

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
 BOARD MEETING**

14th August 2018

Title of the report:	Performance Report
Section:	Performance – How are we doing?
Report by:	Ket Chudasama - Director of Performance & Corporate Affairs Kate Allardyce – Senior Performance Manager (M&LCSU)
Presented by:	Ket Chudasama - Director of Performance & Corporate Affairs

Report supports the following West Leicestershire CCG’s goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Governing Body functions: <ul style="list-style-type: none"> • Section 5.2.4: Act with a view to securing continuing improvement to the quality of services • Section 6.6.1(f): Monitoring Performance Against Plan
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To outline the current key performance risks and specific actions undertaken by WLCCG to improve performance

Discussed by	Q&P on 17 th July and PPAG on 28 th June 18
Alignment with other strategies	WLCCG Operational Plan 2017/18 – 2018/19
Environmental Implications	None
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

EXECUTIVE SUMMARY:

1. The Board currently receives the monthly performance report for all West Leicestershire CCG performance indicators and the Provider Performance Assurance Group (PPAG) summary report for performance across the collaborative contracts, and the respective providers' performance.
2. The CCG meets with NHS England to discuss the performance and recovery of these standards, which will have a significant impact upon the CCGs annual assurance statement (performance component).
3. The key constitutional standards and targets under **risk of non-achievement** include:
 1. IAPT (also discussed at Q&P on 17th July and PPAG on 28th June 18)
 2. Cancer waiting times (also discussed at Q&P on 17th July and PPAG on 28th June 18)
 3. A&E 4 hour wait (also discussed at Q&P on 17th July and PPAG on 28th June 18)
 4. Ambulance response times and handovers (also discussed at Q&P on 17th July and PPAG on 28th June 18)
 5. Referral to Treatment time (also discussed at Q&P on 17th July and PPAG on 28th June 18)
4. Appendix A supports the requirement of NHS England & NHS Improvement to routinely report numbers of > 62day & >104day breaches and outcomes, learning themes & harm reviews to Public Board/Governing Body meetings.

RECOMMENDATION:

West Leicestershire Clinical Commissioning Group Board is asked to:

NOTE the current performance and actions being taken by the WLCCG workstream and the relevant contracting teams for areas where performance does not meet the required standard.

DISCUSS the additional actions being taken by WLCCG to consider whether further action is required to improve performance.

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Performance Report

INTRODUCTION

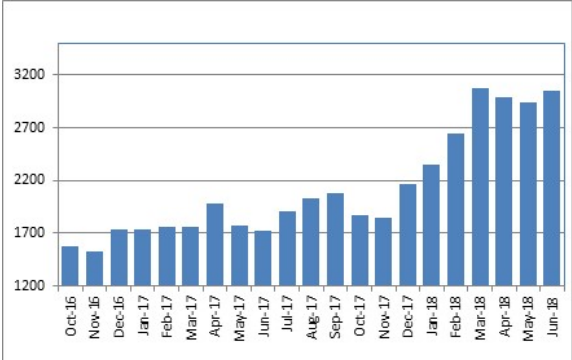
1. This report presents the key performance risks for WLCCG and outlines further specific actions being undertaken by WLCCG to improve performance in IAPT, cancer, urgent care and RTT.

KEY PERFORMANCE RISKS

2. The CCGs key performance risks and associated recovery actions are presented in the following table;

Indicator	West Leicestershire actions in place
<p><u>IAPT Access - Proportion of people that enter treatment against the level of need in the general population</u></p> <p><u>National data</u> 26% against 15% target (April 18)</p> <p><u>Local data</u> 15% against 15% target (May 18)</p> <p><u>IAPT 6WW – The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.</u></p> <p><u>National data</u> 30% against 75% target (April 18)</p> <p><u>Local data</u> 36% against 75% target (May 18)</p>	<p>There are currently a number of admin vacancies, this function is being reviewed by the provider to enable the therapists to use the admin team more effectively which will free some capacity of PWP workers.</p> <p>Local data indicates that access rates have achieved in April-June this is due to targeted work taking place to improve the position of the 6ww. This has meant that access rates have increased, however commissioners are aware that this increase is not sustainable due to the current number of referrals coming into the system.</p> <p>A detailed action plan has been produced to cover all areas of improvement within the IAPT service. The commissioner met with the IST, NHSE and the Clinical Network to review this and provided recommendations for areas of improvement. The provider has been asked to provide more SMART actions and to demonstrate the interdependency between actions and milestones to ensure these can be monitored. A draft of this has been shared with a number of NHSE colleagues</p> <p>A data cleansing exercise is taking place as the provider has concerns that some of the 6ww are not genuine.</p> <p>Stress control groups continue to be used to enable multiple patients to be treated at one time. This will be a rolling programme and is compliant with NICE guidelines. This is being communicated via GP news letters in July.</p>
<p><u>Cancer 62 day waits - Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer</u> 82% against national target of 85% (78% YTD May 18) Local trajectory to achieve 85% from July 18.</p> <p><u>Cancer 62 Day Waits - % of patients receiving</u></p>	<p>Also see Appendix A – Long Waiters Report</p> <p>Intensive Support Team are scheduled to review the Urology recovery plans and governance early August 2018</p> <p>Chief Operating Officer to chair monthly cancer Taskforce meetings to drive CMG ownership from August 2018 onwards</p>

