



City Hospitals Sunderland
NHS Foundation Trust



South Tyneside
NHS Foundation Trust

Performance Report

August 2018



The path to **excellence**

Performance Report Overview

This page explains the general layout of the indicator pages that form the bulk of the report. The report includes performance for both City Hospitals Sunderland NHS Foundation Trust and South Tyneside Foundation Trust

Key:

- Performance achieving the relevant target
- Performance not achieving the relevant target
- Actual performance
- - - Comparative performance for the previous year
- Target, operational standard, threshold or trajectory
- Planning trajectory (where relevant)
- - - Benchmark National
- - - Benchmark Regional

Page title representing a key performance indicator or a

Diagnostics

NHS LOS Operational Performance & National Operational Standard

- Number of patients on the diagnostic waiting list at month end
- Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
- % patients waiting 6 weeks or more for a diagnostic test at month end
- Number of diagnostic tests/procedures carried out in month

Director Lead: Sean Fenwick
Consequence of failure: Patient experience, quality, access & reputation

Both Trusts achieved the national operating standard for diagnostic waits at the end of April. CHS improved to 0.2% of patients waiting more than 6 weeks in April, whereas ST continue to have no breaches of the 6 week month-end target. CHS and ST also perform better than the latest national average.

Diagnostic activity has been stable at both Trusts between March and April. The waiting list position reduced at CHS. Conversely, the waiting list at ST has increased, which is mainly attributable to Non-Obstetric Ultrasound tests, although this continues to follow historical trends.

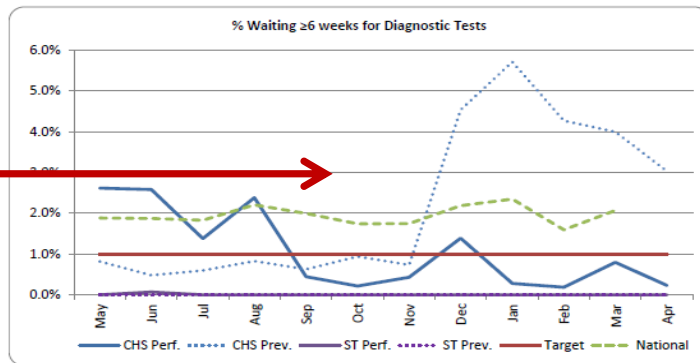
Indicator group

Indicator information, including a brief description, the name of the Director lead and consequence of failure

Narrative highlighting recent performance and corrective actions, where applicable

Diagnostics - April 2018	CHS				ST			
	WL Vol.	No. ≥6 wks	% ≥6 wks	Activity	WL Vol.	No. ≥6 wks	% ≥6 wks	Activity
Target			≤1%				≤1%	
Magnetic Resonance Imaging	424	2	0.47%	1,433	243	0	0.00%	491
Computed Tomography	434	0	0.00%	3,116	190	0	0.00%	828
Non-obstetric ultrasound	1,614	0	0.00%	2,781	940	0	0.00%	1,485
Barium Enema	31	0	0.00%	2	8	0	0.00%	15
DEXA Scan	142	1	0.70%	252	27	0	0.00%	106
Audiology	199	1	0.50%	1,287	N/A	N/A	N/A	N/A
Cardiology	372	0	0.00%	144	185	0	0.00%	377
Neurophysiology	97	0	0.00%	117	N/A	N/A	N/A	N/A
Respiratory physiology	145	0	0.00%	56	N/A	N/A	N/A	N/A
Urodynamics	19	0	0.00%	23	N/A	N/A	N/A	N/A
Colonoscopy	189	0	0.00%	265	108	0	0.00%	150
Flexi sigmoidoscopy	86	0	0.00%	85	37	0	0.00%	47
Cystoscopy	283	3	1.06%	533	1	0	0.00%	N/A
Gastrosocopy	244	3	1.23%	293	127	0	0.00%	245
Trust Total	4,279	10	0.23%	10,837	1,866	0	0.00%	3,744

Table showing current performance compared to target (where relevant)



Trend chart displaying the performance over the past 12 months or year to date, including benchmark performance (where applicable)

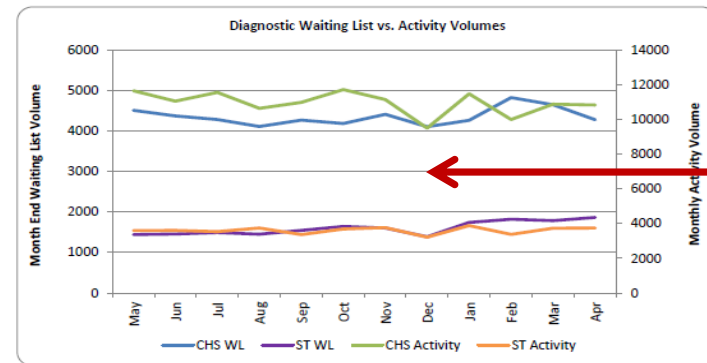


Chart displaying other relevant supporting information

Performance Scorecard

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering NHS Improvement Single Oversight Framework operational performance metrics, as well as national performance measures from the NHS Standard Contract 2018/19 and 'NHS Operational Planning and Contracting Guidance 2017 to 2019'.

Current SoF regulatory triggers (two or more consecutive months failure to achieve the target):

