in good health
The Norfolk and Waveney Health and Care Partnership

Subject:	**Norfolk and Waveney System Performance Report**
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Purpose of paper:	Discussion and information

Executive Summary

The dashboard provides an overview of key performance indicators for our health and care system. It covers unplanned care, cancer, planned care and mental health.

Unplanned care

High Level Summary (based on November data):

- Across Norfolk and Waveney, emergency admissions have risen by 3.1% year on year.
- Short stay admissions have increased (2.5%) and long stay admissions (3.9%).
- Across Norfolk and Waveney, A&E attendances have risen by 5.2% year to date.
- Attendances arriving on foot have increased (6.7%) more than attendances arriving via ambulance (1.9%).
- Norwich Walk in Centre (WIC) attendances have dropped by -3.9% year on year.
- WIC Attendances have decreased compared to October, but they are 4.6% higher than the same month last year.
- Across Norfolk and Waveney, 111 calls have increased by 2.9%.
- Calls resulting in an ambulance dispatch have decreased by 7.2% and calls ending with a recommendation to attend A&E are up by 10.4%. All other call outcomes have increased by 4.2%.

JPUH

In November, A&E performance has fallen for the sixth month in a row to 79.0% which is the lowest it has been for over a year. There remains a high volume of A&E attendances (5% increase on 2018/19) and ambulance attendances (4% increase on 2018/19). In addition there remains medical workforce gaps at night and weekends and an increased number of patients with delayed discharges. Actions in place include an enhanced review of long stay and medically optimised patients and an additional 20 escalation beds opened. Plans to further increase capacity across the system are under discussion. Increased GP streaming capacity in place and relocation to AMBU (Ambulatory Unit) to increase physical capacity.

Longer term solutions include the ongoing development of ED expansion plans. ED trajectory remains under discussion with system partners and commissioners.

Compliance with ED standard is dependent on the ED rebuild and increased social care capacity. 60 minute ambulance handover delays have increased to 7.8% in November, the highest in over a year. The level of conveyances remains high and handover is severely impacted by demand pressures when ambulances arrive simultaneously and the physical limitations of ED. Actions in place include a Senior ED Nurse coordinating flow through ED and ambulance offloads. The Trust continues to work with system partners to develop a comprehensive urgent and emergency care work programme to reduce demand and maximise flow out of the hospital. Local process actions also agreed with EEAST, including provision of additional reception cover to streamline the handover process.

NNUH

A&E performance has decreased for the fourth month in a row to 71.4% in November. Attendances remain very high with a 6.1% increase on the previous year. Other than the increasing levels of attendance the main causative factors continue to center around workforce limitations (30% vacancy factor). Priority actions continue to be the implementation of the 12 point system recovery plan – emphasis on the rolling out of the GP Streaming pilot to better manage demand and primary care attendance in ED. 2019/20 YTD 60 minute ambulance handovers continue to be significantly improved on 2018/19, however performance has worsened in November to 18.2%. DTOC has increased marginally from 3.5% to 3.9%. Key factors impacting performance are Consultant, Nursing and Junior Doctor shortfalls, discharge planning and adherence to SAFER. A recovery action plan and enhanced support calls remain in place with NHSI/E.

QEH

Performance in November has reduced to a 10 month low of 76.2%. Factors affecting performance include a sustained increase in the average number of attendances per day since May 2019 and a 5.1% increase in attendances in November 2019 compared to November 2018. Further to this there is continued overcrowding in both the ED and exit block as the ED estate is not fit for purpose and flow out of the department continues to be challenging. In addition ED medical and nurse staffing capacity and rota pattern are not always matching changes in demand.

Performance will be improved by increased capital investment in the ED and emergency floor to improve the environment and increase capacity. Minor estates work in ED is already in progress. The sustain phase of the urgent and emergency care improvement plan is also underway which focusses on embedding the SAFER bundle on all wards across the Trust and increasing pre-noon discharges.

A review of the medical and nursing staff establishment and rota has concluded and the nurse staffing business case is complete with the medical staff business case in progress. 60 minute ambulance handover delays have reduced in November to 14.8% which is the lowest for 6 months. Performance is off track due to the continued overcrowding in and exit block from the ED; the department is limited in capacity to cohort patients which leads to delays in ambulance handover. Other than the above listed actions relating to ED floor space, performance will be improved by standardisation of the ambulance handover process. Joint work is in progress with the ambulance service and this is being supported by NHSE/I.