Indicator	West Leicestershire actions in place										
<p><u>first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service</u> 70% against national target of 90% (YTD May 18) Local trajectory to achieve 90% from Aug 18.</p> <p><u>Cancer 31 Day Wait - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery.</u> 89% against 94% target (YTD May 18) Local trajectory to achieve 94% from Sept 18.</p> <p><u>Cancer 2 week wait - % of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected</u> 90% against 93% target (YTD May 18)</p>	<p>NHSI hold monthly Confirm & Challenge meetings with the Heads of Ops on a rotational basis</p> <p>Working in partnership with Cancer Alliance to progress the RAPID Prostate and Optimal Lung Cancer Pathways</p> <p>Ongoing weekly validation of the backlog through a QA process with the Cancer Centre and at the weekly Cancer Action Board in addition to the PTL meetings held by the tumour sites</p> <p>Oncology continues to impact on a number of tumour sites however 4 Oncologists have recently been appointed</p>										
<p><u>UHL A&E 4 Hour Wait</u></p> <p>85.6% YTD to 1/8/18 against local target of 87.5% in July 18. This includes now UCC's activity. ED only –80.7% UCC only –98.1%</p> <table border="1" data-bbox="156 1093 730 1176"> <tr> <td>ED only</td> <td>14/15</td> <td>15/16</td> <td>16/17</td> <td>17/18</td> </tr> <tr> <td></td> <td>89%</td> <td>87%</td> <td>80%</td> <td>78%</td> </tr> </table>	ED only	14/15	15/16	16/17	17/18		89%	87%	80%	78%	<p>Emergency care performance in July 2018 was 76%, and 82% when including 5 of the Urgent Care Centres in Leicester, Leicestershire and Rutland.</p> <p>During June & July, UHL have seen high attendances and admissions and the Clinical Decisions Unit (CDU) emergency activity at the Glenfield Hospital remains higher than the same period last year.</p> <p>The proposed next steps at UHL to improve performance, include:-</p> <ul style="list-style-type: none"> • sharing the diagnosis and high level plan for improvement for confirm and challenge at the Leicester, Leicestershire and Rutland A&E Delivery Board, and with NHS Improvement, • implementing new governance arrangements, • monitoring performance against both the revised plan and the 4hour emergency care standard, with reports on performance continuing to be made to both the Executive Performance Board and the People, Process and Performance Committee on a regular basis, • reviewing the system-wide Winter plan for 2018/19 to ensure that it is aligned with the Trust's requirements.
ED only	14/15	15/16	16/17	17/18							
	89%	87%	80%	78%							
<p><u>New Ambulance wait time indicators with effect from 19th July 17.</u></p> <p>June 18; Cat 1 (90th centile) achieving national targets in June 18 across EMAS, LLR & WL Cat 2 -3 not achieving national targets in June 18 Cat 4 being achieved for EMAS and WL in June 18.</p> <p><u>Handover Time between EMAS ambulances & UHL A&E 30-60 mins</u> 5.1% against zero tolerance (YTD June 18)</p> <p><u>Handover Time between ambulances & A&E</u></p>	<p>Ongoing work continues to improve handover performance;</p> <ul style="list-style-type: none"> • Reduced conveyance, by providing frailty training to EMAS staff, and having GPs in EMAS fast response vehicles • Embedding the new ED Floor Standard Operating Procedures • Senior leadership on the ED floor (both clinical and managerial) to support ambulance offloading • Daily SITREP meetings identifying key actions to improve processes 										

