

## NHS South Warwickshire Clinical Commissioning Group

|   |   |                        |   |
|---|---|------------------------|---|
| <b>Report To:</b>   | Performance Committee                       | <b>For decision</b>    |   |
| <b>Report Title:</b>  | Performance Report, 2019/20, Month 6        | <b>For discussion</b>  | √ |
| <b>Report From:</b>   | Alison Cartwright<br>Chief Delivery Officer | <b>For information</b> |   |
| <b>Date:</b>  | 11 December 2019                            | <b>Confidential</b>    |   |
| <b>Purpose of the Report:</b>   |   |                        |   |
| To update Performance Committee Members on the September 2019 position regarding performance against national targets and priority indicators for NHS South Warwickshire CCG (the CCG).   |   |                        |   |
| <b>Key Points:</b>  |   |                        |   |
| <ul style="list-style-type: none"> <li>The CCG achieved 16 out of the 32 Constitutional and Acute priority indicators in September 2019 with good progress has been sustained/improved for the following indicators:             <ul style="list-style-type: none"> <li>RTT over 52 week waits (Incomplete pathway)</li> <li>Cancer – Two week wait (Breast Symptoms)</li> <li>Cancer – 31 day radiotherapy</li> <li>Ambulance Handover Local Threshold</li> <li>Delayed Transfer of Care (Acute)</li> <li>RTT – Children's wheelchairs</li> </ul> </li> <li>Areas of concern remain:             <ul style="list-style-type: none"> <li>A&amp;E 4 hour waits</li> <li>Referral to Treatment (RTT) pathway (incomplete aggregate target)</li> <li>Diagnostics</li> <li>Cancer – Two week wait</li> <li>Cancer – 31 day standard</li> <li>Cancer – 31 day surgery</li> <li>Cancer – 62 day standard</li> <li>Cancer – 104 day waits</li> </ul> </li> <li>The CCG achieved 9 out of the 18 Mental Health indicators with Dementia and IAPT remaining an issue.</li> <li>Where applicable Contract Performance Notices have been served to the relevant providers for these indicators and Remedial Actions Plans and recovery trajectories have been agreed. Progress against these plans is detailed in the report.</li> </ul> |   |                        |   |
| <b>Recommendation (s):</b>  |   |                        |   |
| Performance Committee members note the areas of performance improvement and deterioration and the actions being taken to address these.   |   |                        |   |
| <b>Previously Considered By:</b>  |   | <b>Date:</b>           |   |
| Executive Team  |   | 4 December 2019        |   |

## NHS South Warwickshire Clinical Commissioning Group

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| CCG Strategic Objective(s) this report relates to: |  |
|--|--|
| Out of Hospital                                    | n/a  |
| Personalisation                                    | n/a  |
| Specialist Provision                               | n/a  |
| Delivering Today                                   | √  |
| <b>Management of Conflicts of Interest:</b>        | Not applicable.  |
| <b>Financial Implications:</b>                     | Financial penalties and with-holds utilised as per the national contract to lever improvements in performance. |
| <b>Performance Implications:</b>                   | See detail within the report.  |
| <b>Quality Implications:</b>                       | See detail within the report.  |
| <b>Equality and Diversity Considerations:</b>      | Not applicable.  |
| <b>Patient, Public and Stakeholder Engagement:</b> | Not applicable.  |
| <b>Risk Assessment:</b>                            | High risk area given current performance challenges.   |

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# NHS South Warwickshire Clinical Commissioning Group

## Executive Summary

- 1.1 The report details September 2019 performance for the NHS Constitution Rights & Pledges and priority indicators for both the CCG and its main providers of services. Actions being taken to address any areas of non-achievement are detailed in section 5.
- 1.2 There were 11 separate NHS Constitution CCG indicators breaching during the month.

## Acute Performance at a glance

| Performance Summary                             | Indicators achieved | Indicators breaching | Total Indicators |
|---|---------------------|----------------------|------------------|
| NHS Constitution – CCG                          | 6                   | 11                   | 17               |
| Priority Indicators not in the NHS Constitution | 10                  | 5                    | 15               |

| Good Progress   | Basis | Target | Sept-19 |
|---|-------|--------|---------|
| A&E: 12 hour trolley waits  | SWFT  | 0      | 0       |
| RTT – 52 week breach  | CCG   | 0      | 0       |
| Cancer 2 week wait – Breast Symptoms  | CCG   | 93%    | 94.9%   |
| Cancer 31 day – subsequent treatment radiotherapy                                     | CCG   | 94%    | 96.3%   |
| Number of operations cancelled for a second time                                      | SWFT  | 0      | 0       |
| Operations cancelled for non-clinical reasons not rebooked within 28 days (Quarter 2) | SWFT  | 0      | 0       |
| DTOC % of delayed bed days as percentage of occupied beds –Acute                      | SWFT  | 3.5%   | 2.5%    |
| Ambulance Handover Local Threshold  | SWFT  | 98%    | 99%     |
| CHC: 12+ week cases open at month end (Oct 2019)                                      | CCG   | 0      | 0       |
| CHC: % eligibility decisions made within 28 days from receipt of Checklist (Oct 2019) | CCG   | 80%    | 100%    |
| RTT – Children’s Wheelchairs (Quarter 2)  | SWFT  | 100%   | 100%    |
| Paediatric – Occupational Therapy ( <i>Non-Admitted</i> )                             | SWFT  | 95%    | 98.7%   |
| Cancer – 31 day standard  | CCG   | 96%    | 95.9%   |
| E-Referrals - Utilisation   | SWFT  | 100%   | 99.9%   |

## NHS South Warwickshire Clinical Commissioning Group

| Areas of Concern - NHS Constitution  | Basis | Target | Sept-19 | Trend from Aug 2019 |
|--|-------|--------|---------|---------------------|
| A&E: Patients should be admitted, transferred or discharged within 4 hours | SWFT  | 95%    | 86.6%   | ↓                   |
| Diagnostic Tests – Patients shouldn't more than 6 wks                      | CCG   | 99%    | 98.9%   | ↑                   |
| RTT – Incomplete Pathway   | CCG   | 92.0%  | 91.4%   | ↑                   |
| Cancer 2 week wait – GP Referrals  | CCG   | 93%    | 79.8%   | ↓                   |
| Cancer 31 day – subsequent treatment surgery                               | CCG   | 94%    | 90%     | ↓                   |
| Cancer 31 day – subsequent treatment anti drug regimen                     | CCG   | 98%    | 96.7%   | ↓                   |
| Cancer – 62 day standard   | CCG   | 85.0%  | 71.2%   | ↓                   |
| Cancer – 62 day upgrade  | CCG   | 85%    | 81%     | ↓                   |
| Breaches of Mixed Sex Accommodation  | CCG   | 0      | 1       | ↑                   |

| Areas of Concern - National Priority Areas                           | Basis      | Target | Sept-19 | Trend from Aug 2019 |
|--|------------|--------|---------|---------------------|
| DTOC % of delayed bed days as percentage of occupied beds -Non-Acute | SWFT       | 3.5%   | 10.6%   | ↑                   |
| Transforming Care: CCG Cohort  | TCP        | 19     | 27      | ↑                   |
| CHC: % DSTs completed in acute setting (Oct 2019)                    | CCG        | <15%   | 22.7%   | ↓                   |
| Cancer – 104 Day breaches ( <i>patients</i> )                        | CCG        | 0      | 3       | ↑                   |
| Ambulance Handovers 60 minutes +                                     | SWFT       | 0      | 4       | ↓                   |
| NHS 111: % calls answered in 60 seconds                              | Local CCGs | 95%    | 73.7%   | ↓                   |

