performance risks and specific actions undertaken by WLCCG to improve performance

Discussed by	Q&P on 20 <sup>th</sup> November 18 and PPAG on 29 <sup>th</sup> November 18
Alignment with other strategies	WLCCG Operational Plan 2017/18 – 2018/19
Environmental Implications	None
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

### **EXECUTIVE SUMMARY:**

1. The Board currently receives the monthly performance report for all West Leicestershire CCG performance indicators and the Provider Performance Assurance Group (PPAG) summary report for performance across the collaborative contracts, and the respective providers' performance.
2. The CCG meets with NHS England to discuss the performance and recovery of these standards, which will have a significant impact upon the CCGs annual assurance statement (performance component).
3. The key constitutional standards and targets under **risk of non-achievement** include:
  1. IAPT (also discussed at Q&P on 20th November 18 and PPAG on 29th November 18)
  2. Cancer waiting times (also discussed at Q&P on 20th November 18 and PPAG on 29th November 18)
  3. A&E 4 hour wait (also discussed at Q&P on 20th November 18 and PPAG on 29th November 18)
  4. Ambulance response times and handovers (also discussed at Q&P on 20th November 18 and PPAG on 29th November 18)
  5. Referral to Treatment times and Diagnostic Waits (also discussed at Q&P on 20th November 18 and PPAG on 29th November 18)
4. Appendix A supports the requirement of NHS England & NHS Improvement to routinely report numbers of > 62day & >104day breaches and outcomes, learning themes & harm reviews to Public Board/Governing Body meetings.

### **RECOMMENDATION:**

West Leicestershire Clinical Commissioning Group Board is asked to:

**NOTE** the current performance and actions being taken by the WLCCG workstream and the relevant contracting teams for areas where performance does not meet the required standard.

**DISCUSS** the additional actions being taken by WLCCG to consider whether further action is required to improve performance.

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BOARD MEETING**

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**Performance Report**

**INTRODUCTION**

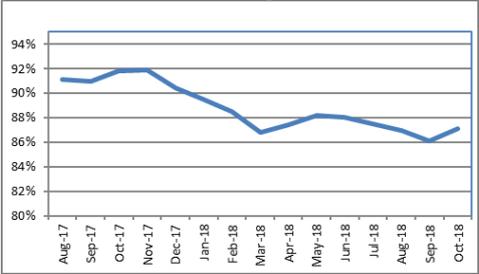
1. This report presents the key performance risks for WLCCG and outlines further specific actions being undertaken by WLCCG to improve performance in IAPT, cancer, urgent care and RTT.

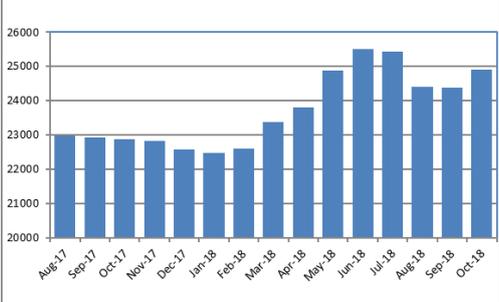
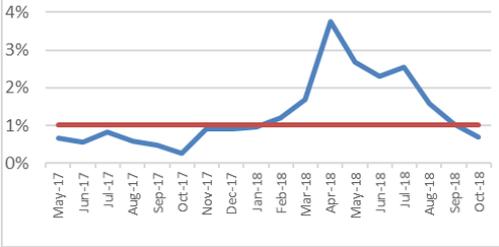
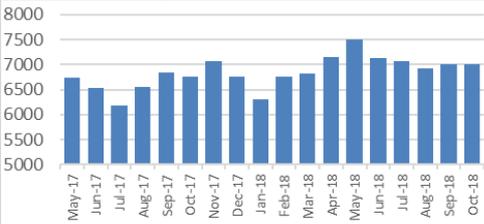
**KEY PERFORMANCE RISKS**

2. The CCGs key performance risks and associated recovery actions are presented in the following table;

<b>Indicator</b>	<b>West Leicestershire actions in place</b>
<p><u>IAPT Access - Proportion of people that enter treatment against the level of need in the general population</u></p> <p><u>National data</u> 14% against 15% target (Aug 18)</p> <p><u>Local data</u> 15% against 15% target (Oct 18)</p> 	<p>An interim pathway is being implemented to reduce any backlog and to reduce long waiting times. As a result of this, recovery rates have seen a reduction. This impact had been predicted by the IST during the workup stages of the pathway due to patients opting out of treatment and hence reducing the amount of people who are moving to recovery. 590 of the 827 original patients on the interim pathway have now been removed; 237 patients remain to be contacted (across East and West combined). Commissioners are aware that the recovery rate is likely to remain under target for the duration of the interim pathway. Excluding the patients on the Interim Pathway the recovery rate for October was 53%.</p> <p>Waiting times in WL and ELR are improving, local data is showing that the 6 week position is likely to achieve in November.</p>
<p><u>IAPT Recovery Rate</u></p> <p><u>National data - Percentage of people who are assessed as 'moving to recovery'</u></p> <p>53% against 50% target (Aug 18)</p> <p><u>Local data</u> 44% against 50% target (Oct 18)</p>	<p>The service has recruited to all of its PWP posts, 13 of these are trainees. Due to trainees not having full caseloads there may still be capacity issues in the service. A second review of demand and capacity will take place in January 2019 to ensure that the action plan has improved productivity. Current waits to first assessment have reduced and this has had a positive impact to the attrition rate. Promotional event at Loughborough University has taken place.</p>
<p><u>IAPT 6WW – The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.</u></p> <p><u>National data</u> 55% against 75% target (Aug 18)</p> <p><u>Local data</u> 69% against 75% target (Oct 18)</p>	<p>IAPT LTC provision is being implemented within Cancer, COPD and Diabetes. In addition, a pilot is taking place in 2 health centres in Leicester City - patients on GP LTC registers will be contacted informing them of the service and the benefits that it can offer. This will also be rolled out within County practices in January 2019.</p>