Indicator	West Leicestershire actions in place																																												
<p><u>over 60 mins</u> 1.5% against zero tolerance (YTD June 18)</p> <p><u>Ambulance Crew Clear delays of 30 min – 60mins at UHL</u> 7.1% against zero tolerance (YTD June 18)</p> <p><u>Ambulance Crew Clear delays of > 60 minutes at UHL</u> 0.4% against zero tolerance (YTD June 18)</p>	<ul style="list-style-type: none"> • Real time escalation by duty team to Director on call of all patients that have waited longer than 60 minutes in an ambulance • Extended opening hours for GPAU to improve flow and stream patients from assessment bay into GPAU. 																																												
<p><u>Referral to Treatment time (RTT)</u></p> <p>88% against 92% national target (June 18)</p> <p>Total WL Patients Waiting 25,494 against target of <23,384 (end of June 18)</p> <p>Graph shows the number of patients waiting over 18week for each reporting month (WL patients, all providers)</p>  <table border="1"> <caption>Number of patients waiting over 18 weeks (Estimated from Graph)</caption> <thead> <tr> <th>Month</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Oct-16</td><td>1500</td></tr> <tr><td>Nov-16</td><td>1400</td></tr> <tr><td>Dec-16</td><td>1600</td></tr> <tr><td>Jan-17</td><td>1600</td></tr> <tr><td>Feb-17</td><td>1600</td></tr> <tr><td>Mar-17</td><td>1700</td></tr> <tr><td>Apr-17</td><td>1900</td></tr> <tr><td>May-17</td><td>1600</td></tr> <tr><td>Jun-17</td><td>1600</td></tr> <tr><td>Jul-17</td><td>1800</td></tr> <tr><td>Aug-17</td><td>1900</td></tr> <tr><td>Sep-17</td><td>2000</td></tr> <tr><td>Oct-17</td><td>1800</td></tr> <tr><td>Nov-17</td><td>1800</td></tr> <tr><td>Dec-17</td><td>2100</td></tr> <tr><td>Jan-18</td><td>2300</td></tr> <tr><td>Feb-18</td><td>2500</td></tr> <tr><td>Mar-18</td><td>2900</td></tr> <tr><td>Apr-18</td><td>2800</td></tr> <tr><td>May-18</td><td>2800</td></tr> <tr><td>Jun-18</td><td>2900</td></tr> </tbody> </table>	Month	Number of Patients	Oct-16	1500	Nov-16	1400	Dec-16	1600	Jan-17	1600	Feb-17	1600	Mar-17	1700	Apr-17	1900	May-17	1600	Jun-17	1600	Jul-17	1800	Aug-17	1900	Sep-17	2000	Oct-17	1800	Nov-17	1800	Dec-17	2100	Jan-18	2300	Feb-18	2500	Mar-18	2900	Apr-18	2800	May-18	2800	Jun-18	2900	<p>Key UHL Actions;</p> <p>Wider admin team (utilising booking centre) to contact patients out of hours</p> <p>Alliance reviewing criteria to expand potential that can be taken</p> <p>Theatre productivity programme to improve volume of admissions</p> <p>UHL Chief Operating Officer to review cancellation processes</p> <p>Right sizing bed capacity to increase number of admitted patients</p> <p>Demand reduction with primary care as a key priority to achieving on-going performance</p> <p>Utilising external capacity on the Independent sector</p>
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NOTE the current performance and actions being taken by the WLCCG workstream and the relevant contracting teams for areas where performance does not meet the required standard.

DISCUSS the additional actions being taken by WLCCG to consider whether further action is required to improve performance.