Cancer

JPUH

The Trust has seen a large increase in referrals across all body sites, particularly breast. Compounding this, the Trust has had clinical capacity challenges (vs demand), particularly for two week wait referrals. Recovery action plans are in place for breast and endoscopy to reduce the number of patients not being seen within two weeks. These include daily cancer date reports by body site being provided to DOM's & SOM's so that they are able to monitor the demand and to use the information to create additional clinic/endoscopy capacity in advance. Additional one stop clinics and twilight clinics are being undertaken with further weekend endoscopy sessions. Revised job planning has been undertaken to increase the DCC activity and increase availability of senior middle grade staff. Further support from breast imaging services is being provided from other trusts.

NNUH

GP two week wait performance has improved for two consecutive months to 79.4%. The delays to first appointment in Skin and Lower GI has seen an increase in patients waiting longer than 62 days for treatment. Other main areas of underperformance on the 62 day standard are Urology due to delays in Diagnostics, and Gynaecology due to Theatre capacity. 31 day subsequent treatments – underperformance in Surgery due to long standing issues with the Melanoma pathway that will be resolved with the expansion of Nuclear Medicine in 2020, and underperformance in RT and ACD due to increase in referrals in month.

QEH

Provisional November data shows that the majority of targets continue to be met. 62 day GP referral to treatment performance has been challenged due to a continued focus on reducing the 62 day backlog, resulting in an increase in the number of breaches in month. A cancer improvement plan is in place and the quarterly update is provided to the Trust Board. In addition to the cancer improvement plan, performance will be improved by the provision of additional, operational support to urology and lower GI. This additional support will be in place for three months (October – December) and will increase the pace in improvement work in these tumor sites.

Planned Care

JPUH

November's 18 week performance worsened to 79.4% with overall waiting list size increasing for the fourth successive month. A significant element of the 18 week list size increase is due to data entry and quality and a comprehensive training plan is in place to address this. Emerging capacity constraints within some specialties is leading to an overall increase in the waiting list with a revised baseline under discussion with the commissioners and regulators. Capacity in challenged specialties is predominantly workforce related. Outpatient and theatre utilisation programmes in place to increase activity. Revised processes and reports in development. A comprehensive RTT plan is in place to increase inpatient activity and reduce admitted backlog of patients. Detailed Recovery Action Plans with trajectories against waiting list size have been developed for T&O, Ophthalmology, Dermatology,

ENT and Gynaecology. The RTT plan is monitored via the Trust Access Group and Divisional Performance Committee.

NNUH
Performance has marginally reduced to 79.2% in November from 79.9% in and the overall backlog has increased for the 10th month in a row. Overall performance continues to be compromised by the urgent focus on cancer work, increasing demand and a rise in cancellations due to a lack of capacity. Staffing also continues to be a challenge with pension tax issues also impacting. There were ten x 52 week breaches in November however intensive waiting list management is in place to reduce this risk. Capacity remains a key challenge and NNUH is working with commissioners and NHSE/I to seek further demand management schemes. Diagnostics continues to be challenged, with the MRI and CT standard now recovered, but increase in inpatient and outpatient demand in Non-Obstetric Ultrasound and reduced workforce and capacity at Global still impacting on delivery of the standard. Plans are in place to recover but conversations are ongoing with Global for additional support.

QEH
Performance has worsened for the sixth month in a row to 78.1% in November. Performance is off track due to the variance in the following high-volume specialties; Urology, Ophthalmology and Gastroenterology. Performance will be improved in Urology by the introduction of a referral triage system and the two new Consultants who have started in post, Ophthalmology – additional locum capacity and outpatient utilisation improvement, Gastroenterology: triage of referrals continues, and a locum Consultant started in October. Overall backlog has grown marginally from 13,941 in October to 14,084 in November however the number of patients waiting more than 40 weeks has grown from 33 in October to 81 in November. QEH are investigating this growth and more detail will be provided next month.

Mental Health

Inappropriate Out of Area Placements (OoAP) – Overall performance continues to be positive. There have been a number of older people in an inappropriate OoAP due to the ability of NSFT to discharge people needing a care home or nursing placement. Work is ongoing on planning a Perfect Week to help galvanise system support to reducing DToC.

Improved Access to Psychological Therapies (IAPT) – Final iteration of the improvement plan was due by 29th November 2019. NHSE/I had commented and feedback has been reflected in the revised version. Improvement trajectories to support the plan were made available on 29th November 2019. The final iteration of the improvement plan was not available until 11th December 2019 and further discussion was required following receipt of the revision. An agreed alternative submission date of 10th January 2020 has been agreed with NSFT, using a summary template which has been developed to help make the relationship between the plan and the trajectories clearer.

