

NHS Nottingham North & East CCG

Monthly Performance Report

November 2017

Section 1 Indicators below standard

Section 2 Other Indicators

The table below displays a summarised view of performance against a range of key national indicators. The current position is shown by CCG as well as from a provider perspective. Further detail around the Indicators below standard is shown within the report including the key contributory factors as well as remedial actions being taken to improve performance.

South Nottinghamshire CCGs Performance Against Key National Indicators

Indicator	Standard	Latest data period		Latest period data						Page in Report	
		CCG	Provider	CCG			Provider				
				NNE	NW	Rush	NUH	Circle	EMAS Notts		
A&E	4 Hour Standard	95%	Sep-17	Oct-17	*	*	*	*			2
	12 Hour Trolley Waits	0		Oct-17							
Cancer	2 Week Wait	93%	Sep-17	Sep-17	✓	✓	✓	✓	✓		
	2 Week Wait - Breast Symptoms	93%	Sep-17	Sep-17	✓	✓	✓	✓	✓		
	31 Day Decision to Treat to First Treatment	96%	Sep-17	Sep-17	✓	✓	*	*	*		3
	62 Day GP Urgent Referral to Treatment	85%	Sep-17	Sep-17	✓	✓	*	*	*		4
18 Weeks RTT	Incomplete %	92%	Sep-17	Sep-17	✓	✓	✓	✓	✓		
	Incomplete number of 52 week waiters	0	Sep-17	Sep-17	✓	✓	*	*	*		5
Diagnostics	Patients waiting longer than 6 weeks	1%	Sep-17	Sep-17	✓	✓	✓	✓	✓		
Cancelled Operations	On the day	0.8%		Sep-17					✓		
	Rebooked within 28 Days	0		Sep-17				*	✓		6
Wheelchairs	Children waiting less than 18 weeks for a wheelchair	92%	Q2 2017-18	Q2 2017-18	*	✓	*	*			6
DToC	As a % of occupied beds	3.5%		Sep-17				*			8
Ambulance	Category 1 – Life-threatening illnesses or injuries - Average	00:07:00		Sep-17					*		7
	Category 2 – Emergency calls - Average	00:15:00		Sep-17					*		7
	Category 1 – Life-threatening illnesses or injuries - 90th centile	00:18:00		Sep-17					✓		
	Category 2 – Emergency calls - 90th centile	00:40:00		Sep-17					*		7
	Category 3 – Urgent calls - 90th centile	02:00:00		Sep-17					*		7
Activity Variance to Plan (YTD)	GP Referrals	<2%	Sep-17		✓	✓	✓				
	Other Referrals	<2%	Sep-17		*	✓	*				7
	Total Referrals	<2%	Sep-17		✓	✓	✓				
	First Outpatient Attendances	<2%	Sep-17		✓	✓	✓				
	Follow Up Outpatient Attendances	<2%	Sep-17		✓	✓	✓				
	Total Elective	<2%	Sep-17		✓	✓	✓				
	Non Elective	<2%	Sep-17		*	✓	✓				7
Improving Access to Psychological Therapies	A&E	<2%	Sep-17		✓	*	*				7
	Entering Treatment - Month	1.4%	Jul-17		*	*	*				8
	Entering Treatment - Rolling Three Months	4.2%	Jul-17		*	*	*				8
	Recovery Rate	50%	Jul-17		✓	✓	✓				
Dementia	Waiting Times - First Treatment within 6 Weeks	75%	Jul-17		✓	✓	✓				
	Waiting Times - First Treatment within 18 Weeks	95%	Jul-17		✓	✓	✓				
Early Intervention in Psychosis	Diagnosis Rate	67%	Sep-17		✓	✓	✓				
	Treated within two weeks % - Rolling Three Months	50%	Sep-17		✓	✓	✓				
Children & Young People Eating Disorders	Incomplete waiting less than two weeks % - Rolling Three Months	50%	Sep-17		✓	✓	*				9
	Routine Cases <4 Weeks - Complete Pathways	95%	Q2 2017-18				*				9
	Routine Cases <4 Weeks - Incomplete Pathways	95%	Q2 2017-18				*				9
	Urgent Case <1 Week - Complete Pathways	95%	Q2 2017-18				✓				
Children & Young People Eating Disorders	Urgent Case <1 Week - Incomplete Pathways	95%	Q2 2017-18				✓				