A&E 4 hours CHS ST **Forthcoming risks:** CHS ST
 Cancer 62 days

Indicator	Trust	Director Lead	Target	2017/18	2018/19						12-month trend	Page
				Actual	Month ¹	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD		
Operational Performance Measures - NHSI SOF: These metrics are used by NHS Improvement and form one of the five themes from the Single Oversight Framework, which is used to assess our operational performance. This will influence our segmentation and level of support. They also form part of the 2018/19 NHS Standard Contract.												
NHS Improvement Trust Segmentation	CHSFT		N/A		2	2	2				N/A	N/A
	STFT		N/A		2	2	2				N/A	
A&E - % seen in 4hrs	CHSFT	Sean Fenwick	≥95%	91.25%	89.38%	89.61%	89.28%				89.48%	4
	Trajectory			N/A	95.68%	94.48%	95.01%	90.01%	87.56%		91.73%	
	STFT		≥95%	94.35%	95.51%	95.00%	95.49%				95.19%	5
	Trajectory			N/A	95.00%	94.03%	95.00%	92.98%	90.04%		93.07%	
RTT - % incompletes waiting <18 wks	CHSFT	Sean Fenwick	≥92%	94.21%	94.18%	94.04%	94.38%				94.18%	6
	STFT			95.87%	95.97%	95.56%	95.99%				95.73%	
Cancer waits - % 62 days	CHSFT	Sean Fenwick	≥85%	83.62%	74.56%	83.57%	74.56%				81.27%	8
	Trajectory			N/A	85.44%	83.96%	83.58%	84.88%	83.94%		84.10%	
	STFT		≥85%	89.11%	90.32%	83.54%	90.32%				85.45%	9
	Trajectory			N/A	87.10%	87.50%	85.87%	86.96%	85.56%		86.44%	
% Diagnostic tests ≥6 wks	CHSFT	Sean Fenwick	<1%	1.32%	0.30%	0.27%	0.27%				0.27%	7
	STFT			0.01%	0.00%	0.00%	0.00%				0.00%	
IAPT - % Patients moving to recovery	STFT	Sean Fenwick	≥50%	55.94%	53.64%	56.92%	55.14%				56.19%	12
IAPT - % Patients waiting under 6 weeks	STFT	Sean Fenwick	≥75%	99.89%	99.47%	99.40%	99.39%				99.40%	12
IAPT - % Patients waiting under 18 weeks	STFT	Sean Fenwick	≥95%	99.42%	99.82%	99.94%	99.91%				99.93%	12
National Operational Standards: These are national targets that the NHS must achieve, mostly falling under the domain of quality, which are linked to delivery of the NHS Constitution. They also form part of the 2018/19 NHS Standard Contract.												
Cancelled operations 28 day breaches	CHSFT	Sean Fenwick	0	58	5	8	7				15	N/A
	STFT			0	0	0	0				0	
Cancer waits - % 2ww	CHSFT	Sean Fenwick	≥93%	96.53%	94.91%	95.45%	94.91%				95.33%	10
	STFT			94.99%	91.63%	82.96%	91.63%				85.17%	
Cancer waits - % 31 days	CHSFT	Sean Fenwick	≥96%	98.32%	97.65%	99.37%	97.65%				98.92%	11
	STFT			100.00%	100.00%	100.00%	100.00%				100.00%	
Cancer waits - % 31 days for subsequent treatment - surgery	CHSFT	Sean Fenwick	≥94%	96.78%	100.00%	98.65%	100.00%				99.00%	11
	STFT			100.00%	100.00%	100.00%	100.00%				100.00%	
Cancer waits - % 31 days for subsequent treatment - drugs	CHSFT	Sean Fenwick	≥98%	99.78%	100.00%	99.50%	100.00%				99.65%	11
	STFT			100.00%	100.00%	100.00%	100.00%				100.00%	
Cancer waits - % 62 days from screening programme	CHSFT	Sean Fenwick	≥90%	96.67%	100.00%	80.00%	100.00%				83.33%	8
	STFT			100.00%	100.00%	100.00%	100.00%				100.00%	9
Cancer waits - % 62 days from consultant upgrade	CHSFT	Sean Fenwick	N/A	80.18%	93.33%	85.71%	93.33%				87.18%	8
	STFT			95.65%	100.00%	100.00%	100.00%				100.00%	9
National Quality Requirements: These also form part of the 2018/19 NHS Standard Contract. In addition there are a number of zero tolerance indicators that are reported by exception, including Mixed Sex Accommodation breaches, A&E 12-hour trolley waits and urgent operations cancelled for the second time												
RTT - No. incompletes waiting 52+ weeks	CHSFT	Sean Fenwick	0	0	0	0	0				0	N/A
	STFT			0	0	0	0				0	
A&E / ambulance handovers - no. 30-60 minutes	CHSFT	Sean Fenwick	0	1,190	107	382	220				991	4
	STFT			532	89	213	176				389	5
A&E / ambulance handovers - no. >60 minutes	CHSFT	Sean Fenwick	0	271	17	33	27				99	4
	STFT			115	10	21	18				39	5
% VTE risk assessments	CHSFT	Ian Martin	≥95%	98.68%	98.53%	98.73%	98.55%				98.66%	N/A
	STFT	Shaz Wahid		95.95%	92.82%	96.37%	93.96%				95.40%	

1. Performance is one month behind normal reporting for all Cancer indicators (July 2018). NHS Improvement Trust Segmentation is based upon the latest position published

CHS Accident & Emergency

NHSI SOF Operational Performance, National Operational Standard & National Quality Requirements

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Number of attendances
3. National rank 4-hour performance against out of all acute Trusts
4. Number of ambulance arrivals
5. Number of ambulance handover delays between 15-30, 30-60 & over 60 minutes

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access, reputation & financial impact if the PSF trajectory is not achieved, which equates to £390k for achievement in quarter 2

A&E Indicators - August 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	89.38%	89.48%
Type 1 % seen in 4 hours	≥95%	83.38%	83.28%
Type 2 % seen in 4 hours	≥95%	98.05%	98.39%
Type 3 % seen in 4 hours	≥95%	99.75%	99.52%
Trust total attendances		13,066	68,286
Type 1 attendances		8,043	41,401
National rank (acute Trusts)		60/136	N/A
Ambulance arrivals		2,667	13,413
Ambulance handover delays - 15-30 mins	0	699	4,989
Ambulance handover delays - 30-60 mins	0	107	991
Ambulance handover delays - >60 mins	0	17	99

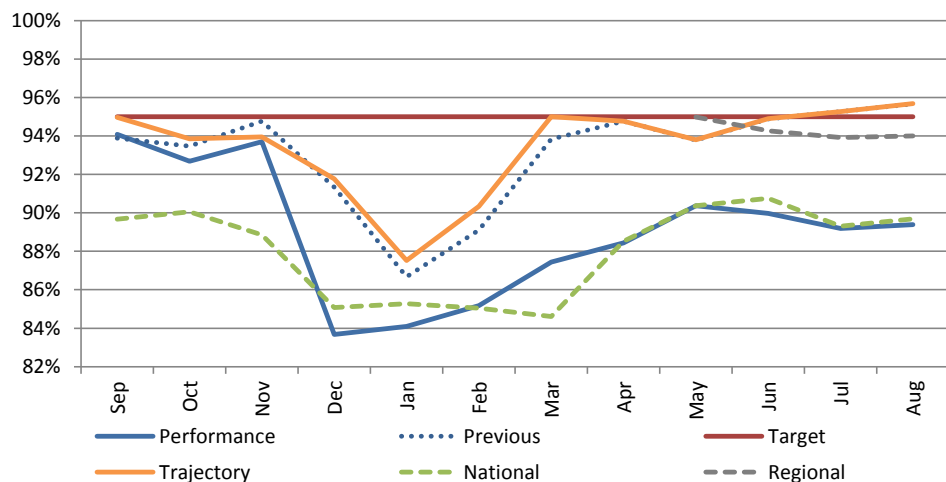
The Trust has failed to achieve the national operating standard for the total proportion of patients seen in A&E within 4 hours during August. Performance is slightly higher when compared to July, although much lower compared to August 2017. However, the volume of attendances was 4.6% higher than August 2017, which is primarily driven by an 9.3% increase in type 1 attendances. Emergency admissions via ED have increased in August, and volumes remain higher than expected for the time of year. There continues to be pressures on the department from both a demand and flow perspective. The directorate also continue to experience significant staffing pressures.

The Trust has risen to the upper middle 25% of Trusts nationally and were ranked 60th out of 136 acute Trusts. CHS were ranked 8th out of 9 Trusts regionally.

