

NHS Nottingham North & East CCG

Monthly Performance Report

October 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%	Aug-17	Sep-17	✘	✘	✘	✘			2
	12 Hour Trolley Waits	0		Sep-17				✔			
Cancer	2 Week Wait	93%	Aug-17	Aug-17	✔	✔	✔	✔	✔		
	2 Week Wait - Breast Symptoms	93%	Aug-17	Aug-17	✔	✔	✔	✔	✔		
	31 Day Decision to Treat to First Treatment	96%	Aug-17	Aug-17	✔	✔	✔	✔	✔		
	62 Day GP Urgent Referral to Treatment	85%	Aug-17	Aug-17	✔	✔	✔	✘	✔		3
18 Weeks RTT	Incomplete %	92%	Aug-17	Aug-17	✔	✔	✔	✔	✔		
	Incomplete number of 52 week waiters	0	Aug-17	Aug-17	✔	✔	✘	✘	✔		4
Diagnostics	Patients waiting longer than 6 weeks	1%	Aug-17	Aug-17	✔	✔	✔	✔	✘		5
Cancelled Operations	On the day	0.8%		Aug-17				✔	✔		
	Rebooked within 28 Days	0		Aug-17				✔	✔		
Wheelchairs	Children waiting less than 18 weeks for a wheelchair	92%	Q1 2017-18	Q1 2017-18	✘	✔	✔	✔			5
DToC	As a % of occupied beds	3.5%		Jul-17				✘			6
Ambulance	Category 1 – Life-threatening illnesses or injuries - Average	00:07:00		Aug-17						✘	6
	Category 2 – Emergency calls - Average	00:15:00		Aug-17						✘	6
	Category 1 – Life-threatening illnesses or injuries - 90th centile	00:18:00		Aug-17						✔	
	Category 2 – Emergency calls - 90th centile	00:40:00		Aug-17						✘	6
	Category 3 – Urgent calls - 90th centile	02:00:00		Aug-17						✘	6
	Category 4 – Less urgent calls - 90th centile	03:00:00		Aug-17						✔	
Activity Variance to Plan (YTD)	GP Referrals	<2%	Aug-17		✔	✔	✔				
	Other Referrals	<2%	Aug-17		✘	✔	✘				7
	Total Referrals	<2%	Aug-17		✔	✔	✔				
	First Outpatient Attendances	<2%	Aug-17		✔	✔	✔				
	Follow Up Outpatient Attendances	<2%	Aug-17		✔	✔	✔				
	Total Elective	<2%	Aug-17		✔	✔	✔				
	Non Elective	<2%	Aug-17		✘	✔	✔				7
A&E	<2%	Aug-17		✔	✘	✘				7	
Improving Access to Psychological Therapies	Entering Treatment - Month	1.4%	Jul-17		✘	✘	✘				8
	Entering Treatment - Rolling Three Months	4.2%	Jul-17		✘	✘	✘				8
	Recovery Rate	50%	Jul-17		✔	✔	✔				
	Waiting Times - First Treatment within 6 Weeks	75%	Jun-17		✔	✔	✔				
	Waiting Times - First Treatment within 18 Weeks	95%	Jun-17		✔	✔	✔				
Dementia	Diagnosis Rate	67%	Jul-17		✔	✔	✔				
Early Intervention in Psychosis	Treated within two weeks % - Rolling Three Months	50%	Aug-17		✔	✔	✔				
	Incomplete waiting less than two weeks % - Rolling Three Months	50%	Aug-17		✔	✔	✘				9
Children & Young People Eating Disorders	Routine Cases <4 Weeks - Complete Pathways	95%	Q1 2017-18		✘	✘	✘				9
	Routine Cases <4 Weeks - Incomplete Pathways	95%	Q1 2017-18		✔	✘	✔				9
	Urgent Case <1 Week - Complete Pathways	95%	Q1 2017-18			✘					9
	Urgent Case <1 Week - Incomplete Pathways	95%	Q1 2017-18				✘				9