Section 1 - Indicators Below Standard

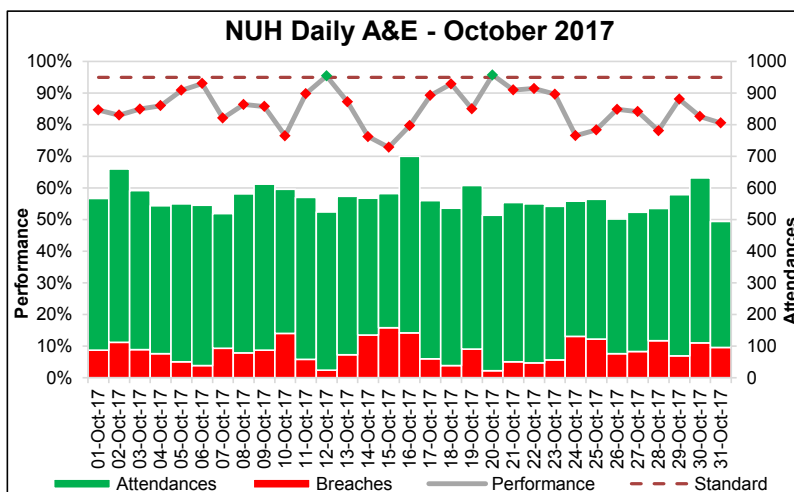
Indicator A&E - 4 Hour Standard

Standard 95%

CCG Lead Nikki Pownall

A&E 4 Hour Wait	Period	Performance
Nottingham North & East	Sep-17	86.41%
Nottingham West	Sep-17	85.85%
Rushcliffe	Sep-17	86.15%
Nottingham University Hospitals	Oct-17	85.12%

Previous 12 Months	Nottingham North & East	Nottingham West	Rushcliffe	NUH
Sep-17	86.41%	85.85%	86.15%	82.20%
Aug-17	88.68%	89.05%	88.28%	85.46%
Jul-17	86.94%	86.71%	87.45%	83.79%
Jun-17	87.22%	87.25%	86.43%	82.81%
May-17	84.20%	84.46%	81.23%	80.13%
Apr-17	84.61%	84.32%	85.29%	82.14%
Mar-17	83.86%	84.13%	84.40%	80.79%
Feb-17	81.76%	82.61%	83.48%	79.01%
Jan-17	81.80%	81.06%	82.00%	77.64%
Dec-16	80.18%	78.91%	79.06%	75.37%
Nov-16	84.24%	81.52%	82.61%	78.64%
Oct-16	84.58%	82.52%	84.18%	78.64%



Issues:

- High medical bed occupancy creating challenges to maintain hospital flow, resulting in assessment bed availability issues
- Large numbers of medically safe patients waiting to leave care
- Clinical vacancies within the department leading to extended waits to be seen and delays in clinical decision making

Actions being taken to improve performance:

There is currently a Remedial Action Plan (RAP) in place, actions of which are -

- Increase non-admitted performance to 95%
- Revised pathways in place to reduce overcrowding within department
- Band 7 implemented at front door to deliver 'Luton model' role which aims to increase the percentage of patients seen by primary care to 20%
- Effective capacity and demand management to consistently improve minor performance to 98%
- Reduction in wait to be seen through achievement of ambulance turnaround time trajectories
- Overnight and weekend cover to be improved through revision of consultant rotas

Improvement expected by: March 2018

Progress against Remedial Action Plan

NUH A&E 4 Hour Wait		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trajectory	Total Attendances	16045	17251	16007	16758	15855	16282	16262	17156	17284	17398	17398	17584
	Breaches	3008	3062	2063	2076	1964	1635	1421	1105	1044	1051	964	877
	Performance	81.25%	82.25%	87.11%	87.61%	87.61%	89.96%	91.26%	93.56%	93.96%	93.96%	94.46%	95.01%
Actual Performance	Total Attendances	15745	17388	16454	17071	15489	15802	17535					
	Breaches	2812	3455	2828	2767	2252	2812	2609					
	Performance	82.14%	80.13%	82.81%	83.79%	85.46%	82.20%	85.12%					

Indicator	Cancer 31 Days DTT
Standard	96%
CCG Lead	Simon Castle

Cancer 31 Day Decision to Treat to First Treatment	Performance	
	Sep-17	Q2 2017-18
Nottingham North & East	97.33%	98.15%
Nottingham West	97.87%	97.20%
Rushcliffe	94.44%	96.91%
Nottingham University Hospitals	98.08%	97.36%
Circle	93.10%	97.16%
NUH + Circle	97.40%	97.33%