LLR Cancer Waits Report (+62 day breaches)

Number of treated patients that waited over 62 days, all 3 62day metrics		17/18	end of April 18	end of May 19	end of June 18	end of July 18	end of Aug 18	end of Sept 18	end of Oct 18	end of Nov 18	end of Dec 18	end of Jan 19	end of Feb 19	end of Mar 19	18/19 YTD
All providers	LC CCG Patients	176	20	19											39
	WL CCG Patients	261	29	30											59
	EL&R CCG Patients	235	22	21											43
	Total	672	71	70											141

UHL Only	All CCGs	646.0	72	70.5											142.5
	LC CCG	168.5	19.5	19											38.5
	WL CCG	220	27	27											54
	EL&R CCG	204	21	18											39

Current backlog of patients waiting over 62 days	As at 9th Mar 18	As at 6th April 18	As at 4th May 18	As at 4th June 18	As at 6th July 18	As at Aug 18	As at Sept 18	As at Oct 18	As at Nov 18	As at Dec 18	As at Jan 19	As at Feb 19	As at Mar 19
UHL All CCGs (Unadjusted Position)	67	67	75	103	123								
UHL All CCGs (Adjusted Position - excludes tertiary referrals post day 38 of pathway)	55	55	65	93									
Derby Teaching Hospital NHS Foundation Trust	28	26	45	45									
George Eliot Hospital Trust	7	21	26	30									
UHCW	34	59	45	72									
Burton Hospital Trust	7	5	6	5									
North West Anglia NHS Foundation Trust (NWAFT)	47	52	99	73									
Kettering General Hospital NHS Foundation Trust (KGH)	16	17	33	19									
United Lincolnshire Hospitals NHS Trust (ULHT)	67	76	56	64									
Nottingham University Hospitals NHS Trust (NUH)	37	34	52	57									

Outcomes / Learning themes for over 62 day breaches

UHL

Please see the tab '62 day themes' for the details of the June 2018 62 day breaches.

This information is routinely provided as part of the monthly UHL Trust Board Report and Joint Cancer/RTT Board.

62 day breaches are reviewed quarterly by UHL. Any thematic findings are shared on a quarterly basis and where appropriate new actions are added to the Remedial Action Plan.

There is a triangulation exercise which looks at the Thematic Findings, NHSE/NHSI Review, Exeter Data (Trust level) and the RAP.

The local Clinical Quality Review Group and Quality Assurance Group are sighted on any quality and patient safety/experience concerns. The contracting Quality Lead is also a member of the Cancer/RTT Working Group and associated Board. Escalation is via the Cancer/RTT Board and Contract Performance meeting.

The regional Quality Surveillance Group also receives any quality and patient safety/experiences concerns.

Actions undertaken by CCG this period:

- Amalgamation of the 2020 Group and the Cancer Board

Actions undertaken by UHL this period:

- Reconfiguration of theatre capacity to ensure appropriate capacity provision for tumour sites with high demand (Urology, Gynaecology)
- Targeted pathway for Lower GI to remove multiple MDT discussions resulting in pathway delays. This is being led by the Cancer Centre Clinical Lead and Clinical Director for CHUGGS
- Chief Operating Officer to chair monthly cancer taskforce to drive CMG ownership from August onwards

City

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer																	
Open Exeter report reference 8.4																	
Target	85%																
Amber	82%-84.9%																
Red	<82%																
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD	Average monthly performance YTD	18/19 3 month rolling average	Forecast year end position	Monthly breach tolerance
Total patients seen	51.5	59											110.5	55	55	663	7.6
Breaches	10.5	13											23.5	12	12	141	
Achievement	79.6%	78.0%											78.7%	78.7%	78.7%	78.7%	

East

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer																	
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Total patients seen	67	87											154	77	77	924	10.7
Breaches	17	15											32	16	16	192	
Achievement	74.6%	82.8%											79.2%	79.2%	79.2%	79.2%	

West

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer																	
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Total patients seen	93	77											170	85	85	1020	11.3
Breaches	16	24											40	20	20	240	
Achievement	82.8%	68.8%											76.5%	76.5%	76.5%	76.5%	

LLR Cancer Waits Report (+104 day breaches)

Number of treated patients that waited over 104 days		17/18	end of April 18	end of May 19	end of June 18	end of July 18	end of Aug 18	end of Sept 18	end of Oct 18	end of Nov 18	end of Dec 18	end of Jan 19	end of Feb 19	end of Mar 19	18/19 YTD
All providers	LC CCG Patients	40	4	3											
	WL CCG Patients	53	5	4											
	EL&R CCG Patients	44	2	4											
	Total	137	11	11											

UHL Only	All CCGs	150.5	15	15	11										
	LC CCG	40	4	3											
	WL CCG	46	5	4											
	EL&R CCG	37	2	2											