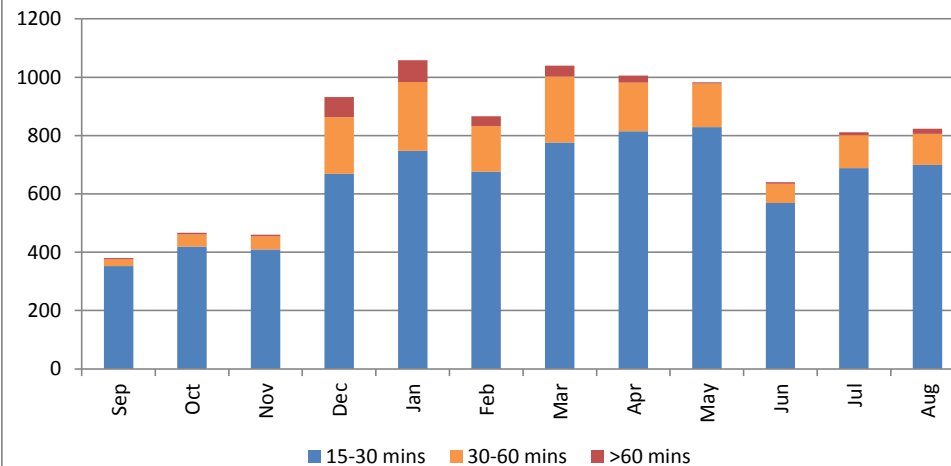
The number of ambulance arrivals was up 5.2% on August 2017 and the Trust received the second highest volume of ambulances out of all hospitals in the North East in the month. The number ambulance handover delays over 30 minutes has remained about the same in August. Delays as a proportion of all arrivals remained at 4.6%, which is about the same as the regional average.

There is an overarching action plan in place which includes enablers to deliver each of the recommendations made by the national Emergency Care Improvement Team (ECIP). There is an expectation nationally that performance is at least 90% over winter.

A&E % Seen In 4 Hours



Ambulance Handover Delays



ST Accident & Emergency

NHSI SOF Operational Performance, National Operational Standard & National Quality Requirements

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Number of attendances
3. National rank 4-hour performance against out of all acute Trusts
4. Number of ambulance arrivals
5. Number of ambulance handover delays between 15-30, 30-60 & over 60 minutes

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access, reputation & financial impact if the PSF trajectory is not achieved, which equates to £177k for achievement in quarter 2

A&E Indicators - August 2018	Target	Month	YTD
Trust total % seen in 4 hours	≥95%	95.51%	95.19%
Type 1 % seen in 4 hours	≥95%	95.09%	94.75%
Type 3 % seen in 4 hours	≥95%	100.00%	99.88%
Trust total attendances		5,478	29,746
Type 1 attendances		5,007	27,165
National rank (acute Trusts)		16/136	N/A
Ambulance arrivals		1,210	6,258
Ambulance handover delays - 15-30 mins	0	304	1,390
Ambulance handover delays - 30-60 mins	0	89	389
Ambulance handover delays - >60 mins	0	10	39

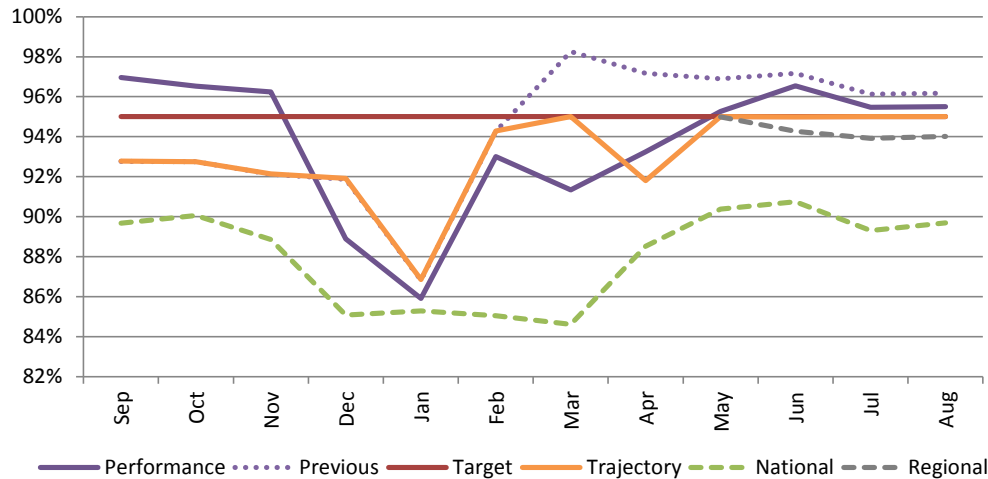
The Trust has achieved the national operating standard for the total proportion of patients seen in A&E within 4 hours during August, with performance improving slightly compared to July. Type 1 performance was also above target this month.

The volume of attendances seen during August was 2.1% lower compared to August 2017. This was related to lower type 3 attendances (-34.7%), as type 1 volumes were 2% higher than August 2017.

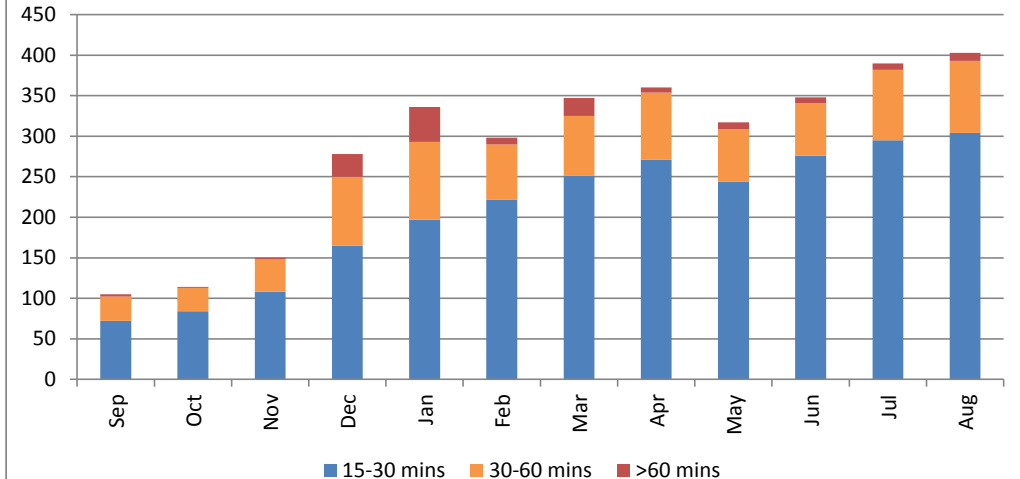
The Trust has moved up into the upper 25% of Trusts and was ranked 16th out of 136 acute Trusts. The trust was also ranked 4th best in the region.

The number of ambulance arrivals was about the same as August 2017 and the Trust continues to receive the fewest volume of ambulances out of all hospitals in the North East. Between July and August the number ambulance handover delays over 30 minutes have risen slightly, and delays as a proportion of all arrivals was 8.2%, which is higher than the regional average.

A&E % Seen In 4 Hours



Ambulance Handover Delays



Referral to Treatment (RTT)

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on an incomplete RTT pathway at month end
2. Number of patients on an incomplete RTT pathway waiting 18 weeks or more
3. Percentage of patients waiting less than 18 weeks on incomplete pathways
4. National RTT Stress Test - % risk of failing the incomplete standard in next 6 months

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access & reputation

The finalised aggregate level performance for incomplete RTT pathways at the end of August was above target for both Trusts and better than national average. Performance compared to last month was about the same for both trusts.

