NHS
West Leicestershire
Clinical Commissioning Group

Paper O

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING

8th May 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:
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: • 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

Patients, Practices, Partners

Discussed by	Q&P on 17th April and PPAG on 26th April 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 17th April & PPAG 26th April 18)

    2. Cancer waiting times (also discussed at Q&P 17th April & PPAG 26th April 18)

    3. A&E 4 hour wait (also discussed at Q&P 17th April & PPAG 26th April 18)

    4. Ambulance response times and handovers (also discussed at Q&P 17th April & PPAG 26th April 18)

    5. Referral to Treatment time (also discussed at Q&P 17th April & PPAG 26th April 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.

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING

8th May 2018

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
IAPT Access - Proportion of people that enter treatment against the level of need in the general population National data 7.4% against 15% target (Dec 17) Local data 12.5% against 15% target (Feb 18) 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. National data 42% against 75% target (December 17) Local data 33% against 75% target (Feb 18)	Commissioners met with the provider and the clinical network to review the demand and capacity analysis. Actions agreed at the Demand and Capacity meeting are shown below: • The capacity of the current service vs current demand has been looked at and a number of areas for work have been identified including admin support and productivity of the step 3 service. • Further work was noted including scoping the capacity need by modality to achieve 15%, 19% and 25% prevalence. • A separate demand and capacity plan is needed to resolve the backlog waiting list. • The impact of reduced attrition and DNAs will be mapped • The impact of different modalities should be considered. Approval to extend the Counties contract by one year has been approved by CCG Boards- the contract will now cease in March 2020 The provider is predicting that the 6ww target will be significantly improved by June 2018.
Cancer 62 day waits - Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer 80% against national target of 85% (YTD Feb 18) Cancer 62 Day Waits - % of patients receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service 75% against national target of 90% (YTD Feb 18)	Also see Appendix A – Long Waiters Report A cohort of patients who will accept short notice appointments have been identified. Regular weekend sessions to allow patients more flexibility in their choice of appointment for colonoscopy has been introduced The 62 day backlog is across a number of tumour sites. Elective pause December 2017 and January 2018 has impacted on performance Gynaecology backlog is better than their trajectory and has been for 6 weeks Central tertiary NHS net account has gone live. This will

<table>
<tr><th>Indicator</th><th>West Leicestershire actions in place</th></tr>
<tr><td><u>Cancer 31 Day Wait - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery</u> 90% against 94% target (YTD Feb 18)

<u>Cancer 31 Day Wait - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course</u> 93.8% against 94% target (YTD Feb 18)

<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> 92% against 93% target (YTD Feb 18)</td><td>support tertiary referral process
Cancer Nurse Specialists now attend the Cancer Action Board to support patient engagement
Cancer Action Board in addition to the PTL meetings held by the tumour sites
Tumour sites are on daily escalations
New weekly cancer monitoring dashboard generated by Infoflex gives visibility of patient numbers, by days waiting by tumour site i.e. movement and control limits.
Mandated attendance by all Tumour Sites to the Weekly Cancer Action Boards remains in place
RAP to be reviewed during the 3rd week of the month as part of the breach map review process with the individual CMGs. This will capture emerging themes as soon as possible.
Any diagnostic delays for Urology are escalated daily</td></tr>
<tr><td><u>UHL A&E 4 Hour Wait</u>

79.7% YTD to 22/4/18 against Local target of 80.5% in April 18. This includes now UCC's activity.
ED only – 73%
UCC only – 96%

<table><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></td><td>Actions which are in progress includes the following:

Trialling 2 additional SHOs in Majors between the hours of 6pm and midnight to try and reduce the Wait to be Seen overnight.
New process for electronic referral to EDU fully embedded, reducing the need for phone calls.
Reviewing referral process from Primary Care stream to other specialties to make more streamlined and in line with rest of department.
Preparing for trial of splitting GPAU activity to be able to increase the ED Ambulatory activity.
Continued intensive Red2green in speciality medicine with integrated discharge lead support for escalation of delays.
Stranded patient reviews with individual case management of the greater than 20 day stranded patients with daily tracking of progress against outcome.
Trust wide focus on top 50 patients with the longest length of stay.
Community Hospital transfer (BBI) Action plan commenced.
A focus on the delays involved with complex discharges to identify issues.
Increased focus on 'next steps' for outlying patients and unblocking delays</td></tr>
<tr><td><u>New Ambulance wait time indicators with effect from 19th July 17.</u>

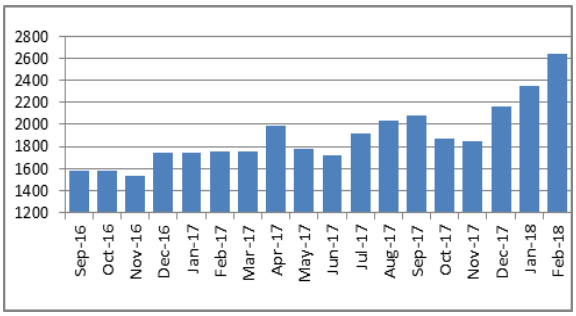
Until 1st April 2018 boards are asked by EMAS to 'Monitor, but not judge or sanction' due to implementation of the new targets.

<u>Handover Time between EMAS ambulances & UHL A&E 30-60 mins</u>
10.1% against zero tolerance (17/18)

<u>Handover Time between ambulances & A&E over 60 mins</u>
4% against zero tolerance (17/18)</td><td>March saw an 11% increase in calls to EMAS, compared to February, with increases across all four Categories. There was improvement in the performance for Categories 3 and 4 for LLR, but Categories 1 and 2 declined. However, for Category 1, EMAS performed better for LLR than the overall region. .

Performance data is now available by CCG, and it shows that in LLR, EMAS has performed better for Leicester City CCG, particularly for Category 1, where EMAS has consistently achieved the 90th Percentile.

Handover delays at UHL remain a concern, with only 30% of patients handed over within the national 15</td></tr>
</table>

Indicator	West Leicestershire actions in place
<u>Ambulance Crew Clear delays of 30 min – 60mins at UHL</u> 4.6% against zero tolerance (YTD Feb 18) <u>Ambulance Crew Clear delays of > 60 minutes at UHL</u> 0.4% against zero tolerance (YTD Feb 18)	minute standard. LRI had the highest number of handovers and the highest number of pre-handover delays in the East Midlands region. It is also noted that the number of handovers in March 2018 were 6% higher than in March 2017, but there were 8.8% less handovers against the national standard.
<u>Referral to Treatment time (RTT)</u> 91% YTD against 92% national target (YTD to Feb 18) Graph shows the number of patients waiting over 18week for each reporting month (WL patients, all providers) 	The March performance is predicted to be at risk due to reduced scheduled and additional activity and increased cancellations due to bed capacity and competing demands with emergency and cancer performance. Updates have been discussed at the RTT board around the impact of the elective pause and the use of external capacity and internal plans. External capacity has been sourced by UHL indefinitely for ENT and alternatives to referral to UHL for all specialities are being developed and expanded. Regular audits are completed for each specialty to ensure compliance with the Trusts access policy. Demand Management programme continues to be implemented via the Planned Care programme with a much higher profile. Detailed datasets in respect of outpatient activity is a regular item to be reviewed at the Planned Care Delivery Group which meets three times a month.

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.