Historic Performance	Nottingham North & East	Nottingham West	Rushcliffe	Nottingham University Hospitals	Circle	NUH + Circle
Sep-17	97.33%	97.87%	94.44%	98.08%	93.10%	97.40%
Aug-17	98.68%	97.50%	97.92%	96.18%	100.00%	96.63%
Jul-17	98.36%	96.30%	98.25%	97.98%	98.31%	98.02%
Jun-17	97.40%	95.92%	100.00%	96.40%	100.00%	96.90%
May-17	95.06%	95.74%	93.51%	96.23%	96.97%	96.33%
Apr-17	95.24%	86.84%	96.30%	96.10%	93.88%	95.81%
Mar-17	92.77%	98.11%	92.45%	96.52%	95.74%	96.44%
Feb-17	98.57%	96.67%	98.08%	96.03%	96.36%	96.07%
Jan-17	95.59%	97.87%	100.00%	96.77%	91.84%	96.24%
Dec-16	98.65%	100.00%	96.55%	96.51%	96.15%	96.46%
Nov-16	90.54%	89.58%	94.29%	96.24%	78.18%	94.05%
Oct-16	96.36%	90.24%	90.70%	96.22%	86.36%	95.10%

Issues:

- Small numbers mean few breaches can cause the standard to be missed
- Several breaches due to patients rescheduling surgery dates
- Other breaches due to issues arranging multiple clinicians at the same time

Actions being taken to improve performance:

Reiterate importance to patients of timely treatment

Improvement expected by: October 2017 (reports published in December 2017)

Indicator	Cancer 62 Days GP Urgent RTT
Standard	85%
CCG Lead	Simon Castle

Cancer 62 Day GP Urgent Referral to Treatment	Performance	
	Sep-17	Q2 2017-18
Nottingham North & East	90.00%	87.85%
Nottingham West	85.71%	87.50%
Rushcliffe	80.77%	86.67%
Nottingham University Hospitals	79.86%	79.52%
Circle	86.73%	90.71%
NUH + Circle	81.61%	82.46%

Historic Performance	Nottingham North & East	Nottingham West	Rushcliffe	Nottingham University Hospitals	Circle	NUH + Circle
Sep-17	90.00%	85.71%	80.77%	79.86%	86.73%	81.61%
Aug-17	85.00%	87.50%	88.46%	80.35%	92.47%	83.33%
Jul-17	88.89%	88.89%	89.19%	78.74%	92.98%	82.65%
Jun-17	88.00%	92.00%	76.92%	76.81%	88.89%	79.96%
May-17	81.63%	82.59%	81.25%	76.12%	88.03%	79.07%
Apr-17	70.00%	78.95%	79.49%	78.45%	78.95%	78.57%
Mar-17	78.57%	76.67%	71.43%	74.26%	84.31%	76.59%
Feb-17	80.56%	72.00%	82.59%	75.19%	79.01%	76.07%
Jan-17	70.97%	78.26%	82.59%	73.38%	79.78%	74.81%
Dec-16	85.96%	83.33%	77.78%	73.21%	84.81%	75.50%
Nov-16	79.59%	81.25%	83.87%	79.70%	85.23%	80.86%
Oct-16	82.61%	84.62%	84.21%	80.09%	85.53%	81.43%

Cancer 62 Days GP Urgent RTT Performance by Main Tumour Sites - NUH	Sep-17		Last 12 Months	
	Patients	%	Patients	%
Brain/Central Nervous System	0.0		0.5	100.0%
Breast	27.0	96.3%	374.0	96.1%
Gynaecological	9.5	63.2%	127.5	83.5%
Haematological (Excluding Acute Leukaemia)	8.5	82.4%	127.5	85.1%
Head & Neck	8.0	62.5%	137.0	72.6%
Lower Gastrointestinal	13.5	77.8%	174.0	64.1%
Lung	24.0	60.4%	271.5	56.2%
Other	0.0		7.5	66.7%
Sarcoma	2.0	25.0%	27.0	59.3%
Skin	1.5	100%	21.5	55.8%
Upper Gastrointestinal	11.0	86.4%	156.5	67.1%
Urological (Excluding Testicular)	38.0	88.2%	389.5	82.4%

Cancer 62 Days GP Urgent RTT Performance by Main Tumour Sites - Circle	Sep-17		Last 12 Months	
	Patients	%	Patients	%
Gynaecological	2.0	50.0%	35.5	83.1%
Head & Neck	0.5	100%	0.5	100.0%
Lower Gastrointestinal	2.5	100%	52.5	67.6%
Skin	0.5	0.0%	297.0	93.9%
Upper Gastrointestinal	3.5	71.4%	42.5	70.6%
Urological (Excluding Testicular)	10.5	71.4%	105.5	79.1%

Issues:

- Complexity of pathways
- Capacity issues driven by a difficulty in recruitment
- Late tertiary referrals
- Patient choice to delay treatment throughout pathway

Actions being taken to improve performance:

Action plans in place targeting the following specific tumour sites - Lung, Upper GI and Lower GI.

