

Report To:	Governing Body
Report Title:	Quality, Safety and Performance Report
Report From:	Steve Jarman-Davies, Jo Galloway
Date:	12 th Sept 2018
Previously Considered by:	Commissioning, Finance and Performance Committee, 23 rd August 2018 Clinical Quality and Governance Committee 22 nd August 2018

Action Required							
Decision:		Assurance:	✓	Information:		Confidential	

Purpose of the Report:
To provide assurance to the Governing Body of the performance of services commissioned by Coventry and Warwickshire and Warwickshire North CCGs for the month of June (unless otherwise specified). The report also provides an update on quality concerns within commissioned services that are either being investigated or are being monitored against improvement plans.
Key Points:
<p><u>Performance</u></p> <p>Referral to Treatment Times (RTT) 85.9% of CRCCG patients had been waiting less than 18 weeks from their GP referral date to be seen or treated by a hospital specialist against a target of 92%. The figure for WNCCG was 83.5%. There were 28 CRCCG patients waiting over 52 weeks. 21 were waiting at UHCW, one at Royal Free London NHS Foundation Trust (General Surgery), four at the Royal Orthopaedic Hospital NHS Trust (Specialist Orthopaedic), one at Oxford University Hospitals NHS Trust (Orthopaedic) and one at the London North West University Healthcare Trust (ENT). There was one WNCCG over 52 week breach, who was waiting at UHCW. Both CCGs achieved against the diagnostic test waiting times target with 99.6% of CRCCG and 99.4% of WNCCG patients receiving diagnostic tests within 6 weeks of referral.</p> <p>A & E 4 hour waits A & E 4 hour waits performance was 89.3% at UHCW, remaining below the 95% target, but a significant improvement on the April position. GEH also underachieved, with 91.6% of patients seen within 4 hours.</p> <p>Cancer waiting times CRCCG underachieved in quarter 1 against the cancer two week wait for outpatient appointment for patients referred urgently with breast symptoms at 83.5% and WNCCG underachieved against the 62 day wait target for screening at 85.7%. Other targets were achieved. Two patients at UHCW had waited more than 104 days from referral to treatment. There were no 104 day breaches at GEH.</p> <p>Mixed Sex Accommodation There were no Mixed Sex Accommodation breaches for CRCCG or for WNCCG patients.</p> <p>Cancelled Operations There were 39 patients in quarter one who had operations cancelled at UHCW, on or after the day of admission for non-clinical reasons and weren't offered another binding date within 28 days, a reduction on the quarter 4 position. Five cancellations at GEH were not offered another binding date within 28 days.</p> <p>Dementia Diagnosis Both CCGs continue to underachieve against the 67% dementia diagnosis target, with 59.2% of the estimated dementia cases diagnosed for CRCCG and 59.0% for WNCCG.</p>

Early Intervention in Psychosis (EIP)

CRCCG underachieved at 25% and WNCCG marginally underachieved at 50% against the 53% EIP target.

IAPT

CRCCG underachieved against the 2018/19 19% annual IAPT access target in April at 18.1%. However this is an improvement on the Q4 position at 15.7%. WNCCG also underachieved at 17% The IAPT recovery rate targets were met in April by both CCGs.

Quality

University Hospitals Coventry and Warwickshire (UHCW)

There are three areas on Level 2 and four areas on Level 3 of the CCG Quality Assurance Framework:

- Level 2 – A CQC inspection took place from 23 April to 1 June 2018 and the final report was published on 31 August 2018. The overall CQC rating of the Trust requires improvement. The trust is developing an action plan in response to the CQC findings and the report will be discussed at the next Clinical Quality Review Meeting (CQRM).
- Level 2 – There is a risk relating to Dermatology and delays for first clinic appointments; it is positive to note that waiting times have now significantly improved and the target was met for June 2018.
- Level 2 – The midwife to birth ratios is reported as 1:34 for June 2018. The Trust has made some positive progress with recruitment and the ratio will be monitored as part of the midwifery dashboard at CQRM.
- Level 3 – The CCG continues to monitor implications associated with delays in urgent clinic letters that should be sent within 7 days. The CCG and Trust have completed a joint investigation and the final report and remedial action plan were presented to the August CQRM.
- Level 3 – The CCG has formally raised concerns with the Trust in relation to its internal management systems used to manage patient follow up appointments. The CCG is utilising formal contractual mechanisms to gain assurance and confirmation of the management plan to resolve this issue.
- Level 3 – The Trust is not currently meeting the 4 hour Accident and Emergency target. Following a request from the CCG, the Trust has presented a review of serious incidents to CQRM. No themes or trends were identified and a follow up quality assurance visit will be undertaken. Urgent and emergency services at University Hospital continue to be rated as requires improvement by CQC.
- Level 3 (system-wide issue) – The Trust is experiencing increased risk and capacity issues on Ward 14 due to issues relating to children and young people in crisis being cared for on the paediatric ward. A multi-agency group is working to develop alternative solutions to alleviate system pressures on Ward 14. A business case for a CAMHS tier 3.5 service has been developed.

Coventry and Warwickshire Partnership Trust (CWPT)

There are four areas on Level 2 of the CCG Quality Assurance Framework:

- Level 2 - The Trust has reported that there is an eleven month waiting time for the Adult ASD diagnosis service. The Trust is undertaking work to review patient pathways, referrals and eligibility criteria. The CCG is working with the Trust to re-scope the pathway and activity in order to manage demand.
- Level 2 – Following the June 2017 inspection, the CQC rated the Trust as requires improvement. The Trust has an action plan in place which is monitored at CQRM. CQC will be undertaking a well led inspection between 2 and 4 October 2018.
- Level 2 - The Care Quality Commission (CQC) inspection identified long waiting times for access to child and adolescent mental health services (CAMHS). The CCG has issued a contract performance notice and also conducted follow up quality assurance visit in July 2018. The visit provided assurance that processes are in place to support patients in crisis, the waiting list is better managed and the wait to follow up for core interventions is reducing.
- Level 2 - In response to a serious incident, the Trust has developed an action plan and initiated a review of wound care across Integrated Community Services. CWPT provided an update at the July 2018 CQRM.

George Eliot Hospital (GEH)

There are three areas on level 2 of the CCG Quality Assurance Framework:

- Level 2 – Following the October 2017 inspection, the CQC rated the Trust as requires improvement. A Quality Oversight and Assurance Group has been set up to provide assurance to system stakeholders that associated clinical and quality risks are appropriately assessed and addressed.
- Level 2 – End of life care was rated as inadequate by CQC in January 2018 and there have been recruitment challenges experienced within this service. The Trust has been successful in its recruitment of an End of Life Consultant and a Lead Nurse and both are expected to be in post within the next couple of months. Recruitment of a second End of Life Consultant is underway. Actions in relation to End of Life Care form part of Trust's Overall Improvement Plan in response to the CQC inspection.
- Level 2 – The Trust did not achieve the required 85% compliance of the total workforce to complete Workshop to Raise Awareness of Prevent (WRAP) training by March 2018. The Trust has a plan and trajectory in place which sets out to achieve compliance by the end of September 2018.

Cygnet, Coventry

A CQC re- inspection at Cygnet took place in June 2018 and CQC has rated the service as overall good.

The Pears, RNIB

The Pears is a care and education facility for children and adolescents with complex health needs, provided by the Royal National Institute for the Blind. The Pears was rated as Inadequate following a review from OFSTED. The CCG is working with stakeholders to provide support to the provider.

Recommendation:

Members are asked to note the contents of the attached report.

Implications

Objective(s) / Plans supported by this report:	1,2,3 & 4						
Conflicts of Interest:	N/A						
Financial:	Non-Recurrent Expenditure:	Not applicable					
	Recurrent Expenditure:	[Detail recurrent financial implications including time period. If not relevant state 'not applicable']					
	Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)	Yes	✓	No		N/A	
Performance:	The CCG is required to meet the national NHS Constitution targets						
Quality and Safety:	The report outlines quality and safety issues in relation to commissioned services against the Clinical Governance Framework						
Equality and Diversity:	The report provides information relating to patients with protected characteristics where care is provided by commissioned services						
	Has an equality impact assessment been undertaken? (Delete as appropriate)	Yes (attached)		No		N/A	✓
Patient and Public Engagement:	Not applicable						
Clinical Engagement:	Not applicable						

Risk and Assurance:

The following areas are identified on the CCG risk register:

- A&E performance UHCW
- RTT Performance
- CHC Complaints
- Lack of Assurance regarding CHC Service Performance
- Timely CHC assessments
- CHC Transition



**Warwickshire North
Clinical Commissioning Group**

September 2018

Quality, Safety and Performance Report



**Coventry and Rugby
Clinical Commissioning Group**



Quality & Equality First

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1 - CCG Performance Overview

Introduction

This report focuses on the month of June unless stated otherwise.

Exception reporting, mitigating actions and, where required, Remedial Action Plans, are presented and reviewed through the Commissioning, Finance and Performance Committee and Clinical Quality and Governance Committee as formal committees to the Governing Body. These are therefore not included in this report.

Separate Provider Dashboards are included in section 3.

Referral to Treatment Times (RTT)

85.9% of CRCCG patients had been waiting less than 18 weeks from their GP referral date to be seen or treated by a hospital specialist against a target of 92%. The figure for WNCCG was 83.5%.

There were 28 CRCCG patients waiting over 52 weeks. 21 were waiting at UHCW, one at Royal Free London NHS Foundation Trust (General Surgery), four at the Royal Orthopaedic Hospital NHS Trust (Specialist Orthopaedic), one at Oxford University Hospitals NHS Trust (Orthopaedic) and one at the London North West University Healthcare Trust (ENT). There was one WNCCG over 52 week breach, who was waiting at UHCW.

Both CCGs achieved against the diagnostic test waiting times target with 99.6% of CRCCG and 99.4% of WNCCG patients receiving diagnostic tests within 6 weeks of referral.

Actions to Improve RTT Performance

Contract performance notices are in place with UHCW for the RTT and 52 weeks wait target. UHCW and GEH have undertaken extensive work with an intensive support team on demand and capacity for elective and outpatient activity. Three specialty clinically led review workshops have taken place already for UHCW for Ophthalmology, MSK and Dermatology, with Urology planned in the next reporting period.

The STF recovery profile for GEH only delivers 87% by the end of 2018/19, and 92% is only delivered from June 2019. GEH performance dipped considerably in June 2018 and a contract performance notice will be issued as this is below the STF trajectory.

CRCCG continues to work with UHCW to confirm the exact timescale for recovery against the 52 weeks wait target. A revised remedial action plan and trajectory has been received from the Trust and this will be monitored via regular monthly meetings.

A & E 4 hour waits

A & E 4 hour waits performance was 89.3% at UHCW, remaining below the 95% target, but a significant improvement on the April position. GEH also underachieved, with 91.6% of patients seen within 4 hours.

Actions to Improve A & E 4 hour waits performance

The system is under NHSE / NHSI escalation in 2017/18. The Action plan relating to these meetings is monitored via the local A&E delivery board, and through the Coventry and Warwickshire A&E Delivery Board.

UHCW

Key deliverables to achieve the improvement trajectory include:

- Implementation of actions from walk around by Glen Burley (SWFT)
- Achieving 98% in the Minors stream
- New Rapid assessment and treatment area
- Increasing use of Ambulatory Care
- Increased Medical workforce, especially at weekends
- Focus remains on monitoring adherence to the ED timed pathways, continued ring fencing of assessment beds.
- Local A&E Board have an escalation remedial plan managed at Director level through Contracting process, but also reporting to the Coventry & Warwickshire A&E Board about progress of actions. QIPPs are set up for 2018/19 in relation to HIUs, NHS 111 clinical assessment.

GEH

Key deliverables and enablers from the Trusts RAP to achieve the improvement trajectory include:

- Achieving 95% in the Minors stream
- Ring-fencing of CDU
- Increasing use of Ambulatory Care
- Revised SoP for Surgical assessment unit
- Revised DoP for Acute medical unit (AMU) and footprint to enable GP admissions directly to AMU
- Revised Medical workforce to include: medics, PAs, ENPs, Physiotherapists, Pharmacists, GPs, ANPs
- Review surgical review pathways – ensuring timely access to specialty level reviews.
- Implementation of revised rapid assessment and treatment model (RAT)

Cancer waiting times

CRCCG underachieved in quarter 1 against the cancer two week wait for outpatient appointment for patients referred urgently with breast symptoms at 83.5% and WNCCG underachieved against the 62 day wait target for screening at 85.7%. Other targets were achieved.