# NHS South Warwickshire Clinical Commissioning Group

## Mental Health Performance at a glance

| Performance Summary                             | Indicators achieved | Indicators breaching | Total Indicators |
|---|---------------------|----------------------|------------------|
| NHS Constitution – CCG                          | 1                   | 0                    | 1                |
| Priority Indicators not in the NHS Constitution | 8                   | 7                    | 15               |

| Good Progress  | Basis | Target | Sept -19 |
|--|-------|--------|----------|
| Care Programme Approach: Proportion of patients followed up within 7 days of discharge from psychiatric inpatient care (Quarter 2) | CCG   | 95%    | 100%     |
| % of patients physically reviewed by Place of Safety clinician within 3 hours of admission (Quarter 2)                             | CCG   | 90%    | 98%      |
| % of patients contacted within (4hs) of referral to Crisis   | CCG   | 95%    | 99%      |
| CAMHS - Referral to Treatment (Emergency - 48 hrs)   | CWPT  | 100%   | 100%     |
| CAMHS - Referral to Treatment (Urgent - 5 days)  | CWPT  | 100%   | 100%     |
| CAMHS - Referral to Treatment (Routine - 18 weeks)   | CWPT  | 95%    | 100%     |
| Mental Health: Early Intervention in Psychosis (EIP) – complete patients   | CCG   | 56%    | 100%     |
| Improving Access to Psychological Therapies (IAPT): Recovery Rate (July 2019)  | CCG   | 50%    | 59%      |
| Referrals for ED with treatment started within 1 week (Quarter 2)  | CCG   | 90%    | 100%     |

| Areas of Concern - National Priority Areas                                 | Basis | Target   | Sept-19 | Trend from Aug 2019 |
|--|-------|----------|---------|---------------------|
| Improving Access to Psychological Therapies (IAPT): Access Rate (Jul 2019) | CCG   | 4.75% Q3 | 3.9%    | ↓                   |
| Dementia diagnosis percentage (65 + years)                                 | CCG   | 66.7%    | 61%     | ↑                   |
| SMI Physical Health Checks (Quarter 2)                                     | CCG   | 34%      | 27.5%   | ↓                   |

| Areas of Concern- Local Priority Areas   | Basis | Target   | Sept-19 | Trend from Aug 2019 |
|--|-------|----------|---------|---------------------|
| Children and Young People's Emotional Well-Being and Mental Health Follow-ups (over 12 weeks) – M5           | CCG   | 12 weeks | 21      | -                   |
| Children and Young People's Autism Spectrum Disorder Assessment Waits (CYP ASD) (over 12 weeks - proxy) – M5 | CCG   | 12 weeks | 486     | -                   |
| % AMHAT referrals received from A&E commencing assessment within 90 mins (Quarter 2)                         | CWPT  | 90%      | 79%     | ↓                   |
| % AMHAT referrals received from wards commencing assessment within 36 hours from AMHAT (Quarter 2)           | CWPT  | 90%      | 77%     | ↓                   |