Current backlog of patients waiting over 104 days	As at 9th Mar 18	As at 6th April 18	As at 4th May 18	As at 4th June 18	As at 6th July 18	As at Aug 18	As at Sept 18	As at Oct 18	As at Nov 18	As at Dec 18	As at Jan 19	As at Feb 19	As at Mar 19
UHL All CCGs	14	17	11	9	12								
Derby Teaching Hospital NHS Foundation Trust	4	6	6	12									
George Eliot Hospital Trust	10	3	1	5									
UHCW	14	8	8	3									
Burton Hospital Trust	0	2	1	0									
North West Anglia NHS Foundation Trust (NWAFT)	4	4	7	14									
Kettering General Hospital NHS Foundation Trust (KGH)	3	5	3	9									
United Lincolnshire Hospitals NHS Trust (ULHT)	11	12	12	10									
Nottingham University Hospitals NHS Trust (NUH)	14	8	7	10									

Outcomes / Learning from RCA and harm reviews for over 104 day breaches

UHL

Please see the tab '>104 day themes' for the details of the June 2018 >104 day breaches.

This information is routinely provided as part of the monthly UHL Trust Board Report and Joint Cancer/RTT Board.

Harm reviews are carried out by UHL for confirmed cancer patients who have waited >104 days once treated.

The local Clinical Quality Review Group and Quality Assurance Group are sighted on any quality and patient safety/experience concerns. The contracting Quality Lead is also a member of the Cancer/RTT Working Group and associated Board.

Escalation is via the Cancer/RTT Board and Contract Performance meeting.

The regional Quality Surveillance Group also receives any quality and patient safety/experiences concerns.

Key themes identified in backlog (29th June)

Note – This report includes all patients including tertiaries (including those waiting 104 days+)

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	21	Across 7 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests, where multiple primaries are being investigated (x5 patients) and/or another primary requires treating first, where the primary is unknown requiring extensive and often repeat diagnostics and cross tumour site MDT discussions to aid treatment planning.
Capacity Delays – OPD & Surgical	15	In 4 tumour sites, a combination of Surgical outpatients, surgical diagnostic and Oncology capacity affecting the patients pathway. 2 of these patients primary delay is due to Oncology outpatient waiting times. 9 patients are as a result of diagnostic capacity issues within Urology awaiting template biopsies to aid diagnosis and treatment planning.
Pathway Delays (Next Steps compliance)	15	Across 6 tumour sites, where more than one primary delay is identified deemed avoidable including administrative errors, diagnostic delays in obtaining Imaging/PET Scans within the 7 day timeframe, lack of compliance in timely management of re-booking patients.
Patient Delays (Choice, Engagement, Thinking Time)	22	Across 7 tumour sites, where patient choice for either thinking time, holidays, cancellations and DNAs during the diagnostic phase and/or lack of engagement have been the primary delay within the pathway. 8 patients within Urology, 7 in Gynae.
Tertiary Referrals	17	Across 4 tumour sites, where tertiaries are received after Day 38. Referrals ranging from Day 45 to Day 97. Ongoing management of referrals through centralised mailbox continues in addition to writing to all referrers when a late referral is received. All tumour sites at UHL targeted to date patients for treatment by Day 24 of referral to ensure no breach allocation is assigned with a new field added to the daily PTL to highlight this target date to all services. The majority are with Lung & Urology, 9 of these sit within Urology, referrals from ULH, NGH & KGH with 5 in Lung.
Patients Unfit	10	Across 5 tumour sites, patients who are unavailable for treatment due a number of factors, ie; other ongoing health issues of a higher clinical priority (eg cardiac), incidental primaries of higher clinical priority requiring treatment first resulting in a delayed pathway whilst awaiting recovery before commencing primary treatment, non pathway related admissions to hospital delaying diagnostic progression of the pathway, patients requiring further opinions at other Trusts to aid treatment planning due to medical history.
Clinically Appropriate Delays	6	In Urology only, patients where the delayed pathway is deemed clinically appropriate. Where repeat diagnostics are required following a biopsy that requires 6 weeks prior to MRI to ensure clear image, the RAPID Prostate pathway proposal aims to eradicate this.
Late Transfers from Other Tumour Sites	3	Across Gynae & Upper GI, where patients have been referred in on one pathway, following diagnostic investigations ca has been excluded but incidentally another ? Primary has been identified and the patient therefore transferred to that tumour site thus delaying the overall pathway as the clock continues from point of referral.

