NHS Coventry and Rugby Clinical Commissioning Group
NHS Warwickshire North Clinical Commissioning Group

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Report To:	Finance and Performance Committee
Report Title:	Month 6 2019/20 Performance Report
Report From:	Andrew Harkness
Date:	5th December 2019
Previously Considered by:	N/A

Action Required							
Decision:		**Assurance:**	✓	**Information:**		**Confidential**	

Purpose of the Report:

To provide assurance to the Committee of the performance in Sept 2019 of services commissioned by Coventry and Rugby CCG and Warwickshire North CCG.

Key Points:

Following on from discussions at the last F&P Committee and Governing Body, focus is being given to the priorities identified as key performance issues for both CCGs by NHS England / Improvement, as well as the wider performance areas identified locally as issues important to raise with F&P Committee from across the total portfolio of the two CCGs:

This report therefore focuses on the following areas, and gives a summary of the actions being taken to address delivery:

- A&E 4 hours
- Cancer 62 days
- Out of Area Mental Health Placements
- Transforming Care

Other areas are covered where there are ongoing issues .These include the following:

- RTT 18 weeks
- Dementia Diagnosis
- IAPT Access
- Delayed Transfers of Care
- Care Programme Approach

A & E 4 hours
A & E 4 hour waits performance worsened in October falling to 80.6% at UHCW and 75.7% at GEH, with 2 reported over 12 hour trolley breaches within the published national dataset for September. However there were no 12 hour trolley wait breaches in October.

Cancer 62 days
CRCCG performance fell slightly below the 85% target to 82.9% in September. WNCCG performance deteriorated significantly to 67.5%. At UHCW there was significant underperformance in Gynaecology as a result of the lack of outpatient capacity to meet the 14 day target in August.

WNCCG performance deteriorated significantly to 67.5% in September. At GEH factors driving down underperformance include histopathology delays, capacity issues (diagnostics), reliance on Tertiary provision, oncology capacity.

Out of Area Mental Health Placements
Out of Area Placements increased in August to above trajectory. The trajectory submitted in June 2019 has now been reviewed and through a robust process of alignment against the revised action plan.

Transforming Care
The TCP has seen significant success in relation to children's admissions over the last 10 months, moving from having the highest number of inpatient children in the region to our current position, which is below the end of year trajectory with further discharges anticipated. However it is anticipated that by March 2020 there will be 16 adults in NHSE funded beds against a trajectory expectation of 13. The cohort of people who have been admitted to CCG funded adult beds is also significantly above trajectory levels at 31 compared with a March 2020 target of 13 due to a significant spike in July when there were 11 admissions .

RTT 18 weeks
84.2% of CRCCG patients had been waiting less than 18 weeks from their GP referral against a target of 92%. However long waits have fallen and the number waiting over 40 weeks has fallen considerably. UHCW is part of the national pilot for average waiting times, and as such currently has an average waiting time of 10.3 weeks, but is working to reduce this to 9.5 weeks by the end of March 2020

83.1% of WNCCG patients had been waiting less than 18 weeks from their GP referral date. Trust capacity at GEH has been constrained by emergency pressures on inpatient electives, and capacity issues arising from the impact of the HMRC tightening on pensions and consultants resisting doing additional sessions.

Dementia Diagnosis
Performance remains flat at 63.1% for CRCCG and 61.7% for WNCCG and despite positive activities to promote early diagnosis in Dementia, there are a number of reasons why performance is off track:

- Within primary care more work can be done to overcome cultural/organisational challenges preventing a greater uptake of early dementia assessments.
- There is a recognition that no 'magic bullet' exists and no single model or approach has been championed and promoted by NHSE and therefore the challenge is multi-faceted.

IAPT Access

There was a steady month-on-month improvement in performance against the IAPT access target for both CCGs between April and July. However performance dipped in August to 21.2% for WNCCG and 17.7% for CRCCG. This is expected to have been due to seasonal factors. A Performance Notice was issued to CWPT on the 8th July and the CCG is assured all efforts are being undertaken to reach and sustain the target level of 22% by the end of the financial year.

Delayed Transfers of Care
Delayed transfers of care at GEH remained at below the target level of 3.5% of occupied beds. However UHCW breached again in September with DTOC at 4.4%.There have been a number of very complex patients who are with court of protection and high cost placements. The stranded patient numbers have also increased due to the complexities of the conditions they are presenting with.

Care Programme Approach
This indicator was off track in August 2019 and back above the 95% target in September causing the CCG to underperform in Q2. In August there were 6 local exclusions which have all been counted as not followed up for the purposes of this indicator, all other patients were followed up within 7 days. The Trust continues to adhere to national exclusions where possible.

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						

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NHS
Warwickshire North
Clinical Commissioning Group

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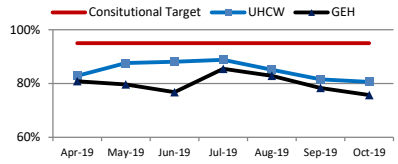
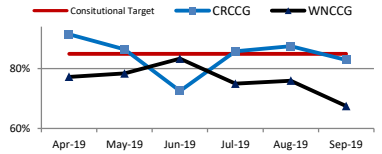
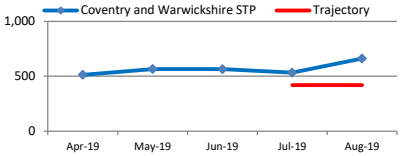
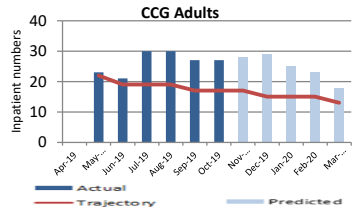
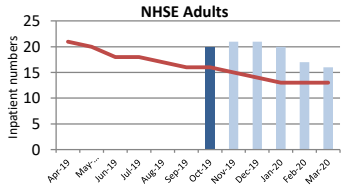
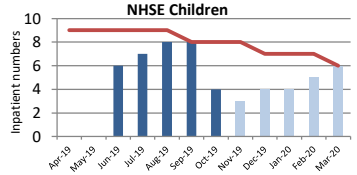
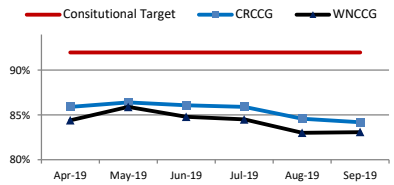
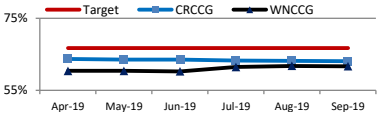
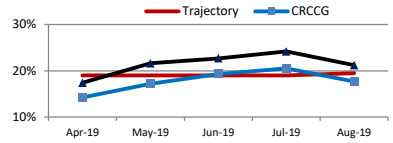
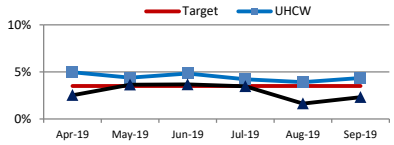
Coventry and Rugby CCG/ Warwickshire North CCG Exception Report Summary