Indicator	West Leicestershire actions in place										
<p><u>Cancer 62 day waits - Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer</u> 77% against national target of 85% (YTD Oct 18) Local trajectory to achieve 85% from Dec 18.</p> <p><u>Cancer 62 Day Waits - % of patients receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service</u> 81% against national target of 90% (YTD Oct 18) Local trajectory to achieve 90% from Aug 18.</p> <p><u>Cancer 31 Day Wait - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery.</u> 86% against 86% target (YTD Oct 18) Local trajectory to achieve 94% from Sept 18.</p> <p><u>Cancer 2 week wait - % of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected</u> 89% against 93% target (YTD Oct 18)</p>	<p>Also see Appendix A – Long Waiters Report</p> <p>Phased handover for ‘business as usual’ within services in addition to a wider Trust promotion of Next Steps.</p> <p>Cancer Centre to audit and report on compliance.</p> <p>Reducing 2ww first seen appointments to 7 days in GI is progressing.</p> <p>Clinical capacity has been increased for template biopsies in Urology.</p> <p>Actions to address the IST recommendations are now included in the RAP.</p> <p>Capacity constraints continue to impact on the service. Year to date growth is 4.3% higher than same period last year</p> <p>Working with imaging to maximise utilisation of 2ww slots and maximise capacity and deliver 200 slots per week</p> <p>Review of other models of care at high performing Trusts (Nottingham) and develop a business case around options to improve baseline capacity to meet demand and future proof service delivery</p>										
<p><u>UHL A&amp;E 4 Hour Wait</u></p> <p>Data source ED daily report as at 18/12/18.</p> <p>YTD- 84% against local target of 88% in December 18. This includes UCC’s activity</p> <p>ED only – 78% UCC only – 98%</p> <table border="1" data-bbox="156 1608 639 1686"> <tr> <td>ED only</td> <td>14/15</td> <td>15/16</td> <td>16/17</td> <td>17/18</td> </tr> <tr> <td></td> <td>89%</td> <td>87%</td> <td>80%</td> <td>78%</td> </tr> </table>	ED only	14/15	15/16	16/17	17/18		89%	87%	80%	78%	<p>CCGs are represented on the system-wide A&amp;E Delivery Board, which is overseeing the implementation of the High Impact Actions Plan to recover ED 4 hour performance. CCGs are leading on the specific actions to minimise presentations at the LRI campus, including:</p> <ul style="list-style-type: none"> <li>• Actions to improve clinical navigation</li> <li>• Increased provision and availability of routine and urgent GP capacity in primary care</li> <li>• Increased availability and utilisation of ICS step up facilities</li> <li>• Improved flow with EMAS for urgent GP referrals via Bed Bureau</li> <li>• Discharge and DTOC monitoring and improvements.</li> </ul> <p>There continues to be a focus on improving flow processes, including:</p> <ul style="list-style-type: none"> <li>• Extended the ED floor managers so that they cover twilight shifts as well as the day, 7 days per week.</li> <li>• Introduced a dedicated stream for ambulatory patients in majors.</li> <li>• Non-clinical staff now routinely supporting patient movement in the department.</li> <li>• Flexible use of EFU/AFU has commenced.</li> <li>• Introduce direct admissions to base wards from GPAU to short stay and base wards.</li> <li>• Develop the structure and function of the flow team and bed</li> </ul>
ED only	14/15	15/16	16/17	17/18							
	89%	87%	80%	78%							