Backlog Review for patients waiting >104 days @ 29/6/18

The following details all patients declared in the 104 Day Backlog for week ending 29/6/18. Last months report showed 13 patients in the 104 Day backlog. This months report details a slight decrease to 11 patients in the backlog across 3 specialties; Lung, Urology & Gynae.

NOTE: where patients who have a treatment date confirmed but with no diagnosis of Cancer confirmed, on review of histology, should that confirm a cancer diagnosis then this would class as treatment in those cases.

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
LUNG	2	148	Y	Y	CT 2/2/18, OPD 13/2/18 – for PET & ECHO. PET 15/2/18, ECHO 19/2/18. MDT 23/2/18 – for EBUS and re-discussions. EBUS 7/3/18 – cancelled as patient unfit. EBUS 13/3/18. MDT 16/3/18 – referred to HPB ? Adrenal biopsy, if negative can have wedge resection. OPD HPB 26/3/18 – consented to EUS. EUS 17/4/18 – cancelled by hospital, re-dated for 20/4/18 – no malignant cells seen. Lung MDT 27/4/18 – for CT Guided Biopsy and US Neck. Patient admitted to CDU 30/4/18. CTGBX 9/5/18 – SCC? Await path for treatment planning. OPD 15/5/18 – patient offered VATS wedge excision – awaiting patient decision, wants to discuss with Oncology. ONC OPD 5/6/18 (capacity delay) – patient keen on radical radiotherapy, wants further surgical discussion before making decision. OPD 12/6/18 – patient keen on surgical excision. For up to date PET. PET 16/6/18. MDT 22/6/18 – lesion has progressed, proceed with wedge resection. TCI 3/7/18
		125	Y	Y	NGH Tertiary Day 21. CTGBx 13/3/18. OPD 29/3/18 – SCC confirmed. For PET to check for progression. PET 6/4/18 – likely mets. Provisional TCI 24/4/18. Clinical review 23/4/18 – TCI cancelled – requires adrenalectomy first. OPD HPB 30/4/18 – TCI 16/5/18. OPD 29/5/18 – for surgical TCI. TCI 19/6/18 – cancelled on the day due to theatre overrun. TCI 27/6/18 – awaiting confirmation.
GYNAE	2	138	Y	Y	Tertiary referral received on Day 34 from NGH – referred with known tight aortic stenosis for assessment of suitability of robotic surgery. MDT 29/3/18: Age 73 ovarian mass, for bridging plan prior to biopsies. Biopsy 3/4/18. MDT 5/4/18: no malignant cells seen. For referral for TAVI, referred to cardiology prior to further investigations with Gynae ? Fitness. CT Angio 21/4/18, delay to review with Cardiologist – update received 3/5/18 – patient for TAVI 30/5/18 (capacity delay). Patient can't proceed with further Gynae review until 4 weeks post TAVI. Gynae OPD 18/6/18 – for pre-assessment and provisionally TCI 1/8/18 (minimum 12 weeks post TAVI required).
		127	N	?Y	OPD 22/2/18 – Pipelle taken – insufficient material for diagnosis – for Myosure. Myosure 19/3/18 – cancelled, patient unwell due to Bakers Cyst, can't raise legs for procedure. Re-dated for 11/6/18 – patient declined earlier dates to be seen awaiting cyst to resolve within next 4 weeks. 4/6/18 – patient cancelled Myosure, wants to discuss other options in outpatients. CNS discussion with patient, patient consented to proceed with Myosure, to come in on the 15/6/18 – patient cancelled as unwell. Patient declining all treatment. CNS to contact patient. CNS 20/6/18 – patient had a fall and has been an inpatient, now discharged and wants to proceed in a few weeks – would like July date. Await TCI