LLR Cancer Waits Report (+62 day breaches)

Number of treated patients that waited over 62 days		end April 17	end May 17	end June 17	end July 17	end Aug 17	end Sept 17	end Oct 17	end Nov 17	end Dec 17	end Jan 18	end Feb 18	end Mar 18	end April 18
All providers	LC CCG Patients	10	19	13	13	18	15	11	14	12	21	17		
	WL CCG Patients	20	27	24	19	23	17	25	21	18	25	21		
	EL&R CCG Patients	11	16	23	17	20	20	10	21	16	24	35		
	Total	41	62	60	49	61	52	46	56	46	70	73		

UHL Only	All CCGs	37	59	57	46	56	54	48	58	45	66	71		
	LC CCG	10	19	13	13	18	15	11	13	11	20.5	17		
	WL CCG	13	25	19	16	19	14	22	17	17	20	19		
	EL&R CCG	8	14	22	13	14	18	9	21	14	21	32		

Current backlog of patients waiting over 62 days		As at 28th April 17	As at 26th May 17	As at 25th June 17	As at 30th July 17	As at 6th Aug 17	As at 8th Sept 17	As at 6th Oct 17	As at 5th Nov 17	As at 8th Dec 17	As at 5th Jan 18	As at 2nd Feb 18	As at 9th Mar 18	As at 6th April 19
UHL All CCGs (Unadjusted Position)		50	72	59	65	58	72	64	70	63	67	85	67	67
UHL All CCGs (Adjusted Position -	excludes tertiary referrals post day 38 of pathway)	46	70	49	55	49	58	59	61	57	60	77	55	55
Derby Teaching Hospital NHS Foundation Trust		63	54	38	38	34	37	40	36	31	31	25	28	26
George Eliot Hospital Trust		9	16	12	12	9	11	18	27	20	30	44	7	21
UHCW		64	No Data	77	67	55	27	54	49	62	64	51	34	59
Burton Hospital Trust		21	39	21	19	15	19	9	12	5	8	3	7	5
North West Anglia NHS Foundation Trust (NWAFT)		75	68	69	46	47	55	55	31	58	52	59	47	52
Kettering General Hospital NHS Foundation Trust (KGH)		26	19	28	28	33	38	38	38	23	20	19	16	17
United Lincolnshire Hospitals NHS Trust (ULHT)		73	86	69	67	60	72	72	58	40	54	80	67	76
Nottingham University Hospitals NHS Trust (NUH)		37	59	61	50	37	56	61	47	47	38	49	37	34

Outcomes / Learning themes for over 62 day breaches

UHL

Please see the tab '62 day themes' for the details of the February 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:
- FIT testing (Faecal Immunochemial Test) has been rolled out and early indications are meeting expectations.
- PRISM template for PMB (post menstral bleed) has been ratified with an expected 'go live' date of May 2018.

Actions undertaken by UHL this period:
- Exploring the option of shifting some robotic cases to Derby
- Exploring the option of shifting some Head & Neck activity to Coventry/Nottingham to support oncology

City CCG

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer

Target	85%
Amber	?%-84.9%
Red	<82%

Open Exeter report reference 8.4

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Average monthly performance YTD	17/18 3 month rolling average	Forecast year end position	Monthly breach tolerance
Total patients seen	46	54	50	53	53	66	57	36	45	67.5	47		574.5	52	53	627	
Breaches	9	16	11	13	13	13	11	11	11	18.5	15		141.5	13	15	154	-47.5
Achievement	80.4%	70.4%	78.0%	75.5%	75.5%	80.3%	80.7%	69.4%	75.6%	72.6%	68.1%		75.4%	75.4%	72.1%	75.4%	

East CCG

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer

Target	85%
Amber	?%-84.9%
Red	<82%

Open Exeter report reference 8.4

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Average monthly performance YTD	17/18 3 month rolling average	Forecast year end position	Monthly breach tolerance
Total patients seen	73	77	81	78	84	74	57	78	67	73	84		826	75	75	901	
Breaches	7	12	21	9	14	14	9	16	10	17	30		159	14	19	173	-23.8
Achievement	90.4%	84.4%	74.1%	88.5%	83.3%	81.1%	84.2%	79.5%	85.1%	76.7%	64.3%		80.8%	80.8%	74.6%	80.8%	

