


MEETING DATE:	10 th December 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP Governing Body
AGENDA ITEM NUMBER:	Item 7.3	
AUTHOR:	Emma Munday	
JOB TITLE:	Business Intelligence Manager	
DEPARTMENT:	Business Intelligence YHCS	

North Lincolnshire CCG Corporate Performance Executive Summary

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	<i>CCG EMT received and discussed this paper on the 30th November 2015.</i>
FREEDOM OF INFORMATION:	<i>Public</i>

1. PURPOSE OF THE REPORT:

To inform the CCG Governing Body on an exception basis of its corporate performance position (In support of the Business Intelligence Zone which can be accessed live by those authorised to do so)

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	X

3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

Data included in this report has been obtained from the following sources all of which are subject to quality and assurance validations undertaken either nationally or locally at a CSU/CCG level:

- Mandatory/Statutory Submissions by Provider Organisations via Unify
- Contractual data and information flows from Provider Organisations
- The Health and Social Care Information Centre

Its purpose is to provide the CCG with assurance against its corporate performance responsibilities as set out in the CCG Assurance Framework and against its commissioning plan.

The report is limited to the information provided to the CCG via the sources outlined above, whilst data quality and validation checks can be performed all data is owned by provider organisations at its point of origin.

This report contains information relating to the same frameworks each month, however content will vary subject to performance exceptions.

4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	x	No	
-----	---	----	--

The report supports the Quality/Performance section of the CCG Assurance Map, in particular Performance reporting – Financial and Quality. It provides management level assurance to the Engine Room and Governing Body to enable them to provide second line assurance to the CCG Council of Members.

The content of the report also provides assurance in support of the NHS England Balanced Scorecard.

In addition the report provides assurance against the CCG Board Assurance Framework (BAF) Risk FP1. *Position monitored by CCG Engine Room and Governing Body. Reviews of monitoring reports. Added to BIZ. Audit Group monitors adequacy of controls.*

The key risks contained in the report relate to the delivery of the NHS constitutional standards, not limited to but predominantly the following:

Performance Indicators

- Referral to Treatment Times (RTT)
- A&E 4 Hour Waiting Times
- Cancer Waiting Times
- Ambulance 8 & 19 Minute Response Times

The North Lincolnshire Systems Resilience Group now has accountability for oversight of the above constitutional areas. This group contains representation from the CCG, Acute & Community Trust, Mental Health Trust, Ambulance Trust, Local Authority and NHS England. A joint dashboard is produced for the meeting to enable the local position to be discussed in detail focusing on levels of performance and any system wide actions to enable recovery or improvement.

These performance levels are also managed through the Contract Management arrangements of the relevant provider. Where contractual target levels are not met the NHS Standard Contract enables the use of Contract Penalties, and/or can request remedial action plans from the provider. Full detail of any penalties applied can be found as part of the Contracting section of the Finance Report.

Specifically related to Cancer waiting times, there is also a Northern Lincolnshire Cancer Locality Group, represented by North Lincolnshire CCG, North East Lincolnshire CCG and the local Acute Provider. Breach information and pathway issues are discussed at this group.

Quality Indicators

- Healthcare Associated Infections – C Difficile

These continue to be reviewed at the Infection Control Group and route cause analysis produced by the infection Control Nurse are summarised as part of the exception reporting process.

More detailed recovery actions against these standards can be found in the report and further detail on the CCG's Business Intelligence Zone (BIZ) <https://secure.yhcs.org.uk/biz/nlccg/>

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x
-----	--	----	---

6. LEGAL IMPLICATIONS:

Yes	x	No	
-----	---	----	--

CCG's are accountable for the delivery of its statutory and local priorities.

7. RESOURCE IMPLICATIONS:

Yes	x	No	
-----	---	----	--

Additional Quality funding is dependent on the delivery of the Quality Premium Measures, a summary of the position against this is contained in this report.

8. EQUALITY IMPACT ASSESSMENT:

Yes		No	x
-----	--	----	---

9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x
-----	--	----	---

CCG Assurance Framework – Quarterly Balanced scorecard is published on the external CCG website.

10. RECOMMENDATIONS:

The CCG Governing Body are asked :

- To receive and note the report and be assured that areas of underperformance are being addressed at a local level to meet agreed targets and commitments.