Two patients at UHCW had waited more than 104 days from referral to treatment. There were no 104 day breaches at GEH.

Actions to Improve Cancer waits performance

Two week capacity at UHCW is being proactively managed by UHCW with daily monitoring of referrals. The trust achieved against the cancer two week wait target for outpatient appointment for patients referred urgently with breast symptoms in May and June for its patients. One delay in June was as a result of patient choice. The two breaches against the 62 day wait target for screening related to complex diagnostic pathways (many, or complex, diagnostic tests).

Mixed Sex Accommodation

There were no Mixed Sex Accommodation breaches for CRCCG or for WNCCG patients.

Cancelled Operations

There were 39 patients in quarter one who had operations cancelled at UHCW, on or after the day of admission for non-clinical reasons and weren't offered another binding date within 28 days, a reduction on the quarter 4 position. Five cancellations at GEH were not offered another binding date within 28 days.

Actions to Improve Cancelled Operations performance

The CCG will be enacting the sanctions relevant to the Trust failing to achieve this indicator and have requested the information required from the Trust finance team to enable this to take place.

The sanction is "Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re- scheduled episode of care"

Care Programme Approach

In Quarter one 117 out of 124 CRCCG patients on CPA were followed up within 7 days after discharge from psychiatric inpatient care. This equates to 94.4% of the total, leading to the CCG marginally underachieving against the 95% target. WNCCG achieved against the target at 98.0 %.

Dementia Diagnosis

Both CCGs continue to underachieve against the 67% dementia diagnosis target, with 59.2% of the estimated dementia cases diagnosed for CRCCG and 59.0% for WNCCG.

Actions to Improve Dementia Diagnosis performance

As part of refreshing CRCCGs Dementia Action Plan, a range of recovery actions are ongoing and/or actively being considered, including:

- Systematic data cleanse working with practices across Coventry and Rugby to ensure that all GP practices are submitting complete and accurate data by the end of 2018/2019.
- Ensuring those people referred back to GP's from MAS where a diagnosis is recorded at "Possible" or "Probable" are being recorded correctly.
- Ensuring people being discharge from hospital with "Query Dementia" are being followed up by their GP practice.
- Consideration of a new invesment proposal to support and engage with targeted GP practices to train GPs on how to diagnose dementia wher cases are uncomplex.

- Consideration of a new investment proposal to encourage GP practices to identify and undertake cognitive functional assessments of people aged 65+ living within the communities including Care Homes.
- Review the dementia pathway, to harness primary care involvement through early concerns to diagnosis and post diagnosis and increase referrals to MCI (Mild Cognitive Impairment)
- Establish a working group to establish 5 poorest areas (at practice level), Identify 5 best performing areas and get demographic information on each area
- Find the best performing comparator authorities/CCGs and Trusts, research and share best practice
- Produce an action plan to work with the poorest performing practices – initially working with the poorest five before expanding.
- Continue to increase awareness amongst all key stakeholders of the post diagnostic support available across the CCG such as Dementia Navigators (Alzheimer's Society), Admiral Nurses (Dementia UK & the GP Alliance) and Dementia Assessment and Community Services (CWPT) offering a range of evidence based interventions
- Dementia Pop-up Clinics are being set up across up to 5 GP Practices. The Pop-up Clinics will be run by the Dementia Navigators (Alzheimer's Society) once a month and will be an opportunity for GPs and patients to get some support / guidance around memory concerns.
- Dementia Navigators service across WNCCG is currently being reviewed with contract expiring March 19 - this service will be re-commissioned
- Ensure CWPT informs practices when patients have been identified with dementia at the memory clinic, (ongoing).

Early Intervention in Psychosis (EIP)

CRCCG underachieved at 25% and WNCCG marginally underachieved at 50% against the 53% EIP target.

Actions to Improve EIP performance

A business case for additional funding has been agreed by the CRCCG Governing Body, as follows:

Recurrent investment of 5 Care Coordinators at an annual cost of £187,141 (including overheads). This recognises that performance against key metrics is comparatively poorer for Coventry than for Warwickshire and that the demographics of a University city would suggest greater demand for EIP services.

For WNCCG, a decision was deferred until later in the year but if investment was approved the recommendation is that this would provide recurrent investment of 3 Care Coordinators at a cost of £111,544 (inc OHs).

It is anticipated that through this recurrent investment, quality and clinical outcomes for Coventry and Rugby patients will improve in three key areas:

1. Strengthening and improve consistency in meeting the access and waiting time standards
2. Reducing the caseload per Care Coordinator; and
3. Lengthening the treatment pathway for patients.

IAPT

CRCCG underachieved against the 2018/19 19% annual IAPT access target in April at 18.1%. However this is an improvement on the Q4 position at 15.7%. WNCCG also underachieved at 17%. The IAPT recovery rate targets were met in April by both CCGs.

Actions to Improve IAPT performance

CRCCG are undertaking a review of counselling services provided by third sector, with a view to rationalising all related activity to ensure that patients are receiving the correct support and access to IAPT is appropriately maximised. The purpose of the review is to support provision of the IAPT service reaching the access and recovery rate with strong interfaces with other local counselling/therapy provision. The review will:

- Review capacity and skill mix of the core IAPT service provided by CWPT and MIND to maximise the impact of meeting key performance indicators and increase levels of innovation
- Explore with partners across the system such as CWPT, primary care, local employers and the third sector, that robust marketing and promotional strategies are in place to aid the trust in meeting the following national targets
- Map and understand provision of local counselling services
- Explore opportunities for innovation, collaboration and partnership working between providers and referring agencies

Activity Tracker

CRCCG

General and Acute Referrals were 10.6% above plan. The CCG was 15.8% above plan for GP referrals and 3.9% above plan for 'other' referrals. There has been a significant increase in General Medicine new attendances for patients referred from A & E which is being addressed with the trust to ensure that these are being recorded correctly.

On the basis of SUS data, non-elective activity was 4.5% below target.

WNCCG

General and Acute Referrals were 2.7% above plan. The CCG was 5.4% above plan for GP referrals and 0.77% below plan for 'other' referrals.

On the basis of SUS data, non-elective activity was 5.1% above target.

Delayed Transfers of Care for both CCGs continue to run below the 3.5% target level.

Coventry & Rugby Clinical Commissioning Group NHS Constitution Measures

Measure	Annual Target	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	17-18	Apr-18	May-18	Jun-18	Q1	18-19 YTD
Referral to treatment times (RTT)														
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	92%	84.2%	84.8%	84.4%	86.9%	85.4%	84.3%	84.5%	85.3%	84.8%	86.2%	85.9%	85.6%	85.6%
RTT > 52 weeks breaches - Incomplete Pathways	0	19	12	13	41	35	78	44	198	16	23	28	67	67
Patients waiting less than 6 weeks from referral for a diagnostic test	99%	99.7%	99.8%	99.8%	99.5%	99.2%	99.9%	99.8%	99.6%	99.5%	99.8%	99.6%	99.6%	99.6%
A&E Waits														
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (UHCW)	95%	81.4%	78.1%	79.2%	82.6%	81.7%	84.1%	79.6%	82.0%	84.8%	90.4%	89.3%	88.2%	88.2%
12 Hour Trolley Waits (UHCW)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancer Waits														
Cancer two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	97.9%	97.8%	93.5%	92.7%	96.2%	97.2%	96.3%	95.5%	92.0%	93.2%	94.8%	93.4%	93.4%
Cancer two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	98.9%	98.9%	84.5%	98.4%	97.8%	97.8%	97.8%	97.4%	68.2%	94.5%	92.0%	83.5%	83.5%
Cancer one month (31-DAY) wait from diagnosis to first definitive treatment for all cancers	96%	100%	99.3%	98.9%	99.6%	98.7%	98.7%	99.2%	99.1%	100%	99%	98.6%	99.2%	99.2%
Cancer 31-day wait for subsequent treatment where that treatment is surgery	94%	100%	100%	100%	98.2%	97.2%	96.6%	100%	98.0%	94.1%	100%	98.6%	98.4%	98.4%
Cancer 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.3%	99.1%	99%
Cancer 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	91.9%	100%	100%	96.9%	95.3%	95.4%	97.4%	96.2%	100%	95.8%	96%	96.4%	96.4%
Cancer two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	89.8%	87.4%	89.6%	84.6%	87.6%	89.9%	88.7%	87.8%	85.4%	90.3%	89.4%	88.4%	88.4%
Cancer 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	100%	90.9%	100%	100%	94.6%	94.4%	97.0%	96.5%	100%	88.9%	100%	95.8%	95.8%
Cancer 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient	85%	83.3%	87.5%	92.9%	95.7%	96.4%	90.6%	87.1%	92.1%	100%	78.9%	78.6%	81.6%	81.6%

Coventry & Rugby Clinical Commissioning Group NHS Constitution Supporting Measures

Measure	Annual Target	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	17-18	Apr-18	May-18	Jun-18	Q1	18-19 YTD
Mixed Sex Accommodation														
Mixed Sex Accommodation Breaches	0	0	4	0	2	1	6	4	13	2	1	0	3	3
Cancelled Operations														
All patients who have operations cancelled, on or after the day of admission for non-clinical reasons to be offered another binding date within 28 days(UHCW). (Breach no.)	0	Reported Quarterly Only			54	39	46	55	194	Reported Quarterly Only			39	39
Operations Cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health														
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	95%	Reported Quarterly Only			95.7%	99.2%	97.6%	98%	97.6%	Reported Quarterly Only			94.4%	94.4%

Coventry & Rugby Clinical Commissioning Group NHS Mental Health Measures

Mental Health														
Dementia Diagnosis	67%	60.2%	59.9%	59.4%	59.7%	59.1%	59.6%	59.4%	59.4%	59.5%	59.3%	59.2%	59.2%	59.2%
Early Intervention in Psychosis: Percentage of people experiencing First Episode Psychosis (FEP) treated with a NICE-recommended package of care within two weeks of referral.	53% for 1819	78%	79%	75%	78%	43%	50%	77%	54.4%	11.1%	42%	25%	29%	15.4%
IAPT 6 Weeks - First Treatment	75%	99.3%	100%	99.1%	99.1%	99.4%	99.7%	99.3%	99.4%	99.3%				99.3%
IAPT 18 Weeks - First Treatment	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%
IAPT Access (Annualized)	19% for 18/19	18.2%	16.3%	14.9%	14.6%	14.7%	16.9%	16.5%	15.7%	18.1%				18.1%
IAPT Recovery Rate	50%	51.4%	51.5%	51.3%	48.4%	53.1%	49.2%	51.4%	50.6%	57.9%				57.9%

Indicators achieved by CRCCG in the latest period

NHS Constitution Measures (Monthly)		Annual Target	Jun-18
Patients waiting less than 6 weeks from referral for a diagnostic test		99%	99.6%
12 Hour Trolley Waits (UHCW)		0	0
NHS Constitution Measures (Quarterly)		Annual Target	Q1
Cancer two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP		93%	93.4%
Cancer one month (31-DAY) wait from diagnosis to first definitive treatment for all cancers		96%	99.2%
Cancer 31-day wait for subsequent treatment where that treatment is surgery		94%	98.4%
Cancer 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen		98%	99.1%
Cancer 31-day wait for subsequent treatment where the treatment is a course of radiotherapy		94%	96.4%
Cancer two month (62-day) wait from urgent GP referral to first definitive treatment for cancer		85%	88.4%
Cancer 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers		90%	95.8%
NHS Constitution Supporting Measures (Monthly)		Annual Target	Jun-18
Operations Cancelled for a second time		0	0
Mixed Sex Accommodation breaches		0	0
Mental Health Measures (Monthly)		Annual Target	Apr-18
IAPT 6 Weeks - First Treatment		75%	99.3%
IAPT 18 Weeks - First Treatment		95%	100.0%
IAPT Recovery Rate		50%	57.9%