# NHS South Warwickshire Clinical Commissioning Group

## NHS Constitution Rights and Pledges

3.1 September 2019 performance for the CCG and its main providers is shown below:

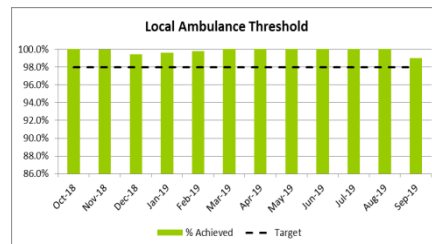
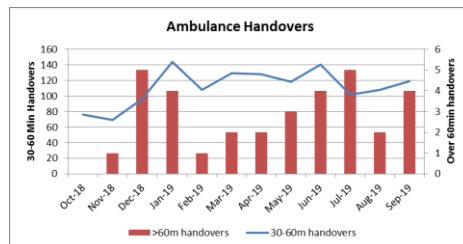
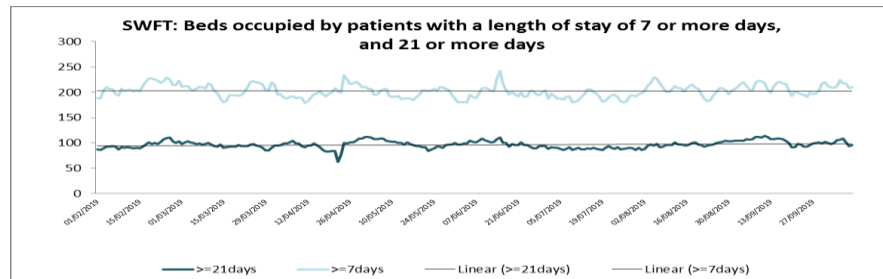
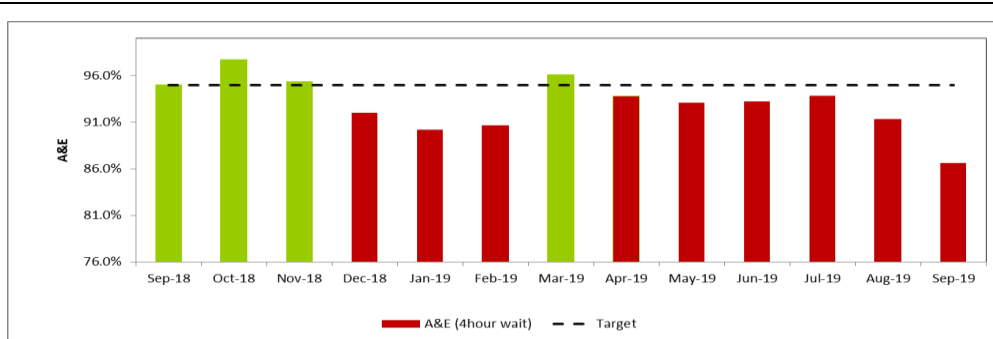
| NHS Constitution Measures<br>NHS South Warwickshire CCG |   |        |        |        |        |        |            |        |        |        |        |        |        |        |
|---|---|--------|--------|--------|--------|--------|------------|--------|--------|--------|--------|--------|--------|--------|
| Measure   |   | Target | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19     | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 |
| A&E   | Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - <b>SWFT</b>   | 95%    | 97.7%  | 95.4%  | 92.0%  | 90.2%  | 90.6%      | 96.1%  | 93.8%  | 93.1%  | 93.2%  | 93.8%  | 91.3%  | 86.6%  |
|   | A&E Trolley Waits of greater than 12 hours (from DTA to admission) - <b>SWFT</b>  | 0      | 0      | 0      | 0      | 0      | 0          | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| RTT   | Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral   | 92%    | 89.5%  | 90.4%  | 90.7%  | 91.3%  | 91.1%      | 91.0%  | 90.8%  | 91.3%  | 91.5%  | 90.9%  | 91.1%  | 91.4%  |
|   | Incomplete pathways of greater than 52 weeks  | 0      | 3      | 2      | 1      | 0      | 1          | 1      | 1      | 1      | 1      | 1      | 2      | 0      |
| Diagnostics   | Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral  | 99%    | 99.2%  | 98.8%  | 98.4%  | 97.9%  | 98.6%      | 99.2%  | 98.9%  | 97.7%  | 98.0%  | 97.2%  | 98.0%  | 98.9%  |
| Cancer - 2WW  | Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP   | 93%    | 96.2%  | 97.7%  | 98.2%  | 97.1%  | 97.1%      | 97.1%  | 88.0%  | 92.5%  | 93.7%  | 96.3%  | 89.9%  | 79.8%  |
|   | Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (cancer not initially suspected)   | 93%    | 99.4%  | 95.9%  | 97.0%  | 96.8%  | 96.5%      | 96.2%  | 72.8%  | 94.9%  | 92.3%  | 93.6%  | 94.5%  | 94.9%  |
| Cancer - 31 day   | Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers  | 96%    | 94.5%  | 96.2%  | 99.2%  | 95.5%  | 97.2%      | 96.3%  | 94.9%  | 98.4%  | 95.5%  | 97.0%  | 96.2%  | 95.9%  |
|   | Maximum 31-day wait for subsequent treatment where that treatment is surgery  | 94%    | 95.7%  | 95.7%  | 100.0% | 95.5%  | 100.0%     | 100.0% | 100.0% | 100.0% | 93.3%  | 89.3%  | 100.0% | 90.0%  |
|   | Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen  | 98%    | 100.0% | 100.0% | 100.0% | 93.1%  | 100.0%     | 100.0% | 100.0% | 100.0% | 97.0%  | 100.0% | 100.0% | 96.7%  |
|   | Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy  | 94%    | 100.0% | 100.0% | 96.1%  | 96.3%  | 97.4%      | 97.5%  | 98.0%  | 95.7%  | 98.1%  | 95.9%  | 92.9%  | 96.3%  |
| Cancer - 62 days  | Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer  | 85%    | 73.1%  | 71.1%  | 80.0%  | 72.1%  | 81.1%      | 79.5%  | 78.4%  | 80.0%  | 59.3%  | 69.8%  | 81.1%  | 71.2%  |
|   | Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers   | 90%    | 85.7%  | 87.5%  | 50.0%  | 80.0%  | 0 patients | 100.0% | 89.5%  | 87.5%  | 100.0% | 100.0% | 80.0%  | 100.0% |
|   | Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)   | 85%    | 89.5%  | 81.3%  | 85.0%  | 72.7%  | 76.9%      | 100.0% | 92.3%  | 72.2%  | 100.0% | 91.3%  | 88.2%  | 81.0%  |
| MSA   | Breaches of Mixed Sex Accommodation guidelines - Instances  | 0      | 4      | 2      | 4      | 3      | 2          | 2      | 9      | 2      | 1      | 2      | 2      | 1      |
| Cancelled Operations                                    | All patients who have operations cancelled, on or after the day of admission for non-clinical reasons to be offered binding date within 28 days, or the treatment to be funded at the time and hospital of the patient's choice - <b>SWFT</b> | 0      | 1      |        |        | 2      |            |        | 1      |        |        | 0      |        |        |
|   | Number of operations cancelled for a second time - <b>SWFT</b>  | 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%    | 100.0% |        |        | 98.2%  |            |        | 95.4%  |        |        | 100%   |        |        |

# NHS South Warwickshire Clinical Commissioning Group

## NHS Local Mental Health Priorities

3.2 September 2019 performance for the CCG at CWPT is shown below. Exception reports for non-compliant standards are detailed further on in the report.