Section 1 - Indicators Below Standard

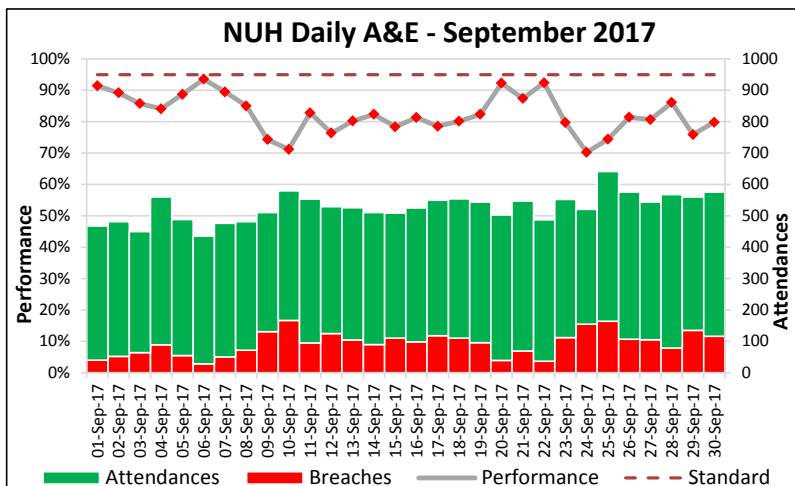
Indicator A&E - 4 Hour Standard

Standard 95%

CCG Lead Nikki Pownall

A&E 4 Hour Wait	Period	Performance
Nottingham North & East	Aug-17	88.68%
Nottingham West	Aug-17	89.05%
Rushcliffe	Aug-17	88.28%
Nottingham University Hospitals	Sep-17	82.20%

Previous 12 Months	Nottingham North & East	Nottingham West	Rushcliffe	NUH
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%	79.20%
Sep-16	86.72%	85.82%	85.30%	80.44%



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% - August performance 92.7%
- 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% - August performance 19%
- Effective capacity and demand management to consistently improve minor performance to 98% - August performance 97%
- 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						
	Breaches	2812	3455	2828	2767	2252	2812						
	Performance	82.14%	80.13%	82.81%	83.79%	85.46%	82.20%						

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

Cancer 62 Days GP Urgent RTT	Period	Performance
Nottingham North & East	Aug-17	85.00%
Nottingham West	Aug-17	87.50%
Rushcliffe	Aug-17	88.46%
Nottingham University Hospitals	Aug-17	80.35%
Circle	Aug-17	92.47%
NUH + Circle	Aug-17	83.33%

Previous 12 Months	Nottingham North & East	Nottingham West	Rushcliffe	NUH	Circle	NUH + Circle
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%	78.12%	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	86.96%	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%
Sep-16	86.76%	85.19%	75.76%	70.32%	87.13%	74.45%

Cancer 62 Days GP Urgent RTT Performance by Main Tumour Sites - NUH	Aug-17		Last 12 Months	
	Patients	%	Patients	%
Breast	24.5	95.9%	380.5	96.1%
Gynaecological	8.0	75.0%	125.0	85.2%
Haematological (Excluding Acute Leukaemia)	8.5	100%	126.0	86.1%
Head & Neck	12.0	66.7%	140.0	73.6%
Lower Gastrointestinal	14.5	82.8%	177.0	61.3%
Lung	24.0	64.6%	268.5	55.1%
Sarcoma	2.5	60.0%	25.5	60.8%
Skin	3.5	85.7%	22.0	52.3%
Upper Gastrointestinal	11.5	78.3%	160.5	64.5%
Urological (Excluding Testicular)	28.5	82.5%	388.5	81.1%

Cancer 62 Days GP Urgent RTT Performance by Main Tumour Sites - Circle	Aug-17		Last 12 Months	
	Patients	%	Patients	%
Gynaecological	1.5	100%	35.0	84.3%
Lower Gastrointestinal	6.0	83.3%	52.5	66.7%
Skin	23.0	97.8%	329.0	93.9%
Upper Gastrointestinal	3.5	85.7%	43.5	70.1%
Urological (Excluding Testicular)	9.5	89.5%	104.0	80.3%