Actions include:

Lung -

- Increase diagnostic and outpatient capacity
- Improve pathway management, reporting and escalation of patient pathways and administration

Upper GI -

- Reduce new appointment waiting time to maximum of 10 days - offer increased 2ww slots
- Escalate patients wishing to book appointments outside of 10 days
- Provide NUH consultant presence at Kings Mill to help navigate patients towards NUH in a more timely fashion
- Increase cohort of endoscopists able to perform UGI endoscopies

Lower GI -

- Implementation of 7 day testing for histo for GI patients.
- Recruit to administrative vacancies to reduce typing turnaround for all patients on 2ww pathway
- Increased capacity for flexi to support faster diagnostics pathways

104 Day Waiters

The Governing Body is reminded that the CCG, via Nottingham City CCG, writes to NUH's Chief Executive on a monthly basis to inform them of the number of patients still waiting 104 days or more for their first definitive treatment. As at the end of October 2017 NUH had 19 patients waiting 104 days or more. This compares to 21 at the end of September 2017. Below is a table listing the number of 104+ day waiters at NUH by CCG:

CCG	Count
NHS Nottingham City CCG	6
NHS Nottingham North and East CCG	4
NHS Nottingham West CCG	2
NHS Erewash CCG	1
NHS Lincolnshire West CCG	1
NHS Nene CCG	1
NHS Newark & Sherwood CCG	1
NHS Rushcliffe CCG	1
NHS Southern Derbyshire CCG	1
CCG Unknown	1

Indicator	RTT Incomplete - 52 Week Waiters
Standard	0
CCG Lead	Andy Hall

RTT Incomplete 52 Week Waiters	Period	Performance
Nottingham North & East	Sep-17	0
Nottingham West	Sep-17	0
Rushcliffe	Sep-17	1
Nottingham University Hospitals	Sep-17	3
Circle	Sep-17	1

Previous 12 Months	Nottingham North & East	Nottingham West	Rushcliffe	NUH	Circle
Sep-17	0	0	1	3	1
Aug-17	0	0	1	3	0
Jul-17	0	0	1	3	0
Jun-17	0	0	2	6	0
May-17	0	1	1	3	0
Apr-17	0	1	1	3	0
Mar-17	0	0	0	3	0
Feb-17	1	0	0	1	0
Jan-17	1	0	0	0	0
Dec-16	0	0	0	0	0
Nov-16	1	0	0	1	0
Oct-16	1	0	0	1	0

RTT Incomplete 52 Week Waiters - NUH	Sep-17	Last 12 Months
General Surgery	0	0
Urology	0	0
Trauma & Orthopaedics	1	11
ENT	0	0
Ophthalmology	0	0
Oral Surgery	0	0
Neurosurgery	0	0
Plastic Surgery	0	0
Cardiothoracic Surgery	0	2
General Medicine	0	0
Gastroenterology	0	1
Cardiology	0	0
Dermatology	0	0
Thoracic Medicine	0	0
Neurology	0	0
Rheumatology	0	0
Geriatric Medicine	0	0
Gynaecology	0	1
Other	2	12
Total	3	27

The specialty of the Trauma & Orthopaedics patient is Spines.
The specialty of the two patients in "Other" is Anaesthetics (Trauma & Orthopaedics - Spines) and Upper GI.

Issues:

The three NUH breaches were initially the results of administration errors made during the early parts of the pathways, waits were then extended by patients choosing to be seen later in the year. Two of these three have been seen in October 2017, and the third will be seen in November 2017.

The Circle breach is in Gastroenterology and was the result of equipment failure which had to be sent away to Europe for repair, the patient was given the choice of treatment in Manchester but chose to stay in Nottingham. The patient was treated during October 2017.