| Mental Health Dashboard |   |               |        |        |        |        |        |        |               |        |        |        |               |               |
|-------------------------|---|---------------|--------|--------|--------|--------|--------|--------|---------------|--------|--------|--------|---------------|---------------|
| Ref                     | Indicator   | Target        | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19        | May-19 | Jun-19 | Jul-19 | Aug-19        | Sep-19        |
| C10                     | Adult - % 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 - Completed Pathways                                  | 50%           | N/A    | 0.0%   | N/A    | N/A    | 0.0%   | 33.3%  | 0.0%          | 30.8%  | 100.0% | 100.0% | 100.0%        | 100.0%        |
| CON29                   | % of patients contacted within (4 hours) of referral to the Crisis Team   | 95%           | 93.2%  | 96.2%  | 99.4%  | 100.0% | 100.0% | 98.7%  | 99.4%         | 96.6%  | 97.1%  | 97.5%  | 99.0%         | 99.0%         |
| CON36                   | Adult - % 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  | Q4 - 95%      | 100.0% |        | 100.0% |        | 100.0% |        | 100.0%        |        | 98.0%  |        |               |               |
| SQ92a                   | Adult - 90% of all appropriate referrals received from A&E which have had their assessment commenced within 90 minutes from AMHAT receiving the referral.   | 90%           | 94.1%  |        | 92.8%  |        | 85.0%  |        | 79.0%         |        |        |        |               |               |
| SQ94                    | Adult - 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%           | 96.2%  |        | 97.6%  |        | 92.0%  |        | 77.0%         |        |        |        |               |               |
| From NHSE               | Adult - Dementia diagnosis percentage (65 + years)  | 66.7%         | 58.6%  | 59.0%  | 59.4%  | 59.0%  | 59.3%  | 60.5%  | 60.2%         | 60.2%  | 60.0%  | 60.7%  | 60.6%         | 61.0%         |
|                         | Adult - Improving Access to Psychological Therapies (IAPT): Access Rate   | 4.75%         | 4.6%   | 4.4%   | 4.0%   | 3.9%   | 4.0%   | 4.6%   | 4.4%          | 4.8%   | 5.0%   | 3.9%   | Not available |               |
|                         | Adult - Improving Access to Psychological Therapies (IAPT): Recovery Rate   | 50%           | 53.6%  | 55.9%  | 58.3%  | 58.1%  | 56.0%  | 58.6%  | 47.6%         | 48.1%  | 51.9%  | 59.0%  | Not available |               |
| CON10                   | CAMHS - Referral to Treatment (Emergency - 48 hours)  | 100%          | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0%        | 100.0% | 100.0% | 100.0% | 100.0%        | 100.0%        |
|                         | CAMHS - Referral to Treatment (Urgent - 5 working days)   | 100%          | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0%        | 100.0% | 100.0% | 100.0% | 100.0%        | 100.0%        |
|                         | CAMHS - Referral to Treatment (Routine - 18 weeks)  | 95%           | 98.0%  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0%        | 100.0% | 100.0% | 100.0% | 100.0%        | 100.0%        |
|                         | CAMHS - Referrals Received by Navigation Hub (All CAMHS)  |               | 184    | 127    | 123    | 128    | 132    | 165    | 137           | 147    | 118    | 159    | 77            | Not available |
| CON149                  | CAMHS - Waiting time from initial appointment to follow up appointment (12 weeks)   | 95%           | 41.0%  | 32.7%  | 43.3%  | 68.0%  | 66.7%  | 57.5%  | 57.0%         | 70.0%  | 62.0%  | 73.0%  | 56.3%         | 48.0%         |
| CON63                   | CAMHS - ASD Waiting time from referral to assessment (Average wait)   | TBC           | 59     | 51     | 52     | 53     | 55     | 54     | 54            | 58     | 60     | 61     | 64            | Not available |
| CON64                   | CAMHS - Number of ASD assessments undertaken each month   | 20            | 10     | 16     | 13     | 12     | 10     | 16     | 6             | 9      | 7      | 9      | 9             | Not available |
| CYP ED from NHS E       | CAMHS - referrals for an assessment or treatment of any eating disorder will access NICE concordant treatment within 1 week for urgent cases  | 90% for 18/19 | 100.0% |        | 100.0% |        | 100.0% |        | 100.0%        |        | 100.0% |        | 100.0%        |               |
| CYP ED from NHS E       | CAMHS - referrals for an assessment or treatment of any eating disorder will access NICE concordant treatment within 4 weeks for routine cases  | 90% for 18/19 | 81.1%  |        | 45.5%  |        | 80.0%  |        | 100.0%        |        | 100.0% |        | 100.0%        |               |
| (CON10)                 | CAMHS - patients will have an assessment within 48 hours of referral to ALT where medically fit   | 95%           | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0%        | 100.0% | 100.0% | 100.0% | 100.0%        | 100.0%        |
|                         | CAMHS - Looked After Children referred within 9 weeks   |               | 83%    |        | 77%    |        | 65%    |        | Not available |        |        |        |               |               |
|                         | SMI Physical Health Checks  | 34%           | 27.4%  |        | 29.5%  |        | 28.0%  |        | 27.5%         |        |        |        |               |               |





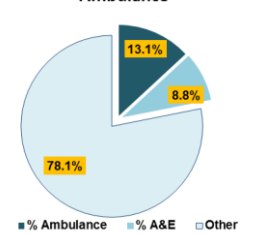
# NHS South Warwickshire Clinical Commissioning Group

## EMERGENCY CARE TARGETS: 111 and OOH

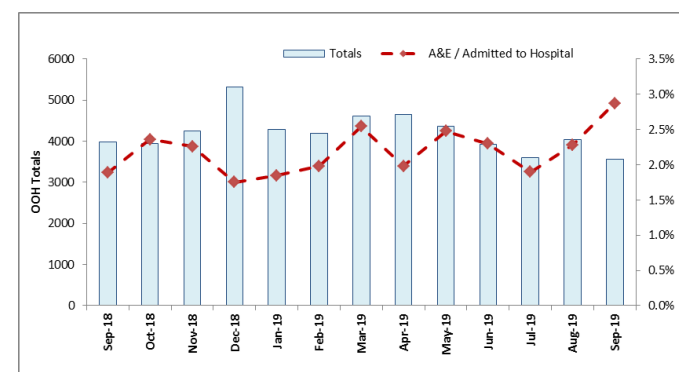
### 111 Outcomes Performance

|                           |  | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Sept-19 England |
|---------------------------|--|--------|--------|--------|--------|--------|--------|-----------------|
| Total Calls answered      |  | 5,804  | 5,553  | 5,482  | 5,160  | 5,669  | 4,979  | 1,310,829       |
| Calls per 1000 people     |  | 21.9   | 21.2   | 20.6   | 19.4   | 21.4   | 18.8   | 23.3            |
| % of total calls answered | % Ambulance dispatches                             | 10.9%  | 10.5%  | 12.7%  | 13.1%  | 12.1%  | 12.4%  | 13.8%           |
|                           | % Recommended to attend A&E                        | 7.2%   | 9.0%   | 8.8%   | 8.8%   | 7.7%   | 8.2%   | 9.6%            |
| Of total cases triaged... | % Recommended to attend primary and community care | 13.0%  | 13.1%  | 12.8%  | 14.0%  | 13.4%  | 14.8%  | 55.7%           |
|                           | % referred to OOH                                  | 43.8%  | 43.0%  | 38.4%  | 36.4%  | 38.4%  | 36.7%  |                 |
|                           | % Not recommended to attend other service          | 10.1%  | 11.7%  | 10.6%  | 11.3%  | 11.2%  | 10.6%  | 13.8%           |

Sept 2019: % calls to A&E or Ambulance



### Out of Hours Performance: % A&E/Admission Referrals



### 111 Update

- There has been a 13.9% decrease in call volumes when comparing September with August.
- Although call volumes were lower, there was a slight increase in the number of ambulance dispatches and those recommended to attend primary care.

### 111 Service Improvement Actions:

- Successful transfer of the NHS 111 service from Care UK took place on 5<sup>th</sup> November. Transition was smooth with no disruption to service. Successful first overnight with call handling performance at 94.9% (KPI 95% within 60s). Daily sitrep calls are in place to monitor mobilisation.
- WMAS reporting they are managing the NHS 111 clinical queue well.
- Performance continues to improve steadily as WMAS embed the service. Some staffing issues have been noted which impacted performance for the first weekend, but WMAS are working to resolve this.

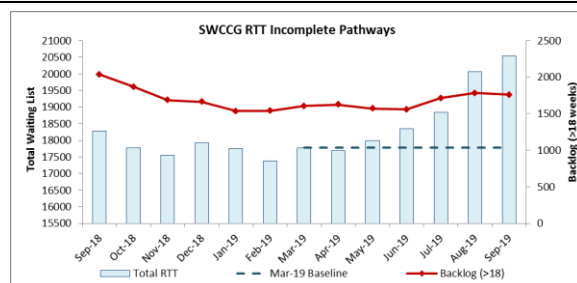
### OOH Update

- There has been a 13.4% decrease in calls when comparing September 2019 against September 2018.