Indicators not achieved by CRCCG in the latest period

NHS Constitution Measures (Monthly)	Annual Target	Jun-18	Compared with previous month
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	99%	85.9%	↓
RTT > 52 weeks breaches - Incomplete Pathways	0	28	↑
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (UHCW)	95%	89.3%	↓

NHS Constitution Supporting Measures (Quarterly)	Annual Target	Q1	Compared with previous quarter
Cancer two week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	83.5%	↓
Cancer 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient	85%	81.6%	↓

NHS Constitution Supporting Measures (Quarterly)	Annual Target	Q1	Compared with previous quarter
All patients who have operations cancelled, on or after the day of admission for non-clinical reasons to be offered another binding date within 28 days(UHCW). (Breach no.)	0	39	↓
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric inpatient care during the period.	95%	94.4%	↓

Mental Health Measures (Monthly)	Annual Target	Jun-18	Compared with previous month
Dementia Diagnosis	67%	89.2%	↔
Early Intervention in Psychosis	53%	25.0%	↓

Mental Health Measures (Monthly)	Annual Target	Apr-18	Compared with previous month
IAPT Access (Annualized)	19%	18.1%	↑

Warwickshire North Clinical Commissioning Group NHS Constitution Measures

Measure	Annual Target	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	17-18	Apr-18	May-18	Jun-18	Q1	18-19 YTD
Referral to treatment times (RTT)														
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	92%	84.6%	84.1%	82.1%	84.0%	83.0%	84.4%	83.6%	83.7%	83.6%	84.9%	83.5%	84.0%	84.0%
RTT > 52 weeks breaches - Incomplete Pathways	0	11	5	7	41	14	27	23	105	6	6	1	13	13
Patients waiting less than 6 weeks from referral for a diagnostic test	99%	99.5%	99.8%	99.7%	99.6%	98.8%	99.6%	99.6%	99.4%	99.5%	99.5%	99.4%	99.4%	99.4%
A&E Waits														
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (GEH)	95%	78.8%	77.7%	76.6%	94.7%	92.0%	86.3%	77.7%	87.7%	82.8%	92.6%	91.6%	89.1%	89.1%
12 Hour Trolley Waits (GEH)	0	2	10	48	0	0	0	60	60	51	0	0	51	51
Cancer Waits														
Cancer two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	98.5%	98.7%	98.5%	94.5%	97.0%	97.2%	98.6%	96.8%	95.3%	97.6%	96.5%	96.5%	96.5%
Cancer two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	100%	100%	99.1%	94.3%	97.2%	96.9%	99.7%	96.9%	92.8%	97.1%	94.9%	94.9%	94.9%
Cancer one month (31-DAY) wait from diagnosis to first definitive treatment for all cancers	96%	95.7%	100%	98.4%	98.2%	94.6%	96.7%	98.1%	96.9%	96.3%	98.8%	100%	98.3%	98.3%
Cancer 31-day wait for subsequent treatment where that treatment is surgery	94%	100%	100%	85.7%	100%	100%	97.3%	97.0%	98.5%	100%	100%	100%	100%	100.0%
Cancer 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cancer 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	91.9%	97.8%	97.0%	96.0%	96.0%	96.0%	95.7%	95.9%	100%	100%	97.4%	98.9%	98.9%
Cancer two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	81.6%	84.4%	82.9%	86.5%	76.7%	81.4%	83.2%	82.0%	93.0%	89.4%	92.5%	91.5%	91.5%
Cancer 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	92.3%	100%	100%	100%	94%	97.4%	94.7%	96.2%	66.7%	100%	83.3%	85.7%	85.7%
Cancer 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient	85%	100%	85.7%	83.3%	100%	75%	90.9%	87.5%	88.9%	75.0%	87.5%	100%	86%	85.7%

Warwickshire North Clinical Commissioning Group NHS Constitution Supporting Measures

Measure	Annual Target	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	17-18	Apr-18	May-18	Jun-18	Q1	18-19 YTD
Mixed Sex Accommodation														
Mixed Sex Accommodation Breaches	0	0	2	1	0	5	0	3	8	0	0	0	0	0
Cancelled Operations														
All patients who have operations cancelled, on or after the day of admission for non-clinical reasons to be offered another binding date within 28 days (GEH). (Breach no.)	0	Reported Quarterly Only			0	0	0	3	3	Reported Quarterly Only			5	5
Operations Cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health														
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	95%	Reported Quarterly Only			95.0%	97.7%	100%	95%	97.1%	Reported Quarterly Only			98.0%	98.0%

Warwickshire North Clinical Commissioning Group NHS Mental Health Measures

Mental Health														
Dementia Diagnosis	67%	59.7%	58.7%	58.7%	59.7%	61.3%	60.1%	58.7%	58.7%	59%	58.9%	59%	59%	59%
Early Intervention in Psychosis: Percentage of people experiencing First Episode Psychosis (FEP) treated with a NICE-recommended package of care within two weeks of referral.	53% for 18/19	0%	No Data	50%	75%	100%	75%	25%	68.4%	50%	100%	50%	75%	50.0%
IAPT 6 Weeks - First Treatment	75%	98.0%	100%	100%	99.3%	99.3%	100%	99.3%	99.5%	97.8%				97.8%
IAPT 18 Weeks - First Treatment	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%
IAPT Access (Annualized)	19% for 18/19	18.9%	15.9%	15.9%	17.3%	17.2%	17.9%	16.9%	17.3%	17.0%				17.0%
IAPT Recovery Rate	50%	51.6%	51.7%	56.5%	60.0%	60.6%	56.0%	53.0%	57.1%	58.3%				58.3%

Indicators achieved by WNCCG in the latest period

NHS Constitution Measures (Monthly)		Annual Target	Jun-18
Patients waiting less than 6 weeks from referral for a diagnostic test		99%	99.4%
NHS Constitution Measures (Quarterly)		Annual Target	Q1
Cancer two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP		93%	96.5%
Cancer two-week wait for first outpatient appointment for patients referred urgently with breast symptoms		93%	94.9%
Cancer one month (31-DAY) wait from diagnosis to first definitive treatment for all cancers		96%	98.3%
Cancer 31-day wait for subsequent treatment where that treatment is surgery		94%	100.0%
Cancer 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen		98%	100.0%
Cancer 31-day wait for subsequent treatment where the treatment is a course of radiotherapy		94%	98.9%
Cancer 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers		90%	91.5%
Cancer 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient		85%	85.7%
NHS Constitution Supporting Measures (Monthly)		Annual Target	Jun-18
Operations Cancelled for a second time		0	0
Mental Health Measures (Quarterly)		Annual Target	Q4
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.		95%	98.0%
Mental Health Measures (Monthly)		Annual Target	Jun-18
IAPT 6 Weeks - First Treatment		75%	98%
IAPT 18 Weeks - First Treatment		95%	100%
IAPT Recovery Rate		50%	58.3%

Indicators not achieved by WNCCG in the latest period

NHS Constitution Measures (Monthly)	Annual Target	Jun-18	Compared with previous month
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	99%	84.0%	↑
RTT > 52 weeks breaches - Incomplete Pathways	0	1	↓
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (UHCW)	95%	91.6%	↓

NHS Constitution Measures (Quarterly)	Annual Target	Q1	Compared with previous quarter
Cancer two month (62-day) wait from referral from an NHS screening service to first definitive treatment for all cancers.	90%	85.7%	↓

NHS Constitution Supporting Measures (Quarterly)	Annual Target	Q1	Compared with previous quarter
All patients who have operations cancelled, on or after the day of admission for non-clinical reasons offered another binding date within 28 days(UHCW). (Breach no.)	0	5	↑

Mental Health Measures (Monthly)	Annual Target	Jun-18	Compared with previous month
Dementia Diagnosis	67%	59.0%	↔
Early Intervention in Psychosis	53%	50.0%	↔

Mental Health Measures (Monthly)	Annual Target	Apr-18	Compared with previous month
IAPT Access (Annualized)	19%	17.0%	↓

2 - CCG Quality Overview

1. Introduction

The Clinical Quality and Governance Committee in Common for Warwickshire North CCG and Coventry and Rugby CCG routinely receives comprehensive reports on the quality and safety of commissioned services based on a wide range of data and soft intelligence including contractual quality indicators, patient experience reports and learning and the impact on practice. This includes acute and community services, small providers both NHS and independent, nursing, residential homes and primary care. The committee also receives updates on safeguarding, infection prevention and control and transforming care issues.

This report provides a summary of escalated quality issues for the attention of the Governing Body together with an overview of quality in relation to performance issues. The following are also provided for information to Governing Body in the Provider Dashboard section of the main report:

- Quality Indicators Dashboards for Coventry and Warwickshire Partnership Trust (CWPT)
- Quality Indicators Dashboards for University Hospitals Coventry and Warwickshire NHS Trust (UHCW)
- Quality Indicators Dashboards for George Eliot Hospitals NHS Trust (GEH)

2. Items on Escalation

An overview of the Quality Assurance Framework and escalation levels is included as Appendix 2.

University Hospitals Coventry and Warwickshire NHS Trust

Items on Level 2 of the Clinical Quality Framework:

CQC Inspection and Rating

A CQC inspection took place from 23 April to 1 June 2018 and the final report was published on 31 August 2018. The overall CQC rating of the Trust was requires improvement. The Trust received 'good' for three domains (are services effective; are services caring; and are services well-led) and 'requires improvement' for two domains (are services safe; and are services responsive). University Hospital Coventry was rated as requires improvement overall and Hospital of St Cross was rated as good overall. It is positive to note that the caring domain for end of life services at University Hospital Coventry was rated as outstanding.

Overall CQC's rating of the trust remained the same and it was rated as requires improvement because:

- Whilst improvements had been seen in many services, overall, safe and responsive were rated as requires improvement. University Hospital Coventry was requires improvement overall. Hospital of St Cross was rated as good.
- Effective, caring and well led were rated as good. Improvements were noted in trust wide leadership with a clear overarching vision and strategy, underpinned by the drive for innovation.
- Four core services at University Hospital improved their overall rating to good overall: medical care, surgery, services for children and young people and end of life care. Medical care services at Hospital of St Cross overall improved their rating to good.
- Three services at University Hospital were rated as requires improvement: urgent and emergency services, critical care and neurosurgery.

The trust is developing an action plan in response to the CQC findings and the report will be discussed at the next CQRM.

Dermatology

Patients experiencing delays receiving their first Dermatology clinic appointments has significantly improved. The most recent available data for June 2018 demonstrates that the Trust is now meeting the target with performance of 93.4% against a target of 92%.

Maternity

The Trust has reported the number of stillbirths as 2.14 per 1000 for April, 7.83 per 1000 for May 2018 and 0 per 1000 for June 2018. The Trust has also reported that the midwife to birth ratio is classified as red with a ratio of 1:34 in June 2018. To address this UHCW has developed and implemented a new Perinatal Review Team Tool for stillbirths, this includes a Multi- Disciplinary Team review of all stillbirths; enabling the Trust to identify themes since January 2018. Redefining the skill mix has facilitated recruitment of midwives and 43 WTE posts have been offered to commence in September and October 2018. In addition, the organisation has recruited 3.5 WTE staff into a new Clinical Preceptor Support Midwife posts to work alongside and support the newly recruited midwives. The CCG will continue to monitor the maternity dashboard at CQRM.

Items on Level 3 of the Clinical Governance Framework:

Urgent Clinic Letters sent within 7 days

The CCG and Trust have undertaken a joint investigation and the final audit report was noted at the August CQRM. The Remedial Action Plan that has been received by the CCG will be monitored through CQRM, until the CCG is assured that actions have been completed and that the data associated with this performance indicator is accurate and the Trust is meeting the national standard.

Partial Booking System (in relation to timely follow up appointments)

The CCG formally raised concerns with the Trust in relation to its internal management systems used to manage patient follow up appointments as a result of a serious incident. The CCG is utilising formal contractual mechanisms to gain assurance and confirmation of the management plan to resolve this issue. The concern was formally raised with the Trust at the July CQR meeting and detailed updates will continue to be provided at all future CQRMs until the issue is resolved.