Actions being taken to improve performance:

The administration errors occurred prior to a new training programme being implemented at NUH. From April 2017 all staff have undertaken RTT training which includes e-learning and a test, this is also part of the induction programme so all staff should be fully aware of the RTT rules. An Intermediate RTT training programme is also being devised.

The team structure within Spines has also been improved with new management, a bigger team, and improved knowledge of the system.

Improvement expected by: November 2017

Indicator	Cancelled Operations - Not Rebooked Within 28 Days
Standard	0

Not rebooked within 28 Days	Period	Performance
Nottingham University Hospitals	Sep-17	2
Circle	Sep-17	0

Previous 12 Months	NUH	Circle
Sep-17	2	0
Aug-17	0	0
Jul-17	3	0
Jun-17	0	0
May-17	6	0
Apr-17	0	0
Mar-17	1	1
Feb-17	2	0
Jan-17	0	0
Dec-16	0	0
Nov-16	0	1
Oct-16	0	0

Issues:

NUH had two patients breach the 28 day readmission policy during September 2017. One cancelled operation could only be done by a particular professor, who was ill for several weeks. The second cancellation was due to staff sickness, the operation was rebooked within 28 days but then cancelled again due to a more urgent patient.

Actions being taken to improve performance:

Cancelled Operations escalation policy; proactively manage cancelled operations to ensure readmission as soon as possible

Indicator	Wheelchairs - Children waiting less than 18 weeks for a wheelchair
Standard	92%

Wheelchairs - Children waiting less than 18 weeks for a wheelchair	Period	Performance
Nottingham North & East	Q2 2017-18	90.00%
Nottingham West	Q2 2017-18	100.00%
Rushcliffe	Q2 2017-18	90.00%
Nottingham University Hospitals	Q2 2017-18	81.25%

Historical Performance	Nottingham North & East	Nottingham West	Rushcliffe	NUH
Q2 2017-18	90.00%	100.00%	90.00%	81.25%
Q1 2017-18	85.71%	100.00%	100.00%	95.59%
Q4 2016-17	100.00%	90.00%	80.00%	93.90%
Q3 2016-17	90.00%	91.67%	100.00%	93.65%
Q2 2016-17	85.71%	80.00%	83.33%	86.67%
Q1 2016-17	100.00%	100.00%	100.00%	100.00%
Q4 2015-16	100.00%	100.00%	83.33%	92.86%
Q3 2015-16	100.00%	100.00%	100.00%	93.55%

Number of Patients	Nottingham North & East	Nottingham West	Rushcliffe	NUH
Q2 2017-18	10	10	10	64
Q1 2017-18	14	8	8	68
Q4 2016-17	17	10	10	82
Q3 2016-17	10	12	5	63
Q2 2016-17	14	10	6	60
Q1 2016-17	10	4	3	33
Q4 2015-16	5	1	6	14
Q3 2015-16	3	4	4	31

Issues:

Low numbers of patients mean one patient waiting over 18 weeks for a particular CCG may cause a breach of the 92% standard.

Reasons for the breaches are patient choice (including failing to attend appointments) and a requirement for external contractors to be present at clinics.

Actions being taken to improve performance:

Work is ongoing to review patient communication to reduce further DNAs.

Indicator Ambulance Indicators

Standard See table below

Please note: Commencing August 2017 EMAS are monitoring performance against the new Ambulance standards, these replace Red 1, Red 2, Green 1, Green 2, Green 3 and Green 4. Currently performance is only available at EMAS Division level and not CCG level, therefore only Nottinghamshire Division performance is shown. CCG data will be provided once it is made available by EMAS.

EMAS - Nottinghamshire Division	Measure	Period	Performance	Standard
Category 1 – Life-threatening illnesses or injuries	Average	Sep-17	00:07:32	00:07:00
Category 2 – Emergency calls	Average	Sep-17	00:23:31	00:15:00
Category 1 – Life-threatening illnesses or injuries	90th Centile	Sep-17	00:12:55	00:18:00
Category 2 – Emergency calls	90th Centile	Sep-17	00:49:17	00:40:00
Category 3 – Urgent calls	90th Centile	Sep-17	02:48:28	02:00:00
Category 4 – Less urgent calls	90th Centile	Sep-17	04:46:18	03:00:00

Historical Performance Notts Division	Cat 1 - Average	Cat 2 - Average	Cat 1 - 90th Centile	Cat 2 - 90th Centile	Cat 3 - 90th Centile	Cat 4 - 90th Centile
Sep-17	00:07:32	00:23:31	00:12:55	00:49:17	02:48:28	04:46:18
Aug-17	00:07:39	00:21:53	00:12:45	00:47:08	02:11:40	01:33:22

Issues:

Key issues affecting performance against national standards include -

- Demand - Increased Category 1 & 2 activity
- Resource availability
- Handover Delays

Actions being taken to improve performance:
There is a remedial action plan in place to address the key issues.