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

Improvement expected by: September 2017 (reports published in November 2017)

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 September 2017 NUH had 21 patients waiting 104 days or more. This compares to 16 at the end of August 2017. Below is a table listing the number of 104+ day waiters at NUH by CCG:

CCG	Count
NHS Nottingham North and East CCG	6
NHS Nottingham West CCG	3
NHS Nottingham City CCG	3
NHS Mansfield and Ashfield CCG	2
NHS Lincolnshire East CCG	2
NHS Nene CCG	1
NHS South West Lincolnshire CCG	1
NHS Newark & Sherwood CCG	1
NHS Southern Derbyshire CCG	1
NHS Erewash CCG	1

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

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

Previous 12 Months	Nottingham North & East	Nottingham West	Rushcliffe	NUH	Circle
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
Sep-16	0	0	0	1	0

RTT Incomplete 52 Week Waiters - NUH	Aug-17	Last 12 Months
General Surgery	0	0
Urology	0	0
Trauma & Orthopaedics	1	10
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	11
Total	3	25

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:

There is one further breach of the 52 week standard, this is a Nottingham City CCG Trauma & Orthopaedics patient who was discovered to be a long waiter during September 2017. This patient has elected to have treatment during November 2017 so will appear on the September and October 2017 RTT returns.

The four breaches (three at the end of August and the one discovered in September) 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.

Actions being taken to improve performance:

One of the breaches (Upper GI) was seen during September 2017, the remaining three have dates in October 2017 (2 x Spines) and November 2017 (Trauma & Orthopaedics).

The administration errors occurred prior to a new training programme being implemented at the Trust. 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	Diagnostics - Patients waiting longer than 6 weeks
Standard	1%

Diagnostic - 6 Week Waiters	Period	Performance
Nottingham North & East	Aug-17	0.5%
Nottingham West	Aug-17	0.9%
Rushcliffe	Aug-17	0.5%
Nottingham University Hospitals	Aug-17	0.5%
Circle	Aug-17	1.4%

Previous 12 Months	Nottingham North & East	Nottingham West	Rushcliffe	NUH	Circle
Aug-17	0.5%	0.9%	0.5%	0.5%	1.4%
Jul-17	0.6%	1.0%	0.4%	0.6%	0.4%
Jun-17	1.0%	0.8%	0.6%	0.6%	1.7%
May-17	1.1%	1.2%	0.5%	0.8%	0.1%
Apr-17	0.4%	0.4%	0.3%	0.4%	0.0%
Mar-17	0.2%	0.1%	0.1%	0.2%	0.0%
Feb-17	0.2%	0.0%	0.2%	0.1%	0.0%
Jan-17	0.4%	0.6%	0.2%	0.2%	0.0%
Dec-16	0.7%	0.2%	0.4%	0.6%	0.0%
Nov-16	0.4%	0.3%	0.2%	0.3%	0.0%
Oct-16	0.3%	0.3%	0.2%	0.1%	0.0%
Sep-16	0.3%	0.3%	0.3%	0.2%	0.0%

Issues:

Capacity of the MRI scanner at Circle.

Actions being taken to improve performance:

To increase capacity the trust are subcontracting some work to other providers

Improvement expected by: September 2017

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	Q1 2017-18	85.71%
Nottingham West	Q1 2017-18	100.00%
Rushcliffe	Q1 2017-18	100.00%
Nottingham University Hospitals	Q1 2017-18	95.59%