West CCG

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer

Target	85%
Amber	?%-84.9%
Red	<82%

Open Exeter report reference 8.4

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Average monthly performance YTD	17/18 3 month rolling average	Forecast year end position	Monthly breach tolerance
Total patients seen	72	95	88	72	83	67	82	71	67	81	89		867	79	79	946	
Breaches	11	23	18	14	17	12	19	14	12	15	13		168	15	13	183	-26.1
Achievement	84.7%	75.8%	79.5%	80.6%	79.5%	82.1%	76.8%	80.3%	82.1%	81.5%	85.4%		80.6%	80.6%	83.1%	80.6%	

LLR Cancer Waits Report (+104 day breaches)

Number of treated patients that waited over 104 days		end April 17	end May 17	end June 17	end July 17	end Aug 17	end Sept 17	end Oct 17	end Nov 17	end Dec 17	end Jan 18	end Feb 18	end Mar 18	end April 18
All providers	LC CCG Patients	2	3	1	6	3	3	2	4	2	2	8		
	WL CCG Patients	3	3	7	3	5	2	6	4	3	5	5		
	EL&R CCG Patients	5	2	2	3	4	2	2	4	2	4	10		
	Total	10	8	10	12	12	7	10	12	7	11	23		

UHL Only	All CCGs	10	8	10	11	13	11	13	16	8	13	22		
	LC CCG	2	3	1	6	3	3	2	4	2	2	8		
	WL CCG	2	3	6	2	5	0	6	3	3	4	5		
	EL&R CCG	4	1	2	1	3	2	2	4	2	4	8		

Current backlog of patients waiting over 104 days	As at 28th April 17	As at 26th May 17	As at 25th June 17	As at 30th July 17	As at 6th Aug 17	As at 8th Sept 17	As at 6th Oct 17	As at 5th Nov 17	As at 8th Dec 17	As at 5th Jan 18	As at 2nd Feb 18	As at 9th Mar 18	As at 6th April 18
UHL All CCGs	6	5	12	12	16	8	8	16	11	15	20	14	17
Derby Teaching Hospital NHS Foundation Trust	16	17	17	17	12	4	7	6	11	12	8	4	6
George Eliot Hospital Trust	4	4	4	6	7	1	8	16	12	1	14	10	3
UHCW	2	19	19	12	14	0	6	15	12	15	25	14	8
Burton Hospital Trust	11	7	7	2	2	5	5	0	1	0	0	0	2
North West Anglia NHS Foundation Trust (NWAFT)	17	23	15	16	10	6	6	8	4	9	4	4	4
Kettering General Hospital NHS Foundation Trust (KGH)	2	5	3	3	5	5	5	9	4	5	6	3	5
United Lincolnshire Hospitals NHS Trust (ULHT)	18	19	26	7	8	9	9	11	16	20	7	11	12
Nottingham University Hospitals NHS Trust (NUH)	17	10	20	19	22	18	20	13	8	12	15	14	8

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 February 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.

University Hospitals of Leicester NHS
NHS Trust

February Cancer Report

Key themes identified in backlog (9th March)