Indicator Activity Variance to Plan (YTD)

Standard Less than +2% variance

CCG Lead Andy Hall

Activity Variance to Plan (YTD)	Period	Nottingham North & East	Nottingham West	Rushcliffe
GP Referrals (G&A)	Sep-17	-15.36%	-15.98%	-14.77%
Other Referrals (G&A)	Sep-17	6.60%	0.54%	5.06%
Total Referrals (G&A)	Sep-17	-9.33%	-11.33%	-9.36%
All 1st OP - Consultant led	Sep-17	-3.53%	-9.15%	-10.81%
Follow-up OP - consultant led	Sep-17	-1.27%	-2.10%	-2.61%
Total Elective spells (IP+DC)	Sep-17	-14.31%	-17.16%	-18.83%
Non-elective spells complete	Sep-17	3.59%	-0.51%	1.60%
A&E Attendances excluding follow ups	Sep-17	-1.05%	3.01%	1.12%

Monthly YTD Variance	Other Referrals (G&A)					
	Nottingham North & East		Nottingham West		Rushcliffe	
	% Variance	Variance	% Variance	Variance	% Variance	Variance
Sep-17	6.60%	391	0.54%	20	5.06%	236
Aug-17	6.62%	328	-0.29%	-9	5.43%	213
Jul-17	6.64%	375	0.08%	2	6.89%	211
Jun-17	6.61%	276	2.06%	37	6.95%	157
May-17	11.88%	220	6.66%	77	9.19%	134
Apr-17	10.08%	84	7.88%	41	10.82%	71

Monthly YTD Variance	Non-elective spells complete					
	Nottingham North & East		Nottingham West		Rushcliffe	
	% Variance	Variance	% Variance	Variance	% Variance	Variance
Sep-17	3.59%	244	-0.51%	-22	1.61%	79
Aug-17	2.68%	153	-0.47%	-17	1.53%	65
Jul-17	1.15%	53	-0.55%	-16	0.00%	0
Jun-17	1.25%	43	0.79%	17	-0.08%	-2
May-17	-0.44%	-10	3.04%	44	0.06%	1
Apr-17	-1.93%	-22	-1.67%	-12	-7.73%	-64

Monthly YTD Variance	A&E Attendances excluding follow ups					
	Nottingham North & East		Nottingham West		Rushcliffe	
	% Variance	Variance	% Variance	Variance	% Variance	Variance
Sep-17	-1.05%	-250	3.01%	406	1.12%	170
Aug-17	1.71%	141	4.82%	543	3.22%	409
Jul-17	1.74%	275	6.60%	593	4.28%	433
Jun-17	1.04%	123	5.98%	401	4.73%	357
May-17	-0.63%	-50	5.70%	256	4.43%	224
Apr-17	-1.28%	-50	5.07%	112	4.66%	116

Issues:

Other Referrals - Analysis shows that consultant to consultant referrals are the main origin of the growth. Year on year growth has also been identified from National Screening Programmes as well as from Allied Health Professionals.

Non-Elective spells - Non-Elective activity for the year to date is 3.59% above the corporate plan. This is driven by the short stay admissions at NUH. Analysis at specialty level highlights the increase has been seen within Geriatric Medicine, A&E and Respiratory Medicine.

A&E Attendances - There has been an increase in complex attendances, the less complex attendances are under the agreed contract plan, which has been the focus of the CCG QIPP schemes.

Actions being taken to improve performance:
Analysis has been undertaken to clinic level, which has enabled discussions to begin with the provider

Indicator DTOC - As a % of occupied beds

Standard 3.5%

Nottingham University Hospitals	Delayed Transfers of Care Rate	Number of bed days delayed
Sep-17	3.73%	1596
Aug-17	3.21%	1419
Jul-17	4.26%	1881
Jun-17	3.56%	1523
May-17	2.73%	1204
Apr-17	2.08%	891
Mar-17	2.05%	869
Feb-17	1.93%	741
Jan-17	3.19%	1356
Dec-16	2.49%	1059
Nov-16	2.62%	1078
Oct-16	4.06%	1724
Sep-16	5.01%	2028

Issues:

NUH has failed the DTOC rate as a % of occupied beds standard three times in the four past months. Of the 1596 bed days delayed in September, the majority of these were deemed the responsibility of NUH. The most common reasons cited for delay in transfers include a lack of capacity in further non-acute NHS care (827 days delayed), patient or family choice (262 days delayed), and the completion of assessments (179 days delayed).