Priority KPIs

Indicator	Trend	Comments	Expected Recovery
A & E 4 hour waits		A & E 4 hour waits performance worsened in October falling to 80.6% at UHCW and 75.7% at GEH, with 2 reported over 12 hour trolley breaches within the published national dataset for September. However there were no 12 hour trolley wait breaches in October. A revised action plan is being developed for UHCW to detail how performance will be impacted through measures around improvements to management of frailty patients, from the new frailty pathways, increasing SDEC pathways, and the impacts of transformation schemes through Coventry Place. GEH is moving its ambulatory care area, to free space in ED, and to increase overall capacity for ambulatory care this is underway and should be complete in December 2019.	TBC
Cancer 62 Days Waits		CRCCG performance fell slightly below the 85% target to 82.9% in September .At UHCW there was significant underperformance in Gynaecology as a result of the lack of outpatient capacity to meet the 14 day target in August. The trust has put in additional clinics to address this but the 62 day wait performance may be impacted for a couple of months. WNCCG performance deteriorated significantly to 67.5% in September. At GEH factors driving down underperformance include Histopathology delays , Capacity issues (diagnostics) ,Reliance on Tertiary provision ,Oncology capacity (SLA with UHCW), GEH in various specialties not following EAG/best practice pathways.	Jan-20
Out of Area Placements (Beddays)		Out of Area Placements increased in August to above trajectory. The trajectory submitted in June 2019 has now been reviewed and through a robust process of alignment against the revised action plan. There is a clear agreement of the stakeholders in the system that whilst the trajectory projection originally sought to be very ambitious, it was appropriate that it was revised to show reductions in OAP's against initiatives towards the latter end of the transformation period to allow a more realistic and maximum period for activities and transformation to embed and yield the required benefits.	Mar-20
Transforming Care for people with Learning Disabilities	  	The TCP has seen significant success in relation to children's admissions over the last 10 months, moving from having the highest number of inpatient children in the region to our current position, which is below the end of year trajectory with further discharges anticipated. However it is anticipated that by March 2020 there will be 16 adults in NHSE funded beds against a trajectory expectation of 13. The cohort of people who have been admitted to CCG funded adult beds is also significantly above trajectory levels at 31 compared with a March 2020 target of 13 due to a significant spike in July when there were 11 admissions . A review of admissions and discharges over the course of 19/20 has identified 3 key reasons for the current position: • The absence of an Autism pathway and limited service provision for those experiencing Autism only has both delayed the discharge process increasing the length of stay and also has limited the admission avoidance interventions available. • A number of admissions have been for people who are either rated as green or not on the Transforming Care register at all. This lack of escalation has prevented admission avoidance interventions that otherwise have proven to be effective in supporting people through a crisis and maintaining them in the community. • A number of discharges have been delayed due to challenges with securing appropriate specialist accommodation, delays in obtaining Ministry of Justice support and the absence of a legal framework to support discharge for those with capacity The current position places the TCP as an outlier, and as a result we have been escalated within the region and identified as a challenged TCP. This has brought with it increased support from NHSE, both financial support and oversight e.g. attendance at SRO weekly assurance calls and monthly meetings with TCP operational leads, in addition to attending the monthly LD and Autism Transformation Board meetings. In response to the sustained position, the TCP has developed a Recovery Plan to progress improved service delivery, organisational co-ordination and overall leadership of the programme. In addition to the Recovery Plan, the TCP has some targeted work in progress to reduce the average length of stay and improve the effectiveness of our discharge planning processes to ensure successful transition to the community.	See TCP update

Coventry and Rugby CCG/ Warwickshire North CCG Exception Report Summary

Ongoing Issues

Indicator	Trend	Comments	Expected Recovery
Referral To Treatment 18 weeks		84.2% of CRCCG patients had been waiting less than 18 weeks from their GP referral against a target of 92%. However long waits have fallen and the number waiting over 40 weeks has fallen considerably. UHCW is part of the national pilot for average waiting times, and as such currently has an average waiting time of 10.3 weeks, but is working to reduce this to 9.5 weeks by the end of March 2020 - this is consistent with maintaining RTT as it was, but the Trust is no longer required to publish its RTT performance nationally. 83.1% of WNCCG patients had been waiting less than 18 weeks from their GP referral date. Trust capacity at GEH has been constrained by emergency pressures on inpatient electives, and capacity issues arising from the impact of the HMRC tightening on pensions and consultants resisting doing additional sessions.	TBC
Dementia Diagnosis		Despite positive activities to promote early diagnosis in Dementia, there are a number of reasons why performance is off track: 1. Within primary care more work can be done to overcome cultural/organisational challenges preventing a greater uptake of early dementia assessments. Simultaneously, we need to ensure GPs have access to specialist support or training to make a positive impact upon the early diagnosis standard. 2. Recognition that no 'magic bullet' exists and no single model or approach has been championed and promoted by NHSE and therefore the challenge is multi-faceted.	Mar-20
IAPT access		There was a steady month-on-month improvement in performance against the IAPT access target for both CCGs between April and July. The dip in August is expected to be due to seasonal factors. A Performance Notice was issued to CWPT on the 8th July and the CCG is assured all efforts are being undertaken to reach and sustain the target level of 22% by the end of the financial year.	Mar-20
Delayed Transfers of Care		Delayed transfers of care at GEH remained at below the target level of 3.5% of occupied beds. However UHCW breached again in September with DTOC at 4.4%. •There have been a number of very complex patients who are with court of protection and high cost placements. The stranded patient numbers have also increased due to the complexities of the conditions they are presenting with. •IDT have had sickness and patients are not picked up quickly this has been flagged to the operational team. •There has also been an issue around the PW3 beds and capacity. •Homes are also taking more days than usual to assess patients this has created delays in discharges but has been flagged through commissioning both by health and social services.	Mar-20

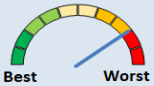
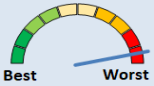
New issues

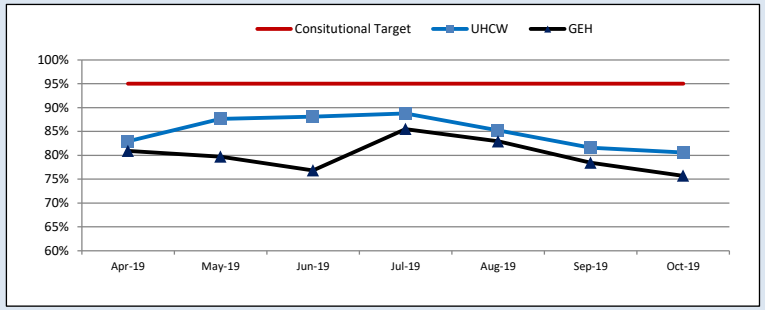
Care Programme Approach (CRCCG)	This indicator was off track in August 2019 and back above the 95% target in September causing the CCG to underperform in Q2. In August there were 6 local exclusions which have all been counted as not followed up for the purposes of this indicator, all other patients were followed up within 7 days. The Trust continues to adhere to national exclusions where possible, however they cannot be applied in all cases.	Q3 19/20