Accident and Emergency Department (A&E)

The Trust is not currently meeting the 4 hour target and the CCG formally requested the Trust to conduct a review of Serious Incidents reported over the past twelve months. The review was presented to the CCG at the August CQRM, where it was agreed that no themes or trends were identified and it was confirmed that an ongoing report for ED and Acute Medicine would be developed and shared with the CCG. The CCG's also plans to conduct an announced quality assurance visit to validate the assurance provided by the Trust. Urgent and emergency services at University Hospital continue to be rated as requires improvement by CQC.

System Wide Issue - Children and Young People in Crisis

Increasing numbers of children and young people presenting in crisis are being admitted to UHCW. The trust has assessed the risk consequence as major due to the nature of admissions in relation to self-harm and self-harming behaviour. The trust has mitigating actions in place and there has

been one serious incident (Moderate harm) reported to date. A business case has been developed for a Tier 3.5 service and this is due to be presented to the Governing Body meeting for decision in September 2018. Funding has also been agreed by the CCGs to increase the Assessment and Liaison Team Service to a 7 day service. A task and finish group has been set up and weekly meetings are currently being held. Membership includes the CCGs, UHCW, CWPT, NHSE Specialised Commissioning, both local authorities and NHSI. A system-wide action plan has been developed and the West Midlands Clinical Network is supporting the system by undertaking a Children and Young People Admission Process Review. A Clinical Risk Review Meeting, chaired by the CCG Accountable Officer, took place on 10 August 2018. This meeting reviewed the current challenges and assessed level of risk; reviewed the actions in place to mitigate the risk; and agreed oversight and governance. A further meeting has been scheduled for 14 September.

Coventry and Warwickshire Partnership Trust

Items on Level 2 of the Clinical Governance Framework:

Adult Autistic Spectrum Disorder (Diagnostic Service) Waits

The Trust has reported that there is an eleven month waiting time for the Adult ASD diagnosis service. The Trust is undertaking work to review patient pathways, referrals and eligibility criteria. The CCG is working with the Trust to rescope the pathway and activity in order to manage demand.

CQC Inspection and Rating

A CQC inspection took place from 26 to 30 June 2017 and the final report was published on 8 November 2017. The overall rating is requires improvement.

The CQC action plan forms a standing agenda item at the CQRM and the CCG is assured that CWPT has robust governance arrangements in place to monitor the action plan. CQC will be undertaking a formal Well Led inspection between 2 October and 4 October 2018 and this will be preceded by a number of unannounced inspection visits to core services during August and early September.

CAMHS Waits

A CQC inspection took place from 26 to 30 June 2017 and the final report was published on 8 November 2017. The overall rating was requires improvement.

The CCG issued a contract performance notice in relation to CAMHS waiting times. The CCG has been assured that children and families are offered a range of alternative support options whilst waiting and patients are regularly reviewed to assess their risk and prioritise patients by clinical need. The CAMHS element of the CQC action plan is included as a standing item for CQRM. A quality assurance visit was conducted by the CCG in January 2018 with a follow up visit undertaken in July 2018 to review progress with actions.

A team of six staff with representation from the three CCGs, NHS Improvement and the two local authorities visited three different trust venues, including the navigation hub and two locality teams. A further visit is also scheduled for locality hubs in the near future.

Commissioners were welcomed at each site by enthusiastic, passionate staff and were overall assured that the service is working hard to deliver a more efficient and effective service. Processes are in place to support patients in crisis; the waiting list is better managed and the wait to follow up for core interventions is reducing. The service is working hard to embed new ways of working and is able to demonstrate better outcomes. The issues raised in the CQC inspection are being addressed. Whilst it was not possible to engage face to face with service

users as the service is reduced over the summer period, patients have indicated on Experience of Service Questionnaires that the service they have received has met their needs.

Tissue Viability

In response to a serious incident, the Trust developed an action plan and initiated a review of wound care across Integrated Community Services. CWPT provided an update on progress with actions at the July CQRM. The Trust has a tissue viability/wound review group in place, the teams' competency framework has been made role specific, care records have been reconfigured, team leadership has been strengthened, there is senior clinical oversight in all clinics and all patients on the caseload have been reviewed. The CCG is planning to undertake an assurance visit.

George Eliot Hospital

Items on Level 2 of the Clinical Governance Framework:

CQC Inspection

A CQC inspection took place in October 2017, with the final report published on 25 January 2018. The overall rating was 'Requires Improvement' and three Requirement Notices were also issued by CQC. A Quality Oversight and Assurance Group has been set up to provide assurance to system stakeholders that associated clinical and quality risks are appropriately assessed and addressed. The CCG has membership of this group and also monitors the Trust's improvement plan at CQRM. The CCG undertook an assurance visit to A&E in July 2018. The visit provided assurance that the Trust has addressed the improvement actions highlighted during the CQC visit.

Fragile Services - End of Life Care (EoLC)

The Trust, CQC and the CCG have identified that the End of Life Care service faces particular challenges with recruitment. End of life care was rated as inadequate by CQC in January 2018. The Trust has provided assurance regarding the immediate actions in place to manage this service, together with processes in place to monitor and review the agreed actions. The Trust has been successful in its recruitment of an End of Life Consultant and a Lead Nurse and both have commenced in post. Recruitment of a second End of Life Consultant is underway. Actions in relation to End of Life Care form part of Trust's Overall Improvement Plan in response to the CQC inspection. NHSI has undertaken a themed review of end of life care with positive verbal feedback provided to the Quality Oversight and Assurance Group meeting.

PREVENT WRAP Training

GEH did not achieve the 85% target for compliance with the total workforce to complete WRAP training by March 2018. Performance has risen to 60.1% at the end of July 2018, a significant improvement on the March figure of 46%. GEH has until the end of September 2018 to reach the national compliance target of 85%. The Trust has a PREVENT training plan and training road map with projected targets for compliance. The CCG continues to monitor the Trust's improvement against trajectory through attendance at the GEH Adult and Children Safeguarding Meeting. The trust is on target to achieve compliance by the end of Q2.

3. Quality in Relation to Performance Issues

University Hospitals Coventry & Warwickshire (UHCW)

The Trust currently has no issues on level 2 or 3 of the Quality Assurance Framework that are performance issues with associated quality concerns.

Coventry and Warwickshire Partnership Trust

Items on Level 2 of the Clinical Quality Framework:

Capacity within Integrated Practice Units (IPU) 18-21

Community mental health services are organised into three integrated practice units. IPU Cluster 18 to 21 provides assessment and treatment services for those referred with suspected dementia. The Trust has identified some capacity issues that could impact on patients' access to assessment and treatment. The Trust has provided assurance that there is a mechanism in place for reviewing and prioritising patients. Assurance has also been provided that no patient harm has been identified. The CQC inspection rated this service as inadequate. The CCG received the Trust's action plan at the January 2018 CQRM, which included improvement actions in relation to this service. The Trust has provided the CCG with assurance that actions related to this issue are on track. The CCG continues to monitor through monthly Key Performance Indicator (KPIs) reporting.

George Eliot Hospital

The Trust currently has no issues on level 2 or 3 of the Clinical Quality Framework that are performance issues with associated quality concerns.

4. Other Providers

BMI Meriden

The CQC inspected BMI Meriden in April 2018 and the inspection report was published in June. The CQC rated BMI Meriden overall as 'good' which is an improvement on the previous rating of requires improvement.

Cygnet

Cygnet is a private provider of bedded specialist mental health services based in Coventry. A previous CQC inspection in 2017 rated the service as overall requires improvement. The quality team visited in May 2018 and gained assurance regarding the actions the provider was taking in response to the CQC report. The CQC revisited Cygnet in June 2018 and has now rated Cygnet as being overall good. The quality team continues to liaise with the provider and is seeking further clarification regarding mandatory training.

5. Primary Care Update

Coventry and Rugby CCG

CQC has inspected the majority of Coventry and Rugby CCG practices, with two out of sixty- nine practices yet to be inspected. CQC inspections have identified three practices that have been provided with a rating of overall requires improvement. The CCG is working with CQC and the

three practices to ensure that there are robust improvement plans in place. There have been concerns raised regarding one GP practice; the concerns are being addressed and reported via Primary Care Committee.

Warwickshire North CCG

CQC has inspected all of the twenty-seven Warwickshire North practices all of which have achieved an overall rating of good. There have been concerns raised regarding two GP practices; the concerns are being addressed and reported via Primary Care Committee.

6. Care Homes

Coventry

There are 72 nursing and residential homes across Coventry with a total of 2017 beds. Currently there are three Nursing Homes and one Residential Home that are on escalation.

Warwickshire North and Rugby

There are 96 nursing and residential homes across Warwickshire North and Rugby with a total of 2,229 beds. Two residential homes, both owned by Chasewood Care Ltd, have recently closed in Warwickshire North; one has been deregistered by CQC whilst the other is awaiting the outcome of a CQC Notice of Decision. There are no care homes currently on Service Escalation Panel.

Name	Beds	Themes	CQC Status	Location
Nursing Homes				
Coundon Manor	72	Governance and Leadership	Requires Improvement Report: April 2018	CRCCG
Evedale	64	Governance and Staffing	Requires Improvement Report: Jan 2018	CRCCG
Keresley Wood	47	Governance and Staffing	Requires Improvement Report: April 2018	CRCCG
Residential Homes				
Chasewood Lodge	107	Safeguarding and Well Led	Inadequate Report: June 2018 Closed July 2018	WNCCG
The Langleys	15	Health and Safety, Governance and Leadership	Inadequate Report: May 2018	CRCCG

Pears Royal National Institute of Blind (RNIB)

The Pears, a registered home with the Royal National Institute for the Blind (RNIB) was rated as Inadequate following a review from OFSTED. An OFSTED monitoring inspection visit took place on the 10th and 11th July 2018 which resulted in OFSTED issuing an 'intent to cancel registration' notification.

An urgent strategic meeting involving all commissioners, inspectors and providers took place on 10th August, and a subsequent meeting was chaired by the CCG Director of Nursing and Quality. CCG clinical leads are working collaboratively with all stakeholders to review, support and monitor improvements. Communication has been shared with commissioning CCG's informing them of the Ofsted inspection and actions in place to provide support.

3 - Provider Level Performance and Quality

UHCW Performance Dashboard

Measure	Threshold	1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	1819 YTD
18 weeks referral to treatment									
Incomplete pathways within 18 weeks	92%	83.4%	83.0%	84.4%	84.2%				83.8%
RTT 52 Week Waits	0	391	27	28	27				82
Diagnostic test waiting times									
Diagnostic waiting times	99%	99.6%	99.5%	99.8%	99.8%				99.7%
Accident & Emergency									
A&E 4 hour wait	95%	82.0%	84.8%	90.4%	89.3%				88.2%
12 hour Trolley waits	0	0	0	0	0				0
Access									
Cancelled operation breaches	0	194							0
Operations cancelled for a second time	0	0	0	0	0				0
Cancer									
Cancer Two Week Wait Standard	93%	95.6%	92.4%	93.5%	95.0%				93.6%
Cancer Breast Symptom Two Week Wait Standard	93%	97.6%	66.7%	95.8%	94.4%				83.2%
Cancer 31 Day Standard	96%	98.8%	99.5%	98.0%	99.0%				98.8%
Cancer 31 Day Subsequent Surgery Standard	94%	98.3%	96.8%	100.0%	97.1%				97.9%
Cancer 31 Day Subsequent Drug Standard	98%	100.0%	100.0%	100.0%	97.6%				99.2%
Cancer 31 Day Subsequent Radiotherapy Standard	94%	96.7%	100.0%	97.0%	96.0%				96.8%
Cancer 62 Day Standard	85%	85.1%	85.9%	88.0%	84.5%				86.2%
Cancer 62 Day Screening Standard	90%	94.9%	90.5%	90.6%	94.4%				92.1%
Cancer 62 Day Consultant Upgrade Standard	85%	91.1%	86.7%	85.5%	85.7%				85.8%
Cancer 104+ day waits	0	41.5	1	3	2				6
Patient Experience									
Mixed sex accommodation breaches	0	5	0	0	0				0

CCG Quality Dashboard - University Hospitals Coventry & Warwickshire (UHCW)