At specialty level only Trauma & Orthopaedics (T&O) and Oral Surgery failed to achieve the 92% target for CHS, whereas all specialties achieved the target at ST. Oral Surgery failed to achieve the target due to capacity issues resulting from the loss of 2 specialist registrars and an increase in complexity of referrals impacting on routine minor oral surgery capacity. Subsequently, performance is a risk in September but expected to improve beyond that.

In addition to the specialties listed above, Rheumatology, General Surgery, Neurology, Urology and within the 'Other' specialty group Lipid/Diabetic Medicine for CHS are all flagged as being at risk of failing the target in future months. Performance and ongoing risks are monitored and reviewed regularly in line with the Trust's Performance Improvement Framework.

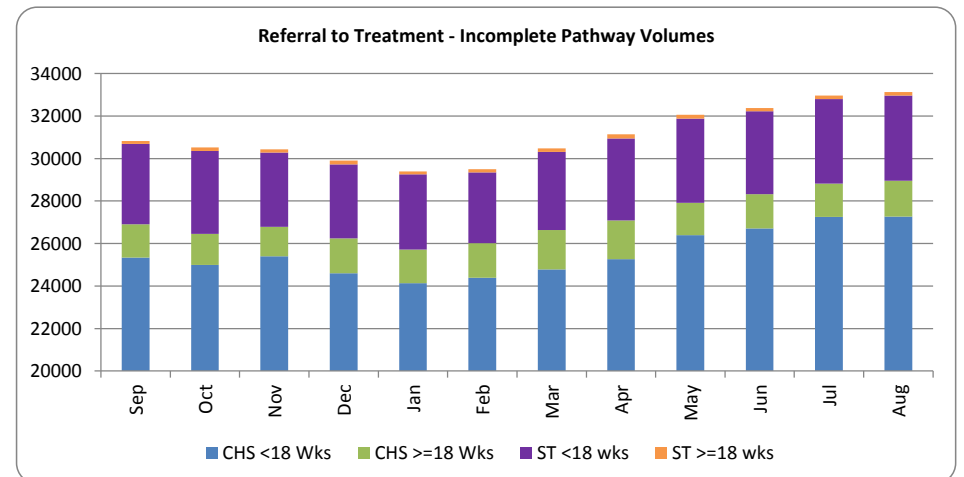
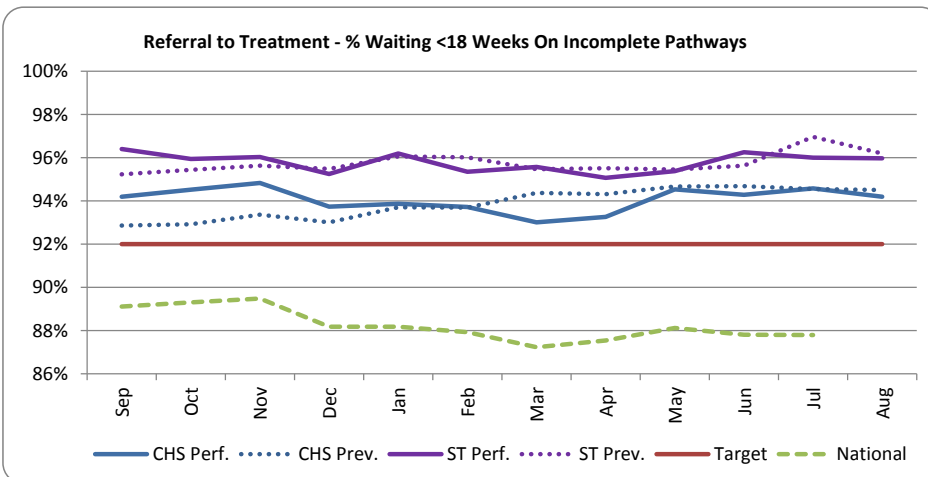
Both trusts are above the Incomplete waiting list total plan submitted for August.

The RTT stress test risk rating has increased for both trusts between June and July. Both Trusts continue to compare favourably, being ranked at 12th and 5th (best), respectively, out of 148 trusts.

RTT Incompletes - August 2018	CHS			ST		
	Volume	No. ≥18 Weeks	% <18 Weeks*	Volume	No. ≥18 Weeks	% <18 Weeks*
Target			≥92%			≥92%
Cardiology	574	4	99.30%	352	8	97.73%
Ear, Nose & Throat	2,964	153	94.84%	480	22	95.42%
Dermatology	N/A	N/A	N/A	333	0	100.00%
Gastroenterology	410	4	99.02%	523	31	94.07%
General Medicine	N/A	N/A	N/A	N/A	N/A	N/A
General Surgery	2,039	138	93.23%	582	32	94.50%
Geriatric Medicine	378	5	98.68%	117	5	95.73%
Gynaecology	1,072	11	98.97%	421	14	96.67%
Neurology	1,107	37	96.66%	N/A	N/A	N/A
Ophthalmology	4,463	66	98.52%	225	3	98.67%
Oral & Maxillo Facial Surgery	1,866	178	90.46%	N/A	N/A	N/A
Plastic Surgery	N/A	N/A	N/A	6	0	*
Rheumatology	995	61	93.87%	N/A	N/A	N/A
Thoracic Medicine	651	38	94.16%	194	10	94.85%
Trauma & Orthopaedics	3,404	472	86.13%	522	29	94.44%
Urology	3,012	179	94.06%	N/A	N/A	N/A
Other	6,024	338	94.39%	415	14	96.63%
Trust Total	28,959	1,684	94.18%	4,170	168	95.97%

*De minimis level >= 20 pathways in total

RTT Stress Test	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18
% Risk of failure in next 6 months	10.68%	12.78%	13.22%	9.17%	3.28%	5.08%
National rank (1st is best)	9/151	11/150	12/148	8/151	5/150	5/148