Contract Performance Notices

Trust	Contract Performance Notice	Date Issued	Milestones	Expected Recovery Date
George Eliot Hospital NHS Trust	**Reference Number 1 2019-20 GEH Contract Failed Ophthalmology Pathway**	24th April 2019	Identification of capacity to treat patients First outpatient appointment dates at treating providers Clinical summit with STP acute providers Formalisation of agreed patient treatment pathways	Mar-20
Coventry and Warwickshire Partnership NHS Trust	**Looked After Children – Health Assessments**	21st Dec 2018	The Provider has issued an update against the recovery action plan and trajectory which is being closely monitored through the contractual process. Recovery trajectory on plan for August 2019.	TBC
	EIP - % of service users experiencing a first episode of psychosis or ARMS who waits less than two weeks to start a NICE recommended package of care	20th June 2019	The Contract Performance Notice has been issued on the basis that the Trust has not consistently met the required performance against the KPI for periods exceeding three months throughout 2018/19 for CRCCG and SWCCG. The CCG and Trust are using the forum of an existing EIP Steering Group meeting to develop a joint understanding of the reasons for the underperformance and to co-produce a recovery action plan and measurable trajectory for achievement of the target.	TBC
	IAPT - % of those with depression and or anxiety who enter IAPT	8th July 2019	The Contract Performance Notice has been issued on the basis that the Trust has not met the required performance against the KPI for the 2018/19 year-end target for CRCCG and SWCCG. The CCG and Trust are using the forum of an existing IAPT Steering Group meeting to develop a joint understanding of the reasons for the underperformance and to co-produce a recovery action plan and measureable trajectory for achievement of the target.	TBC

Patients Admitted, Transferred Or Discharged 4 Hours Of Their Arrival At An A&E Department

	Latest Performance	Benchmarked Nationally	Trend	Performance History			
				Month	Prev Month	Quarter 2 19/20	YTD
UHCW			↓	80.6%	81.6%	85.2%	85.5%
GEH			↓	75.7%	78.4%	82.4%	79.6%



Reasons for being off track

UHCW performance is still below the NHS constitutional target, and the STF recovery profile for this year a position which at present the Trust is unable to meet. A&E attendances and corresponding admissions are above last year. A&E attendances are 2.4% above last year and admissions are 6.7% above last year as at the end of September. Pressures are not in themselves attendances, as these have risen less than the national position and less than other local Trusts, but admissions have increased more than the national position, especially around elderly patients with signs of frailty.

GEH A&E attendances and corresponding admissions are still very high above last year. A&E attendances are 7.9% above last year and admissions are relatively level. The STF trajectory expected A&E delivery to be around 80% at this point of the year, to fall to mid 70s in December and to increase to 80% by the end of March. The Trust is currently performing well below this trajectory. NHS E/I and the CCG have asked for a revised recovery plan, due to be with us in the next two weeks.

Existing Recovery Actions

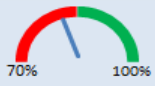
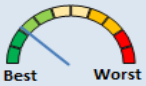
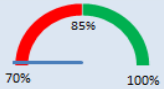
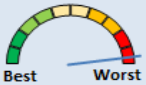
A revised action plan is being developed for UHCW to detail how performance will be impacted through measures around improvements to management of frailty patients, from the new frailty pathways, increasing SDEC pathways, and the impacts of transformation schemes through Coventry Place. Focus remains on normal Trust activities on managing flow, focus on LLOS (superstranded), RED to Green, discharge before 11:00, TTOs being ready earlier in the day, and flow out of the hospital to free up beds for new patients. DTOC figures have remained around 4%, but the number of superstranded patients has not yet seen any reduction. In part this is because of the Hospital at home programme, which is being reviewed. The Trust STF trajectory had it performing above 85% at present reaching 90% by the end of March 2020, the Trust is currently well below this profile. A revised action plan has been requested by NHS E/I and the CCG in response to a new performance notice. There are a range of actions underway but there is a lack of clarity as to the level of impact of each part of the recovery plan.

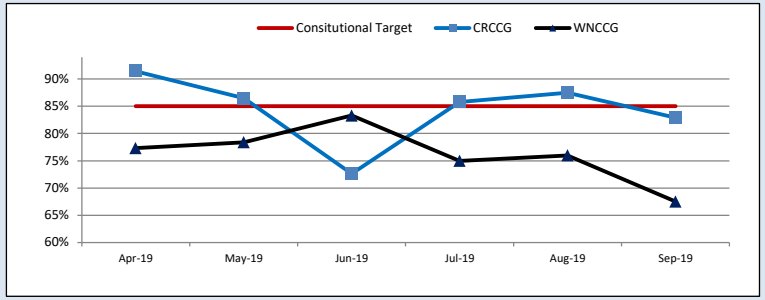
GEH is moving its ambulatory care area, to free space in ED, and to increase overall capacity for ambulatory care this is underway and should be complete in December 2019. There are a suite of actions focusing of PDSA cycles for improvement, such as Frailty, Ambulatory Care, MADE events undertaken to improve flow, renewed focus on Red to Green, avoiding delays for access to specialists, testing to avoid the need to keep people in ED and avoid admissions, focus on patient flow through the Trust, i.e. Red to Green, discharge before 11:00, TTOs in place, and extra capacity is in place to support these. Rotas for staff have been changed to get more senior decision makers dealing with patients earlier in the pathway. All of these will be detailed in the recovery plan, with expectation of the level of impact of each measure on performance. To be reported next time.

CCG Specific Actions

Focus for the system remains on mobilisation of demand management transformation schemes, in particular CHES2, flow through D2A working with the LA to free capacity, the clinical triage of patients in 111, avoidance of ambulance conveyance by WMAS, and focus on reducing levels of HIUs attending A&E. Development of frailty and SDEC pathways, and development of PCNs to support urgent care. There is also focus on the impact of GP case management, extension of GP appointments,. Data from the WMAS SCC indicates a lower level of transfer to hospital and a significant increase in patients being treated at home.

62 Days Waits From Urgent GP Referral To First Defined Treatment For Cancer

	Latest Performance	Benchmarked Nationally	Trend	Performance History			
				Month	Prev Month	Quarter 2 19/20	YTD
CRCCG			↓	82.9%	87.5%	85.6%	84.7%
WNCCG			↓	67.5%	76.0%	71.1%	75.6%



Reasons for being off track

UHCW:

CANCER TYPE	AFTER 62 DAYS	TREATED WITHIN 62 DAYS
Breast	1	93%
Lower Gastrointestinal	0	100%
Lung	2	82%
Other	7.5	73%
Skin	0.5	97%
Urological (Excluding Testicular)	10	55%

At UHCW there was significant underperformance in Gynaecology as a result of the lack of outpatient capacity to meet the 14 day target in August. The trust has put in additional clinics to address this but the 62 day wait performance may be impacted for a

GEH:

CANCER TYPE	AFTER 62 DAYS	TREATED WITHIN 62 DAYS
Breast	0	100%
Lower Gastrointestinal	1	83%
Lung	1	50%
Other	6	40%
Skin	0	100%
Urological (Excluding Testicular)	4	50%

At GEH the following factors are driving down underperformance: Histopathology delays , Capacity issues (diagnostics) ,Reliance on Tertiary provision ,Oncology capacity (SLA with UHCW) GEH in various specialties not following EAG/best practice pathways.

Existing Recovery Actions

- Additional 2WW capacity been actioned for Breast and Gynaecology.
- New separate weekly review meeting with Director of Operations for long waiters.
- Radiology task and finish group commenced to work through mitigations to improve radiology turnaround times for test and reporting.
- Tracker posts recruitment completed, awaiting staff to work through current notice periods.
- Gynaecology workshop held in September to look at mitigations to improve performance across the Coventry & Warwickshire

Achievements since last report

UHCW: There has ben an improvement in the following cancer types: Lower GI, Lung, Skin
GEH: There has ben an improvement in the following cancer types: Lower GI.