### OOH Service Improvement Actions:

- 3 Contract Performance Notices now remain in place for;
  - Time taken to call back a healthcare professional
  - Urgents consulted within 2 hours
  - Urgents visited within 2 hours
- CPN relating to Calls triaged within 60 minutes KPI has now been closed as performance has been reached for 3 months.
- Monthly report against improvement actions is still being received.
- Performance has been much improved and actions are in place to support delivery. Performance is green for two of the remaining CPNs and Commissioners are confident this will continue ensuring the other CPNs will be closed shortly.

## REFERRAL TO TREATMENT: Overview



|       | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| SWCCG | 88.8%  | 89.5%  | 90.4%  | 90.7%  | 91.3%  | 91.1%  | 91.0%  | 90.8%  | 91.3%  | 91.5%  | 90.9%  | 91.1%  | 91.4%  |
| SWFT  | 90.2%  | 91.0%  | 92.4%  | 92.7%  | 93.5%  | 92.8%  | 92.8%  | 92.2%  | 93.1%  | 93.0%  | 92.2%  | 92.1%  | 92.2%  |

|           | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 |
|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| UHCW      | 83.0%  | 84.8%  | 84.2%  | 84.0%  | 82.8%  | 83.8%  | 83.8%  | 83.5%  | 84.0%  | 83.3%  | 83.3%  | 83.9%  | 84.4%  |
| Worcester | 83.1%  | 83.8%  | 82.4%  | 82.4%  | 84.1%  | 86.1%  | 85.5%  | 86.2%  | 84.4%  | 83.2%  | 85.0%  | 83.7%  | 87.2%  |
| HEFT/UHB  | 90.4%  | 91.5%  | 91.2%  | 89.0%  | 89.1%  | 88.3%  | 88.7%  | 86.3%  | 84.9%  | 85.4%  | 85.6%  | 85.3%  | 84.7%  |
| Oxford    | 83.1%  | 81.1%  | 81.0%  | 80.7%  | 85.1%  | 83.3%  | 83.8%  | 83.4%  | 79.8%  | 81.5%  | 81.7%  | 80.9%  | 82.1%  |

### CCG Issue:

- Underachievement at out of area Trusts, including University Hospitals Coventry and Warwickshire, Worcestershire Acute Hospitals, University Hospitals Birmingham and Oxfordshire University Hospitals.

### SWFT Issues:

- Specialties failing target are Gynaecology, Ophthalmology, Plastic Surgery and Urology.
- The aggregate standard continues to be achieved through over-performance in other specialties, including 98.1% in Orthopaedics.
- The total waiting list at SWFT has grown by 18% since March, from 12,369 in March to 14,640 in September.

### SWFT Actions:

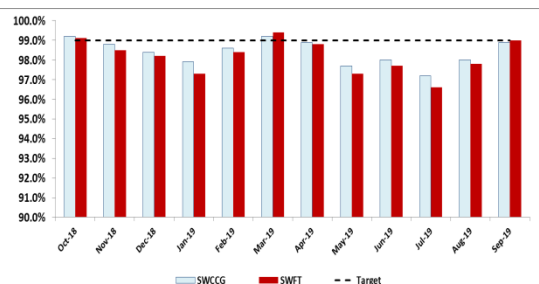
- Specialty level recovery plans are in place for each of the challenged specialties.
- The community ophthalmology contract went live on 2<sup>nd</sup> September 2019 and is expected to reduce demand for routine eye conditions.
- Consultant availability is limited across all specialties, therefore fewer additional sessions to provide capacity are being run.
- Work progressing with providers and NHS England to offer Ophthalmology patients choice of provider if they have been waiting 26 weeks and a decision to treat has been made.

### Out of Area Trusts Recovery Actions:

- University Hospitals Coventry and Warwickshire:
  - A seasonality tool to aid RTT planning and improve patient waits has been developed
- Worcestershire Acute Hospitals:
  - Plan in place to achieve zero 40+ week waiters by Q4.
- University Hospitals Birmingham (HGS Sites):
  - Focus on reducing 40+ week waits, RCAs completed as standard for 52 week breaches to ensure learning taken.
- Oxford University Hospitals:
  - The Trust are completing the refresh of the John Radcliffe Hospital theatres, following the enforcement notice from the CQC in 2018, and should therefore have increased capacity for the remainder of 2019/20.

**Recovery Date: Quarter 4 2019/20**

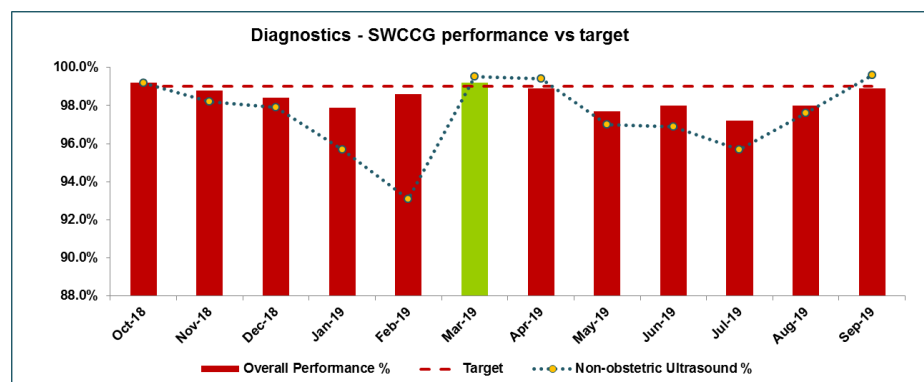
## DIAGNOSTICS



| SWFT                            | Breach | Total | % within 6 weeks |
|---------------------------------|--------|-------|------------------|
| Urodynamics - pressures & flows | 2      | 44    | 95.5%            |
| Colonoscopy                     | 4      | 138   | 97.1%            |
| Flexi sigmoidoscopy             | 2      | 65    | 96.9%            |
| Cystoscopy                      | 28     | 164   | 82.9%            |

|       | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| SWCCG | 99.2%  | 98.8%  | 98.4%  | 97.9%  | 98.6%  | 99.2%  | 98.9%  | 97.7%  | 98.0%  | 97.2%  | 98.0%  | 98.9%  |
| SWFT  | 99.1%  | 98.5%  | 98.2%  | 97.3%  | 98.4%  | 99.4%  | 98.8%  | 97.3%  | 97.7%  | 96.6%  | 97.8%  | 99.0%  |

## Non-Obstetric Ultrasound



## Issues:

- The main issue to sustainable delivery of the standard is Endoscopy, due to;
  - Increased demand within individual modalities
  - Consultant capacity
  - Endoscopy suite capacity

## Ongoing actions:

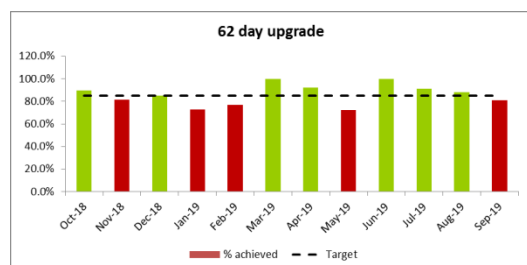
- IST deep dive of into Radiology has commenced, which will be supported by capacity and demand modelling.
- The IST review is expected to provide;
  - Better understanding of capacity issues
  - Suggested actions to improve performance
  - Support to implement change
- The Diagnostics Recovery Board is still monitoring the Radiology and Endoscopy recovery plans, ensuring all actions are on track.
- Recruitment has been focussed on areas where there is a single specialist to increase capacity and workforce resilience.
- IST review of Endoscopy has now commenced.