Actions being taken to improve performance:

There is a significant push to reduce NHS delayed transfers of care by the end of November. A regional DTOC Plan has been produced and trajectories established. Regional actions to be taken to reduce DTOCs include but are not limited to: encouraging active participation in the operational management of discharge, development of a discharge hub approach, effective implementation of a patient choice policy, Home First workbooks in Nottinghamshire, and development of the Red Bag initiative.

Indicator IAPT - Entering Treatment

Standard 4.2% (rolling three months)

IAPT - The number of people who receive psychological therapies	Period	Rolling Three Months Performance	Patients Entering Treatment	Additional Patients Required to Meet Standard
Nottingham North & East	Jul-17	3.42%	670	154
Nottingham West	Jul-17	4.08%	500	17
Rushcliffe	Jul-17	2.83%	455	220

Rolling 3 Months	Standard	Nottingham North & East		Nottingham West		Rushcliffe	
		Performance	Entering Treatment	Performance	Entering Treatment	Performance	Entering Treatment
Jul-17	4.20%	3.42%	670	4.08%	500	2.83%	455
Jun-17	4.20%	3.31%	650	4.03%	495	2.92%	470
May-17	4.20%	3.19%	625	4.08%	500	2.92%	470
Apr-17	4.20%	3.06%	600	3.71%	455	2.86%	460
Mar-17	3.75%	4.04%	625	4.40%	440	4.60%	465
Feb-17	3.75%	4.10%	635	4.05%	405	4.45%	450
Jan-17	3.75%	4.69%	725	4.20%	420	5.14%	520
Dec-16	3.75%	4.62%	715	4.85%	485	5.19%	525
Nov-16	3.75%	4.56%	705	4.75%	475	5.04%	510
Oct-16	3.75%	4.10%	635	4.80%	480	4.69%	475
Sep-16	3.75%	4.14%	640	4.40%	440	4.74%	480
Aug-16	3.75%	4.30%	665	4.45%	445	5.19%	525
Jul-16	3.75%	4.40%	680	4.40%	440	5.24%	530

Issues:

There is an issue with the CCG prevalence of patients who have depression and/or anxiety disorders, the figure increased substantially in April 2017 meaning that a larger number of patients need to enter treatment in order for the standard to be met. The information team are currently working with NHS England to agree and review the value.

Actions being taken to improve performance:

Further to resolving issues relating to prevalence, CCGs have idea a number of key remedial actions to improve performance -

- A pull tab poster has been produced with a particular focus on the over 65ys and BAME group. In addition a prescription leaflet has been produced to support self-referrals. These have been distributed across Primary care, Pharmacy's and Care Homes across the patch to raise aware of the four IAPT providers in order to encourage referrals
- Waiting time data is routinely shared with primary care to support informed patient choice
- Working in partnership with local councils to raise awareness off IAPT services

Indicator Early Intervention in Psychosis—
Incomplete waiting less than 2 weeks

Standard 50%

EIP - Incomplete waiting less than two weeks % - Rolling Three Months	Period	Performance
Nottingham North & East	Sep-17	66.67%
Nottingham West	Sep-17	50.00%
Rushcliffe	Sep-17	0.00%

Historic Performance (Rolling Three Months)	Standard	Nottingham North & East	Nottingham West	Rushcliffe
Sep-17	50%	66.67%	50.00%	0.00%
Aug-17	50%	66.67%	100.00%	0.00%
Jul-17	50%	57.14%		100.00%
Jun-17	50%	33.33%	100.00%	100.00%
May-17	50%	16.67%	100.00%	100.00%
Apr-17	50%	33.33%	100.00%	100.00%
Mar-17	50%	40.00%	0.00%	50.00%
Feb-17	50%	50.00%	66.67%	0.00%
Jan-17	50%	50.00%	50.00%	0.00%
Dec-16	50%	100.00%	60.00%	33.33%
Nov-16	50%	85.71%	25.00%	40.00%
Oct-16	50%	77.78%	50.00%	57.14%
Sep-16	50%	75.00%	37.50%	60.00%

Issues:

Data quality issues due to reconfiguration of provider community teams resulting in the need to collect some data manually. Figures appear volatile due to low number of referrals.