Diagnosics

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

Director Lead: Sean Fenwick

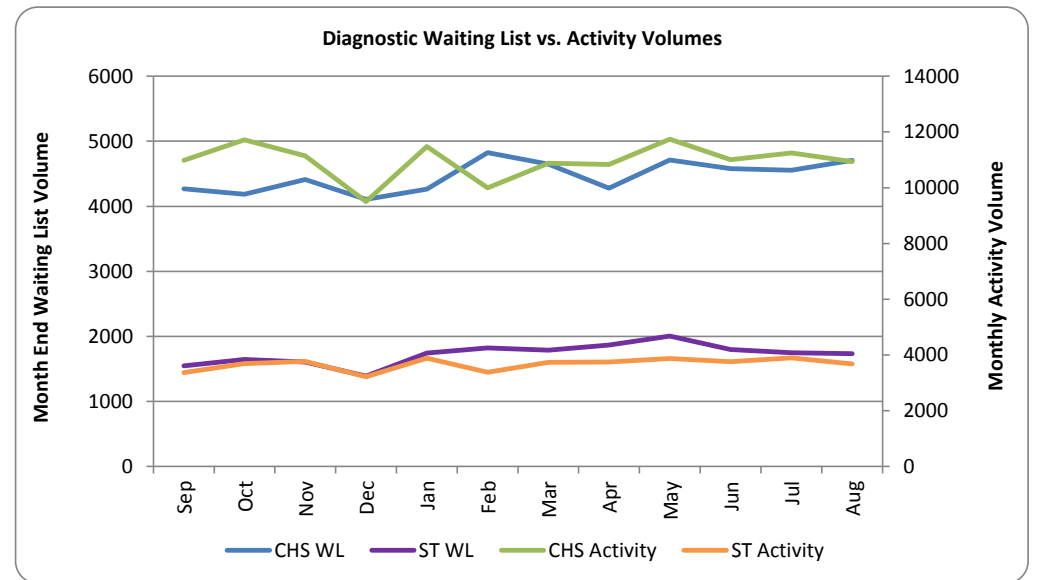
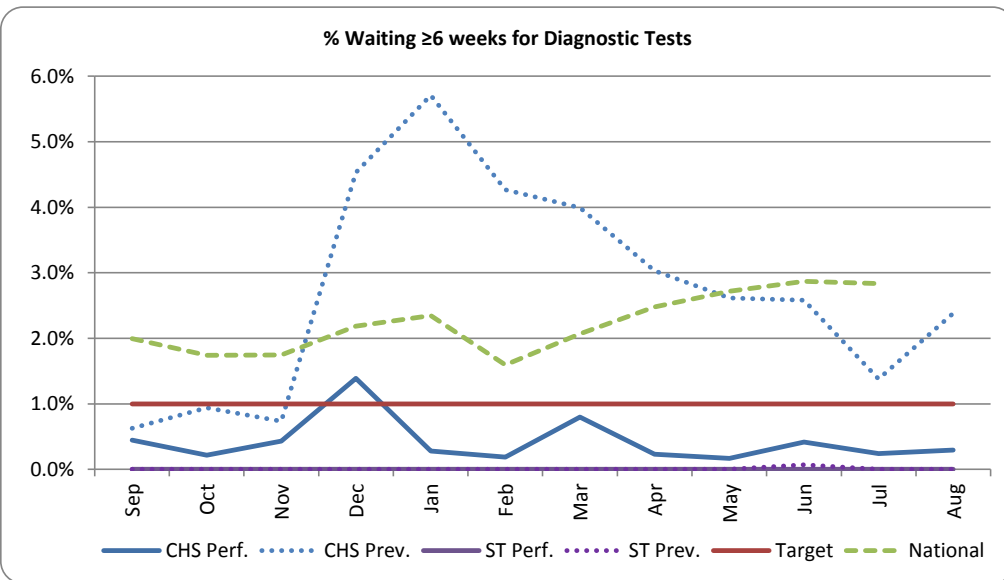
Consequence of failure: Patient experience, quality, access & reputation

Both Trusts achieved the national operating standard for diagnostic waits at the end of August. ST performance was the same as the previous month with 0 breaches, whereas CHS has decreased to 0.3%. Performance for both Trusts was also better than the latest national average (2.8%).

Diagnostic activity has decreased for both trusts, whereas the overall size of the waiting list has increased slightly between July and August at CHS. However, the waiting list level has remained about the same level at ST.

Demand for Non Obstetric Ultrasound and MRI scans remain high, but both are in line with historical volumes. There are risks at CHS in Cardiology and Urodynamics currently. Cardiology have experienced an increasing waiting list over the past four months, with increased capacity planning and waiting list management ongoing. Urodynamics pressures are due to staff leaving and resulting lost capacity. The situation for both is being closely monitored.

Diagnosics - August 2018	CHS				ST			
	WL Vol.	No. ≥6 wks	%≥6 wks	Activity	WL Vol.	No. ≥6 wks	%≥6 wks	Activity
Target			≤1%				≤1%	
Magnetic Resonance Imaging	565	2	0.35%	1,403	239	0	0.00%	480
Computed Tomography	426	0	0.00%	2,946	246	0	0.00%	846
Non-obstetric ultrasound	1,711	1	0.06%	2,854	735	0	0.00%	1,425
Barium Enema	30	0	0.00%	0	10	0	0.00%	17
DEXA Scan	140	0	0.00%	273	17	0	0.00%	116
Audiology	198	1	0.51%	967	N/A	N/A	N/A	N/A
Cardiology	602	1	0.17%	944	184	0	0.00%	376
Neurophysiology	50	0	0.00%	117	N/A	N/A	N/A	N/A
Respiratory physiology	115	0	0.00%	67	N/A	N/A	N/A	N/A
Urodynamics	54	4	7.41%	23	N/A	N/A	N/A	N/A
Colonoscopy	175	1	0.57%	293	114	0	0.00%	128
Flexi sigmoidoscopy	72	3	4.17%	98	41	0	0.00%	58
Cystoscopy	313	0	0.00%	598	N/A	N/A	N/A	N/A
Gastrosocopy	258	1	0.39%	351	147	0	0.00%	230
Trust Total	4,709	14	0.30%	10,934	1,733	0	0.00%	3,676



CHS Cancer 62 Day Waits

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & reputation

Trust performance was below the national target and national average in July. All tumour groups achieved the target with the exception of Lung, Skin, Urological and Other. There were 21.5 breaches in total, mainly due to complexity and prostate pathway delays. At tumour group level, most groups performed favourably against the national equivalent, with the exceptions being Lung, Skin and Urological. There were 7 breaches over 104 days in July, with 4 of these being in the Urological tumour group.

There were no breaches for patients referred from NHS screening programmes during July, and consequently the target was achieved. There was 0.5 breaches for patients treated following a consultant upgrade, with the breach attributable to Lung tumour group.

The volume of patients who are approaching their breach date has been reducing in August, but remains high. Urology is the main area of risk going forwards, due to ongoing capacity issues and diagnostic delays. An action plan is underway to address these issues in Urology, with pathways now showing improvement for new referrals.

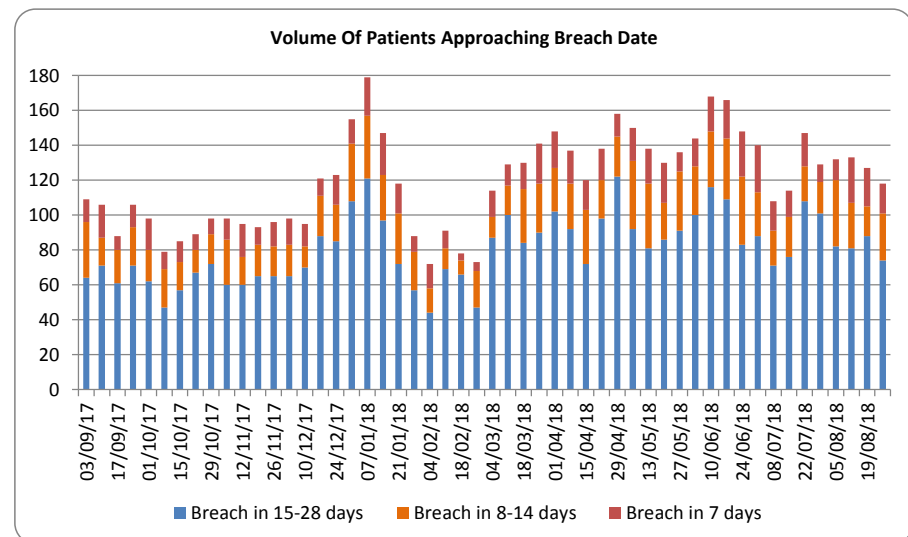
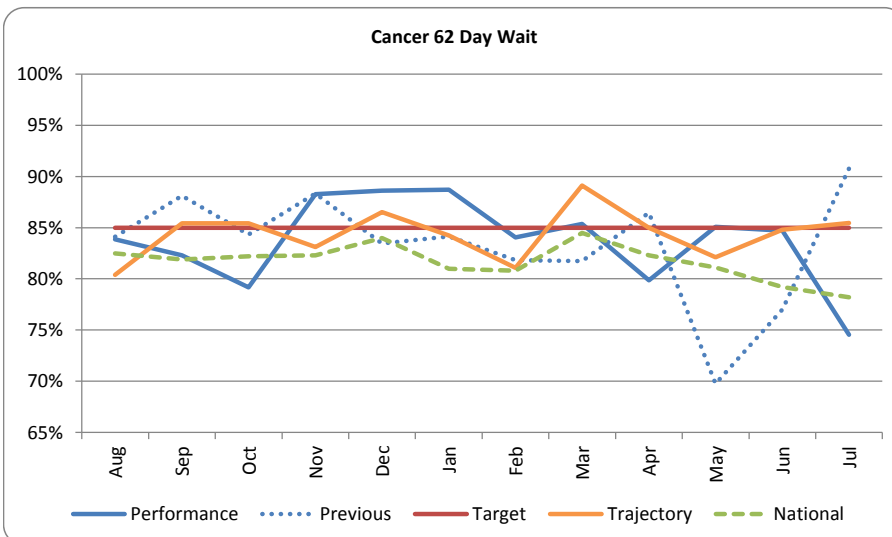
Performance remains a risk in the coming months.