Indicator	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Patient Experience																
Complaints responded to within timescale (%) (25 days)	90%	95%	92%	92%	84%	90%	79%	71%	93%	85%	93%	N/A	N/A	52%	72%	83%
PALs contacts responded to within 5 working days	N/a	94%			95%	98%	95%	95%	91%	93%	N/A	N/A	N/A	N/A	N/A	N/A
Patient Experience and Friends and Family Test																
A&E Friends and Family Test - percentage recommended	88%	81.00%	81.00%	82.00%	81.00%	92.00%	77.00%	80.50%	80.40%	84.50%	82.00%	77.10%	81.00%	83.00%	84.00%	84.00%
A&E Friends and Family Test - response rate	13.0%	15.70%	13.50%	15.00%	13.80%	13.80%	9.90%	11.30%	11.00%	11.00%	12.10%	11.90%	12.90%	13.60%	12.20%	10.50%
Inpatient Services Friends and Family Test - percentage recommended	96%	91.00%	91.00%	91.00%	92.00%	92.00%	90.00%	91.10%	91.70%	92.00%	92.00%	92.30%	92.00%	92.00%	93.00%	92.00%
Inpatient Services Friends and Family Test - response rate	26.0%	28.20%	25.50%	28.10%	27.00%	24.70%	20.90%	24.50%	23.20%	18.90%	21.10%	21.90%	21.30%	22.30%	20.50%	20.80%
Outpatient Services Friends and Family Test - percentage recommended	94%	87.00%	90.00%	89.00%	89.00%	91.00%	89.00%	90.20%	88.85%	92.07%	92.00%	91.91%	90.00%	94.00%	96.00%	90.00%
Maternity Friends and Family Test Antenatal Care Setting - percentage recommended	96%	96.00%	99.00%	100.00%	96.00%	98.00%	98.00%	94.80%	92.31%	95.30%	94.00%	97.96%	95.00%	94.00%	92.00%	97.00%
Maternity Friends and Family Test Birth Setting - response rate	24.0%	13.40%	15.00%	16.90%	20.00%	16.00%	18.00%	17.00%	N/A	10.00%	16.00%	16.00%	19.00%	16.00%	21.00%	11.00%
Maternity Friends and Family Test Birth Setting - percentage recommended	97%	98.00%	99.00%	98.00%	98.00%	98.00%	97.00%	95.60%	98.51%	98.00%	96.00%	98.57%	100.00%	97.00%	94.00%	100.00%
Maternity Friends and Family Test Post Natal Ward Setting - percentage recommended	95%	99.00%	95.00%	96.00%	96.00%	100.00%	97.00%	94.90%	98.55%	98.10%	96.00%	92.37%	99.00%	97.00%	88.00%	92.00%
Maternity Friends and Family Test Post natal Community Setting - percentage recommended	98%	98.00%	100.00%	97.00%	99.00%	96.00%	98.00%	99.00%	96.63%	95.65%	100.00%	97.85%	99.00%	97.00%	98.00%	97.00%
Hospital-Acquired Infections																
MRSA bacteraemia (post 48 hrs)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
C.diff	42	2	2	3	3	2	4	2	4	3	4	3	2	4	5	8
Numbers of unjustified breaches	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0
Hospital Mortality																
SHMI	1.1	1.0972 (Apr 16 - Mar 17)			1.0950 (Jul 16 - Jun 17)			1.0928 (Oct 16 - Sep 17)			N/A			109.28		
HSMR	100	92.3	91.9	84.8	104.6	86.6	87.7	91.6	98.72	110.77	102.88	101.63	105.36	100.72	106.69	88.63%

Indicator	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18		
Safeguarding Children's Training																		
Staff training compliance Level 2 (combines Level 1 and Level 2)	90%	86.90%	86.40%	86.60%	87.00%	85.90%	85.60%	86.80%	86.20%	86.50%	85.40%	85.70%	86.00%	86.90%	88.30%	N/A		
Staff training compliance Level 3	90%	88.80%	89.00%	89.10%	88.90%	90.00%	87.20%	87.70%	86.90%	87.40%	86.20%	87.90%	87.00%	86.80%	88.90%	N/A		
N/A																		
Staff training compliance Level 1	90%	88.00%	86.90%	87.20%	87.20%	85.40%	84.50%	84.90%	84.40%	83.90%	84.30%	85.20%	85.90%	86.90%	88.20%			
Staff training compliance Level 2	90%	92.30%	92.20%	92.60%	86.00%	88.00%	86.40%	85.50%	86.70%	83.30%	83.60%	85.80%	85.90%	87.10%	87.70%			
PREVENT																		
% of staff trained - PREVENT awareness	85%	85.10%				89.30%				91.80%				91.10%		N/A	N/A	N/A
% of staff trained - PREVENT WRAP	85%	86.50%				96.80%				96.20%				92.30%		N/A	N/A	N/A
N/																		
Compliance with use of the WHO Safer Surgery Checklist	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Patient Safety																		
Number of Serious Incidents reported	N/a	19	9	11	12	6	8	12	7	12	9	13	13	7	14	12		
Number of overdue Serious Incidents	0	12	14	12	14	15	9	8	6	7	1	1	2	4	3	6		
Number of Never Events	0	0	0	0	1	1	0	1	0	2	0	0	0	0	0	0		
Duty of Candour failures	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Patient Safety Thermometer																		
Falls with harm	0.51%	0.19%	0.00%	0.47%	0.09%	0.29%	0.09%	0.18%	0.09%	0.28%	0.29%	0.54%	0.29%	0.18%	0.12%	0.18%		
Pressure Ulcers (All)	4.23%	4.47%	2.43%	3.63%	2.61%	2.96%	2.43%	2.83%	3.11%	2.51%	3.89%	4.51%	1.05%	4.32%	4.35%	4.12%		
Pressure Ulcers (New)	0.88%	1.05%	0.19%	0.47%	0.65%	0.38%	0.53%	0.37%	0.73%	0.85%	0.72%	1.35%	4.28%	0.92%	0.78%	0.27%		
Catheter-Acquired UTI (New)	0.25%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.06%	0.09%	0.00%	0.00%	0.09%	0.10%	0.28%	0.24%	0.00%		
VTE risk assessment	85%	95.25%	93.84%	94.88%	95.99%	94.75%	96.07%	94.52%	93.69%	94.70%	92.65%	90.52%	94.67%	93.11%	92.84%	92.13%		
Workforce																		
Statutory/Mandatory training	95%	86.04%	85.96%	86.39%	86.63%	85.04%	85.01%	85.55%	85.58%	85.10%	84.29%	84.55%	84.45%	85.89%	86.92%	86.36%		
Agency spend as a % of Trust Paybill	7%	6.10%	6.21%	6.69%	6.14%	5.07%	4.82%	6.10%	6.37%	5.86%	6.25%	6.00%	6.47%	6.99%	7.57%	7.00%		
PDP Appraisal Compliance	90%	81.94%	83.45%	85.00%	85.98%	86.25%	89.49%	89.55%	88.67%	86.85%	87.59%	88.39%	87.82%	85.78%	85.07%	83.87%		
Sickness Absence Rate	4%	3.71%	3.71%	3.89%	4.00%	3.80%	3.77%	4.02%	4.35%	4.50%	4.85%	4.45%	4.09%	4.13%	4.08%	4.06%		
Cancer Waiting Times																		
100 day cancer waits	0	1.0	4.5	7.0	6.0	2.0	7.5	4.5	1.0	4.5	4.5	3.0	4.0	0.5	3.0	N/A		

GEH Performance Dashboard									
Measure	Threshold	1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	1819 YTD
18 weeks referral to treatment									
Incomplete pathways within 18 weeks	92%	84.0%	83.1%	84.7%	82.5%				84.0%
RTT 52 Week Waits	0	26	1	2	1				26
Diagnostic test waiting times									
Diagnostic waiting times	99%	100.0%	100.0%	99.7%	99.4%				100.0%
Accident & Emergency									
A&E 4 hour wait	95%	87.7%	82.8%	92.6%	91.6%				87.7%
12 hour Trolley waits	0	60	51	0	0				51
Access									
Cancelled operation breaches	0	3	5						5
Operations cancelled for a second time	0	0	0	0	0				0
Cancer									
Cancer Two Week Wait Standard	93%	97.2%	95.9%	98.1%	96.9%				97.2%
Cancer Breast Symptom Two Week Wait Standard	93%	97.0%	93.7%	96.3%	94.0%				97.0%
Cancer 31 Day Standard	96%	97.4%	95.7%	98.4%	100.0%				97.4%
Cancer 31 Day Subsequent Surgery Standard	94%	98.1%	100.0%	100.0%	100.0%				98.1%
Cancer 31 Day Subsequent Drug Standard	98%	100.0%	100.0%	100.0%	No Data				100.0%
Cancer 31 Day Subsequent Radiotherapy Standard	94%	50.0%	No Data	No Data	No Data				50.0%
Cancer 62 Day Standard	85%	84.8%	91.2%	89.7%	85.5%				84.8%
Cancer 62 Day Screening Standard	90%	93.4%	50.0%	100.0%	85.7%				93.4%
Cancer 62 Day Consultant Upgrade Standard	85%	100.0%	100.0%	100.0%	0.0%				100.0%
Cancer 104+ day waits	0	17	0	0.5	0				0.5
Patient Experience									
Mixed sex accommodation breaches	0	2	0	0	0				0

CCG Quality Dashboard - George Eliot Hospital NHS Trust (GEH)

Indicator	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Patient Experience																
Complaints responded to within timescale (%) (25 days)	90%	100%	89%	87%	93%	88%	100%	82%	100%	100%	100%	75%	100%	92%	N/A	N/A
Patient Experience Friends and Family Test																
A&E Friends and Family Test - percentage recommended	87%	85.50%	86.42%	86.27%	87.38%	87.00%	83.00%	85.00%	84.00%	85.00%	85.00%	84.00%	82.00%	83.00%	87.00%	86.00%
A&E Friends and Family Test - response rate	12.5%	25.67%	28.07%	24.12%	20.43%	27.20%	24.70%	25.40%	27.00%	25.70%	27.70%	26.70%	29.40%	31.10%	26.30%	24.00%
Inpatient Services Friends and Family Test - percentage recommended	96%	96.94%	98.40%	98.16%	98.08%	98.96%	97.87%	98.19%	99.00%	97.00%	98.00%	96.00%	89.00%	90.00%	95.00%	98.00%
Inpatient Services Friends and Family Test - response rate	25.9%	22.05%	36.56%	30.52%	32.10%	28.10%	32.90%	26.63%	31.60%	21.70%	20.40%	20.50%	36.90%	35.10%	43.70%	22.60%
Maternity Friends and Family Test Antenatal Care Setting - percentage recommended	97%	96.97%	96.77%	96.55%	90.48%	100.00%	97.67%	96.55%	N/A	85.00%	96.00%	96.00%	95.00%	88.00%	96.00%	95.00%
Maternity Friends and Family Test Birth Setting - response rate	23.9%	47.20%	52.20%	42.20%	46.77%	48.63%	53.55%	51.91%	N/A	48.00%	59.00%	37.00%	62.00%	49.00%	57.00%	49.00%
Maternity Friends and Family Test Birth Setting - percentage recommended	98%	97.37%	96.39%	95.89%	98.85%	93.26%	98.97%	98.94%	N/A	95.00%	97.00%	93.00%	92.00%	94.00%	93.00%	95.00%
Maternity Friends and Family Test Post Natal Ward Setting - percentage recommended	98%	94.87%	96.49%	96.40%	98.85%	96.69%	86.40%	93.75%	N/A	92.00%	98.00%	94.00%	93.00%	87.00%	92.00%	89.00%
Maternity Friends and Family Test Post natal Community Setting - percentage recommended	98%	81.08%	100.00%	83.30%	97.50%	98.30%	95.16%	94.82%	N/A	98.00%	100.00%	100.00%	95.00%	90.00%	94.00%	96.00%
Hospital-Acquired Infections																
MRSA bacteraemia (post 48 hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A
C.diff	13	0	0	3	0	1	0	0	0	2	0	2	0	0	1	N/A
3																
Numbers of unjustified breaches	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	
Hospital Mortality																
SHMI	1.0			110 Jan 16 - Dec 16			108 Apr 16 - Mar 17			106 Jul 16 - Jun 17			107 Oct 16 - Sep 17	N/A	N/A	N/A
HSMR	100	93.68 Mar 16 - Feb 17	N/A	96.50 Apr 16 - Mar 17	96.50 Apr 16 - Mar 17	98.76 Jun 16 - May 17	101.94 Aug 16 - Jul 17	106.11 Sep 16 - Aug 17	108.93 Oct 16 - Sept 17	112.27 Nov 16 - Oct 17	113.99 Nov 16 - Oct 17	115.14 Dec 16 - Nov 17	119.09 Jan 17 - Dec 17	120.23 Feb 17 - Jan 18	120.86 Mar 17 - Feb 18	N/A