Indicator	West Leicestershire actions in place
<p><u>Handover Time between EMAS ambulances &amp; UHL A&amp;E 30-60 mins</u> 6.7% against zero tolerance (YTD Oct 18)</p> <p><u>Handover Time between ambulances &amp; A&amp;E over 60 mins</u> 2.1% against zero tolerance (YTD Oct 18)</p> <p><u>Ambulance Crew Clear delays of 30 min – 60mins at UHL</u> 7.6% against zero tolerance (YTD Oct 18)</p> <p><u>Ambulance Crew Clear delays of &gt; 60 minutes at UHL</u> 0.4% against zero tolerance (YTD Oct 18)</p> <p><u>Ambulance Waits</u></p> <p>Cat 1 (90<sup>th</sup> centile) achieving national targets in October 18 across EMAS &amp; LLR and for WL</p> <p>Cat 2 -3 not achieving national targets in Sept 18</p> <p>Cat 4 being achieved for EMAS, LLR and WL in October 18.</p>	<p>co-ordinators under the leadership of the Head of Patient Flow.</p> <ul style="list-style-type: none"> <li>• Weekly super stranded patients (patients with an acute LOS greater than 21 days) meetings of all +21 day patients and from October plans to increase Integrated Discharge Team.</li> </ul> <p>A draft handover escalation process has been shared at both AEDB and the IUEC group; the process still needs formal sign-off by the EMAS Risk, and Safety Governance Group but is expected to go live on the 3rd of December 2018.</p> <p>The LLR EMAS General Manager has confirmed that this has been discussed with the UHL Chief Operating Officer and weekly meetings are in place to monitor.</p> <p>Handover delays will continue to be monitored via the IUEC group and escalated to AEDB if required.</p> <p>UHL is consolidating its actions on improving ambulance performance, including:</p> <ul style="list-style-type: none"> <li>• Cohorts policy at 20 minutes.</li> <li>• Additional admin staff during ambulance peaks to support the booking-in process.</li> <li>• Routine use of Majors sub-wait in the day and overnight to support flow</li> <li>• EMAS working to support non-conveyance from care homes. Further improvements will come as UHL start to reduce occupancy in majors</li> </ul> <p>The Pathways Development Group has been established which includes members from DHU, EMAS and UEC team with the initial focus being on respiratory and non-complicated fractures. EMAS have requested a simple flow-chart of the alternative services on offer across LLR which will be shared with crews with a view to accessing by the end of November. Usage of both the HCP and the LUCC by EMAS will be monitored by the UEC contracts team.</p> <p>EMAS have recently identified both LLR and Northampton as outliers for higher than planned activity. They have requested that this be investigated to understand why data reveals a higher number of NHS 111 cat 3 activity being passed to EMAS that results in a non- conveyance. Commissioners are currently working with the CSU in order to receive the full data flow from EMAS in order to triangulate the data with NHS 111's in order to assess why activity is higher across LLR.</p>
<p><u>Referral to Treatment time (RTT)</u> 87% against 92% national target (October 18). Graph below shows performance since Aug 17.</p>  <p>Total WL Patients Waiting 24,914 against</p>	<p>Monthly triangulation meeting to oversee reduction in backlog and link with IPT process</p> <p>The Alliance is increasing the number of GPs with a special interest in dermatology and ENT to provide increased capacity</p> <p>The Planned Care team is working to increase the use of PRISM significantly and increase advice and guidance to support GPs to manage patients in the community rather than refer to secondary care</p> <p>Monthly meetings with UHL are continuing to take place to progress key issues</p> <p>The backlog numbers are being analysed by individual weeks</p>

Indicator	West Leicestershire actions in place
<p>target of &lt;23,384 (end of Oct 18).</p> <p>Graph shows the TOTAL number of patients waiting at the end of each reporting month (WL patients, all providers)</p> 	<p>for weeks 40-51 to establish the potential numbers that are likely to fall in the 52 week breach category and what actions can be done to avoid a 52 week breach</p> <p>Weekly performance monitoring of non-admitted backlog target for each speciality</p> <p>Daily checks and tracking with booking support provided for patients 40 weeks plus</p> <p>Outsourcing of appropriate activity to the Alliance and IS providers</p> <p>Right sizing bed capacity to increase the number of admitted patients able to receive treatment</p> <p>Improving APCL through reduction in cancellations and increased theatre throughput</p>
<p><u>Diagnostic Test Waits</u></p> <p>0.7% against &lt;1% national target (Oct 18) Graph shows previous performance</p> 	<p>The diagnostic performance has been achieved in October. Additional endoscopy capacity has been insourced via Medinet, CT capacity has also increased via waiting list initiatives and there is daily monitoring of specialties with thresholds set for breach numbers.</p> <p>The graph below shows the total number of patients waiting at the end of each reporting month (WL patients, all providers)</p> 

**RECOMMENDATION:**

West Leicestershire Clinical Commissioning Group Board is asked to:

**NOTE** the current performance and actions being taken by the WLCCG workstream and the relevant contracting teams for areas where performance does not meet the required standard.

**DISCUSS** the additional actions being taken by WLCCG to consider whether further action is required to improve performance.

### LLR Cancer Waits Report (+62 day breaches)

Number of treated patients that waited over 62 days, all 3 62day metrics		17/18	end of April 18	end of May 19	end of June 18	end of July 18	end of Aug 18	end of Sept 18	end of Oct 18	end of Nov 18	end of Dec 18	end of Jan 19	end of Feb 19	end of Mar 19	18/19 YTD
All providers	LC CCG Patients	176	20	19	22	23	14	23	27						148
	WL CCG Patients	261	29	30	31	27	30	24	22						193
	EL&R CCG Patients	235	22	21	17	22	30	33	31						176
	Total	672	71	70	70	72	74	80	80						517

UHL Only	All CCGs	646.0	72	70.5	69.5	67	72	81	77.5						509.5
	LC CCG	168.5	19.5	19	22	23	14	22.5	27						147
	WL CCG	220	27	27	28	22	22.5	20	19						165.5
	EL&R CCG	204	21	18	15	18	27	32	27						158

Current backlog of patients waiting over 62 days	As at 9th Mar 18	As at 6th April 18	As at 4th May 18	As at 4th June 18	As at 6th July 18	As at 10th Aug 18	As at 7th Sept 18	As at 5th Oct 18	As at 9th Nov 18	As at 7th Dec 18	As at Jan 19	As at Feb 19	As at Mar 19
UHL All CCGs (Unadjusted Position)	67	67	75	103	123	114	133	71	81	75			
UHL All CCGs (Adjusted Position - excludes tertiary referrals post day 38 of pathway)	55	55	65	93	105	96	111	60	69	56			
Derby Teaching Hospital NHS Foundation Trust	28	26	45	45	43	36	35	46					
George Eliot Hospital Trust	7	21	26	30	10	6	10	11					
UHCW	34	59	45	72	16	16	31	21					
Burton Hospital Trust	7	5	6	5									
North West Anglia NHS Foundation Trust (NWAFT)	47	52	99	73	31	27	22	30					
Kettering General Hospital NHS Foundation Trust (KGH)	16	17	33	19	6	9	9	8					
United Lincolnshire Hospitals NHS Trust (ULHT)	67	76	56	64	44	31	38	44					
Nottingham University Hospitals NHS Trust (NUH)	37	34	52	57	40	38	35	34					