First Definitive Treatment - July 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			85%	85%	85%	0
Breast	0.5	0.0	100.00%	91.6%	100.00%	0
Gynaecological	3.5	0.0	100.00%	N/A	92.31%	0
Haematological	8.0	1.0	87.50%	N/A	91.67%	0
Head & Neck	8.0	1.0	87.50%	N/A	-	1
Lower Gastrointestinal	4.5	0.0	100.00%	69.9%	89.36%	0
Lung	3.0	1.0	66.67%	71.4%	71.88%	0
Other	1.0	1.0	0.00%	N/A	20.00%	0
Sarcoma	0.0	0.0	N/A	N/A	100.00%	0
Skin	3.0	0.5	83.33%	95.5%	93.94%	0
Upper Gastrointestinal	8.0	1.0	87.50%	N/A	84.38%	2
Urological	45.0	16.0	64.44%	67.3%	76.86%	4
Total	84.5	21.5	74.56%	78.2%	81.27%	7

Non GP Referrals

Screening (Target: 90%)	1.0	0.0	100.00%	89.1%	83.33%	0
Consultant Upgrade	7.5	0.5	93.33%	86.7%	87.18%	0

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales



ST Cancer 62 day Waits

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & reputation

The Trust achieved the 62 day operating standard for urgent GP referrals in July and was also better than the national average. There were 1.5 breaches this month due to a combination of complexity, diagnostic delay and patient choice. It is important to note that the large variances in monthly performance are due to the relatively small volumes.

All patients that were referred from NHS screening programmes and those receiving treatment following a consultant upgrade were treated within 62 days during July.

The volume of patients approaching the 62 day breach date has remained high during August. This is mainly due to a high number of Colorectal & Upper GI patients who have waited longer than 14 days for first OP appointment, because of capacity issues. This has subsequently caused delay in the 62 day pathway.

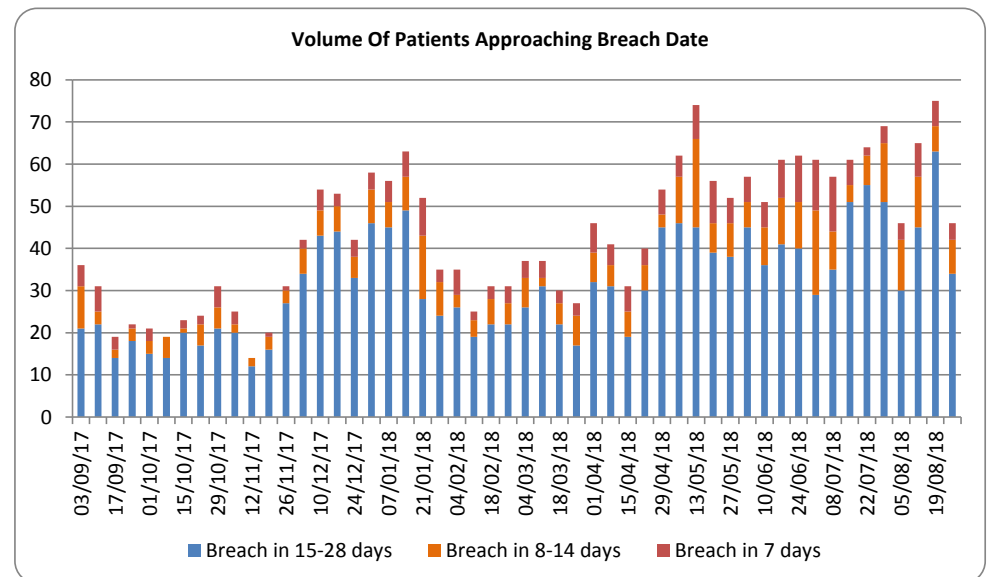
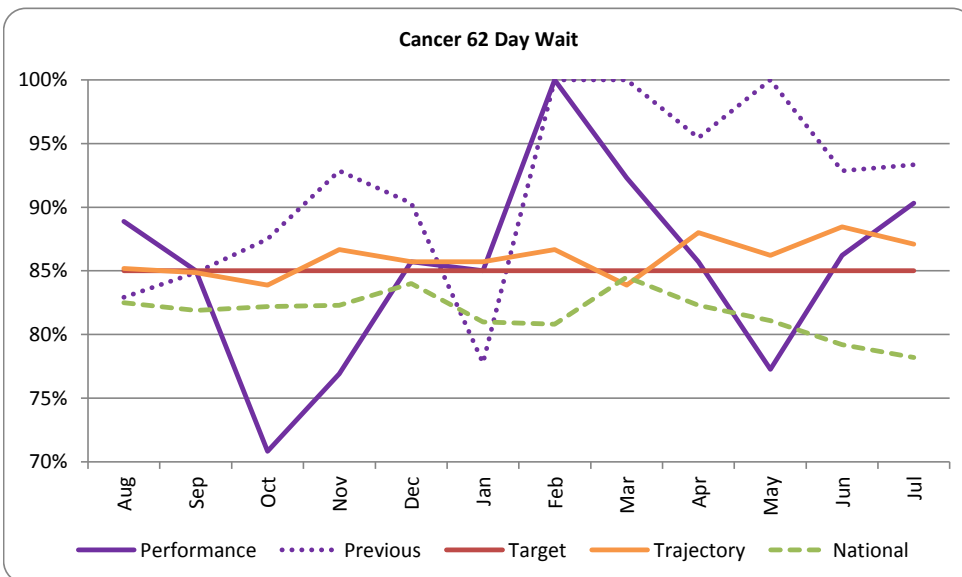
Indicative performance for August is currently below target.