**Recovery Date: End of Q3 2019/20**

## CANCER

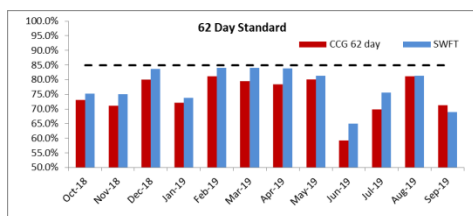
### 62 day Cancer – consultant upgrade

- 4 breaches (out of 21). All reasons are still being investigated.
- 3 patients were first seen at SWFT and treated at UHCW
- 1 patient was seen at ROH and treated at UHCW



### 62 day Cancer

There were 19 breaches, out of 66 patients seen.



| Seen | Treated | Delay Reason              | Breaches |
|------|---------|---------------------------|----------|
| SWFT | SWFT    | Admin Delay               | 1        |
|      |         | Diagnostic Delay          | 4        |
|      |         | Patient choice            | 5        |
|      |         | Patient DNA'd             | 1        |
|      |         | Medical Reasons           | 2        |
|      | UHCW    | Capacity Issues           | 1        |
|      |         | Unknown                   | 3        |
|      |         | Patient choice            | 1        |
|      | ROH     | Could not contact patient | 1        |

Of the 62 day breaches, 3 patients waited longer than 104 days.

| Seen | Treated | Tumour Type | Wait Days | Delay Reason Description     |
|------|---------|-------------|-----------|------------------------------|
| SWFT | SWFT    | Skin        | 112       | Patient choice               |
|      |         | Urological  | 111       | Patient DNA                  |
|      | UHCW    | Urological  | 118       | Elective capacity inadequate |

### Issues:

- Delays at diagnostic stage due to a lack of diagnostic capacity.
- Complex pathways for some specialties with onward referral to tertiary centres, leading to late referrals.
- Issues with the process for internal escalation of breached patients.
- Difficulties with running Waiting List Initiatives, due to pension implications for clinical workforce.

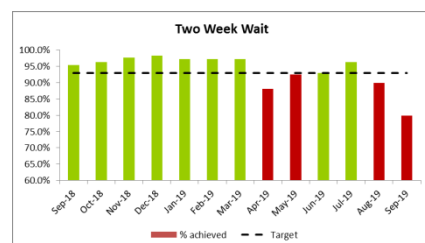
### Recovery Actions:

- Recovery actions identified by the NHS Intensive Support Team are in place, and progress against these is still being monitored through the SWFT Cancer Board.
- The Coventry and Warwickshire performance and operational group meeting is continuing to meet and has agreed to set up a system wide workshop to be held during Q3. This will focus on implementation of the prostate 28 FD pathway, to;
  - Map patients against the 28 day FD target
  - Identify waste
  - Review current MDT configuration
  - Formulate a system wide action plan
- The West Midlands Cancer Alliance is still looking to support providers to implement the best practice pathways for the four transformational national optimal pathways across the West Midlands; lung, colorectal, upper gastrointestinal and prostate

**Recovery Date: End of Quarter 4 2019/20**

## CANCER (continued...)

### Two Week Wait



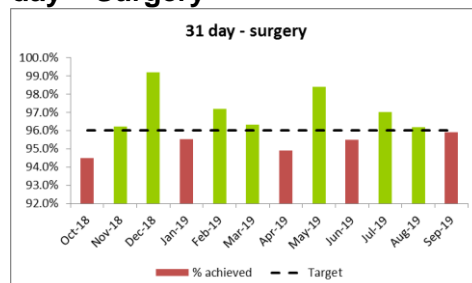
- 185 patients (out of 916) waited longer than two weeks.
- Capacity continues to be impacted by the lack of availability of clinicians to provide additional capacity.
- Issues in Upper GI and Lower GI, due to an increase in referrals.

| Provider  | Breach Reason             | No of breaches |
|-----------|---------------------------|----------------|
| SWFT      | Clinic Cancelled          | 3              |
|           | Reason being investigated | 1              |
|           | Capacity issues           | 148            |
|           | Patient Choice            | 26             |
| Worcester | Clinic Cancelled          | 1              |
|           | Reason being investigated | 1              |
|           | Capacity issues           | 4              |
|           | Patient Choice            | 1              |

**Recovery Date:**

**Q3 2019/20**

### 31 day – Surgery

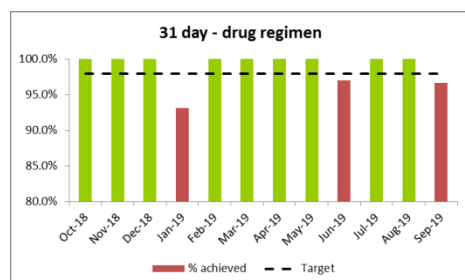


- Two breaches were reported; one at SWFT and another at Worcester
- The SWFT breach has been confirmed as an elective capacity delay.
- The breach at Worcester is being investigated with the provider.

**Recovery Date:**

**Q3 2019/20**

### 31 day – drug regimen



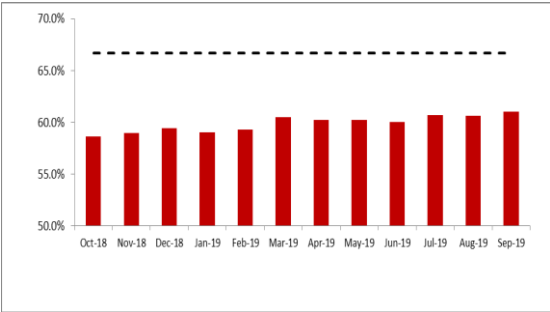
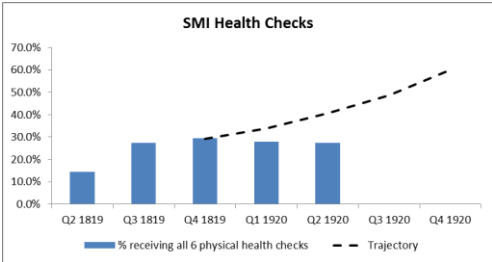
- There was one breach reported in September.
- This was reported at SWFT and was due to an administrative delay.
- The patient waited a total of 41 days.
- Small numbers impact this metric, therefore no recovery actions are currently in place, but is being monitored to ensure no trends emerge.