New and Proposed Actions

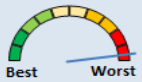
- At last month's Cancer Board meeting the Operational and Performance Group escalated Pathology turnaround times as system issue; this issue and actions will be discussed specifically at the next CWHCP cancer board.
- Through the joint working approach of the Cancer Operational and Performance Group there agreement to clear operating standards from UHCW as a tertiary centre.

CCG Specific Actions

- Urology - a system wide Urology group has already been established through planned care, the system lead for cancer is meeting with the project lead to ensure actions from the two groups dovetail.
- In addition the Cancer Board has set up a system wide workshop on implementation of the prostate 28 day pathway to formulate a system wide action plan going forward.

Total number of inappropriate Out of Area placement (OAP) bed days for adults requiring non-specialist acute mental health inpatient care

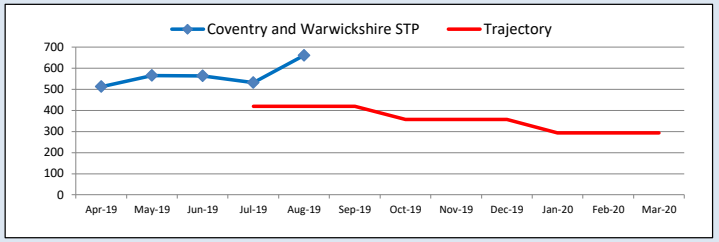
Benchmarked Nationally



Trend

Performance History

Month	Prev Month	Average Quarter 1 19/20	YTD
661	532	548	567



The Five Year Forward View for Mental Health objective is that by 2020/21 Out of Area Placements (OAPs) will essentially be eliminated for acute mental health care for adults.

Reasons for being off track

• Lack of consistent ownership of the OoA numbers and issues, subsequent actions are ad hoc and ineffective in the medium/long term.
• No centrally owned management system from point of admission and discharge, governance and oversight - people spending too long phoning round to expedite admission and discharge
• Reduced bed capacity due to anti-ligature works on x wards
• Lack of community based services for people in crisis outside of CRHT provision - leading to increased admissions and readmissions.
• There is no dedicated acute service pathway for patients with Personality Disorders resulting in a disproportionate use of inpatient services for patients with PD, characterised by frequent stays, longer admissions and occasional specialised PD placements. It is estimated that behaviours associated with behavioral difficulties account for a significant number of all adult admissions.

Existing Recovery Actions

• Governance: Refreshed governance structure and arrangements, updated policies & standard operating Procedures for Bed Management, Monitor and understand impact of initiatives and interventions to implement intelligence led decision making Transfer of the Acute OAP budget.
• Inpatients: Implementation of Patient Flow Team, Flow Co-ordinator in post, CWPT formally approved funding for Flow Team, Recruitment of team completed.
• "Cambio Bed Management System: Implementation of Patient Flow Team
• Focus on current top 50 long stayers.
• Crisis Resolution and Home Treatment: Implementation of revised CRHT Model ,
• Safe Haven Pilot Warwickshire.
• Enhanced Liaison: Implementation of AMHAT CORE 24
• Psychiatric Clinical Decisions Unit (PCDU
• Street Triage
• Strengthen Community MH Services: New locality based triage for non-urgent referrals, Development of a new cluster 3 pathway with 3rd sector partners, Development of a cluster 4/5 complex mood pathway, Development of Complex Trauma and PD Pathway.
• Step Down : Supportive step down arrangements; Crisis Response In reach, 6 week intensive rehab for patients with longer term needs - 3rd sector pilot, Redesign of the Intensive Day Treatment wards .

Achievements since last report

The Out of Area Action plan from July 2019 details the existing and most recent actions and includes the anticipated impact on bed days and an action risk overview.

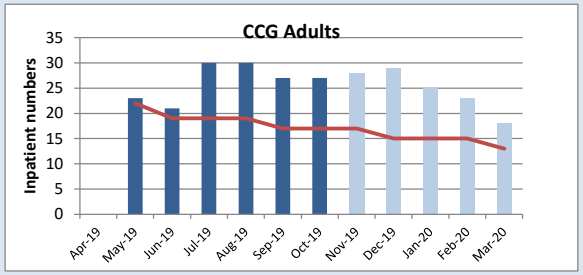
New and Proposed Actions

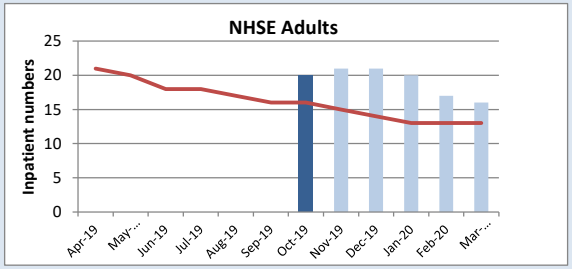
The Out of Area Action plan from July 2019 details the existing and most recent actions.

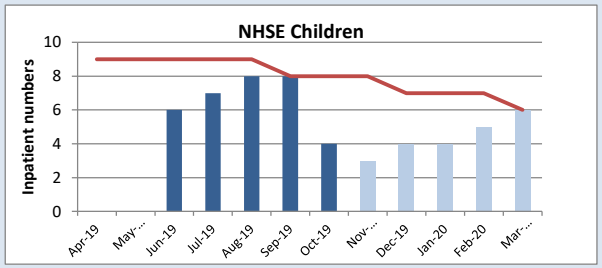
CCG / CWPT Specific Actions

The trajectory submitted in June 2019 has now been reviewed and through a robust process of alignment against the revised action plan. There is a clear agreement of the stakeholders in the system that whilst the trajectory projection originally sought to be very ambitious, it was appropriate that it was revised to show reductions in OAP's against initiatives towards the latter end of the transformation period to allow a more realistic and maximum period for activities and transformation to embed and yield the required benefits.

Transforming Care Partnership - Inpatient admissions for those with a Learning Disability and/or Autism







Reasons for being off track

A review of our admissions and discharges over the course of 19/20 has identified 3 key reasons for the current position:
• The absence of an Autism pathway and limited service provision for those experiencing Autism only has both delayed the discharge process increasing the length of stay and also has limited the admission avoidance interventions available.
• A number of admissions have been for people who are either rated as green or not on the Transforming Care register at all. This lack of escalation has prevented admission avoidance interventions that otherwise have proven to be effective in supporting people through a crisis and maintaining them in the community.
• A number of discharges have been delayed due to challenges with securing appropriate specialist accommodation, delays in obtaining Ministry of Justice support and the absence of a legal framework to support discharge for those with capacity
The current position places the TCP as an outlier, and as a result we have been escalated within the region and identified as a challenged TCP. This has brought with it increased support from NHSE, both financial support and oversight e.g. attendance at SRO weekly assurance calls and monthly meetings with TCP operational leads, in addition to attending the monthly LD and Autism Transformation Board meetings.