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	14	Across 7 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients with complex pathology to inform diagnosis requiring additional testing, where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests and where multiple primaries are being investigated and/or another primary requires treating first.
Capacity Delays – OPD & Surgical	5	In 4 tumour sites, a combination of surgical and Oncology outpatient capacity affecting the patients pathway. 4 of these patients primary delay is due to Oncology outpatient waiting times, the 5th a combination of waiting on complex clinics in Urology and Oncology clinics for all options patients.
Pathway Delays (Next Steps compliance)	4	In 2 tumour sites – ENT & Urology. Primarily in Urology where capacity constraints are impacting on the ability to comply with next steps, particularly with repeat and/or multiple diagnostics required. In ENT, a delayed review in outpatients further delayed the referral to Oncology.
Patient Delays (Choice, Engagement, Thinking Time)	12	Across 3 tumour sites, where patients have cancelled or DNA'd outpatients, diagnostics or treatment admission on more than one occasion. 11 of these patients are in Urology and Testicular with 1 in Gynae.
Trial/Surveillance Patients	3	X2 patients in Urology who were previous PSA surveillance patients subsequently re-entering the 62 day pathway – the service is working on a policy to management these patients in line with the Long Term Follow Up policy applied in Lung to prevent re-opening the same 62 day pathway. X1 patient in Lung awaiting molecular markers and testing in the US to commence on a study/trial.
Clinically Appropriate Pathway Delays	8	In Urology (x6) – patients where the initial TRUS biopsy is reported as either benign/non-diagnostic but in correlation with clinical review, an MRI is required for further investigation a clinically appropriate 6 week delay is required between biopsy and MRI to allow for healing and to avoid a haematoma on MRI. This also includes patients who are All Options for review and decision with both Oncology and Urology. In Lung (x1) – where suspected infections are treated appropriately with a 2 month check follow up and chest xray which then presented as query adenocarcinoma. In Upper GI (x1) – where a patient has 2 primaries, 1 from an incidental finding requiring priority treatment.
Late Tertiary Referrals	13	Across 4 tumour sites, where tertiaries are received after Day 38. From NGH, KGH and ULH. Referrals ranging from Day 43 to Day 160.
Patients Unfit	8	Across 5 tumour sites, patients who are unavailable for treatment due to other ongoing health issues of a higher clinical priority. This includes patients whose initial diagnostic admission was cancelled as required a bridging plan which further delayed the new admission in the diagnostic phase of the pathway. Patients requiring cardiology intervention prior to assessing fitness for surgery and/or treatment planning. Patients whose non ca related illness has prevented their attendance for diagnostic tests and/or treatment, eg a patient who suffered a stroke, admission with pneumonia , admission due to bowel obstruction and admission to another hospital and patients whose inpatient admission mid pathway has delayed further progression of the primary pathway until discharge.

University Hospitals of Leicester NHS
NHS Trust

February Cancer Report

Backlog Review for patients waiting >104 days @ 9/3/18

The following details all patients declared in the 104 Day Backlog for week ending 9/3/18. Last months report showed 26 patients in the 104 Day backlog, 18 of which are now treated. This months report details 14 patients in the backlog across 6 specialties.