Outcomes / Learning themes for over 62 day breaches
<p><b>UHL</b></p> <p>Please see the tab '62 day themes' for the details of the October 2018 62 day breaches. This information is routinely provided as part of the monthly UHL Reporting.</p> <p>62 day breaches are reviewed quarterly by UHL. Any thematic findings are shared on a quarterly basis and where appropriate new actions are added to the Remedial Action Plan.</p> <p>There is a triangulation exercise which looks at the Thematic Findings, NHSE/NHSI Review, Exeter Data (Trust level) and the RAP.</p> <p>The local Clinical Quality Review Group and Quality Assurance Group are sighted on any quality and patient safety/experience concerns. The contracting Quality Lead is also a member of the Cancer/RTT Working Group and associated Board. Escalation is via the Cancer/RTT Board and Contract Performance meeting.</p> <p>The regional Quality Surveillance Group also receives any quality and patient safety/experiences concerns.</p> <p>Actions undertaken by CCG this period:</p> <ul style="list-style-type: none"> <li>• Progress of the Optimal Lung Pathway work allied to the East Midlands Cancer Alliance monies</li> <li>• Progress of CCG specific RAP actions</li> </ul> <p>Actions undertaken by UHL this period:</p> <ul style="list-style-type: none"> <li>• Skin working with plastics to provide additional clinics which will enable capacity throughout the year</li> <li>• Continuing focus on reducing the backlog</li> <li>• Winter plan developed to mitigate cancer cancellations due to bed constraints</li> <li>• Increase in number of prostate cancer patients having a 3T contrast multi-parametric pre-biopsy MRI</li> <li>• RAP refreshed and escalation process to Taskforce in place for actions that have slipped or are RAG rated 'red'</li> </ul>

City

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer																	
Open Exeter report reference 8.4																	
Target	85%																
Amber	82%-84.9%																
Red	<82%																
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD	Average monthly performance YTD	18/19 3 month rolling average	Forecast year end position	Monthly breach tolerance
Total patients seen	51.5	59	58	67	54	63	63						415.5	59	60	712	-1.2
Breaches	10.5	13	19	20	14	16.5	20						113	16	17	194	
Achievement	79.6%	78.0%	67.2%	70.1%	74.1%	73.8%	68.3%						72.8%	72.8%	71.9%	72.8%	

East

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer																	
Open Exeter report reference 8.4																	
Target	85%																
Amber	82%-84.9%																
Red	<82%																
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD	Average monthly performance YTD	18/19 3 month rolling average	Forecast year end position	Monthly breach tolerance
Total patients seen	67	87	75	94	80	91	100						594	85	90	1018	3.5
Breaches	17	15	12	18	25	31	17						135	19	24	231	
Achievement	74.6%	82.8%	84.0%	80.9%	68.8%	65.9%	83.0%						77.3%	77.3%	73.1%	77.3%	

West

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer																	
Open Exeter report reference 8.4																	
Target	85%																
Amber	82%-84.9%																
Red	<82%																
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD	Average monthly performance YTD	18/19 3 month rolling average	Forecast year end position	Monthly breach tolerance
Total patients seen	93	77	90	99	102	81	73						615	88	85	1054	3.9
Breaches	16	24	24	20	21.5	16	17						138.5	20	18	237	
Achievement	82.8%	68.8%	73.3%	79.8%	78.9%	80.2%	76.7%						77.5%	77.5%	78.7%	77.5%	

### LLR Cancer Waits Report (+104 day breaches)

Number of treated patients that waited over 104 days	17/18	end of April 18	end of May 19	end of June 18	end of July 18	end of Aug 18	end of Sept 18	end of Oct 18	end of Nov 18	end of Dec 18	end of Jan 19	end of Feb 19	end of Mar 19	18/19 YTD
All providers														
LC CCG Patients	40	4	3	2	3	3	5	8						28
WL CCG Patients	53	5	4	5	5	5	3	6						33
EL&R CCG Patients	44	2	4	6	5	4	13	6						40
Total	137	11	11	13	13	12	21	20						101

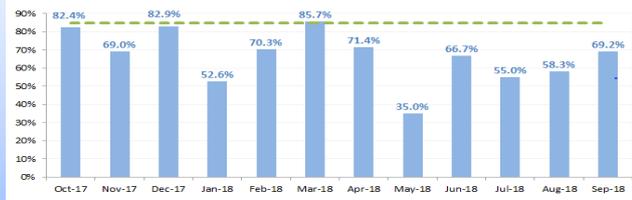
UHL Only	All CCGs	150.5	15	15	14	15	13	28	23					72
	LC CCG	40	4	3	2	3	3	5	8					15
	WL CCG	46	5	4	4	5	3	2	4					21
	EL&R CCG	37	2	2	5	3	3	11	5					15