**Recovery Date:**

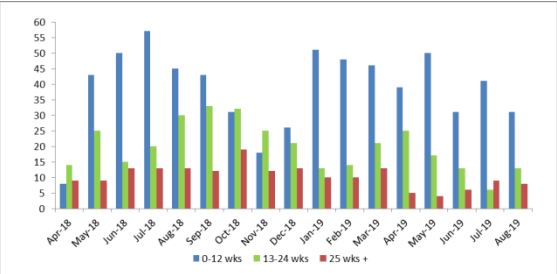
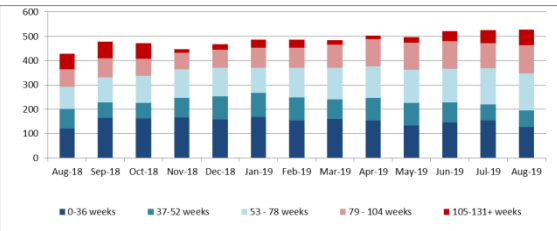
**Q3 2019/20**

## Contract Performance Reported by Exception

### PRIORITY AREA/CONTRACT EXCEPTION REPORT

| Indicator  | Issue  | Action   | Recovery Date                |
|--|--|--|------------------------------|
| <div>Dementia Diagnosis Rates</div> <div></div>     | <ul style="list-style-type: none"><li>Referral and diagnosis conversion rates.</li><li>Follow-up and shared care issues are affecting capacity within the CWPT Memory Assessment Service</li><li>Patient and family concerns of impact of diagnosis lead to late presentation within primary care.</li><li>Issues within post diagnosis support.</li></ul> | <ul style="list-style-type: none"><li>Actions following the GP refresher event are in progress;</li><li>EMIS template undergoing revision, once complete, this will be communicated to all trained GPs.</li><li>Care home diagnosis work is being planned by rolling out on a network basis utilising trained GPs. Mapping of care homes is underway to understand the number of homes per network and to identify networks/GPs for the first roll out.</li><li>The MAS has sent out to each GP an up to date list of dementia patients in their area.</li></ul> | Q4 2019/20                   |
| <div>SMI Physical Health Checks</div> <div></div> | <ul style="list-style-type: none"><li>Capacity to deliver comprehensive checks</li><li>A further 6 indicators are being added to the checks to monitor to follow up actions</li><li>Data sharing between CWPT and GP Practices</li></ul>   | <ul style="list-style-type: none"><li>A stretch QOF approach is currently being developed, with a paper to be presented to Primary Care Committee in December for approval.</li><li>Development of support for people with SMI in the wider system is continuing with Healthy Living Pharmacies and “Get Set to Go” initiative.</li></ul>  | To achieve 60% by Q4 2019/20 |

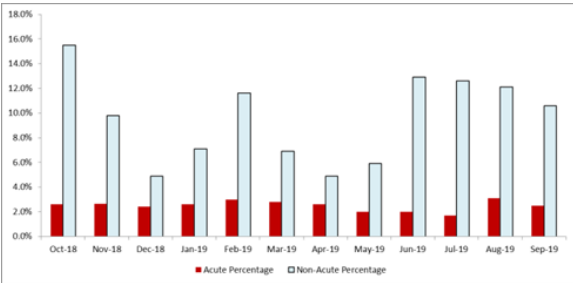
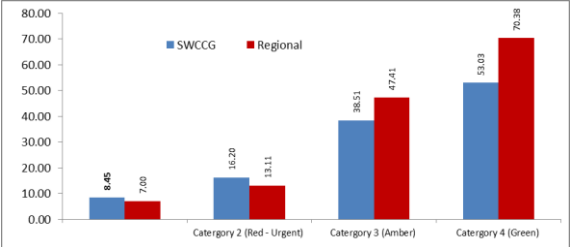
# NHS South Warwickshire Clinical Commissioning Group

| PRIORITY AREA/CONTRACT EXCEPTION REPORT   |  |   |               |
|---|--|---|---------------|
| Indicator   | Issue  | Action  | Recovery Date |
| <b>Children and Young People's Emotional Well-Being and Mental Health (CYP)</b>  | <ul style="list-style-type: none"> <li>52 patients are on the waiting list, of which 21 have waited 12+ weeks.</li> <li>There is significant, ongoing pressure on clinical capacity, which is being outstripped by demand.</li> <li>Increased utilisation of the navigation hub impacting on workforce and triage timeframes.</li> <li>Workforce issues due to maternity leave across CAMHS services.</li> <li>Maximum wait time is now 36 weeks, which has reduced from 49+.</li> </ul>   | <ul style="list-style-type: none"> <li>Work on the enhanced triage system pilot is ongoing, to ensure patients undergo a 20 minute triage, and are then streamed to assessment.</li> <li>It was felt that for patients with less need, a shorter clinician assessment would be suitable, and free consultant time. The pilot has found that the process was better for patients, as they had an improved pathway.</li> <li>The pilot has been extended to provide a larger cohort of patients by which outcomes can be assessed.</li> </ul> | Q4 2019/20    |
| <b>Children and Young People's Autism Spectrum Disorder Waits (CYP ASD)</b>     | <ul style="list-style-type: none"> <li>528 patients are on the waiting list, of which 491 have waited 12+ weeks.</li> <li>There has been an increase in referrals from education, with an associated requirement for commissioned capacity from WCC.</li> <li>Due to the multi-professional and multi-agency nature of assessments, developing remedial plans is complex.</li> <li>The assessment team includes; <ul style="list-style-type: none"> <li>Children's Neurodevelopmental Team (CWPT)</li> <li>Paediatrician (SWFT)</li> <li>SALT (0-11, SWFT)</li> <li>Educational Psychologist (11+, WCC)</li> </ul> </li> <li>Shortage of qualified children's neurodevelopmental staff to undertake assessments nationally.</li> </ul> | <ul style="list-style-type: none"> <li>A new WCC ASD group has been established, and it is anticipated that the workstreams will be informed by the ASD JSNA, which is due to be published before the end of Q3.</li> <li>Communications Team are working to send out messages about the service and the challenges experienced, to help manage parent expectations.</li> <li>To help manage this, a prioritisation criteria is being communicated, and a fact sheet for every referral will be produced.</li> </ul>                        | TBC           |