In parallel to this development work, NSFT are mobilising improvement plan actions, including:

- The service is aligning the development of IAPT services with the emerging PCNs, to maximise integration and service exposure;

- Assistant PWPs have been recruited to reduce drop-out rate;
- More Step 2 capacity has freed up Step 3 workers from carrying out assessments and focus on treatment capacity;
- A choose and book system has been introduced;
- Service number appears on service user phones, previously appeared as unknown number.

Dementia - The STP remains within the 95% confidence limits of the dementia diagnosis rate. In addition:

- The STP is continuing to develop the dementia community support offer for Norfolk and Waveney.
- CCGs continue to share individual work across the existing action plans, to aid progress.
- Actions are being taken forward by individual CCGs to increase the diagnosis rate, including practice visits and data cleansing.
- As of November 2019, there were 10,675 people aged over 65 with a dementia diagnosis. This is an increase from the previous month (10,659), however the Dementia Diagnosis Rate remains at 64.0% due to an increase in the estimated population.

STP High Level System Dashboard - Summary

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Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Acute Unplanned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH unless otherwise stated)																			
A&E 4 hr performance (whole trust, NNUH includes WIC)	Validated	95%	86.0%	83.9%	78.4%	77.2%	79.5%	78.3%	84.2%	83.3%	82.0%	80.2%	78.4%	76.2%	74.0%		88.0%	79.6%	
A&E Total Attendances (as above)	Validated	-	28,331	28,983	29,123	27,204	30,226	29,891	31,210	30,302	32,746	32,330	30,522	30,671	29,854		238,628	247,526	3.7%
A&E Total Breaches (as above)	Validated	-	3,961	4,679	6,292	6,206	6,211	6,478	4,921	5,069	5,890	6,411	6,579	7,314	7,753		28,593	50,415	76.3%
Emergency admissions (N&W CCGs only)	Validated	-	8,149	8,169	8,595	7,578	8,393	8,129	8,220	7,900	8,380	7,781	7,805	8,495	8,386		63,063	65,096	3.2%
DTOC - delayed days (includes acute + non-acute trusts, Norfolk patients)	Validated	-	2,551	2,681	2,974	2,150	2,532	2,153	2,981	2,748	2,704	2,819	2,973	2,999			18,309	19,377	5.8%
% of A&E Ambulance handover delays > 60 min	Validated	-	10.7%	11.6%	15.2%	14.0%	6.6%	4.9%	3.3%	4.7%	5.7%	5.6%	7.5%	11.2%	7.8%		5.4%	6.1%	
Acute Cancer Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																			
Two week wait GP referral (%)	Provisional	93%	79.3%	92.2%	88.8%	91.0%	87.5%	91.4%	91.0%	84.6%	85.0%	81.6%	80.1%	84.2%	86.3%		85.8%	85.5%	
Two week wait breast symptoms (%)	Provisional	93%	63.7%	53.3%	54.8%	47.4%	47.7%	82.5%	80.0%	87.4%	93.9%	92.1%	89.9%	93.1%	92.3%		91.8%	88.8%	
31 days from diagnosis to first treatment (%)	Provisional	96%	97.1%	97.6%	95.3%	96.9%	97.2%	96.9%	96.7%	98.3%	98.6%	97.5%	97.0%	97.6%	96.3%		97.3%	97.4%	
62 days from GP referral to first treatment (%)	Provisional	85%	76.4%	76.7%	70.5%	73.4%	77.4%	77.6%	72.6%	77.1%	72.4%	69.5%	71.0%	66.4%	68.8%		76.4%	72.0%	