First Definitive Treatment - July 2018*	Volume	Total Breached	Perf.	National Perf.	YTD	Number ≥104 days
Target			85%	85%	85%	0
Gynaecological	1.0	0.0	100.00%	0.0%	85.71%	0
Haematological	1.0	0.0	100.00%	0.0%	100.00%	0
Head & Neck	0.0	0.0	N/A	0.0%	50.00%	0
Lower Gastrointestinal	4.5	0.5	88.89%	69.9%	78.13%	0
Lung	6.0	0.5	91.67%	71.4%	97.06%	0
Other	0.5	0.5	0.00%	N/A	66.67%	0
Upper Gastrointestinal	2.5	0.0	100.00%	N/A	81.82%	0
Urological	0.0	0.0	N/A	67.3%	100.00%	0
Total	15.5	1.5	90.32%	78.2%	85.45%	0

Non GP Referrals

Screening (Target: 90%)	0.5	0.0	100.00%	89.1%	100.00%	0
Consultant Upgrade	4.5	0.0	100.00%	86.7%	100.00%	0

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales



Cancer 2 Week Waits

National Operational Standard

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within two weeks of an urgent GP referral for suspected cancer

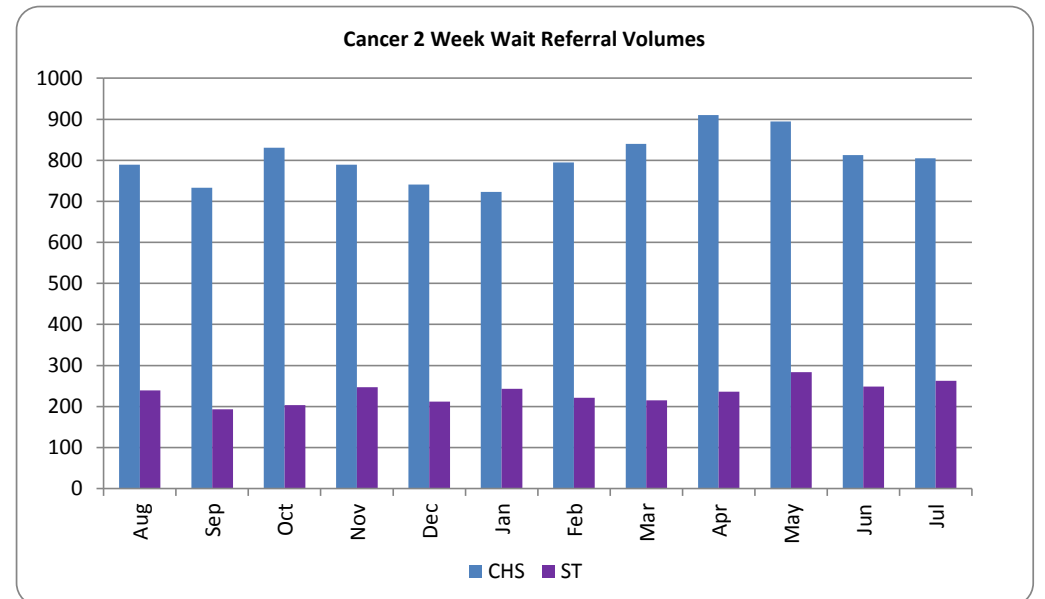
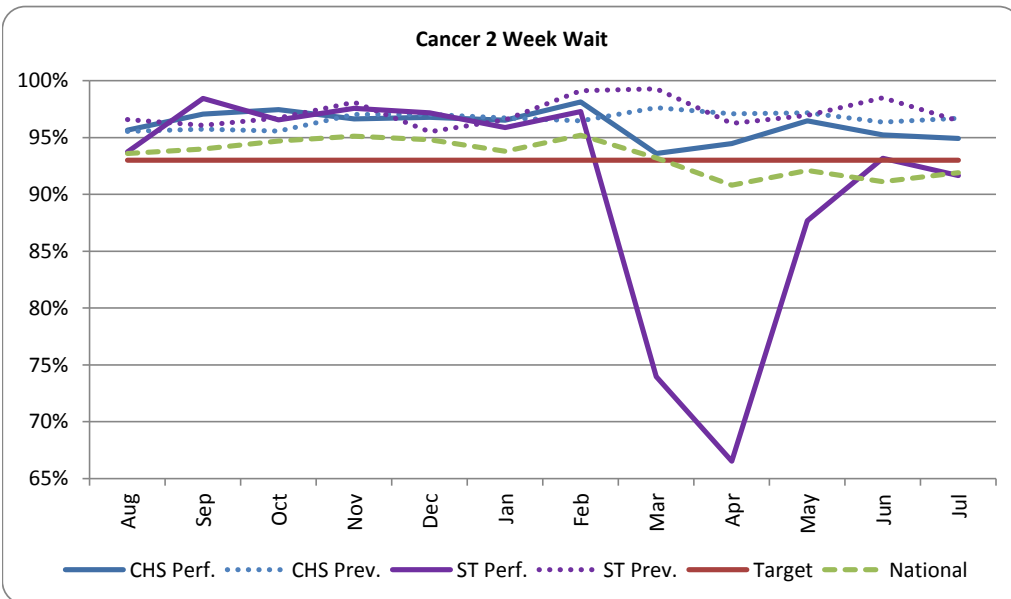
Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes

CHS achieved the 2WW target during July, although performance has reduced compared to June. All tumour groups were above target. The majority of breaches related to patient choice. ST was below the 2WW target in July, with the trust only achieving the target once in the last 6 months. Lower GI and Upper GI were the only tumour groups not to achieve the target. Gastroenterology and Colorectal Surgery remain subject to the formal performance escalation process. A revised pathway commenced in July with appropriate patients going straight to test following clinical triage. However, there are ongoing capacity issues for Gastroenterology, which means that achievement of the 2WW standard remains a risk. The specialty are continuing to pursue options to manage capacity and reduce the backlog. This remains a risk until October. Overall referral volumes that converted to first outpatient appointments reduced during June at CHS, but increased at ST. The reduction at CHS was seen mainly in Head & Neck and Upper GI tumour groups. Gynaecological and Lower GI tumour groups most contributed to the increase at ST. Indicative 2WW performance for August is above target for CHS but below target for ST.

Referrals for Suspected Cancer - July 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			93%			93%	93%
Acute Leukaemia	0	0	N/A	0	0	N/A	100.00%
Gynaecological	103	2	98.06%	56	1	98.21%	93.30%
Haematological	15	0	100.00%	4	0	100.00%	96.20%
Head & Neck	176	12	93.18%	19	1	94.74%	N/A
Lower Gastrointestinal	167	7	95.81%	113	16	85.84%	89.50%
Lung	27	1	96.30%	19	0	100.00%	96.40%
Other	0	0	N/A	0	0	N/A	84.40%
Testicular	18	0	100.00%	0	0	N/A	97.50%
Upper Gastrointestinal	89	6	93.26%	52	4	92.31%	91.90%
Urological (Excluding Testicular)	210	13	93.81%	0	0	N/A	94.00%
Total	805	41	94.91%	263	22	91.63%	91.90%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting



Cancer 31 Day Waits

National Operational Standard

1. Number of patients receiving first definitive treatment following a cancer diagnosis
 2. Number of receiving first definitive treatment more than one month of a decision to treat following a cancer diagnosis
 3. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
 4. % patients receiving subsequent surgery or drug treatments for cancer within 31 days
- Director Lead: Sean Fenwick
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

Both Trusts have continued to achieve the 31 day operating standard. The performance at CHS reduced during July, whereas ST remains consistent at 100%. Both Trusts continue to perform better than the national average.