# NHS South Warwickshire Clinical Commissioning Group

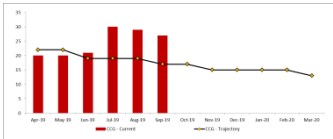
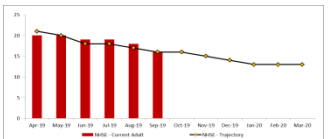
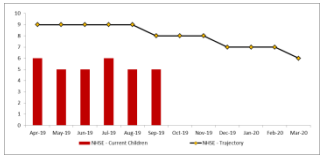
## PRIORITY AREA/CONTRACT EXCEPTION REPORT

| Indicator   | Issue  | Action   | Recovery Date  |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
|---|--|--|----------------|------------------|--------------------------|----|---|----------------|----|---|----------------------------|-----|---|----------------------------|-----|---|------------------------|----|---|--------------------------|----|---|-----------------------------------|---|---|--------------------------|---|---|----------|---|---|-------------|---|---|--|------------|
| <div>Delayed Transfers of Care</div> <div></div>   | <div><ul style="list-style-type: none"><li>Delay in access to Nursing and Residential home placements and packages of care.</li><li>High number of out of area delays.</li><li>Large number of regional community beds at SWFT.</li><li>Delays at Out of Area Trusts, where local influence is limited.</li></ul></div> <div><table><tr><th>Reason for Delay</th><th>Days Delayed</th><th>Patients Delayed</th></tr><tr><td>Completion of assessment</td><td>37</td><td>0</td></tr><tr><td>Public funding</td><td>54</td><td>4</td></tr><tr><td>Further non-acute NHS care</td><td>170</td><td>4</td></tr><tr><td>Residential home placement</td><td>109</td><td>0</td></tr><tr><td>Nursing home placement</td><td>70</td><td>2</td></tr><tr><td>Care package in own home</td><td>59</td><td>2</td></tr><tr><td>Community / Equipment adaptations</td><td>5</td><td>0</td></tr><tr><td>Patient or family choice</td><td>5</td><td>0</td></tr><tr><td>Disputes</td><td>8</td><td>0</td></tr><tr><td>Housing Act</td><td>0</td><td>0</td></tr></table></div> | Reason for Delay   | Days Delayed   | Patients Delayed | Completion of assessment | 37 | 0 | Public funding | 54 | 4 | Further non-acute NHS care | 170 | 4 | Residential home placement | 109 | 0 | Nursing home placement | 70 | 2 | Care package in own home | 59 | 2 | Community / Equipment adaptations | 5 | 0 | Patient or family choice | 5 | 0 | Disputes | 8 | 0 | Housing Act | 0 | 0 | <div><ul style="list-style-type: none"><li>Assessment of Reduced Mobility Pathway for upper limb taken to DToC Board for review, funding in place until January 2020, now looking at alternatives for patients inappropriately referred to service, such as family support.</li><li>Restricted Mobility Pathway for lower limb patients now in place until March 2020, with three nursing-home based beds.</li><li>The Board discussed appropriate use of both pathways, and how to use the services to best effect for patients, including reviewing clinical criteria.</li><li>3 additional Moving on Beds ('Enhanced' service) are available countywide for individuals who require support of 2 carers for hoisting and personal care.</li></ul></div> | Q2 2019/20 |
| Reason for Delay  | Days Delayed   | Patients Delayed   |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Completion of assessment  | 37   | 0  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Public funding  | 54   | 4  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Further non-acute NHS care  | 170  | 4  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Residential home placement  | 109  | 0  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Nursing home placement  | 70   | 2  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Care package in own home  | 59   | 2  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Community / Equipment adaptations   | 5  | 0  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Patient or family choice  | 5  | 0  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Disputes  | 8  | 0  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| Housing Act   | 0  | 0  |                |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |
| <div>WMAS: 999 ARP Performance</div> <div></div> | <div><ul style="list-style-type: none"><li>South Warwickshire patients waited longer than the regional average for Category 1 (8.45 mins compared to 7.00 mins) and Category 2 (16.20 mins compared to 13.11) – based on mean reporting.</li><li>WMAS overall performance compares favourably with other Trusts nationally.</li></ul></div>  | <div><ul style="list-style-type: none"><li>Work to embed the new terms of the 2019 contract is ongoing. WMAS are keen for continued collaboration with Commissioners for delivery of the contract.</li><li>WMAS have now taken over the NHS 111 service, which will support a more integrated way of working across 111 and 999. The development of a CAS (clinical advice service) within 999 to further clinically validate appropriate cat 3 and 4 calls is also planned.</li></ul></div> | Not applicable |                  |                          |    |   |                |    |   |                            |     |   |                            |     |   |                        |    |   |                          |    |   |                                   |   |   |                          |   |   |          |   |   |             |   |   |  |            |



# NHS South Warwickshire Clinical Commissioning Group

## PRIORITY AREA/CONTRACT EXCEPTION REPORT

| Indicator   | Issue   | Action   | Recovery Date                   |
|---|---|--|---------------------------------|
| <p><b>Transforming Care: CCG Cohort (Overall TCP)</b><br/>Of 27 adult CCG patients, 8 are SWCCG patients.</p>  <p><b>Transforming Care: NHSE Adult Cohort (Overall TCP)</b><br/>Of 16 people in NHSE commissioned beds, 3 is a SWCCG patients.</p>  <p><b>Transforming Care: NHSE Children and Young People Cohort (Overall TCP)</b><br/>Of 5 children in NHSE commissioned beds, 2 are SWCCG patients.</p>  | <p>The TCP has been escalated by NHSE as 18/19 year end was above trajectory for the number of people in hospital. Concern about the recent number of admissions for people with autism into CCG commissioned MH wards has raised the escalation level to Red.</p> <p>Trajectories for 2019/20 have been agreed with NHSE.</p> <ul style="list-style-type: none"> <li>The NHSE cohort is above trajectory for September, including 2 admissions of individuals placed by the justice system into these beds in September. These types of admissions and discharge can only happen on order of the court.</li> <li>The CCG September cohort remains significantly above the planned trajectory. However, no admissions in-month and 3 discharges, improved the position.</li> <li>Modelling indicates the TCP will be over the CCG and NHSE adults trajectories in March 2020.</li> <li>The CYP cohort is well below trajectory and if the current reduced admission rate continues the TCP would be on track to meet CAMHS trajectory in March 2020.</li> </ul> | <p>High Impact Actions for 2019/20 are focussed on:</p> <ul style="list-style-type: none"> <li>Admission prevention and improving the accuracy of discharge planning;</li> <li>Ensuring operational focus on this becomes embedded as business as usual;</li> <li>Development of emotional wellbeing and crisis offer for children and young people;</li> <li>Development of ASD/ADHD needs assessment and statement of intent and associated commissioning activity;</li> <li>Development of the Coventry and Warwickshire Autism Strategy;</li> <li>Working with local partnership trust to develop and deliver improvements in reasonable adjustments in mental health services for people with LD or ASD.</li> </ul> <p>The TCP are working with STP leads and joint commissioning boards to develop governance arrangements to ensure continued focus on delivery of inpatient reduction as part of a wider focus on delivery of long term plan priorities from April 2019 onwards.</p> | <p>End of Quarter 4 2019/20</p> |

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End of Report