Acute Planned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	83.0%	81.8%	81.7%	82.2%	82.5%	83.0%	84.0%	82.9%	82.3%	81.6%	80.7%	79.9%	79.0%		83.0%	79.0%	
Total number incomplete pathways	Validated	-	70,567	69,990	68,983	68,302	67,794	71,886	73,691	73,611	74,551	75,501	76,359	77,058	77,962		70,567	77,962	10.5%
Total number of 40 week breaches	Validated	-	649	770	758	681	633	655	702	698	674	783	786	718	854		649	854	31.6%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	22	29	29	13	0	2	2	1	1	1	0	2	10		22	10	-54.5%
Diagnostic tests within 6 weeks	Validated	99%	99.3%	98.2%	95.4%	98.3%	99.1%	98.2%	97.0%	98.0%	98.2%	95.9%	97.7%	98.1%	98.5%		99.3%	98.5%	
Number of patients waiting > 6 weeks	Validated	-	122	306	852	332	178	352	588	385	353	758	435	375	278		122	278	127.9%
GP acute referrals (all CCGs)	Provisional	-	20,132	16,438	20,180	18,890	20,333	19,014	20,772	18,957	21,318	18,384	19,746	21,213	20,099		159,621	159,503	-0.1%
Non-GP acute referrals (all CCGs)	Provisional	-	11,402	9,379	11,606	10,403	11,646	10,886	11,552	10,679	11,991	10,174	10,725	11,187	11,038		86,013	88,232	2.6%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	2,115	2,231	2,366	2,136	2,154	1,986	1,901	1,759	1,815	1,709	1,805	2,079			12,395	13,054	5.3%
Mental Health Metrics (all NSFT other than Dementia)																			
IAPT: access rates (local target)	Provisional	1.58%	1.57%	1.36%	1.60%	1.44%	1.55%	1.41%	1.22%	1.27%	1.65%	1.20%	1.01%	1.42%	1.33%		10.49%	10.48%	
IAPT: recovery rates	Provisional	50%	51.2%	51.4%	59.0%	59.4%	55.5%	58.3%	59.5%	58.8%	57.9%	56.4%	58.9%	57.9%	56.9%		50.5%	58.1%	
IAPT: first treatment <6 weeks	Provisional	75%	84.7%	86.6%	92.0%	98.7%	99.4%	99.2%	98.5%	98.0%	98.1%	97.5%	94.6%	95.6%	95.5%		90.1%	97.2%	
EIP: treatment started <2 weeks (local target) (3 month rolling)	Provisional	56%	83.0%	81.7%	82.0%	84.6%	83.5%	93.2%	88.4%	72.1%	70.7%	67.1%	65.4%	73.5%	77.6%		83.0%	72.1%	
CYP: eating disorders - Urgent (seen in 1 wk) (3 month rolling)	Provisional	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	60.0%	80.0%		100.0%	87.5%	
CYP: eating disorders - Routine (seen in 4 wks) (3 month rolling)	Provisional	90%	85.7%	73.9%	64.0%	62.5%	84.2%	100.0%	95.5%	96.0%	90.5%	83.3%	64.3%	62.5%	72.2%		88.0%	77.8%	
Out of area placements (bed days - 18-65, in month)	Provisional	-	755	765	1,100	1,025	1,421	1,742	1,440	1,369	1,663	1,024	545	233	271		4,895	8,287	69.3%
Out of area placements (bed days - 65+, in month)	Provisional	-	0	30	45	105	16	0	31	73	87	7	46	218	237		415	699	68.4%
Dementia diagnosis (non-NSFT)	Validated	66.7%	63.5%	63.5%	63.4%	63.4%	64.1%	63.6%	63.8%	64.1%	64.3%	64.2%	64.1%	64.0%	64.0%		63.5%	64.0%	
Primary and Community Metrics																			
Proportion of older people still at home 91 days after discharge	Validated	90%	86.4%	84.1%	90.0%	85.7%	86.1%	80.7%	84.5%	82.3%	85.6%	91.4%	89.9%	88.6%			86.6%	88.6%	
18 Week 'Incomplete' Waiting Times	Validated	92%	87.9%	86.4%	88.6%	89.9%	90.8%	90.5%	91.8%	93.1%	93.7%	92.9%	92.4%	91.1%	90.0%		88.3%	91.9%	