Indicator	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Safeguarding Children's Training																
Staff training compliance Level 2 (combines Level 1 and Level 2)	90%	70%	71%	73%	72.00%	73.00%	69.00%	86.00%	94.00%	93.00%	93.00%	N/A	N/A			
Staff training compliance Level 3	90%	60%	63%	67%	68.00%	68.00%	70.00%	75.00%	94.00%	75.00%	76.00%	N/A	N/A			
Safeguarding Adults Training																
Adults Vulnerable Training	90%	67%	65%	66%	63.00%	63.00%	62.00%	63.00%	67.00%	87.00%	93.00%	N/A	N/A			
Safer Surgery Checklist																
Compliance with use of the WHO Safer Surgery Checklist	100%	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	N/A	
Patient Safety																
Number of Serious Incidents reported	N/a	7	11	6	2	11	2	11	4	3	15	16	7	4	7	5
Number of Never Events	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0
Patient Safety Thermometer																
Falls with harm		0.37	0.39	0.40	0.37	0.37	1.55	0.00	0.75	0.00	1.05	0.34	0.35	0.71	0.38	0.00
Pressure Ulcers (All)		10.45%	6.61%	8.06%	11.40%	9.67%	8.53%	6.87%	9.02%	9.47%	9.47%	7.51%	7.34%	10.60%	8.33%	5.61%
Pressure Ulcers (New)		3.36	3.50	2.42	2.94	2.33	1.94	1.53	2.26	2.26	2.11	3.07	2.80	4.59	1.89	2.11
Catheter-Acquired UTI (New)		0.75	0.00	1.21	0.00	0.00	0.00	1.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VTE risk assessment	95%	95.90	96.11	94.35	98.53	97.40	96.12	97.71	96.99	96.24	95.06%	95.56%	96.50%	93.29%	95.45%	93.33%
Workforce																
Statutory/Mandatory training	85%	94%	95%	95%	95%	95%	94%	94%	94%	94%	94%	94%	94%	93%	93%	
PDP Appraisal Compliance	85%	87%	88%	88%	87%	80%	93%	83%	81%	80%	83%	83%	84%	86%	87%	
Sickness Absence Rate	3.39%	3.21%	2.75%	3.72%	4.25%	3.94%	3.68%	3.80%	4.00%	4.31%	5.3%	4.6%	4.5%	4.3%	4.1%	
Cancer Waiting Times																
100 day cancer waits	0	4	9	6	9	5	4	14	12	10	3					

WMAS – Ambulance Response Programme

Category 1 Mean 7:00 90th 15:00	Dec '17			Jan '18			Feb '18			Mar '18			Apr '18			May '18			Jun '18		
	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th
Cov & Rug CCG	444	07:19	13:20	412	06:50	11:49	399	06:56	11:59	358	06:58	11:41	331	06:21	10:51	302	06:36	10:56	387	06:52	11:41
Warks North CCG	194	06:53	11:51	183	07:30	12:35	157	07:32	12:33	158	08:21	14:46	153	07:27	13:22	140	07:19	11:42	157	07:07	11:15
South Warks CCG	198	08:27	15:54	183	08:26	15:12	172	09:04	14:53	162	09:06	16:53	155	07:53	13:36	177	08:45	16:06	151	09:20	16:06
West Mids	6,040	07:04	12:11	5,548	06:48	11:44	4,968	07:03	12:06	5,209	07:10	12:31	4,731	06:50	12:04	4,952	06:51	11:50	4,983	06:59	12:03

Category 2 Mean 18:00 90th 40:00	Dec '17			Jan '18			Feb '18			Mar '18			Apr '18			May '18			Jun '18		
	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th
Cov & Rug CCG	2,986	13:35	26:10	3,049	12:43	23:51	2,718	14:28	27:40	2,970	14:33	28:29	2,602	10:22	19:06	2,728	12:04	22:12	2,762	13:00	23:21
Warks North CCG	1,264	15:37	30:27	1,323	14:06	02:14	1,232	14:48	27:49	1,272	15:22	29:54	1,070	11:52	22:02	1,200	13:03	23:18	1,209	14:00	24:46
South Warks CCG	1,471	15:36	29:18	1,457	15:06	02:52	1,412	16:43	30:44	1,478	16:31	30:57	1,249	13:20	23:38	1,274	15:10	26:39	1,412	15:06	26:21
West Mids	41,688	13:13	24:16	42,458	12:22	22:26	37,719	13:14	24:22	40,958	14:17	26:48	36,659	11:24	20:24	39,132	12:00	21:30	38,309	12:28	22:22

Category 3 90th 120:00	Dec '17			Jan '18			Feb '18			Mar '18			Apr '18			May '18			Jun '18		
	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th
Cov & Rug CCG	2,773	38:34	91:12	2,538	36:09	86:57	2,313	42:48	98:33	2,452	40:27	99:35	2,374	21:21	48:01	2,598	31:01	70:13	2,618	36:08	79:50
Warks North CCG	1,170	36:58	86:36	1,187	34:13	80:22	1,056	40:22	90:03	1,157	38:13	89:23	1,080	22:37	49:13	1,197	29:18	66:31	1,163	33:14	73:20
South Warks CCG	1,689	35:05	78:24	1,530	30:26	68:20	1,374	34:14	75:40	1,448	31:28	66:45	1,446	22:48	48:25	1,571	27:59	60:53	1,481	33:31	72:21
West Mids	36,405	39:51	92:57	34,914	35:19	82:49	30,876	41:35	96:47	33,150	42:53	102:21	33,298	25:37	55:17	35,666	30:57	68:13	34,041	34:58	77:02

CCG Performance Dashboard - Coventry & Warwickshire Partnership Trust (CWPT) Mental Health & Learning Disabilities 2018/19										
Indicator	Threshold	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Care Programme Approach (CPA)										
Care Programme Approach (CPA) 7 Day Follow Up	95%	97.10%	100.00%	97.00%	97.6%	98.3%	96.55%	98.25%	97.22%	97.30%
Care Programme Approach (CPA) having formal review within 12 months	95%	95.08%	95.20%	95.41%	95.16%	95.7%	95.19%	To be reported in M4	95.46%	To be reported in M4
Inpatients										
Average Length of Ward Stay in Days (age independent services) - excluding rehabilitation	<44	38	37	41	33	33	39	33	40	28
Admissions to Inpatients Services that had access to Crisis Resolution Home Treatment Teams	95%	97.47%	95.89%	95.45%	97.5%	97.0%	98.55%	Data Not Available		98.85%
Minimising Delayed Transfer of Care (MH & LD Services)	<= 7.5%	0.66%	0.92%	0.66%	0.3%	0.3%	2.25%	2.32%	1.74%	1.65%
Emergency Re-admission Rates within 30 Days (age independent services)	<10.80%	8.42%	2.20%	5.32%	7.3%	6.0%	5.95%	4.49%	1.98%	8.62%
Early Intervention Service										
% of service users experiencing a first episode of psychosis or ARMS (at risk mental state) who waits less than two weeks to start a NICE recommended package of care	50% (2017/18) from 1st April 2018 increase to 53%	CRCOG 63% WNCCG 100%	CRCOG 43% WNCCG No pathways	CRCOG 36% WNCCG 0%	CRCOG 78% WNCCG 0%*	CRCOG 79% WNCCG 0 pathways	CRCOG 75% WNCCG 50%	CRCOG 11.1% WNCCG 50%	CRCOG 41.7 WNCCG 100%	CRCOG 25%* WNCCG 50%
Memory Assessment Service										
Referral to Assessment within 12 weeks - C&R CCG only	95% (if referrals increase by more than 5% this threshold will not apply)	95.28%			100%			245/252 97.2%		
Referral to Assessment within 52 weeks (WNCCG)		100%			100%			260/261 99.6%		
Referral to Assessment within 52 weeks (SWCCG)		100%			100%					
Referral to treatment within 18 weeks		284/284 100%			317/317 100%			340/340 100%		
% of patients diagnosed with dementia that are offered a PDS package within 4 weeks of diagnosis. The offer will be valid for 6 months with a reminder to service users and carers of the offer of a PDS package in month 3	100%	300/300 100%			209/209 100%			197/197 100%		
CAMHS										
Referral to Treatment: Emergency (48 hours)	100% except Routine (18 weeks) which is 95%	24/24 100%	24/24 100%	24/24 100%	33/33 100%	41/41 100%	49/49 100%	42/42 100%	25/25 100%	24/24 100%
Referral to Treatment: Urgent (5 working Days)		No Referral to treatment within 5 days this month			2/2 100%	4/4 100%	6/6 100%	5/5 100%	No Referral to treatment within 5 days this month	1/1 100%
Referral to Treatment: Routine (18 weeks)		104/110 94.5%	104/110 94.5%	104/110 94.5%	223/228 97.8%	150/154 97.4%	162/162 97.6%	116/116 100%	45/45 100%	44/44 100%
Referral to Treatment: Routine within 26 weeks		110/110 100%	110/110 100%	110/110 100%	226/228 99.1%	153/154 99.4%	164/166** 98.8%	116/116 100%	45/45 100%	44/44 100%

CCG Performance Dashboard - Coventry & Warwickshire Partnership Trust (CWPT) Mental Health & Learning Disabilities 2018/19										
Indicator	Threshold	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
LD Adults										
All clients in service for over 12 months to have had an annual health check (inpatient services)	100%	1/1 100%			4/4 100%			6/6 100%		
LD Children										
Referral to intervention waiting time - community only broken down into group and individual interventions	<18 weeks 95%	0/0 100%			0/0 100%			0/0 100%		
POS										
% seen, physically reviewed and examined by CWPT POS clinician (Junior Doctor) within 3 hrs of admission to the unit from time of arrival at POS	90% (Q1 and Q2) and 95% from Q3 onwards	148/155 95.1%			107/108 99.07%			173/175 98.9%		
Crisis										
% of patients contacted within 4 hours of referral (exclude those service users where an attempt to make contact has happened but the patient is either not contactable by phone or DNA a home visit)	95%	215/217 99.1%	176/177 99.4%	159/162 98.1%	157/159 98.7%	176/176 100%	166/171 97.1%	216/218 99.1%	247/248 99.6%	268/274 99.6%
% of service users who have a crisis plan agreed which has been developed in consultation with community IPU, CRHT, patient and carer	Q1 25% Q2 50% Q3 75% Q4 95%	43.44%			46.82%			48.60%		
AMHAT										
90% of all appropriate referrals received from A&E (clock starts on receipt of appropriate referral during the team's normal hours of operation) have had their assessment commenced within 90 minutes from AMHAT receiving the referral Proposed sites to be excluded:- Observation (ward 12) and AMU at UHCW AMU and CDU at GEH Fairfax/Oaken at SWFT	90%	593/640 92.7%			729/813 97%			728/838 86.9%		
Response to emergency assessment bed areas will be within 12 hours* from receipt of appropriate referrals during the service hours of operation * 12 hours applies to CDU at GEH and observation areas at all sites except SWFT (which has a 90 min response time) * AMU at GEH and UHCW are classified as generic ward referrals and come within the 36 hours however the team invariably respond far sooner	95%	212/217 98.5%			206/212 97%			227/238 95.4%		
90% of all appropriate referrals received from wards have had their assessment commenced within 36 hours from AMHAT receiving the referral. This will be subject to clinical availability and existing clinical priorities	90%	212/212 100%			369/373 99%			325/366 88.8%		
There will be agreed weekly admissions avoidance targets for each acute site which will be signed off by the AMHAT clinical lead and a nominated lead from each acute site (where possible)	UHCW - 10 admissions per week GEH - 6 admissions per week SWFT - 6 admissions per week (including Fairfax)	UHCW = 145 GEH = 82 SWFT = 74			UHCW = 145 GEH = 118 SWFT = 74			UHCW = 147 GEH = 100 SWFT = 65****		
CAMHS LAC										
Referral to treatment (4 weeks)	95%	Data collection processes under review			Data collection processes are currently being reviewed by CWPT, no information has been submitted for Q4.			20/24 83%*****		
CAMHS ASD										
Waiting time (average) from referral to assessment broken down by CCG	Threshold to be agreed once proposals are signed off by each CCG	CRCCG 71 weeks SWCCG 89 weeks WNCCG 62 weeks			CRCCG 65 weeks SWCCG 88 weeks WNCCG 62 weeks			CRCCG 87.5 wks SWCCG 114 wks WNCCG 65 wks		