Current backlog of patients waiting over 104 days	As at 9th Mar 18	As at 6th April 18	As at 4th May 18	As at 4th June 18	As at 6th July 18	As at 10th Aug 18	As at 7th Sept 18	As at 5th Oct 18	As at 9th Nov 18	As at 7th Dec 18	As at Jan 19	As at Feb 19	As at Mar 19
UHL All CCGs	14	17	11	9	12	23	34	25	14	9			
Derby Teaching Hospital NHS Foundation Trust	4	6	6	12	14	12	8	10					
George Eliot Hospital Trust	10	3	1	5	1	3	4	5					
UHCW	14	8	8	3	3	9	14	6					
Burton Hospital Trust	0	2	1	0									
North West Anglia NHS Foundation Trust (NWAFT)	4	4	7	14	5	7	3	7					
Kettering General Hospital NHS Foundation Trust (KGH)	3	5	3	9	1	3	3	2					
United Lincolnshire Hospitals NHS Trust (ULHT)	11	12	12	10	10	7	13	12					
Nottingham University Hospitals NHS Trust (NUH)	14	8	7	10	8	10	8	8					

Outcomes / Learning from RCA and harm reviews for over 104 day breaches
<p><b>UHL</b></p> <p>Please see the tab '&gt;104 day themes' for the details of the October 2018 &gt;104 day breaches.</p> <p>This information is routinely provided as part of the monthly UHL Trust Board Report and Joint Cancer/RTT Board.</p> <p>Harm reviews are carried out by UHL for confirmed cancer patients who have waited &gt;104 days once treated.</p> <p>The local Clinical Quality Review Group and Quality Assurance Group are sighted on any quality and patient safety/experience concerns. The contracting Quality Lead is also a member of the Cancer/RTT Working Group and associated Board.</p> <p>Escalation is via the Cancer/RTT Board and Contract Performance meeting.</p> <p>The regional Quality Surveillance Group also receives any quality and patient safety/experiences concerns.</p>

## Gynaecology Breach Analysis

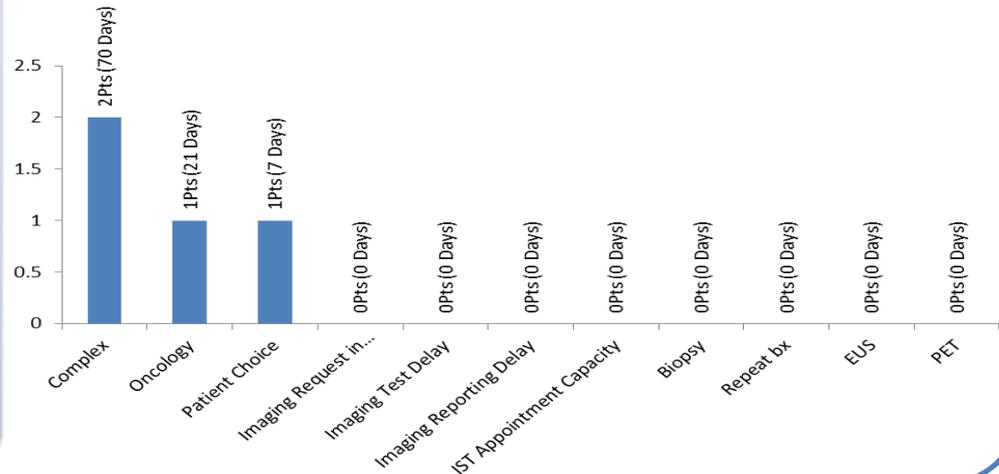
62 day performance for gynaecological cancer was 69.2% for September.



Below is a summary of the main reasons for Delay based on the number of patient: -

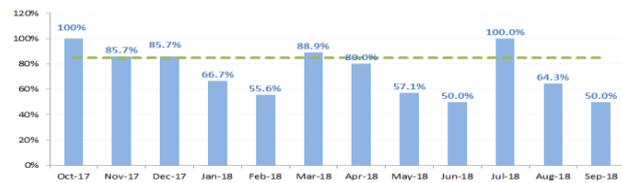
- **Complex** – 2 patients delayed by a total of 70 days.
- **Oncology** – 1 patient delayed by a total of 21 days.
- **Patient Choice** – 1 patient delayed by a total of 7 days.

Gynae - Reasons for Delay (Cummulative number of days)



## Haematology Breach Analysis

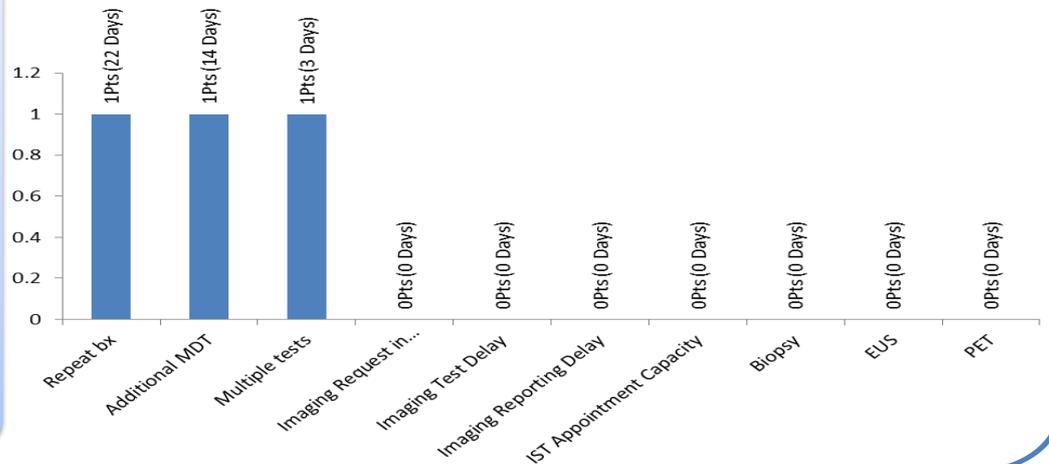
62 day performance for Haematological cancer was 50% for September.