STP High Level System Dashboard - JPUH

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Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust)	Validated	95%	94.3%	87.2%	84.7%	80.1%	83.7%	86.4%	90.1%	89.9%	86.1%	86.0%	84.8%	80.6%	79.0%		91.7%	85.4%	
A&E Total Attendances (as above)	Validated	-	6,266	6,541	6,613	6,046	6,978	7,041	7,133	7,040	7,710	7,775	7,037	6,883	6,626		54,896	57,245	4.3%
A&E Total Breaches (as above)	Validated	-	358	834	1,012	1,203	1,140	960	705	713	1,075	1,088	1,070	1,332	1,389		4,544	8,332	83.4%
Emergency admissions (N&W CCGs only)	Validated	-	1,635	1,683	1,671	1,623	1,699	1,615	1,603	1,409	1,698	1,488	1,534	1,666	1,597		12,376	12,610	1.9%
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	3.0%	1.0%	2.2%	1.4%	1.2%	0.8%	1.1%	1.5%	1.4%	1.4%	1.0%	1.9%	3.1%		2.2%	1.5%	
# DTOC - NHS (Norfolk patients)	Validated	-	42	7	48	35	28	0	21	42	56	35	40	46	155		703	395	-43.8%
# DTOC - Social Care (Norfolk patients)	Validated	-	296	98	215	126	126	92	105	133	126	133	74	186	204		1,241	1,053	-15.1%
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	7	14	0	0	0	0	0	0	7	14	11	28		4	60	1400.0%
% of A&E Ambulance handover delays > 60 min	Validated	-	0.0%	1.1%	2.6%	7.1%	5.5%	1.2%	0.4%	0.1%	4.0%	2.9%	5.5%	6.0%	7.8%		0.6%	2.9%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional at 31/12/19	93%	96.4%	97.4%	94.5%	94.1%	90.9%	94.6%	84.0%	85.3%	94.3%	92.3%	90.2%	91.8%	94.0%		96.6%	90.9%	
Two week wait breast symptoms (%)	Provisional at 31/12/19	93%	96.3%	93.4%	87.2%	82.5%	62.7%	88.9%	47.7%	73.0%	85.2%	71.4%	61.0%	63.0%	73.1%		96.7%	70.5%	
31 days from diagnosis to first treatment (%)	Provisional at 31/12/19	96%	100.0%	98.9%	100.0%	100.0%	100.0%	99.0%	100.0%	99.1%	99.1%	98.1%	100.0%	97.7%	100.0%		99.9%	99.0%	
31 days subsequent treatment - surgery (%)	Provisional at 31/12/19	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%		100.0%	98.8%	
31 days subsequent treatment - drug treatment (%)	Provisional at 31/12/19	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional at 31/12/19	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.		0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional at 31/12/19	85%	87.0%	83.5%	80.7%	78.3%	89.8%	89.8%	73.1%	76.3%	65.8%	82.9%	83.6%	83.9%	70.0%		81.1%	78.6%	
62 days from screening to first treatment (%)	Provisional at 31/12/19	90%	100.0%	92.3%	96.3%	100.0%	100.0%	100.0%	100.0%	95.5%	100.0%	88.9%	50.0%	100.0%	100.0%		98.3%	97.1%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	87.5%	85.7%	83.8%	84.0%	84.4%	86.2%	85.5%	82.0%	81.4%	81.8%	80.4%	80.3%	79.4%		87.5%	79.4%	
Total number incomplete pathways	Validated	-	13,211	13,073	13,117	13,101	12,904	16,036	16,543	16,356	15,589	16,481	16,672	16,864	16,996		13,211	16,996	28.7%
Total number of 40 week breaches	Validated	-	26	36	42	48	48	34	54	47	36	38	40	40	63		26	63	142.3%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	0	0	0	0	0	2	2	1	0	1	0	0	0		0	0	-
Diagnostic tests within 6 weeks	Validated	99%	99.9%	99.1%	98.5%	99.3%	99.4%	99.2%	98.9%	99.1%	99.4%	98.5%	99.3%	99.7%	99.4%		99.9%	99.4%	
Number of patients waiting > 6 weeks	Validated	-	2	29	51	27	23	30	45	36	24	51	24	13	23		2	23	1050.0%
GP acute referrals (all CCGs)	Validated	-	4,023	3,139	4,016	3,734	3,924	3,766	4,018	3,600	3,962	3,651	4,234	4,202	3,792		31,882	31,225	-2.1%
Non-GP acute referrals (all CCGs)	Validated	-	2,629	2,178	2,680	2,294	2,773	2,528	2,660	2,357	2,970	2,113	2,461	2,650	2,581		19,355	20,320	5.0%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	490	594	549	543	517	470	430	382	446	375	389	493			2,884	2,985	3.5%