CCG Quality Dashboard - Coventry & Warwickshire Partnership Trust (CWPT)																		
Area	Indicator	Thres- hold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Patient Experience																		
Patient Experience	Number of complaints	N/a	5	6	13	5	8	6	1	9	5	5	7	7	7	5	11	
	Number of PALS Contacts	N/a	56	74	76	57	79	79	76	67	39	63	43	56	55	57	50	
	Community Friends and Family Test - percentage recommended	96%	94%	95%	95%	98%	98%	98%	95%	96%	96%	96%	95%	93%	96%	93%	96%	
	Mental Health Friends and Family Test - percentage recommended	88%	89%	94%	88%	96%	96%	95%	89%	87%	95%	90%	94%	92%	83%	86%	91%	
Hospital-Acquired Infections																		
Hospital-Acquired Infections	MRSA bacteraemia (post 48 hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	C-Difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Mixed Sex Accommodation																		
Mixed Sex Accommodation	Numbers of unjustified breaches (Unify)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Safeguarding Children Training																		
Safeguarding Children Training	Staff training compliance Level 1	90%	97.14%	97.29%	97.13%	96.99%	96.87%	95.99%	96.42%	96.61%	97.03%	96.80%	N/A	96.54%	96.57%	96.67%		
	Staff training compliance Level 2	90%	90.78%	90.32%	90.29%	90.55%	90.27%	90.27%	85.68%	86.58%	86.69%	85.01%	83.99%	84.67%	84.60%	84.75%	84.24%	
	Staff training compliance Level 3	90%	88.59%	87.36%	85.56%	86.74%	85.51%	83.33%	82.96%	81.49%	82.22%	79.25%	80.12%	80.52%	79.25%	78.59%	80.49%	
Safeguarding Adults Training																		
Safeguarding Adults Training	Staff training compliance Level 1	90%	97.11%	97.29%	97.13%	96.99%	96.90%	95.96%	96.45%	96.61%	97.00%	96.72%	N/A	96.49%	96.59%	96.54%		
	Staff training compliance Level 2	90%	90.53%	90.10%	90.15%	90.48%	90.24%	90.24%	85.69%	86.68%	87.80%	84.93%	83.93%	83.46%	83.16%	83.31%	82.83%	
	Staff training compliance Level 3	90%	88.51%	85.37%	86.08%	86.08%	85.71%	92.65%	92.75%	91.30%	89.86%	70.42%	61.54%	70.77%	73.33%	67.74%	62.90%	
PREVENT																		
PREVENT	% of staff trained - PREVENT awareness	85%	42.3%			55.30%			66.50%			91.50%			N/A			
	% of staff trained - PREVENT WRAP	85%	39.4%			52.50%			66.70%			96.60%			N/A			
Patient Safety																		
Patient Safety	Number of Serious Incidents reported	N/a	11	10	11	23	10	11	12	10	11	20	12	6	9	9	9	
	Number of overdue Serious Incidents	0		1	1	0	1	0	1	5	5	5	5	7	9	6	6	
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Duty of Candour failures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Patient Safety Thermometer																		
Patient Safety Thermometer	Falls with harm	0.8%	0.94%	2.82%	1.51%	2.18%	1.93%	1.13%	0.49%	1.09%	0.28%	1.69%	2.20%	1.41%	0.88%	1.43%	0.59%	
	Pressure Ulcers (New)	1.16%	1.65%	3.04%	3.04%	1.31%	0.96%	1.58%	0.49%	0.65%	2.48%	1.13%	1.98%	0.94%	0.22%	0.57%	1.47%	
	Pressure Ulcers (All)	5.13%	4.47%	5.64%	4.90%	3.49%	3.54%	7.01%	1.95%	4.36%	4.68%	3.38%	4.18%	3.29%	3.94%	2.29%	5.60%	
	Catheter-Acquired UTI (New)	0.51%	1.18%	0.22%	0.22%	0.00%	0.00%	0.23%	0.24%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%	0.00%	0.29%	
	VTE risk assessment	11%	6.35%	9.11%	5.08%	9.17%	12.22%	6.33%	9.49%	5.88%	6.61%	7.32%	8.37%	5.88%	5.69%	7.14%	7.37%	
Workforce																		
Workforce	Statutory/Mandatory training	95%	4.30%	11.60%	16.90%	24.90%	31.90%	39.70%	48.30%	57.00%	61.90%	70.60%	78.10%	83.50%	7.10%	14.20%	20.50%	
	Percentage of Agency Usage	3.6%	4.56%	4.72%	4.63%	4.78%	4.82%	4.94%	4.99%	4.88%	4.89%	4.84%	4.86%	5.03%	6.20%	5.69%	8.45%	
	PDP Appraisal Compliance	95%	88.60%	87.70%	88.40%	88.40%	87.90%	85.90%	84.90%	84.80%	84.10%	86.10%	85.80%	86.50%	86.10%	86.30%	85.20%	
	Sickness Absence Rate	4.65%	4.08%	4.53%	4.88%	5.13%	5.30%	5.60%	5.28%	5.64%	5.69%	5.51%	5.30%	4.76%	5.00%	5.38%	5.91%	

South Warwickshire Foundation Trust: Divisional Dashboard KPIs

Community Dashboard South Warwickshire NHS Foundation Trust																	
Measure		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Community Hospital Average Length of Stay (days)	Nicol Ward - GP Led Respite & Intermediate Care	28	19.5	15.5	17.0	16.5	24.5	22.7	23.1	19.5	20.3	18.2	9.6	28.1	24.5	24.5	17.03
	Ellen Badger - GP Led Rehabilitation Ward	28	31.4	33.7	34.3	16.9	24.0	24.3	31.6	23.7	27.8	22.3	23.3	27.3	19.8	32.09	27.82
	Feldon Ward - Stroke Unit	42	44.3	47.1	48.2	45.9	42.5	28.1	36.9	27.3	46.1	31.1	33.4	63.1	55.6	45.67	38.69
RTT - Open Pathways (Incomplete) by therapy	Physiotherapy - Adult	92%	99.9%	99.9%	99.8%	99.7%	100.0%	99.7%	99.4%	99.5%	99.7%	99.5%	99.5%	99.1%	99.2%	99.8%	99.8%
	Occupational Therapy - Adult	92%	98.4%	100.0%	100.0%	100.0%	100.0%	97.1%	99.1%	98.6%	95.3%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%
	Occupational Therapy - Paediatric (Non-admitted)*	95%	82.5%	89.7%	88.1%	76.9%	82.1%	91.8%	87.9%	86.3%	96.7%	95.2%	96.9%	100.0%	74.3%	93.9%	96.8%
	Podiatry	92%	95.6%	99.0%	95.1%	94.2%	96.3%	96.3%	97.7%	99.3%	98.0%	98.8%	98.0%	97.4%	95.0%	93.5%	95.3%
	Dietetics	92%	99.3%	99.7%	100.0%	96.4%	99.1%	98.8%	99.3%	99.7%	99.6%	100.0%	99.7%	100.0%	100.0%	100.0%	100%
	Wheelchair Services	92%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	98.9%	97.7%	92.5%	80.2%	79.8%	95.2%	78.5%	89.8%	87.1%
Wheelchairs	% of children receiving a wheelchair in 18 weeks (SWCCG)	92%	54.6%			71.4%			90.0%			70.0%			61.5%		
	% of adults receiving a wheelchair in 18 weeks (SWCCG)	92%	32.8%			50.5%			43.9%			48.4%			38.0%		
	% of children receiving a wheelchair in 18 weeks (CRCCG)	92%	33.3%			75.0%			75.0%			40.0%			66.7%		
	% of adults receiving a wheelchair in 18 weeks (CRCCG)	92%	27.8%			38.9%			55.8%			55.9%			44.4%		
	% of children receiving a wheelchair in 18 weeks (WNCCG)	92%	10.0%			50.0%			53.9%			70.0%			53.8%		
	% of adults receiving a wheelchair in 18 weeks (WNCCG)	92%	28.0%			47.6%			40.4%			52.9%			29.4%		

Section 4 – Activity Tracker

Year to Date - Activity Vs Plan Performance for WNCCG & CRCCG

Month 3 2018-2019

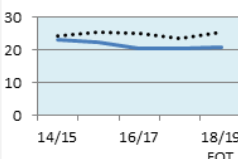
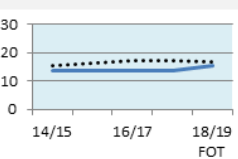
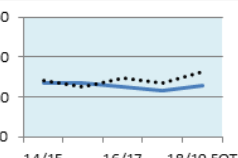
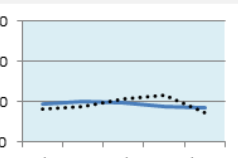
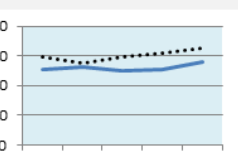
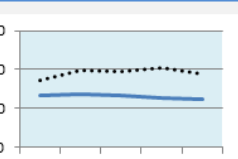
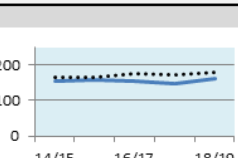
Actuals reported from the Monthly Activity Report

	Warwickshire North CCG							Coventry & Rugby CCG						
	Plan	MAR Actual	Variance	% Variance	SUS Actual	Variance	% Variance	Plan	MAR Actual	Variance	% Variance	SUS Actual	Variance	% Variance
MAR All Referrals (G&A)*	18080	18563	483	2.7%				42689	47210	4521	10.59%			
MAR GP Referrals (G&A)	10038	10581	543	5.4%				24024	27822	3798	15.81%			
MAR OTHER Referrals (G&A)	8042	7982	-60	-0.7%				18665	19388	723	3.87%			
MAR 1st OP Atts	18338	15314	-3024	-16.5%	17839	-499	-2.7%	48398	37445	-10953	-22.63%	52855	4457	9.2%
MAR Total Elective Inpatients**	6453	6528	75	1.2%	6343	-110	-1.7%	15716	16278	562	3.58%	16105	389	2.5%
MAR Non Electives	4586	4772	186	4.1%	4821	235	5.1%	13408	12688	-720	-5.37%	12810	-598	-4.5%
A&E Attendances (Excl Planned Fups)	20205				19958	-247	-1.2%	53208				51292	-1916	-3.6%

* formulated by adding a "All referrals (G&A)" and "Other Referrals (G&A)"

** formulated by adding all elective daycase (G&A) and elective inpatients (G&A)

Please note that GP and Other referrals information is taken from MAR

GP Referrals Tracker: GP-initiated New Outpatient Attendance trends for key specialties					
Specialty	Rate per 1000 per annum**	18/19 Forecast year-on-year growth		12 month rolling year-on-year growth in attendances	
		CRCCG	WNCCG		
Orthopaedics (Including paediatric orthopaedics)		↑	2.8%	↑	8.4%
Gynaecology		↑	11.7%	↓	-3.0%
ENT		↑	11.0%	↑	19.2%
Cardiology		↓	-2.8%	↓	-36.9%
General Surgery		↑	9.7%	↑	5.4%
Ophthalmology		↓	-1.2%	↓	-7.6%
All Specialties*		↑	9.8%	↑	3.5%

Source: SLiS

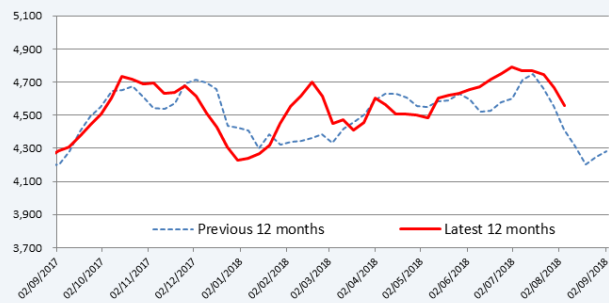
*Excluding non General & Acute specialties, therapies, pathology, radiology, general medicine and dermatology

Dermatology has been excluded as community clinic activity from Warwickshire North, which has moved to GEH in 17-18, was not included in the 16-17 baseline and inflates the growth figure.