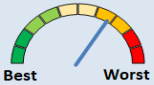
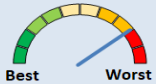
Recovery Actions

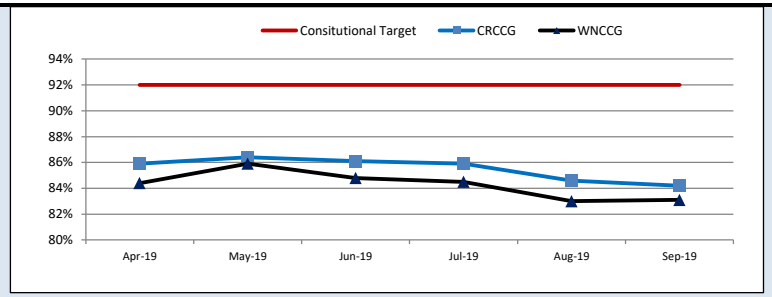
In response to the sustained position, the TCP has developed a Recovery Plan , to progress improved service delivery, organisational co-ordination and overall leadership of the programme. The key elements of this plan are:
• Instigation of an Autism Outreach Service, for those who do not meet the criteria for core Mental Health or LD services, but who require proactive additional support to avoid them moving into crisis.
• Initiating a pilot to provide additional resource into the Adult Intensive Support Team focusing specifically on those with Autism only, and who are at high risk of admission to hospital.

• Increased resources within CWPT to co-ordinate and focus the use of existing services to better support those who fall within the TCP cohort.
• Increased resources to deliver Care and Treatment Reviews and provide improved programme coordination and leadership.
• TCP workshop with colleagues from Worcestershire CCGs to share best practice with a focus on Autism only
• Establishing the multi-agency Admission Avoidance Subgroup to the Learning Disability and Autism Transformation Board to oversee and drive the delivery of the Recovery Plan.

In addition to the Recovery Plan, the TCP has some targeted work in progress to reduce the average length of stay and improve the effectiveness of our discharge planning processes to ensure successful transition to the community. Some specific actions are:
• All planned discharges are overseen by a Discharge Coordinator, reviewed weekly by the SRO with NHSE to escalate any barriers. For those within CWPT, each inpatient is reviewed monthly by the newly established inpatient review panel chaired by the Director of Nursing and Clinical Transformation.
• Stratification of discharges into: long term (those in high/medium secure services or without an appropriate legal frame work), complex (needs bespoke commissioned package) and routine (needs can be met through existing commissioned services).
• Development of a discharge pipeline aligned to wider accommodation developments, linking with the regional housing lead for support.
• Learning from the operational factors that delay discharges which are fed in to monthly meetings to enable system wide change to processes to be implemented to prevent further delays. For example, joint review of funding process for people who do not meet current eligibility for funding for S117, Continuing Healthcare or Care Act.

Patients On Incomplete Non-Emergency Pathways Waiting No More Than 18 Weeks From Referral

	Latest Performance	Benchmarked Nationally	Trend	Performance History			
				Month	Prev Month	Quarter 2 19/20	YTD
CRCCG			↓	84.2%	84.6%	84.9%	85.5%
WNCCG			↑	83.1%	83.0%	83.5%	84.2%



Reasons for being off track

The CCG in agreeing plans for RTT in 2019/20 agreed that RTT would not be expected to be maintained in year at the outturn position, but that total number of waiters should be at the March 2019 position by the end of March 2020. In this respect RTT on track, however total incompletes (total waiters) did see a large rise in April to August, not due to an increase in new clock starts these fell by 1%, but from less clocks being closed. Long waits have fallen and the number waiting over 40 weeks has fallen considerably. UHCW is part of the national Pilot for average waiting times, and as such currently has an average waiting time of 10.3 weeks, but is working to reduce this to 9.5 weeks by the end of March 2020 - this is consistent with maintaining RTT as it was, but the Trust is no longer required to publish its RTT performance nationally. It it working internally to have no over 40 week waiters across all specialties by the end of March 2020 as part of its work on reducing average waiting times. There is a 26 week pilot in place across the STP moving Outpatients currently waiting, and to have no 52 week waiters reported, and is working to move ophthalmology patients to SWFT, this is expected by April to cover all other specialties, with plans being developed in the next months. UHCW expects to deliver 9.5 weeks as an average wait for current waiters, and to deliver no 52 week waits working internally to get to zero over 40 week waits by the end of March 2020.

GEH performance for RTT has fallen, and total waiters have increased. Trust capacity has been constrained by emergency pressures on inpatient electives, and capacity issues arising from the impact of the HMRC tightening on pensions and consultants resisting doing additional sessions. The Trust are looking at ways to get around the NHS pensions issue, but have several consultants who have reduced already their contracted sessions. This is also affecting activity by visiting consultants i.e. UHCW (Oral Surgery/ENT). The Trust is looking to recruit extra capacity where they can, have ringfenced elective capacity in terms of beds for T&O, and are part of a pilot to move patients at 26 weeks to other Trusts i.e. SWFT for Ophthalmology, as part of the STP choice at 26 weeks pilot, which is expected to cover all specialties by the start of April (although implementation plans are being worked through), they already utilise IS capacity for some long wait patients. There are then transformation board activities looking to reduce referrals though Advice and Guidance, MSK FCPs, and reductions in Follow Up activity to free capacity for new patients (Patient initiated follow Up). This will have a limited impact and the expectation is that RTT will remain at its current position, the Trusts expects to deliver no 52 week waiters, but that maintaining the list at March 2019 position will be difficult.

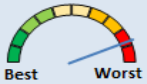
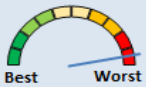
Existing Recovery Actions

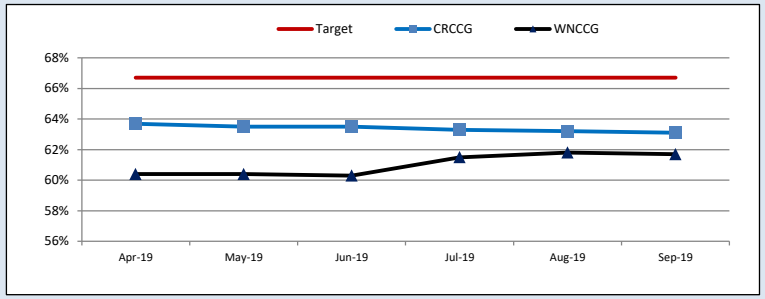
UHCW expects to maintain RTT a through the year at UHCW, any improvement would arise from patients moving to other providers and being seen more quickly than at UHCW, there is a 26 week pilot in place across the STP moving Optients currently waiitng, and to have no 52 week waiters reported, and is working to move ophthalmology patients to SWFT, this is expected by April to cover all other specialties, with plans being developed in the next months. UHCW expects to deliver 9.5 weeks as an average wait for current waiters, and to deliver no 52 week waits working internally to get to zero over 40 week waits by the end of March 2020.The STF recovery profile for GEH of 87%is not being delivered by the Trust, due to continued emergency pressures constraining elective activity. The CCG continues to see a significant movement of referrals away from GEH as a result of patients choosing to be seen where waiting times are shorter. Total patients on the waiting list have grown as a result and is well above the March 2019 position which was expected to be maintained.

CCG Specific Actions

Focus is on demand management activities to restrict GP referrals in line with GP referral guidance especially for LPPs/PLCV, Single point of access for MSK, rollout of consultant connect, all coordinated through the Rugby Place Forum which has oversight of these actions across Coventry and Rugby and the the Warwickshire North Transformation Board. The pilot for 26 weeks has commneced, and work in the next few months will detail how it might be expanded to cover all specialties by April 2020. Considerable focus on long waiters to ensure that there are no over 52 week waiters in year, and the number of over 26 week waiters is managed to avoid negative patient outcomes, with patients continuing to be treated on the basis of their cinical urgency.