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Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust, inc. WIC)	Validated	95%	85.6%	82.5%	77.1%	76.0%	76.9%	72.7%	82.1%	80.1%	80.6%	78.1%	75.4%	74.0%	71.4%		87.9%	76.9%	
A&E Total Attendances (as above)	Validated	-	16,425	16,764	16,829	15,847	17,264	16,900	18,046	17,194	18,727	18,256	17,596	17,738	17,299		137,713	141,756	2.9%
A&E Total Breaches (as above)	Validated	-	2,367	2,936	3,852	3,800	3,992	4,606	3,239	3,426	3,624	3,998	4,323	4,617	4,955		16,640	32,788	97.0%
Emergency admissions (N&W CCGs only)	Validated	-	4,312	4,401	4,649	4,006	4,467	4,373	4,383	4,320	4,537	4,296	4,235	4,575	4,488		34,222	35,207	2.9%
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Provisional	3.5%	3.3%	3.8%	4.0%	2.2%	3.1%	2.7%	4.2%	3.4%	4.1%	4.4%	4.6%	3.5%	3.9%		4.2%	3.9%	
# DTOC - NHS (Norfolk patients)	Provisional	-	274	281	429	262	354	298	247	253	314	466	495	344	343		3,984	2,760	-30.7%
# DTOC - Social Care (Norfolk patients)	Provisional	-	500	564	686	267	514	380	830	534	666	637	460	534	503		4,320	4,544	5.2%
# DTOC - Both NHS / Social Care (Norfolk patients)	Provisional	-	55	132	0	26	7	32	65	119	147	108	280	95	195		399	1,041	160.9%
% of A&E Ambulance handover delays > 60 min	Validated	-	12.9%	16.4%	18.6%	15.0%	2.1%	2.8%	0.3%	2.3%	2.3%	2.3%	4.6%	11.1%	18.2%		6.1%	3.6%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional	93%	67.0%	88.1%	84.4%	88.1%	87.0%	94.9%	93.0%	79.7%	76.3%	72.2%	71.0%	76.1%	79.5%		77.9%	80.1%	
Two week wait breast symptoms (%)	Provisional	93%	44.9%	28.6%	36.5%	28.4%	47.1%	98.6%	94.2%	92.5%	96.7%	96.3%	99.5%	97.0%	95.4%		88.5%	96.1%	
31 days from diagnosis to first treatment (%)	Provisional	96%	96.6%	97.0%	93.3%	96.6%	96.6%	96.5%	96.9%	97.4%	98.9%	97.1%	96.0%	97.0%	96.7%		96.4%	96.9%	
31 days subsequent treatment - surgery (%)	Provisional	94%	86.4%	84.5%	79.0%	89.6%	83.9%	83.0%	84.2%	88.8%	89.0%	87.5%	87.0%	86.8%	92.2%		86.3%	86.9%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	100.0%	99.0%	98.5%	99.2%	99.2%	99.1%	98.4%	98.2%	99.2%	98.3%	94.3%	96.9%	98.0%		99.8%	97.7%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	98.9%	97.4%	94.5%	100.0%	95.3%	96.6%	97.0%	96.3%	96.4%	97.4%	93.6%	94.7%	95.8%		98.2%	96.0%	
62 days from GP referral to first treatment (%)	Provisional	85%	71.5%	73.5%	62.9%	71.7%	68.2%	76.3%	76.5%	75.6%	73.5%	67.2%	67.1%	63.7%	69.8%		72.6%	71.1%	
62 days from screening to first treatment (%)	Provisional	90%	81.0%	81.4%	89.8%	82.9%	96.8%	84.6%	82.6%	79.5%	72.6%	94.1%	74.2%	96.7%	83.9%		83.1%	84.5%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	82.6%	81.9%	82.1%	82.5%	82.8%	82.6%	83.9%	83.5%	82.9%	81.8%	81.1%	79.9%	79.2%		82.6%	79.2%	
Total number incomplete pathways	Validated	-	41,864	41,444	40,979	41,120	41,328	42,159	43,390	43,625	44,493	45,224	45,612	46,253	46,882		41,864	46,882	12.0%
Total number of 40 week breaches	Validated	-	429	465	466	465	455	485	552	559	557	667	687	645	710		429	710	65.5%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	21	28	28	12	0	0	0	0	1	0	0	2	10		21	10	-52.4%
Diagnostic tests within 6 weeks	Validated	99%	99.1%	97.6%	93.5%	97.7%	98.8%	97.5%	96.8%	98.2%	98.9%	96.9%	97.5%	97.3%	97.9%		99.1%	97.9%	
Number of patients waiting > 6 weeks	Validated	-	98	256	769	287	142	290	382	210	129	348	274	309	236		98	236	140.8%
GP acute referrals (all CCGs)	Provisional	-	11,419	9,513	11,485	10,890	11,710	11,293	12,068	10,970	12,363	10,662	11,359	11,918	11,862		89,977	92,495	2.8%
Non-GP acute referrals (all CCGs)	Provisional	-	6,229	5,041	6,192	5,614	6,146	5,776	6,146	5,716	6,317	5,559	5,760	5,916	5,919		46,145	47,109	2.1%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	1,060	1,110	1,226	1,067	1,105	1,026	982	925	924	884	929	1,054	1,080		7,342	7,804	6.3%