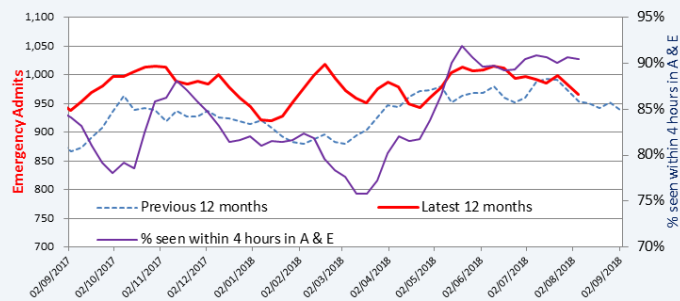
** Adjusted for population growth.

UHCW Weekly Urgent Care Tracker - 4 week rolling average

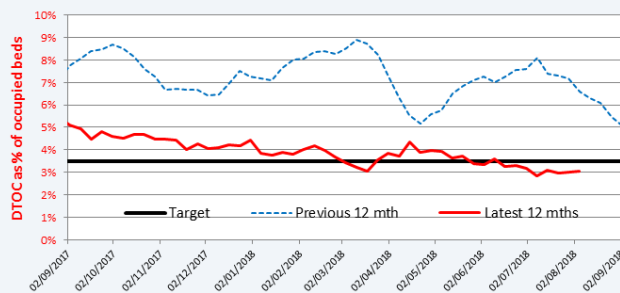
A & E Attendances (Including WIC)



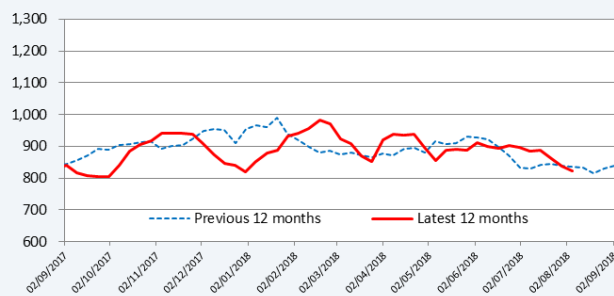
Emergency Admissions via A & E



Delayed Transfers of Care

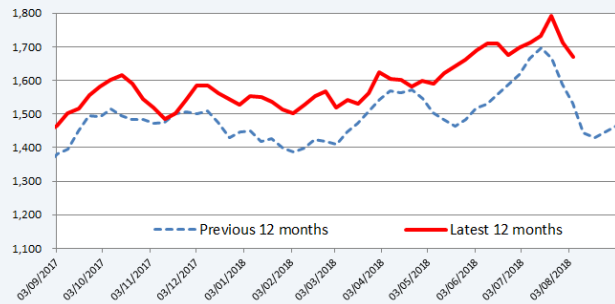


Walk-In Centre Attendances

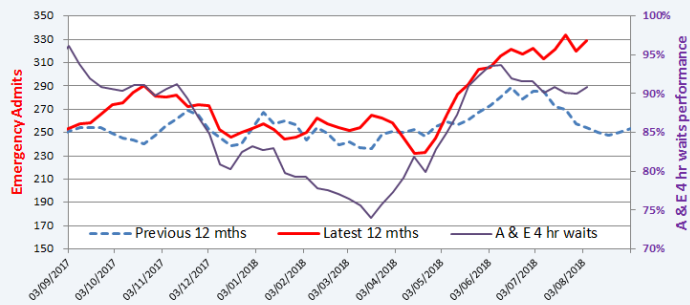


GEH Weekly Urgent Care Tracker

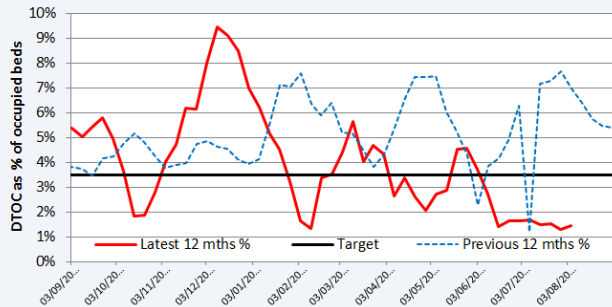
A & E Attendances



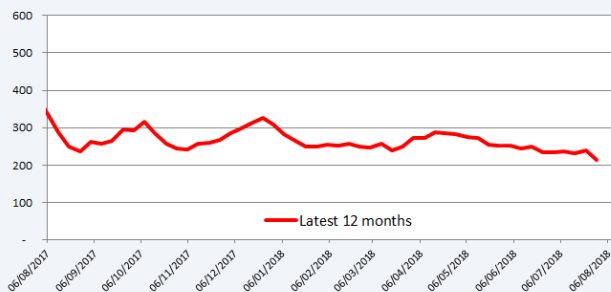
Emergency Admissions



Delayed Transfers of Care



GP Urgent Care Centre Attends



* Rolling 4 week average
Data Source: SRG Daily Scorecard

Appendices

Appendix 1 – Providers contract performance notices and sanctions applied

Contract Performance Notice	Date Issued	Milestones	Expected Recovery Date
George Eliot Hospital NHS Trust (GEH)			
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A & E department.	12 th December 2017	Remedial Action Plan has been received and is being monitored via regular monthly meetings.	March 2019

Contract Performance Notice	Date Issued	Milestones	Expected Recovery Date
Coventry and Warwickshire Partnership NHS Trust			
CAMHS waiting time from initial appointment to follow up appointments 12 weeks (Coventry patients)	31 st October 2017	<p>Performance Notice Issued. Commissioners received a revised trajectory in July 2018 and are awaiting an updated Remedial Action Plan outlining the actions being taken to achieve the trajectory and deliver improvement of the target at a CCG level, which it will review. Achievement of the trajectory has been recalculated as follows:</p> <p><u>North Warks</u> – end August 2018</p> <p><u>Coventry</u> – end September 2018</p> <p><u>Rugby</u> – tbc (this has not been split off from Coventry and is the subject of further work);</p> <p>Performance against the RAP and trajectory is being closely monitored through the contractual process. A representative from CRCCG and SWCCG attends the fortnightly waiting times meetings held by the Trust. The CCG review an update on the trajectory on a monthly basis at the Contract Technical Meeting. CRCCG are working closely with WCC regarding the Warwickshire CAMHS contract (including Rugby) to monitor performance and the issuing of any Performance Notices</p>	End of July 2018

Contract Performance Notice	Date Issued	Milestones	Expected Recovery Date
University Hospital Coventry and Warwickshire NHS Trust			
Accident and Emergency 4 hour wait	30 th June 2017	Contract Management Meeting took place on 11 th July 2017; the trust should provide a Remedial Action Plan within 5 working days.	To be confirmed
Referral to Treatment within 18 weeks - Incomplete Pathways	30 th June 2017	Contract Management Meeting took place on 11 th July 2017; a Remedial Action Plan has been received and is being monitored via regular monthly meetings.	2018/19. The CCG continues to work with the Trust to confirm the exact timescale for recovery and sustainability of the target. March 2018: A revised remedial action plan and trajectory has been received from the Trust and this will be monitored via regular monthly meetings
Zero tolerance RTT waits over 52 weeks for incomplete pathways	30 th June 2017	Contract Management Meeting took place on 11 th July 2017, Remedial Action Plan received and being monitored via regular monthly meetings.	2018/19. The CCG continues to work with the Trust to confirm the exact timescale for recovery and sustainability of the target. March 2018: A revised remedial action plan and trajectory has been received from the Trust and this will be monitored via regular monthly meetings.
All Outpatient clinic letters (where the Service User's ongoing care and treatment would necessitate the Service User's GP taking prompt action) to be sent within 10 calendar days (7 days from 1 st April 2018) following the Service User's outpatient attendance.	19 th April 2018	Contract Management Meeting took place on 1 st May 2018, draft improvement plans received 4 th May 2018 to inform the key lines of enquiry for a Joint Investigation. Updated improvement plans to be shared with CCG for discussion at CQRG on 31 st May 2018	Further to the Joint Investigation a Remedial Action Plan has been received from UHCW with actions to be completed by the end of October 2018 and a further audit to be undertaken in February 2019 to provide assurance on the use of the Urgent Flag to a reduction in errors.

Appendix 2

Quality Escalation Matrix

Escalation level	Criteria	Level of risk	Actions for consideration	Reports to
Level Zero	All KPIs are being achieved/within trajectory	Negligible	<ul style="list-style-type: none"> Monitor KPIs 	CCG Quality meeting
Level One	Minor concern/s	Minor	Level Zero, plus: <ul style="list-style-type: none"> Risk assess Share at informal CQRM 	Quality meeting Informal CQRM
Level Two	Moderate concern/s	Moderate	Level One, plus: <ul style="list-style-type: none"> Consider quality assurance visit/deep dive Request action plan Agree trajectory for improvement Escalate to CQRM Exception report to CPPM 	CQRM CQGC Governing Body Risk Register
Level Three	Major concern/s	High	Level Two, plus: <ul style="list-style-type: none"> Undertake quality assurance visit / deep dive Raise contract query Escalate to joint quality contracting meeting Consider performance notice Consider inviting executive team to CQGC to provide assurance 	CQRM CQGC Governing Body QSG Risk Register
Level Four	Extreme concern/s	Catastrophic	Level Three, plus: <ul style="list-style-type: none"> Independent review/Appreciative enquiry Consider Risk Summit Inform CQC and other regulatory bodies Invite provider executive team to CQGC to provide assurance 	CQRM CQGC Governing Body QSG Risk Register

Appendix 3 – Abbreviations used in this report – alphabetical list

A&E	Accident and Emergency Department
AMHs	Adult Mental Health Services
AMU	Acute Medical Unit
BCF	Better Care Fund
CAMHs	Children and Adolescents Mental Health Services
CCG	Clinical Commissioning Group
Cf & P	Commissioning, Finance & Performance Committee
CPA	Care Programme Approach
CQGC	Clinical Quality and Governance Committee
CQSG	Clinical Quality, Safety and Governance Committee
CT	Computed Tomography scan
C&RCCG	Coventry and Rugby Clinical Commissioning Group
CWPTC	Coventry and Warwickshire Partnership NHS Trust
ED	Emergency Department
EMAS	East Midlands Ambulance Service NHS Trust
ENT	Ear Nose and Throat
F & P	Finance & Performance Committee
GEH	George Eliot Hospital NHS Trust
GP	General Practitioner
HEFT	Heart of England NHS Foundation Trust
HSMR	Hospital Standardized Mortality Ratio
IAPT	Improving Access to Psychological Therapies
KPI	Key Performance Indicator

NHS	National Health Service
POD	Point of Delivery
PSA	Prostate-specific antigen
RAP	Remedial Action Plan
RCA	Root Cause Analysis
ROH	The Royal Orthopaedic Hospital NHS Foundation Trust
RTT	Referral to Treatment
SDIP	Service Development and Improvement Plan
SHMI	Summary Hospital-Level Mortality Indicator
STF	Sustainability and Transformation Fund
SWCCG	South Warwickshire Clinical Commissioning Group
SWFT	South Warwickshire NHS Foundation Trust
TRUS	Transrectal ultrasound guided biopsy
UHCW	University Hospitals Coventry and Warwickshire NHS Trust
WHO	World Health Organization
WIC	Walk-In-Centre
WMAS	West Midlands Ambulance Service NHS Foundation Trust
WNCCG	Warwickshire North Clinical Commissioning Group