Actions being taken to improve performance:
CCG working with Trust and NHS Digital to improve data quality.

Indicator Children and Young People Eating Disorders

Standard 95% by April 2020

Routine - Seen within 4 weeks

Urgent - Seen within 1 week

Children and Young People Eating Disorders	Period	Routine Complete	Routine Incomplete	Urgent Complete	Urgent Incomplete
Nottingham North & East	Q2 2017-18	No Patients			
Nottingham West	Q2 2017-18	No Patients		No Patients	No Patients
Rushcliffe	Q2 2017-18				No Patients

Historical Performance	Nottingham North & East				Nottingham West				Rushcliffe			
	Routine Complete	Routine Incomplete	Urgent Complete	Urgent Incomplete	Routine Complete	Routine Incomplete	Urgent Complete	Urgent Incomplete	Routine Complete	Routine Incomplete	Urgent Complete	Urgent Incomplete
Q2 2017-18	No Patients				No Patients		No Patients	No Patients				No Patients
Q1 2017-18			No Patients	No Patients			No Patients	No Patients			No Patients	No Patients
Q4 2016-17			No Patients	No Patients			No Patients	No Patients	No Patients		No Patients	No Patients
Q3 2016-17	No Patients			No Patients			No Patients	No Patients			No Patients	No Patients
Q2 2016-17	No Patients	No Patients	No Patients	No Patients		No Patients		No Patients			No Patients	No Patients

Please note: Values are suppressed due to small numbers policy

Issues:

Children and Young Person's Mental Health - Eating Disorder is a new quarterly collection. Due to the low volume of referrals for these services, CCGs performance is to be measured on a rolling 6 months basis. The expectation is that by 2020, CCGs will have achieved a minimum of 95% of referrals waiting less than 1 week for urgent referrals, and 4 weeks for routine cases.

Actions being taken to improve performance:
The CCG is working with local providers to produce a plan to recurrently achieve the 95% standard.

Section 2 - Other Indicators

Indicator	Standard	Organisation	Latest Data Period	Performance	Previous 12 Months/Quarters Performance																			
					< Oldest											Latest >								
A&E - 12 Hour Trolley Waits	0	NUH	Oct-17	0																				
Cancer - 2 Week Wait	93%	NNE	Sep-17	95.07%																				
		NW	Sep-17	97.56%																				
		Rush	Sep-17	96.91%																				
		NUH	Sep-17	97.14%																				
		Circle	Sep-17	95.34%																				
Cancer - 2 Week Wait - Breast Symptoms	93%	NNE	Sep-17	100.00%																				
		NW	Sep-17	94.44%																				
		Rush	Sep-17	100.00%																				
		NUH	Sep-17	98.32%																				
18 Weeks RTT - Incomplete %	92%	NNE	Sep-17	95.58%																				
		NW	Sep-17	94.12%																				
		Rush	Sep-17	94.61%																				
		NUH	Sep-17	94.80%																				
		Circle	Sep-17	94.16%																				
Diagnostics - Patients waiting longer than 6 weeks	1%	NNE	Sep-17	0.17%																				
		NW	Sep-17	0.09%																				
		Rush	Sep-17	0.15%																				
		NUH	Sep-17	0.26%																				
		Circle	Sep-17	0.00%																				
Cancelled Operations - On the day	1%	NUH	Sep-17	0.71%																				
		Circle	Sep-17	0.26%																				
IAPT Recovery Rate	50%	NNE	Jul-17	70.00%																				
		NW	Jul-17	73.68%																				
		Rush	Jul-17	76.19%																				
IAPT Waiting Times - First Treatment within 6 Weeks	75%	NNE	Jul-17	89.47%																				
		NW	Jul-17	88.46%																				
		Rush	Jul-17	92.31%																				
IAPT Waiting Times - First Treatment within 18 Weeks	95%	NNE	Jul-17	100.00%																				
		NW	Jul-17	100.00%																				
		Rush	Jul-17	100.00%																				
Dementia - Diagnosis Rate	67%	NNE	Sep-17	70.12%																				
		NW	Sep-17	86.42%																				
		Rush	Sep-17	74.84%																				
EIP - Treated within two weeks % - Rolling Three Months	50%	NNE	Sep-17	88.89%																				
		NW	Sep-17	100.00%																				
		Rush	Sep-17	100.00%																				