STP High Level System Dashboard - QEH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust)	Validated	95%	78.1%	84.0%	74.9%	77.3%	82.0%	84.7%	83.8%	84.7%	81.1%	79.0%	79.9%	77.4%	76.2%		83.9%	80.8%	
A&E Total Attendances (as above)	Validated	-	5,640	5,678	5,681	5,311	5,984	5,950	6,031	6,068	6,309	6,299	5,889	6,050	5,929		46,019	48,525	5.4%
A&E Total Breaches (as above)	Validated	-	1,236	909	1,428	1,203	1,079	912	977	930	1,191	1,325	1,186	1,365	1,409		7,409	9,295	25.5%
Emergency admissions (N&W CCGs only)	Validated	-	2,202	2,085	2,275	1,949	2,227	2,141	2,234	2,171	2,145	1,997	2,036	2,254	2,301		16,465	17,279	4.9%
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	2.4%	2.5%	1.4%	1.3%	1.4%	1.2%	1.5%	1.9%	1.3%	0.8%	1.1%	1.9%	1.9%		2.4%	1.5%	
# DTOC - NHS (Norfolk patients)	Validated	-	249	242	142	120	138	118	160	200	109	65	86	146	141		2,125	1,025	-51.8%
# DTOC - Social Care (Norfolk patients)	Validated	-	33	73	41	32	42	27	37	37	62	44	49	105	102		278	463	66.5%
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	-
% of A&E Ambulance handover delays > 60 min	Validated	-	18.1%	13.3%	22.0%	20.2%	18.6%	14.6%	14.2%	15.2%	16.6%	16.4%	17.3%	17.5%	14.4%		9.6%	16.0%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional	93%	97.3%	97.4%	95.9%	95.1%	86.0%	81.0%	91.9%	95.9%	96.7%	96.2%	97.1%	97.1%	96.6%		96.2%	94.0%	
Two week wait breast symptoms (%)	Provisional	93%	100.0%	100.0%	91.3%	86.3%	29.8%	20.9%	66.1%	83.3%	91.5%	98.0%	98.1%	97.5%	98.6%		98.3%	81.3%	
31 days from diagnosis to first treatment (%)	Provisional	96%	96.2%	98.8%	97.2%	95.3%	96.5%	96.1%	93.2%	100.0%	97.2%	98.1%	97.9%	99.2%	99.2%		97.6%	97.6%	
31 days subsequent treatment - surgery (%)	Provisional	94%	92.9%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	85.7%	100.0%	90.9%	100.0%		99.2%	95.7%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%		99.5%	99.7%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.		0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional	85%	82.4%	80.0%	79.7%	74.6%	85.9%	70.9%	63.7%	81.1%	75.8%	63.9%	70.6%	63.6%	66.4%		82.2%	69.3%	
62 days from screening to first treatment (%)	Provisional	90%	85.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	90.9%	100.0%	100.0%		96.6%	98.5%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	80.1%	78.5%	78.8%	79.5%	79.8%	80.4%	82.5%	81.8%	81.1%	80.7%	79.6%	79.1%	78.1%		80.1%	78.1%	
Total number incomplete pathways	Validated	-	15,492	15,473	14,887	14,081	13,562	13,691	13,758	13,630	14,469	13,796	14,075	13,941	14,084		15,492	14,084	-9.1%
Total number of 40 week breaches	Validated	-	194	269	250	168	130	136	96	92	81	78	59	33	81		194	81	-58.2%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	1	1	1	1	0	0	0	0	0	0	0	0	0		1	0	-100.0%
Diagnostic tests within 6 weeks	Validated	99%	99.3%	99.3%	99.0%	99.5%	99.6%	99.1%	95.5%	96.4%	94.8%	91.0%	96.4%	98.6%	99.5%		99.3%	99.5%	
Number of patients waiting > 6 weeks	Validated	-	22	21	32	18	13	32	161	139	200	359	137	53	19		22	19	-13.6%
GP acute referrals (all CCGs)	Validated	-	4,690	3,786	4,679	4,266	4,699	3,955	4,686	4,387	4,993	4,071	4,153	5,093	4,445		37,762	35,783	-5.2%
Non-GP acute referrals (all CCGs)	Validated	-	2,544	2,160	2,734	2,495	2,727	2,582	2,746	2,606	2,704	2,502	2,504	2,621	2,538		20,513	20,803	1.4%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	565	527	591	526	532	490	489	452	445	450	487	532	526		3,794	3,871	2.0%