Below is a summary of the main reasons for Delay based on the number of patient: -

- **Repeat Bx** – 1 patient delayed by a total of 22 days.
- **Additional MDT** – 1 patient delayed by a total of 14 days.
- **Multiple Test** – 1 patient delayed by a total of 3 days.

Haem - Reasons for Delay (Cummulative number of days)



## Head & Neck Breach Analysis

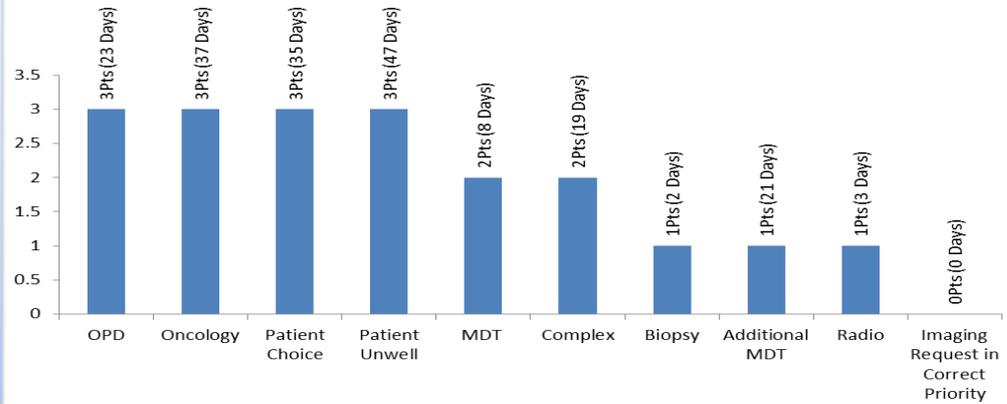
62 day performance for Head & Neck was 47.1% for September.



Below is a summary of the main reasons for Delay based on the number of patient: -

- **OPD** – 3 patients delayed by a total of 23 days.
- **Oncology** – 3 patients delayed by a total of 37 days.
- **Patient Choice** – 3 patients delayed by a total of 35 days.
- **Patient Unwell** – 3 patients delayed by a total of 47 days.
- **MDT** – 2 patients delayed by a total of 8 days.
- **Complex** – 2 patients delayed by a total of 19 days.
- **Biopsy** – 1 patient delayed by a total of 2 days.
- **Additional MDT** – 1 patient delayed by a total of 21 days.
- **Radio** – 1 patient delayed by a total of 3 days.

Head & Neck - Reasons for Delay (Cummulative number of days)



## Lower GI Breach Analysis

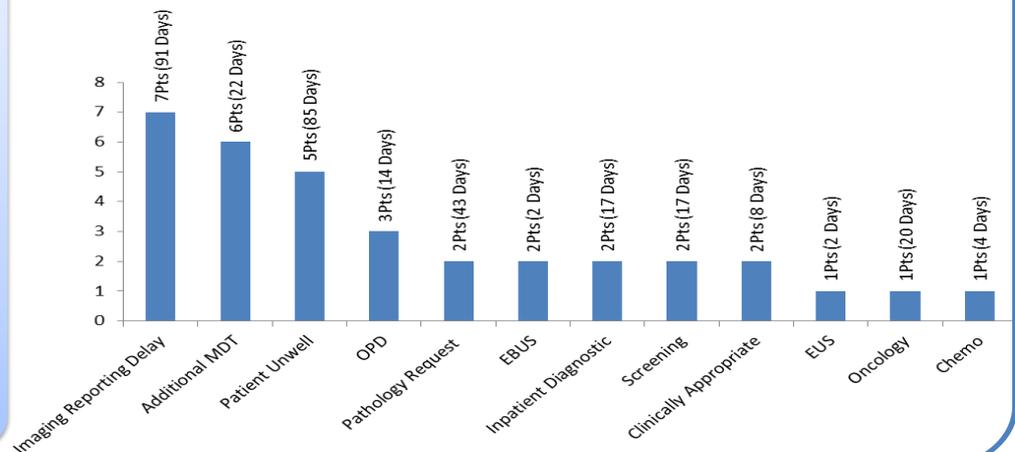
62 day performance for Lower GI was 45.5% for September.



Below is a summary of the main reasons for Delay based on the number of patient: -

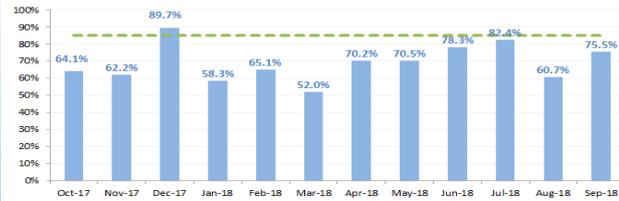
- **Imaging Reporting Delay** – 7 patients delayed by a total of 91 days.
- **Additional MDT** – 6 patients delayed by a total of 22 days.
- **Patient Unwell** – 5 patients delayed by a total of 85 days.
- **OPD** – 3 patients delayed by a total of 14 days.
- **Pathology Request** – 2 patients delayed by a total of 43 days.
- **EBUS** – 2 patients delayed by a total of 2 days.
- **Inpatient Diagnostics** – 2 patients delayed by a total of 17 days.
- **Screening** – 2 patients delayed by a total of 17 days.
- **Clinically Appropriate** – 2 patients delayed by a total of 8 days.