Historical Performance	Nottingham North & East	Nottingham West	Rushcliffe	NUH	Number of Patients	Nottingham North & East	Nottingham West	Rushcliffe	NUH
Q1 2017-18	85.71%	100.00%	100.00%	95.59%	Q1 2017-18	14	8	8	68
Q4 2016-17	100.00%	90.00%	80.00%	93.90%	Q4 2016-17	17	10	10	82
Q3 2016-17	90.00%	91.67%	100.00%	93.65%	Q3 2016-17	10	12	5	63
Q2 2016-17	85.71%	80.00%	83.33%	86.67%	Q2 2016-17	14	10	6	60
Q1 2016-17	100.00%	100.00%	100.00%	100.00%	Q1 2016-17	10	4	3	33
Q4 2015-16	100.00%	100.00%	83.33%	92.86%	Q4 2015-16	5	1	6	14
Q3 2015-16	100.00%	100.00%	100.00%	93.55%	Q3 2015-16	3	4	4	31
Q2 2015-16	100.00%	100.00%	100.00%	100.00%	Q2 2015-16	13	2	3	35

Issues:

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

NUH had three breaches of the 18 week standard during Q1 2017-18, two of which were Nottingham North & East patients. 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.

Improvement expected by: Q2 2017-18

Indicator	Delayed Transfers of Care - As a % of occupied beds
Standard	3.5%

Nottingham University Hospitals	Period	Performance
Delayed Transfers of Care Rate	Jul-17	4.26%
Number of bed days delayed	Jul-17	1881

Nottingham University Hospitals	Delayed Transfers of Care Rate	Number of bed days delayed
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
Aug-16	4.50%	1880
Jul-16	6.15%	2572

Issues:

Increase in the number of bed days delayed relates to an increase in health Delayed Transfers of Care and occurred as NUH switched from a paper based system to using Nerve Centre as the method of coding with social care colleagues.

Actions being taken to improve performance:
There is an action plan in place to address issues at NUH.

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	Aug-17	00:07:39	00:07:00
Category 2 – Emergency calls	Average	Aug-17	00:23:36	00:15:00
Category 1 – Life-threatening illnesses or injuries	90th Centile	Aug-17	00:12:45	00:18:00
Category 2 – Emergency calls	90th Centile	Aug-17	00:50:06	00:40:00
Category 3 – Urgent calls	90th Centile	Aug-17	02:07:47	02:00:00
Category 4 – Less urgent calls	90th Centile	Aug-17	01:33:22	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
Aug-17	00:07:39	00:23:36	00:12:45	00:50:06	02:07:47	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)	Aug-17	-14.71%	-14.82%	-13.95%
Other Referrals (G&A)	Aug-17	6.62%	-0.29%	5.46%
Total Referrals (G&A)	Aug-17	-8.86%	-10.74%	-8.65%
All 1st OP - Consultant led	Aug-17	-3.16%	-8.76%	-11.24%
Follow-up OP - consultant led	Aug-17	-0.74%	-2.40%	-2.53%
Total Elective spells (IP+DC)	Aug-17	-14.28%	-17.00%	-18.91%
Non-elective spells complete	Aug-17	2.85%	-0.33%	1.71%
A&E Attendances excluding follow ups	Aug-17	0.67%	4.77%	3.20%

Monthly YTD Variance	Other Referrals (G&A)					
	Nottingham North & East		Nottingham West		Rushcliffe	
	% Variance	Variance	% Variance	Variance	% Variance	Variance
Aug-17	6.62%	328	-0.29%	-9	5.46%	213
Jul-17	6.64%	375	0.08%	2	6.89%	211
Jun-17	6.61%	276	0.06%	37	6.95%	157
May-17	11.88%	220	6.66%	77	6.19%	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
Aug-17	2.85%	163	-0.33%	-12	1.71%	71
Jul-17	1.35%	64	-0.34%	-10	0.30%	10
Jun-17	1.25%	44	0.74%	16	0.00%	0
May-17	-0.39%	-9	2.97%	43	0.24%	4
Apr-17	-1.93%	-22	-1.67%	-12	-7.61%	-63

Monthly YTD Variance	A&E Attendances excluding follow ups					
	Nottingham North & East		Nottingham West		Rushcliffe	
	% Variance	Variance	% Variance	Variance	% Variance	Variance
Aug-17	0.67%	134	4.77%	538	3.20%	406
Jul-17	1.49%	268	6.50%	584	4.17%	422
Jun-17	1.04%	123	6.01%	403	4.69%	354
May-17	-0.61%	-48	6.68%	255	4.39%	222
Apr-17	-1.28%	-50	6.07%	112	4.70%	117