STP High Level System Dashboard - data sources, notes and caveats

Metrics	Data sources, notes and caveats
Unplanned Care Performance Metrics	
A&E 4 hr performance	*Source: A&E Attendances and Emergency Admissions, NHS England* Comprises whole provider figures including MIU and WIC for NNUH. Apr-18 NNUH figures adjusted using local WIC data as the nationally published figures did not include WIC.
A&E Total Attendances (as above)	
A&E Total Breaches (as above)	
Emergency admissions (N&W CCGs only)	*Source:* SUS+. Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit.
Delayed transfers of care (DTOC) - % of delayed days vs available bed days	*Sources: Monthly Delayed Transfers of Care Data, NHS England & Bed Availability and Occupancy Data – Overnight, NHS England* Norfolk only. There is no official denominator to agree DTOC rates, so the latest KH03 quarterly return for overnight occupied beds has been used. As such these figures will not reconcile with any other reported figures. Prior to Jun-18, JPUH were only submitting delay codes to NHS delays and not including social care.
# DTOC - NHS	
# DTOC - Social Care	
# DTOC - Both NHS / Social Care	
% of Ambulance handover delays - 60 min	*Source: Contract Files, East of England Ambulance Service NHS Trust* It's important to note that there is a discrepancy between EEAST and QEH views of handover delays at QEH.
Cancer Performance Metrics	
Two week wait GP referral (%)	*Source: Cancer Waiting Times, NHS England* Figures for the most recent month are submitted directly by providers and are provisional only. Comprises whole provider figures.
Two week wait breast symptoms (%)	
31 days from diagnosis to first treatment (%)	
31 days subsequent treatment - surgery (%)	
31 days subsequent treatment - drug treatment (%)	
31 days subsequent treatment - radiotherapy (%)	
62 days from GP referral to first treatment (%)	
62 days from screening to first treatment (%)	
Planned Care Performance Metrics	
Incomplete - RTT % waiting treatment <18 weeks	*Source: Consultant-led Referral to Treatment Waiting Times, NHS England* Comprises whole provider figures.
Total number incomplete pathways	
Total number of 40 week breaches	
Incomplete - RTT no. waiting treatment >52 weeks	
Diagnostic tests within 6 weeks	*Source: Monthly Diagnostics Data, NHS England* Comprises whole provider figures.
Number of patients waiting > 6 weeks	
GP acute referrals (all CCGs)	*Source: Monthly Activity Return, NHS England* Includes activity from all CCGs to afford a whole provider view. Locality summary provides CCG activity at three Norfolk acute providers.
Non-GP acute referrals (all CCGs)	
Avoidable emergency admissions (N&W CCGs only)	*Source: SUS+* . Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit. Avoidable Admissions have not been aggregated to STP level for the latest month due to low clinical coding completeness at JPUH, which shows an artificial reduction.
Mental Health Metrics	
IAPT: access rates (local target)	*Source: NSFT PI01 – Dashboard.* 2018/19: 16.8% locally agreed target; 2019/20: 19% locally agreed target. National target is 22% for 2019/20.
IAPT: recovery rates	*Source: NSFT PI01 – Dashboard.* 50% national target. Also published nationally - local data more timely
IAPT: first treatment <6 weeks	*Source: NSFT PI01 – Dashboard.* 75% national target. Also published nationally - local data more timely.
EIP: treatment started <2 weeks (local target)	*Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney.* RAG rated against 2018/19 - 53%; 2019/20 - 56% national target. Also published nationally - local data more accurate YTD figure is for the period May to October due to reporting 3 month rolling.
CYP: eating disorders - Urgent (seen in 1 wk)	*Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney.* RAG rated against 90% local target. Also published nationally - local data more accurate YTD figure is for the period May to October due to reporting 3 month rolling.
CYP: eating disorders - Routine (seen in 4 wks)	
Out of area placements (bed days - 18-65, in month)	*Source: NSFT PI07B – Dashboard.* Trajectory to be agreed. Apr-18 to Feb-19 Nationally Published, Mar-19 onwards NSFT report. Data reconciliation project currently in progress with NSFT.
Out of area placements (bed days - 65+, in month)	
Dementia diagnosis	*Source: NHS Digital Dementia Diagnosis publication* - based on NHS Digital Reports that are taken from the GP's QOF register.
Other Metrics	
Prescribing Spend by ASTRO-PU	*Source: Arden and GEM CSU* Figures are practice spend and exclude any chargebacks/rebates.