Estimated diagnosis rate for people with dementia - GP Practice Registers

	Latest Performance	Benchmarked Nationally	Trend	Performance History			
				Month	Prev Month	Quarter 2 19/20	YTD
CRCCG			↓	63.1%	63.2%	63.1%	63.1%
WNCCG			↓	61.7%	61.8%	61.7%	61.7%



Reasons for being off track

Despite positive activities to promote early diagnosis in Dementia, there are a number of reasons why performance is off track: 1. Within primary care more work can be done to overcome cultural/organisational challenges preventing a greater uptake of early dementia assessments. Simultaneously, we need to ensure GPs have access to specialist support or training to make a positive impact upon the early diagnosis standard. 2. Recognition that no 'magic bullet' exists and no single model or approach has been championed and promoted by NHSE and therefore the challenge is multi-faceted.

Existing Recovery Actions

1. Cross referencing dementia diagnosis data to ensure diagnoses made by the secondary care Memory Assessment Service (MAS) are correctly recorded on GP systems. It has now been agreed that MAS will send lists of patients active on their caseloads to practices every six months. This was carried out for the first time in April and was repeated in October.

2. Ensuring and monitoring that those patients referred back to GPs from MAS with a dementia diagnosis phrased as "Possible" or "Probable" are coded correctly on GP systems. MAS are now recording the ICD10 codes on all diagnostic letters, providing primary care with the relevant READ code to ensure patient records are correct. Reminders have been sent to MAS Clinicians to ensure this continues.

3. Ensuring practices are assured that the necessary high-quality post-diagnostic support is available to back-up increased diagnosis rates, including Dementia Navigators, Admiral Nurses (Coventry) and MAS Community Services. An Admiral Nurse has now been recruited for Warwickshire North, so this is being communicated to practices. Warwickshire County Council's Dementia Navigator service is being reviewed with a view to recommissioning in 2020 (for Coventry the Dementia Navigator service is grant funded until 2023). The Dementia Navigator service will be relaunched as Dementia Connect from April 2020.

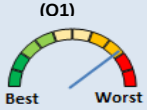
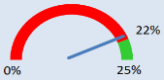
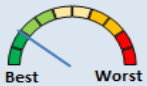
Achievements since last report

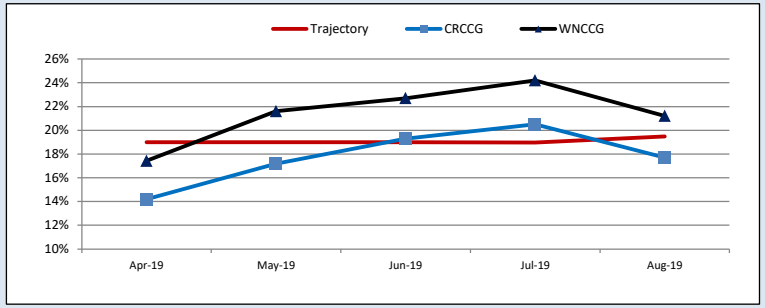
The Cognitive Assessment in Primary Care scheme, which is currently funded until November 2019 has included:
a. Closely monitoring the performance of practices involved and offering individual support and challenge where required.
b. The GP Lead and a Commissioning Manager have been carrying out individual visits to practices to gain feedback, understand challenges and success and support them in trouble-shooting. Practices have fed back that these visits have been beneficial in targeting concerns, and they have enabled us to identify and resolve issues affecting performance.

New and Proposed Actions

1. Considering the future of the Cognitive Assessment in Primary Care Scheme post-November 2019 when current funding ends. Following a review in October 2019, we anticipate recommending that funding is extended for the remainder of the year, then following some adaptations based on learning so far. The CCG's are likely to propose the creation of a Mental Health Enhanced Services offer which would include the Cognitive Assessment Scheme within the scope of this wider service offer. It is anticipated that coverage and sign up to the scheme would be vastly increased across both C&R & WN CCG's as a result.
2. Targeting practices with unexpectedly low dementia registers to support with data cleansing when the CWPT MAS active caseload data is released to practices in October 2019.
3. Developing "Dementia on a Page" support leaflets ensuring GPs, patients and other stakeholders understand the range of support available. These are being developed via the STP.
4. Making use of PLT and CCG lunchtime talks to promote dementia diagnosis and support amongst primary care colleagues.
5. Arranging webinar for GPs with the national support team at NHSE for early 2020.
6. Ensure we are maximising the impact of all patient-facing staff.
7. Investigating the role of CWPT in increasing DDR.
8. Considering whether a care homes dementia assessment programme would be feasible and beneficial.

Improving Access to Psychological Therapy- Access Rate (Annualised)

	Latest Performance	Benchmarked Nationally (Q1)	Trend	Performance History			
				Month	Prev Month	Quarter 1 19/20	YTD
CRCCG			↓	17.7%	20.5%	16.9%	17.8%
WNCCG			↓	21.2%	24.2%	20.6%	21.4%



Reasons for being off track

The IAPT service have flagged that there is a decline in the amount of space available within GP practices, which is impacting on their ability to offer sessions to patients, adversely impacting the access rate. This has been supported by CCG analysis that demonstrates a trend of decreasing referrals in practices that have withdrawn space availability for IAPT therapists. There are a number of emerging third-sector services offering provision similar to IAPT, it is felt that this is also impacting on the number of referrals.

Existing Recovery Actions

An IAPT system steering group with representation from commissioners, IAPT service leads and contracting colleagues meets on a monthly basis and a trajectory and recovery plan has been developed based on the following high impact actions:

- Alignment of therapists with PCNs and creative use of community space
- Expansion of further LTCs i.e. Cardiac (CRCCG) and pain management (SWCCG)
- Increase use of digital therapies i.e. Silvercloud which is linked to IAPTUS
- Develop an offer of group based therapies to employers of blue light services and vets focusing on (stress, anxiety, mindfulness, sleep hygiene etc.)
- Increase the interface with CYP and their carers
- Sharing assessments slots across localities
- Implementation of online referrals

Achievements since last report

Performance has improved for both CCGs beween Apriland July. The dip in August is expected to be due to seasonal factors.

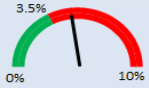
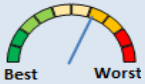
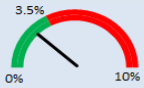
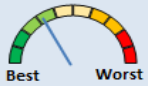
New and Proposed Actions

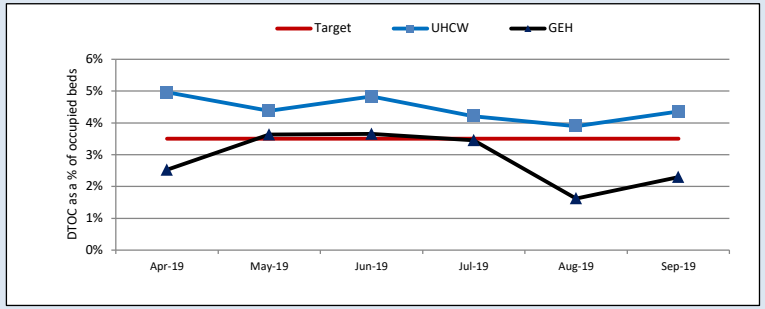
As a result of the Performance notice, performance is improving and we are assured all efforts are being undertaken to meet the access rate, with an expected recovery date in Q4 of 2019/20.