UROLOGY	7	159	N	N	First seen 31/1/18 for cystoscopy – procedure abandoned due to scrotal oedema. For USS & MRI. Delay to tests due to incorrect priority requested and the need for clinical review querying safety for diagnostics due to bilateral hip replacement and heart valve replacements at NUH. MRI/USS 27/2/18. MDT 1/3/18 – for OPD to review fitness. OPD 13.3.18 – for 2nd opinion. OPD 23.3.18 – for HRA ? Fitness. HRA 5/4/18 – pt will need in-week surgical list with specific consultant only. Patient wants treatment after holiday (away 10 th – 25 th May). TCI 9/6/18. Cancelled on the day due to cardiology issues. GP to manage AF with beta blockers and review – awaiting GP update.
		146	Y	N	OPD 7/2/18, MRI & TRUS 12/2/18. MDT 22/2/18 – discrepancy between pathology and MRI. For OPD 23/2/18 – for transperineal biopsy. Patient away 25/2/18 – 13/3/18. Pre-assessment 20/3/18 . Biopsy 23/3/18. MDT 5/4/18 – needs bone scan for treatment planning. Review in OPD. OPD 12/4/18. Bone Scan 19/4/18. OPD FU 1/5/18 – referred to other surgeon for review. OPD 12/5/18 – for ECHO and reassessment. Provisional TCI 8/9/18. TCI cancelled ? Fitness needs further investigations. ECHO 22/6/18 . For Oncology review ? Radiotherapy vs surgery. ONC OPD 6/7/18 (capacity delay).
		134	Y	Y	OPD 16/2/18, MRI 17/2/18, TRUS 5/3/18. MDT 15/3/18 – all options patient. CNS informed patient of outcome. Needs complex clinic discussion. OPD 29/3/18 – referred for Oncology review. ONC OPD 20/4/18 (capacity delay) – patient thinking time re treatment option. CNS review 25/4/18 – patient preference for surgery. Wants to wait until lost some weight. No dates offered by service prior to breach date for adjustments. TCI 2/7/18
		133	Y	N	KGH tertiary on Day 97. OPD 13/6/18 – added to waiting list – awaiting TCI date (capacity delay)
		113	N	N	OPD 13/3/18 – for repeat PSA as only 5.8. Repeat PSA 5.9. TRUS 29/3/18. OPD 17/4/18 – for MRI 6 weeks post TRUS. MRI 2/6/18. OPD 7/6/18 – for template biopsy. Needs to wait to fully recovery from TRUS as developed some post biopsy sepsis. Template biopsy 30/6/18.
UROLOGY (cont'd)		113	N	N	OPD 13/3/18 – abnormal PSA, ready 8.3. TRUS 22/3/18 – no evidence of malignancy but high grade PIN in 5 cores. OPD 3/4/18 – for MRI. Clinical delay to MRI post biopsy. MRI 27/4/18. OPD 8/5/18 – for template biopsy. TCI 9/6/18 (capacity) – not performed as patient didn't attend. Patient admitted to other Trust A&E. Template biopsy TCI 30/6/18.
		111	N	N	OPD 20/3/18 – PSA 8.6. MRI 24/3/18. OPD 25/5/18 – patient having cardiology treatment 12/4/18 – for Urology review post ablation. OPD 4/5/18 – patient on Rivaroxaban until 29/6/18, will require biopsies. Will need IV antibiotics 14 days prior to general anaesthetic. Needs to await cardiac follow up post treatment 31/7/18 before Urology pathway can continue.

Risk Summary

Summary of high risks

The following remain the high risk issues affecting the delivery of the cancer standards and have been categorised as agreed by the joint working group.

	Issue	Action being taken	Category
1	Next steps not consistently implemented in all areas. Resulting in unnecessary delay for patients.	Next steps programme board established. Additional central funding for next steps programme secured. Recruitment for additional staff for next steps in progress.	Internal factors impacting on delivery
2	Continued increase in demand for screening and urgent cancer services. Additional 31 day and 62 day treatments compared to prior years.	Cancer 2020 group delivering alternative pathways (e.g. FIT testing). Annual planning cycle to review all elements of cancer pathway. Further central funding requested for increased BI support.	Internal and External factors impacting on delivery
3	Access to constrained resources within UHL	Resources continued to be prioritised for Cancer but this involves significant re-work to cancel routine patients. Capital for equipment is severely limited so is currently directed to safety concerns. Further central support has been requested. Staffing plans for theatres are requested on the RAP. Organisations of care programmes focused on Theatres and Beds. Plans and capital agreed for LRI and GH ITU expansion.	External factors impacting on delivery
4	Access to Oncology and Specialist workforce.	Oncology recruitment in line with business case. Oncology WLI being sought. H&N staff being identified prior to qualifying. Theatre staff continue to be insufficient to meet the need.	Internal factors impacting on delivery
7	Patients arriving after day 40 on complex pathways from other providers	Weekly feedback to tertiary providers. Specialty level feedback. New process to be introduced to include writing to the COO for each late tertiary.	External factors impacting on delivery