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	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
BREAST	1	103	149	N	Y	Referred 11/10/17. The patient cancelled x4 appointments and wasn't seen until the 8/1/18. Core biopsy taken - pending HER2. For USS Marker WLE and SLNB. TCI 25/1/18 - patient cancelled. New TCI 13/2/18 - patient cancelled. Patient admitted to Lincoln Hospital with ? bowel obstruction via A&E 3/2/18. Patient discharged 22/2/18. TCI 27/3/18
MAXFAX	1	106	161	Y	Y	Originally referred 2WW Upper GI pathway 29/9/17. OPD 23/10/17 (patient choice). For OGD 1/11/17 - cancelled on the day as patient hadn't stopped anticoagulation. OGD 10/11/17. Reviewed at Upper GI PTL meeting 13/11/17 - transferred to Head & Neck - lesion at base of tongue identified. No Upper GI cancer. MDT Head & Neck 20/11/17 - for OPA. OPA 20/11/17 - for CT. CT 21/11/17. FNA 27/11/17. OPA 28/11/17 - for biopsy. TCI 7/12/17 - MDT 18/12/17 (delay due to pending immuno on specimen). For OPD Surgery and Oncology. OPD 22/12/17 referred to Oncology for pre-surgery radiotherapy. OPD ONC 16/1/18 (capacity delay). Consented to radical radiotherapy. Requiring dental review, planning mask, CT and PEG. Dental extractions 25/1/18, PEG 5/2/18. Treatment delayed due to swelling from dental extractions. Provisional start date 12/2/18. CNS update 5/2/18 - patient admitted with a stroke to Coalville hospital. Coalville discharge 6/3/18. Radiotherapy planning scan 8/3/18, treatment start date 12/3/18
GYNAE	1	115	153	Y	N	A combination of patient fitness and subsequently the patient declining multiple outpatient appointments and diagnostic TCI dates resulted in the patient not having the first diagnostic TCI until the 9/12/17 and on the day the patient was cancelled due to being unfit on the day. This was re-dated for the 23/12/17 where an inpatient hysteroscopy was performed. The pathology was reviewed at MDT on the 4/1/18 with the agreed outcome for an outpatient review to assess fitness to proceed with surgery. OPD 8/1/18 - for MRI and CT prior to surgery for staging. MRI/CT 11/1/18. OPD review 22/1/18 - patient cancelled on the day. OPD 30/1/18 - patient for OGD and further MDT discussion. OGD 3/2/18, MDT 15/2/18 - flagged for Upper GI MDT discussion due to ? incidental findings. Patient for EUS with Upper GI prior to continuing with Gynae investigations. EUS TCI 28/2/18. Upper GI MDT 8/3/18 - pending cytology, but to proceed with Gynae treatment plan. For Gynae MDT 15/3/18 - await outcome.
Lower GI	2	98	206	Y	Y	Tertiary day 160 from Lincoln. Received 22.1.18. MDT 1.2.18 - for resection discussion, for EUS/cystoscopy 10.2.18. For PET, MRI & CT following discharge, patient not suitable for partial cystectomy. CT & MRI 20/2/18, PET 26/2/18. MDT 7/3/18 - proceed to surgery. TCI 17/3/18
		100	146	Y	N	Straight to test at Day 19 due to incorrect pathway on referral, OGD 6.11.17, for CT Colon. CT 24.11.17 - patient choice delay due to holiday. MDT 13.12.17 - for clinic to assess fitness for surgery. OPD 18.12.17, TCI for 5.1.18 arranged and subsequently cancelled due to patient fitness concerns. Cardiology intervention requested, reviewed 10.1.18, for urgent coronary angio and TAVI. Patient unfit for GI treatment until cleared by cardiology. TAVI 4/3/18. Patient anaesthetic review 9/3/18, TCI 15/3/18 planned but subsequently cancelled following high risk anaesthetic review. For CPET 22/3/18 - await outcome for treatment planning.
HPB	3	85	203	Y	Y	Tertiary referral Day 33. MDT 25/9/17 - for OPD and MRCP (at KGH). For initial discussion only at UHL - returned to UHL 20/11/17 for assessment of EUS in Leicester. For PET & MRI and EUS. Patient also under Urology team, delay to HPB diagnostics pending diagnostics in Urology 25/11/17. EUS 1/12/17 - cancelled as patient unfit. Re-dated for 13/12/17 - pt cancelled requesting date after Christmas. CNS spoke to patient and agreed to come in 15/12/17. MDT 22/12/17 - awaiting cytology. MDT 29/12/17 - for MRI 14/1/18 and MDT 22/1/18 - for liver biopsy. Performed 2.2.18, awaiting path results and OPD outcome from 14.2.18. OPD cancelled as pathology not ready, for MDT 19/2/18 and OPD 23/2/18. For surgical resection, provisional TCI 29/3/18 - await confirmation
		121	128	N	N	Referred 1/11/17, MDT 6/11/17, OPD 7/11/17. For PET & CT Colon . Colon 12/11/17 - await pathology. PET 17/11/17. MDT 20/11/17 - for EBUS and re-discussion with results. EBUS 1/12/17, MDT 11/12/17 - for laparoscopy prior to liver resection and treatment for Hep C. OPD 4/1/18 - awaiting Lap IOUS 16/1/18. MDT 29/1/18 - for CT Chest/Abdo. Patient still has active hepatitis. For repeat CT liver to see if liver lesion is static. May need viral load clearing before surgery. CT 6/2/18. MDT 12/2/18 - for OPD. OPD 26/2/18 - for further PET. PET 1/3/18. MDT 12/3/18
		122	122	N	N	Tertiary referral received on Day 71 from Peterborough. MDT 22/1/18 - patient currently on holiday - needs to see consultant on return from liver for ? Laparoscopy. OPA 26/2/18 (patient away until 12/2/18) - no earlier capacity due to clinician leave. Laparoscopy 6/3/18. LAP cancelled due to beds, re-dated for 13/3/18. Await pathology and MDT discussion 19/3/18