CCG Specific Actions

A performance Notice was issued on the 8th July against the performance of this KPI.

Delayed transfers of Care (As a percentage of occupied beds)

	Latest Performance	Benchmarked Nationally	Trend	Performance History			
				Month	Prev Month	Quarter 2 19/20	YTD
UHCW			↑	4.4%	3.9%	4.2%	4.4%
GEH			↑	2.3%	1.6%	2.5%	2.9%



Reasons for being off track

•There have been a number of very complex patients who are with court of protection and high cost placements. The stranded patient numbers have also increased due to the complexities of the conditions they are presenting with.

•IDT have had sickness and patients are not picked up quickly this has been flagged to the operational team.

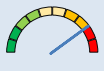
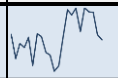
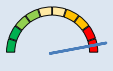
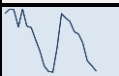
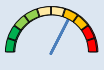
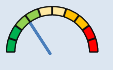
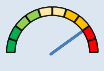
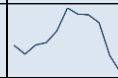
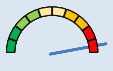
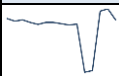
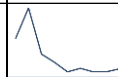
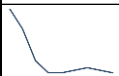
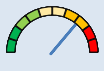
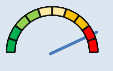
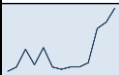
•There has also been an issue around the PW3 beds and capacity.

•Homes are also taking more days than usual to assess patients this has created delays in discharges but has been flagged through commissioning both by health and social services.

Existing Recovery Actions

There has been a push on discharges in recent weeks.
The CCG is continuing with daily DTOC meetings and the MADE event which is taking place from the 9th to 13th of December will help with getting back on track.

NHS Oversight Framework Dashboard October 2019

Domain	Area	Measure	Period	Target	Description	CRCCG Data	CRCCG Benchmarked against England	CRCCG Worst/ Best Eng quartile	CRCCG History	CRCCG Trend	WNCCG Data	WNCCG Benchmarked against England	WNCCG Worst/ Best Eng quartile	WNCCG History	WNCCG Trend
New Service Models	Acute Emergency Care and Transfers of Care	127c	2019 Oct	95%	A&E admit, transfer, discharge in 4 hrs	80.6%					75.7%				
		127e	2019 Aug		Delayed transfers of care per 100,000	11.4					7.9				
		127f	18-19 Q2		Hospital bed use following emerg admit	550					501				
	Integrated Primary Care and Community Health Services	127b	19-20 Q2		Emergency admits for UCS conditions	2591					2261				
		131a	19-20 Q1		% NHS CHC assesments taking place in acute hospital setting	1%					0%				
	Personalisation & Choice	105b	19-20 Q1		Personal health budgets (Per 100,000)	26.7					17.6				
		144a	2019 July		Utilisation of the NHS e-referral service to enable choice at first referral	99.94%					99.98%				
Preventing Ill Health and Reducing Inequalities	Antimicrobial Resistance	107a	2019 June	0.965	AMR: appropriate prescribing	0.884					0.997				
		107b	2019 June	10%	AMR: Broad spectrum prescribing	8.3%					9.3%				
	Falls	104a	Q2 19-20		Injuries from falls in people 65yrs +	2321					2091				
	Health Inequalities	106a	18-19 Q2		Inequality in unplanned hospitalisation for chronic ACS and UCS conditions	2183					2098				
Quality of Care and Outcomes	Cancer Services	122b	18-19 Q4	85%	Cancer 62 days of referral to treatment	81.0%					75.9%				
	General	121a	19-20 Q1		High quality care - acute score	61					61				
		121b	19-20 Q1		High quality care - primary care score	67					66				
		134a	19-20 Q1		Evidence based interventions										

Domain	Area	Measure	Period	Target	Description	CRCCG Data	CRCCG Benchmarked against England	CRCCG Worst/ Best Eng quartile	CRCCG History	CRCCG Trend	WNCCG Data	WNCCG Benchmarked against England	WNCCG Worst/ Best Eng quartile	WNCCG History	WNCCG Trend
Quality of Care and Outcomes	Mental Health	123a	19-20 Q1	50%	IAPT recovery rate	52%					56%				
		123b	19-20 Q1	5.5%	IAPT Access	4.2%					5.1%				
		123c	2019 July	53%	EIP 2 week referral	61%					76%				
		123f	2019 June		MH - Out of Area Placements	483					294				
		123g	19-20 Q1		% of people on GP SMI registers receiving physical health checks	18.4%					20.6%				
		123j	2019 May		Ensuring quality of MH data submited to NHS is robust (DQMI)	68.70					86.80				
	People with long term conditions and complex needs	126a	2019 June	67%	Dementia diagnosis rate	63.2%					60.3%				
	Planned Care	129a	2019 March	92%	18 week RTT (% of pts waiting 18 weeks or less)	85.9%					84.4%				
		129b	2019 Aug		Overall Size of Waiting List	29,580					14,837				
		129c	2019 Aug	0	Patients waiting over 52 weeks for treatment	0					0				
		133a	2019 Aug	1%	Pts waiting >6 weeks for diagnostics	0.3%					0.7%				
	Smoking	125d	19-20 Q1	6%	Maternal smoking at delivery	10.4%					15.0%				
Finance and Use of Resources	Finance and Use of Resources	109a	19-20 Q1		Reducing the rate of low priority prescribing										
		141b	19-20 Q1		In-year financial performance										
		145a	19-20 Q1		Expenditure in areas with identified scope for improvement										
Leadership and Workforce	Leadership and Workforce	165a	19-20 Q1		Quality of CCG leadership										

Coventry & Rugby Clinical Commissioning Group NHS Constitution Measures

Measure	Annual Target	Q1	Q2	Q3	Q4	18-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Q1	Q2	19-20 YTD
Referral to treatment times (RTT)																		
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	92%	85.6%	85.6%	86.2%	85.7%	85.8%	85.9%	86.4%	86.1%	85.9%	84.6%	84.2%				86.0%	84.9%	85.8%
RTT > 52 weeks breaches - Incomplete Pathways	0	67	34	6	0	107	0	0	0	0	0	0				0	0	0
Patients waiting less than 6 weeks from referral for a diagnostic test	99%	99.6%	99.6%	99.9%	99.7%	99.7%	99.7%	99.2%	99.7%	99.8%	99.7%	99.6%				99.5%	99.7%	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%	88.2%	89.3%	88.7%	81.6%	86.9%	82.9%	87.6%	88.1%	88.8%	85.2%	81.6%	80.6%			86.2%	85.2%	84.3%
12 Hour Trolley Waits (UHCW)	0	0	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%	93.4%	90.6%	95.7%	96.0%	93.89%	94.8%	97.6%	97.8%	93.7%	90.2%	96.1%				96.7%	93.3%	95.0%
Cancer two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	83.5%	91.8%	97.7%	97.5%	94.12%	93.4%	98.1%	97.3%	99.3%	97.2%	96.3%				96.1%	97.8%	96.9%
Cancer one month (31-DAY) wait from diagnosis to first definitive treatment for all cancers	96%	99.2%	96.3%	97.3%	97.5%	97.51%	97.2%	96.9%	99.4%	100.0%	98.9%	95.8%				97.8%	98.4%	98.2%
Cancer 31-day wait for subsequent treatment where that treatment is surgery	94%	98.4%	96.3%	95.1%	99%	96.74%	96.3%	95.7%	95.2%	92.9%	100.0%	96.6%				95.8%	97.1%	96.4%
Cancer 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	99.1%	100%	100%	100%	99.81%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	100.0%	100.0%
Cancer 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	96.4%	98.6%	98.7%	96.9%	97.86%	100.0%	94.4%	97.6%	100.0%	100.0%	97.2%				97.6%	98.7%	98.2%
Cancer two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	88.4%	83.8%	85.4%	81.0%	84.81%	91.5%	86.5%	72.6%	85.8%	87.5%	82.9%				83.7%	85.6%	84.7%
Cancer 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	95.8%	94.1%	95.8%	96.8%	95.51%	100.0%	80.0%	88.9%	87.5%	100.0%	100.0%				88.5%	96.3%	92.5%
Cancer 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient	85%	81.6%	87.5%	83.3%	92.6%	85.71%	87.5%	100.0%	84.2%	81.0%	86.4%	94.4%				88.6%	86.9%	85.0%