At tumour group level only Head & Neck and Skin failed to achieve the target at CHS due to a small number of breaches, with Skin being the only tumour group lower than the national average at CHS. All tumour groups were higher than national average at ST.

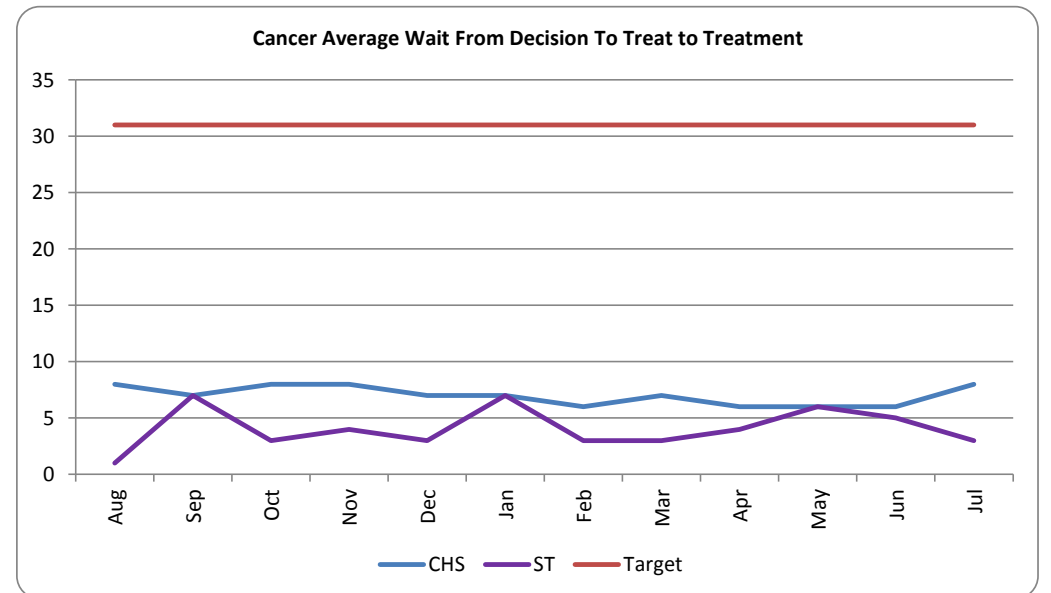
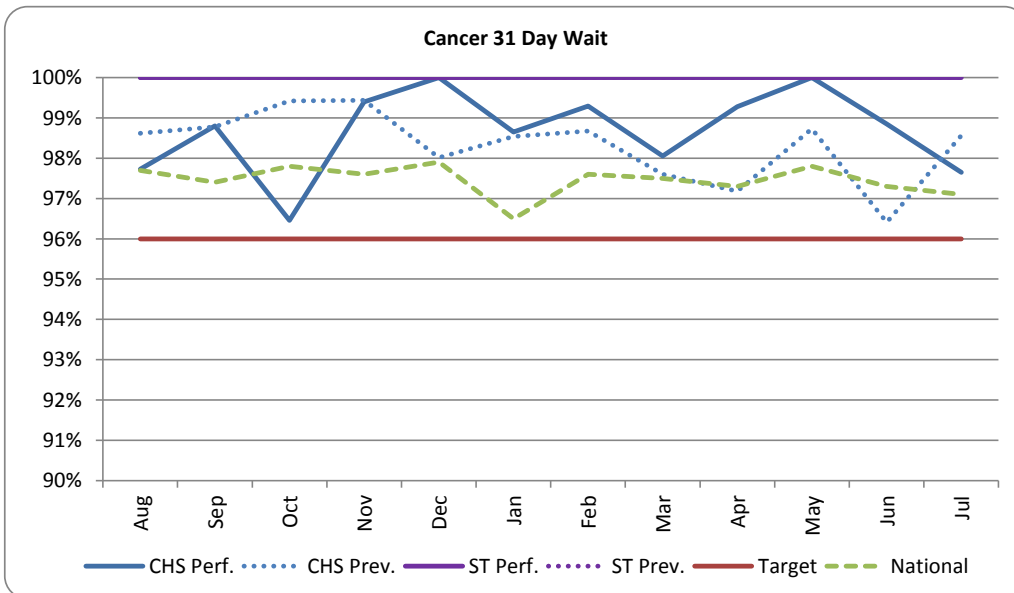
Indicative performance for July is currently above target for both Trusts. There were no breaches against either 31 day subsequent indicators for either trust.

First Definitive Treatment - July 2018*	CHS			ST			National Perf.
	Volume	Total Breached	Perf.	Volume	Total Breached	Perf.	
Target			96%			96%	96%
Breast	2	0	100.00%	0	0	N/A	98.7%
Gynaecological	4	0	100.00%	2	0	100.00%	N/A
Haematological	18	0	100.00%	1	0	100.00%	N/A
Head & Neck	14	1	92.86%	0	0	N/A	N/A
Lower Gastrointestinal	11	0	100.00%	8	0	100.00%	97.6%
Lung	24	0	100.00%	11	0	100.00%	98.7%
Other	2	0	100.00%	1	0	100.00%	97.9%
Sarcoma	0	0	N/A	0	0	N/A	N/A
Skin	7	2	71.43%	0	0	N/A	97.1%
Upper Gastrointestinal	15	0	100.00%	3	0	100.00%	N/A
Urological	73	1	98.63%	0	0	N/A	94.0%
Total	170	4	97.65%	26	0	100.00%	97.1%

Subsequent Treatments

Surgery (Target: 94%)	26	0	100.00%	1	0	100.00%	94.0%
Drug (Target: 98%)	82	0	100.00%	15	0	100.00%	99.4%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales



ST Improving Access to Psychological Therapies

NHSI SOF Operational Performance & National Quality Requirement

- 1. % of people who complete treatment who are moving to recovery
- 2. % 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
- 3. % of people that wait 18 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

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

Recovery performance remains variable but both localities have continued to achieve the target. Waiting time performance (both 6 week and 18 weeks) is stable and consistently achieves the respective targets. Referral volumes into both services during August has been higher than previous years but reasonably consistent with recent months. Waiting lists for both localities remains high, but stable. This does not represent a risk to achievement of the national standards.

IAPT - August 2018	Target	Volume	Total Breached	Performance	YTD
1. Recovery					
Gateshead	50%	310	146	52.90%	56.52%
South Tyneside	50%	225	102	54.67%	55.78%
Trust Total	50%	535	248	53.64%	56.19%
2. Waiting Times <6 weeks					
Gateshead	75%	329	0	100.00%	99.56%
South Tyneside	75%	236	3	98.73%	99.19%
Trust Total	75%	565	3	99.47%	99.40%
3. Waiting Times <18 weeks					
Gateshead	95%	329	0	100.00%	100.00%
South Tyneside	95%	236	1	99.58%	99.84%
Trust Total	95%	565	1	99.82%	99.93%