Lower GI - Reasons for Delay (Cummulative number of days)



# Lung Breach Analysis

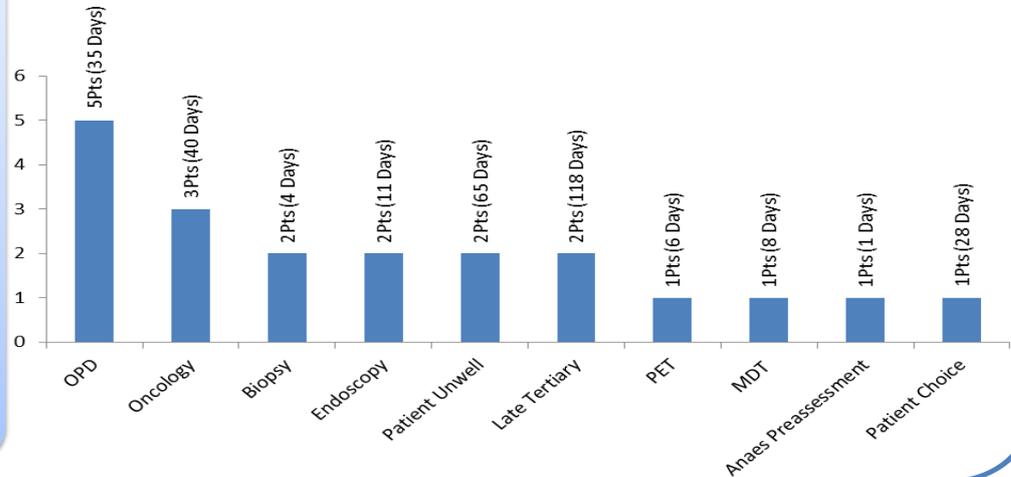
62 day performance for Lung was 75.5% for September.



Below is a summary of the main reasons for Delay based on the number of patient: -

- **OPD** – 5 patients delayed by a total of 35 days.
- **Oncology** – 3 patients delayed by a total of 40 days.
- **Biopsy** – 2 patients delayed by a total of 4 days.
- **Endoscopy** – 2 patients delayed by a total of 11 days.
- **Patient Unwell** – 2 patients delayed by a total of 65 days.
- **Late Tertiary** – 2 patients delayed by a total of 118 days.
- **PET** – 1 patient delayed by a total of 6 days.
- **MDT** – 1 patient delayed by a total of 8 days.
- **Anaes Preassessment** – 1 patients delayed by a total of 1 day.
- **Patient Choice** – 1 patients delayed by a total of 28 day.

Lung - Reasons for Delay (Cummulative number of days)



# Upper GI Breach Analysis

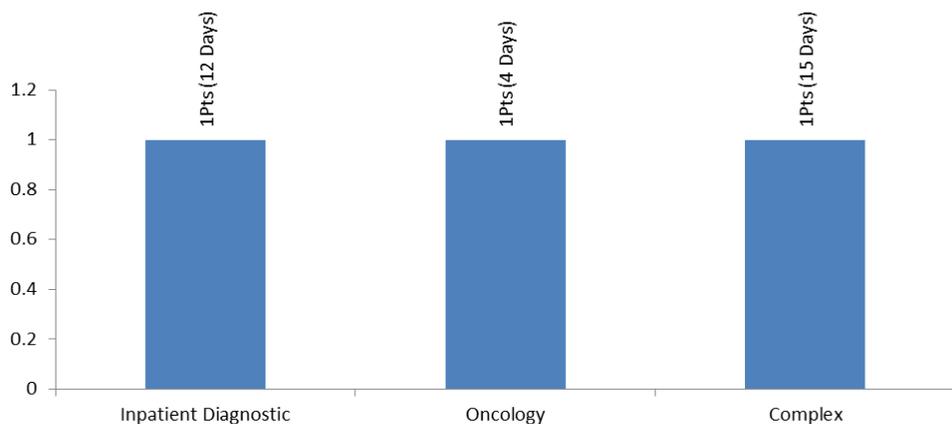
62 day performance for Upper GI was 64.5% for September.



Below is a summary of the main reasons for Delay based on the number of patient: -

- **Inpatient Diagnostic** – 1 patient delayed by a total of 12 days.
- **Oncology** – 1 patient delayed by a total of 4 days.
- **Complex** – 1 patient delayed by a total of 15 days.