Coventry & Rugby Clinical Commissioning Group NHS Constitution Supporting Measures

Measure	Annual Target	Q1	Q2	Q3	Q4	18-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Q1	Q2	19-20 YTD
Mixed Sex Accommodation																		
Mixed Sex Accommodation Breaches	0	3	0	2	4	9	1	0	0	1	0	0				1	1	2
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	39	22	18	21	100	27			6						27	6	33
Operations Cancelled for a second time	0	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%	94.4%	97.4%	98.4%	100%	97.5%	95.4%			94.1%						95.4%	94.1%	94.8%

Coventry & Rugby Clinical Commissioning Group NHS Mental Health Measures

Measure	Annual Target	Q1	Q2	Q3	Q4	18-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Q1	Q2	19-20 YTD
Dementia Diagnosis	67%	59.2%	59.8%	61.1%	63.5%	63.5%	63.7%	63.5%	63.2%	63.3%	63.2%	63.1%				63.5%	63.1%	63.1%
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.	56%	29%	35%	49%	29%	37%	50%	40%	44%	36%	77%	56%				44%	56%	50%
IAPT 6 Weeks - First Treatment	75%	99.2%	99.2%	99.5%	99.3%	99.4%	98.7%	100.0%	100.0%	98.7%	99.3%					97.2%		99.3%
IAPT 18 Weeks - First Treatment	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%		100%
IAPT Access (Annnualized)	22% for Q4 19/20	17.4%	17.2%	16.9%	18.6%	17.5%	14.2%	17.2%	19.3%	20.5%	17.7%					16.9%		17.8%
IAPT Recovery Rate	50%	54.8%	50.8%	52.1%	51.9%	53.7%	54.4%	52.3%	50.0%	52.0%	53.0%					52.3%		52.2%

Warwickshire North Clinical Commissioning Group NHS Constitution Measures

Measure	Annual Target	Q1	Q2	Q3	Q4	18-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Q1	Q2	19-20 YTD
Referral to treatment times (RTT)																		
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	92%	84.0%	81.5%	84.5%	84.9%	83.7%	84.4%	85.9%	84.8%	84.5%	83.0%	83.1%				83.5%	83.9%	84.2%
RTT > 52 weeks breaches - Incomplete Pathways	0	13	12	13	2	40	0	0	0	0	0	0				0	0	0
Patients waiting less than 6 weeks from referral for a diagnostic test	99%	99.4%	98.9%	99.8%	99.7%	99.5%	99.5%	98.6%	99.6%	99.3%	99.3%	98.9%				99.2%	99.2%	99.2%
A&E Waits																		
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (GEH)	95%	89.1%	88.3%	79.9%	80.8%	84.5%	80.9%	78.5%	76.8%	85.5%	82.9%	78.4%	75.7%			78.8%	82.4%	80.6%
12 Hour Trolley Waits (GEH)	0	51	0	12	16	79	19	15	6	0	1	1	0			40	2	42
Cancer Waits																		
Cancer two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	96.5%	96.2%	97.2%	94.4%	96.06%	96.3%	97.2%	95.0%	96.3%	94.7%	95.3%				96.5%	95.5%	95.9%
Cancer two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	94.9%	94.8%	93.5%	90.5%	93.38%	94.0%	93.1%	60.0%	94.1%	96.0%	97.9%				93.6%	96.1%	94.3%
Cancer one month (31-DAY) wait from diagnosis to first definitive treatment for all cancers	96%	98.3%	98.6%	98.7%	98.2%	98.44%	95.7%	97.6%	97.4%	100.0%	98.8%	96.2%				96.9%	98.4%	97.7%
Cancer 31-day wait for subsequent treatment where that treatment is surgery	94%	100%	94.7%	97.1%	92.1%	96.1%	100.0%	83.3%	100.0%	91.7%	100.0%	92.3%				92.3%	93.3%	93.0%
Cancer 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100%	94.1%	100%	100%	98.68%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	100.0%	100.0%
Cancer 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	98.9%	99.0%	94.6%	97.3%	97.29%	97.8%	91.4%	100.0%	97.8%	93.9%	96.4%				96.4%	96.3%	96.3%
Cancer two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	91.5%	76.1%	77.0%	75.9%	79.92%	77.3%	78.4%	83.3%	75.0%	76.0%	67.5%				79.9%	71.1%	75.6%
Cancer 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	85.7%	92.9%	94.1%	94.4%	92.19%	50.0%	100.0%	100.0%	100.0%	100.0%	80.0%				90.0%	90.0%	90.0%
Cancer 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient	85%	86%	90.0%	92.9%	76.5%	86.3%	100.0%	75.0%	100.0%	90.9%	100.0%	62.5%				92.3%	84.0%	86.8%

Warwickshire North Clinical Commissioning Group NHS Constitution Supporting Measures

Measure	Annual Target	Q1	Q2	Q3	Q4	18-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Q1	Q2	19-20 YTD
Mixed Sex Accommodation																		
Mixed Sex Accommodation Breaches	0	0	1	1	3	5	0	1	0	1	0	0				1	1	2
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	5	5	3	19	32	9			22						9	22	31
Operations Cancelled for a second time	0	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%	98.0%	92.9%	97.7%	100%	96.3%	95.5%			97.6%						95.5%	97.6%	97.7%

Warwickshire North Clinical Commissioning Group NHS Mental Health Measures

Measure	Annual Target	Q1	Q2	Q3	Q4	18-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Q1	Q2	19-20 YTD
Dementia Diagnosis	67%	59%	58.7%	59%	60.2%	60.2%	60.4%	60.4%	60.3%	61.5%	61.8%	61.7%				60.3%	61.7%	61.7%
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.	56%	75%	0%	80.0%	60.0%	64.7%	No Data	100%	50.0%	100%	50.0%	100.0%				67%	66.6%	77.7%
IAPT 6 Weeks - First Treatment	75%	98.7%	99.3%	100%	98.3%	99.3%	100%	100%	96.9%	98.4%	100.0%					98.9%		98.8%
IAPT 18 Weeks - First Treatment	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%		100%
IAPT Access (Annnualized)	22% for Q4 19/20	17.7%	18.9%	18.1%	21.6%	19.1%	17.4%	21.6%	22.7%	24.2%	21.2%					20.6%		21.4%
IAPT Recovery Rate	50%	57.9%	54.1%	51.3%	52.8%	55.2%	52.0%	62.5%	53.1%	50.0%	57.0%					57.9%		54.7%