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 2.85% 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 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	3.45%	677	147
Nottingham West	Jul-17	4.03%	495	22
Rushcliffe	Jul-17	2.87%	461	214

Please be aware that July 2017 data is provisional until publication by NHS Digital on 24th October 2017

Rolling 3 Months	Standard	Nottingham North & East		Nottingham West		Rushcliffe	
		Performance	Entering Treatment	Performance	Entering Treatment	Performance	Entering Treatment
Jul-17	4.20%	3.45%	677	4.03%	495	2.87%	461
Jun-17	4.20%	3.34%	655	4.03%	495	2.95%	475
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	Aug-17	66.67%
Nottingham West	Aug-17	100.00%
Rushcliffe	Aug-17	0.00%

Historic Performance (Rolling Three Months)	Standard	Nottingham North & East	Nottingham West	Rushcliffe
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%
Aug-16	50%	40.00%	33.33%	66.67%

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	Q1 2017-18			No Patients	No Patients
Nottingham West	Q1 2017-18				No Patients
Rushcliffe	Q1 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
Q1 2017-18			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
Q3 2016-17	No Patients		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
Q1 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	Sep-17	✔ 0																			
Cancer - 2 Week Wait	93%	NNE	Aug-17	✔ 94.12%																			
		NW	Aug-17	✔ 94.21%																			
		Rush	Aug-17	✔ 94.12%																			
		NUH	Aug-17	✔ 96.28%																			
		Circle	Aug-17	✔ 93.08%																			
Cancer - 2 Week Wait - Breast Symptoms	93%	NNE	Aug-17	✔ 100.00%																			
		NW	Aug-17	✔ 100.00%																			
		Rush	Aug-17	✔ 93.75%																			
		NUH	Aug-17	✔ 97.09%																			
Cancer - 31 Day Decision to Treat to First Treatment	96%	NNE	Aug-17	✔ 98.68%																			
		NW	Aug-17	✔ 97.50%																			
		Rush	Aug-17	✔ 97.92%																			
		NUH	Aug-17	✔ 96.18%																			
		Circle	Aug-17	✔ 100.00%																			
18 Weeks RTT - Incomplete %	92%	NNE	Aug-17	✔ 95.39%																			
		NW	Aug-17	✔ 94.40%																			
		Rush	Aug-17	✔ 94.37%																			
		NUH	Aug-17	✔ 94.70%																			
		Circle	Aug-17	✔ 94.37%																			
Cancelled Operations - On the day	0.8%	NUH	Aug-17	✔ 0.61%																			
		Circle	Aug-17	✔ 0.31%																			
Cancelled Operations - Rebooked within 28 Days	0	NUH	Aug-17	✔ 0																			
		Circle	Aug-17	✔ 0																			
IAPT Recovery Rate	50%	NNE	Jul-17	✔ 58.82%																			
		NW	Jul-17	✔ 57.72%																			
		Rush	Jul-17	✔ 69.42%																			
IAPT Waiting Times - First Treatment within 6 Weeks	75%	NNE	Jun-17	✔ 91.67%																			
		NW	Jun-17	✔ 85.00%																			
		Rush	Jun-17	✔ 90.91%																			
IAPT Waiting Times - First Treatment within 18 Weeks	95%	NNE	Jun-17	✔ 100.00%																			
		NW	Jun-17	✔ 95.00%																			
		Rush	Jun-17	✔ 100.00%																			
Dementia - Diagnosis Rate	67%	NNE	Jul-17	✔ 69.99%																			
		NW	Jul-17	✔ 86.21%																			
		Rush	Jul-17	✔ 74.02%																			
EIP - Treated within two weeks % - Rolling Three Months	50%	NNE	Aug-17	✔ 87.50%																			
		NW	Aug-17	✔ 66.67%																			
		Rush	Aug-17	✔ 100.00%																			