Upper GI - Reasons for Delay (Cummulative number of days)

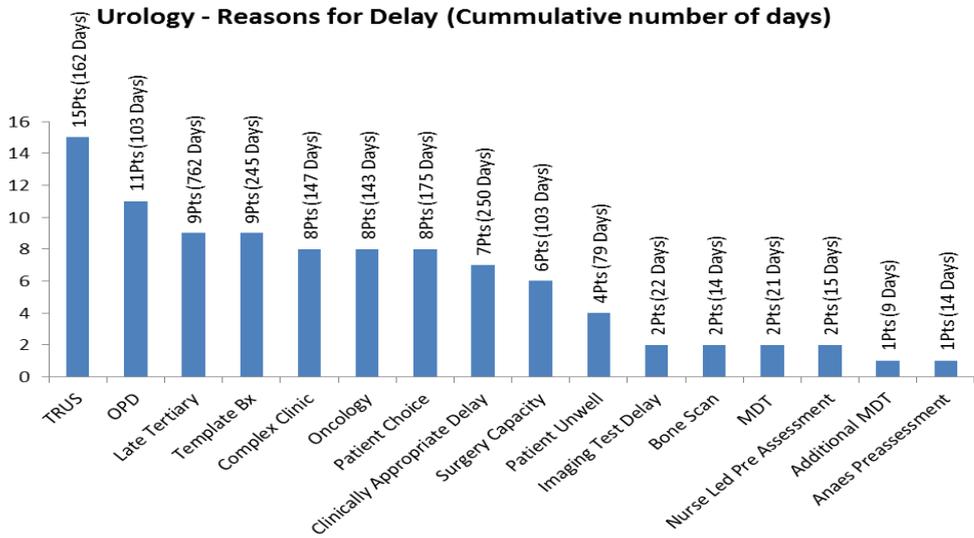


**62 day performance for Urology was 55.4% for September.**



Below is a summary of the main reasons for Delay based on the number of patient: -

- **TRUS** – 15 patients delayed by a total of 162 days.
- **OPD** – 11 patients delayed by a total of 103 days.
- **Late Tertiary** – 9 patients delayed by a total of 762 days.
- **Template Bx** – 9 patients delayed by a total of 245 days.
- **Complex Clinic** – 8 patients delayed by a total of 147 days.
- **Oncology** – 8 patients delayed by a total of 143 days.
- **Patient Choice** – 8 patients delayed by a total of 175 days.
- **Clinically Appropriate Delay** – 7 patients delayed by a total of 250 days.
- **Surgery Capacity** – 6 patients delayed by a total of 103 days.
- **Patient Unwell** – 4 patients delayed by a total of 79 days.
- **Imaging Test Delay** – 2 patients delayed by a total of 22 days.
- **Bone Scan** – 2 patients delayed by a total of 14 days.
- **MDT** – 2 patients delayed by a total of 21 days.
- **Nurse Led Pre Assessment** – 2 patients delayed by a total of 15 days.
- **Additional MDT** – 1 patient delayed by a total of 9 days.
- **Anaes Preassessment** – 1 patient delayed by a total of 14 days.



Note: New format for Risk Report received for UHL

Issue	Progress
Increased activity in Breast, Skin, and urology	<ul style="list-style-type: none"> <li>• Breast year to date growth is 4.3% higher than same period last year</li> <li>• Skin year to date growth is 17.8% higher than same period last year</li> <li>• Urology year to date growth is 9.2% higher than the same period last year</li> <li>• We are working with the clinical teams, the East Midlands Cancer Alliance Expert Clinical Advisory Groups and with the CCG to streamline pathways and ensure flexible capacity throughout the year.</li> </ul>
Consultant vacancies Radiology, Oncology, Skin	<ul style="list-style-type: none"> <li>• New consultant radiologist for Breast started in October; however we have sickness in the team. We are exploring additional clinics at weekends to ensure sessions are available for patients.</li> <li>• Oncology continues to have 2.8 Consultant vacancies. The head and neck vacancy has been out to recruitment three times and there have been no applicants. We are working with Nottingham and NHSE to explore a combined approach to service provision to maximise the service offer. Workforce is a national issue and Specialised Commissioning is reviewing the head and neck service provision across the whole of the East Midlands.</li> <li>• Skin has a solution by working with plastics to provide additional clinics which will enable capacity throughout the year.</li> </ul>
Previous Organisational focus on Urgent Care, which has resulted in cancer cancellations	<ul style="list-style-type: none"> <li>• The new Chief Operating Officer is committed to Cancer as a priority for the organisation. This has been communicated to the organisation.</li> <li>• We have seen no cancer cancellations unless there is ITU constraints or as a result of clinical reasons.</li> </ul>
The 'winter effect'. Last winter patients were cancelled due to a lack of beds.	<ul style="list-style-type: none"> <li>• This year we have a robust winter plan to ensure this does not occur again this winter</li> <li>• We have taken the decision to do less routine elective work to ensure we have beds for Urgent and cancer patients.</li> </ul>
We have multiple steps in cancer processes which results in delays for patients	<ul style="list-style-type: none"> <li>• Processes and pathways are being streamlined to ensure patients receive the best possible treatment in the quickest possible time. One area where improvements will be seen by the patients is in the lung cancer pathway and the Trust adopts the national optimal lung cancer pathway. In addition in prostate cancer where 89% of our patients now have a 3T contrast multi-parametric pre biopsy MRI making UHL one of the leaders in the East Midlands.</li> <li>• We have the support of NHS Improvement support team in Urology to provide advice and help implement good practice they have seen in other organisations</li> </ul>
Robotics is becoming a more popular choice of treatment in certain specialities. The demand is currently higher than the capacity and results in delays in certain pathways	<ul style="list-style-type: none"> <li>• We are working with Derby who are providing some robot time for us.</li> <li>• We are maximising our efficiency</li> <li>• We have support from NHS Improvement to progress actions to support the Urology pathway</li> </ul>