UROLOGY	6	93	153	Y	Y	OPD 17.10.17 (Day 14), MRI 20.1.17, TRUS 26.10.17. OPA 14.11.17 with results. TRUS results benign, require clinical correlation - for template biopsy. Patient DNA'd pre-assessment 23.11.17 as on holiday, rearranged for return 30.11.17 with biopsy TCI 2.12.17. MDT 14.12.17 - patient requires bone scan for treatment planning. Bone Scan 29.12.17. OPD FU 5.1.18 - patient choice to explore surgical options - referred to surgeon. OPD complex clinic 27.1.18 (capacity delay). Patient to consider radiotherapy and therefore couldn't' commence hormone treatment. Oncology OPD 27.2.18 (capacity delay). OPA Cancelled, patient decision for surgery. TCI date 14/3/18
		116	138	N	Y	Patient commenced on 2 separate pathways 2WW in October 2017, one with Urology the other with ENT. The patient was listed for their first diagnostic TCI with Urology 17/11/17 but cancelled due to having ENT procedure - requested to delay till after ENT treatment. Due to fitness resulting in cancellations with ENT, the patient didn't commence radiotherapy treatment until the 8/1/18. A clinically appropriate recovery time resulted in an outpatient review in Urology for fitness to proceed on the 1/3/18 where the patient was added to the waiting list for an excision biopsy. TCI date 14/3/18
		117	111	Y	N	Patient commenced 2WW pathway 14/11/17 and was put on PSA surveillance until the 22/1/18 reading triggered the need for a TRUS biopsy due to raised PSA. The service struggled to make contact with the patient until the 29/1/18 at which point a TRUS biopsy date was agreed for the 27/2/18 - this delay was due to requiring a GA procedure and pre-requisite anaesthetic assessment. Outpatient follow up with results on the 8/3/18 and MDT discussion suggested MRI Prostate required. Due to patient holidays, this can't be arranged until the 23/3/18.
		118	105	Y	Y	Patient commenced 2WW pathway 20/11/17, OPD 1/12/17, MRI and TRUS 4/12/17. MDT with results 14/12/17 - for bone scan to determine treatment plan. OPD 15/12/17, bone scan 22/12/17 - no bone mets identified. For OPD follow up 2/1/18 - for discussion re all options. Referred for complex clinic review and Oncology outpatients plus CT Chest. CT 4/1/18. Capacity constraints in both Urology for complex clinics and Oncology outpatients delayed the next step. OPD 8/2/018 - await patient decision re treatment options. CNS update 16/2/18 - patient choice for robotic prostatectomy. TCI 16/3/18 - delayed due to surgical capacity.
UROLOGY (cont'd)		119	104	Y	Y	2WW pathway commenced 15/11/17, OPD 21/11/17, TRUS 23/11/17 and MDT 30/11/17. For FU 5/12/17 and MRI 6 weeks post TRUS biopsy as clinically appropriate delay. MRI 3/1/18, OPD 9/1/18 - requires bone scan to support treatment planning. Bone scan 12/1/18, follow up 25/1/18. Await patient decision re treatment options ? radiotherapy or surgery. CNS update 26/1/18 - patient opting for surgery but away until 25/2/08. TCI 9/3/18
		120	104	Y	N	Tertiary referral received on Day 78 from Northampton. Received 7/2/18, MDT 8/2/18. OPD 15/2/18 - for USGBx 28/2/18. Delayed MDT review to 8/3/18 due to additional immuno work required on the specimen taken at biopsy. MDT 8/3/18 - for partial nephrectomy. DTT 9/3/18 at OPD - awaiting TCI date.

University Hospitals of Leicester NHS
NHS Trust

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