North Lincolnshire CCG Corporate Performance Executive Summary 2015/2016

Author Business Intelligence Team

Date 27th November 2015

Meeting Date 10th December 2015



Performance Executive Summary: Position at 27th November 2015

The purpose of this report is to provide the North Lincolnshire CCG Engine Room and Governing Body with an updated summary position on an exception basis on the national performance indicators as set out in the NHS Outcomes Framework and Everyone Counts guidance and which form part of the CCG Assurance Framework.

This is supported by the Business Intelligence Zone (BIZ) which will be reviewed as part of the CCG Engine Room meeting, and can be visited by **CCG members** at any time on the following link: <http://biz.nyhcsu.org.uk/nlccg> - Please use this link and save to your favourites, any comments would also be appreciated. You can also sign up to receive a newsfeed e-mail alert. If you require any assistance with the site please contact either Emma Munday in the BI Department or your CCG Relationship Manager.

In all cases of deviation from target an **Exception Report** is raised whereby the lead in this area must provide underlying cause information as well as recovery actions if applicable. These reports are also available on the BIZ.

1. CCG Assurance

Are patient rights under the NHS Constitution being promoted?


Overall Constitution Indicator Performance







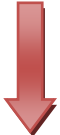
The following indicators all remain strong and are achieving the required level of performance or more:

- 6 Week Diagnostic Waits
- Trolley Waits
- 2 Week Cancer Referral to First Seen
- 31 Day Cancer Diagnosis to Treatment
- 31 Day Cancer Subsequent Treatment Waits (Drug Regimens and Radiotherapy)
- 62 Day Cancer Referral to Treatment (Screening Service and Consultant Upgrade Status)
- Mixed Sex Accommodation Breaches
- Cancelled Operations
- IAPT Entering Treatment Rates
- IAPT Recovery Rates
- Mental Health Care Programme Approach (CPA) Follow Up

Areas by Exception:


Area	RAG	↓↑	Comments	Lead
Referral to Treatment Times: Admitted Pathways <18 Weeks	R		<p>NHS England removed penalties for this indicator (and that of Non-Admitted Waits) in July 2015, so there are no contractual consequences of failure in this area. Performance is however still monitored locally as this remains a constitutional indicator.</p> <p>This was to allow providers to concentrate on delivering the 92% standard of 18 week incomplete waits (patients actively on a waiting list at the month end). The RTT Incomplete waiting time's position in September is on plan.</p> <p>The main areas of underperformance remain in Ophthalmology, Orthopaedics and Cardiology at Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLAG) and Orthopaedics at Hull & East Yorkshire Hospitals NHS Trust (HEY).</p> <p>The North Lincolnshire Systems Resilience Group (SRG)</p>	CB


			<p>now has oversight and accountability for RTT Performance.</p> <p>This area is also discussed in detail at Contract Review meetings where performance is closely monitored and challenged when appropriate.</p>	
Cancer 31 day waits: subsequent cancer treatments-surgery	R		<p>This target has not been met in September 2015.</p> <p>There were 2 breaches out of a total of 13 patients on this pathway. Both breaches occurred at Hull & East Yorkshire Hospitals NHS Trust.</p> <p>The first breach relates to a patient with a Deep Vein Thrombosis (DVT) who required at least 2 months Warfarin treatment before surgery could take place.</p> <p>The second patient's surgery was delayed (in total they waited 36 days) due to awaiting PET and MRI scan results.</p> <p>These breaches and all Cancer Pathway issues are discussed at both the SRG and the Cancer Locality Group.</p>	CB
Cancer 62 Day Referral to Treatment Waits	R		<p>This target has not been met in September 2015. There were 11 breaches out of a total of 40 patients on this pathway.</p> <p>Full details of each breach circumstance have been included in the exception report which can be access through the BIZ, but a number of themes emerging from the narrative provided are:</p> <ul style="list-style-type: none"> • Complex gastroenterology pathways • Pathways across more than 1 provider. • NLAG Urology pathway issues, in particular breaches have been attributed to issues with the MRI scanner available due to breakdown. <p>The local Acute Trust has been drawn to this information at the Quality Contract Review group for a formal response around the issues reported by the Cancer Tracking service. Once a response is received details will be included in the exception report.</p> <p>The information has also been provided to the Cancer Locality Group to review & assist in their review of each pathway breach.</p>	
Category A Ambulance Response Times 8 Minute RED 1	R		<p>Performance at East Midlands Ambulance Trust (EMAS) against the Category A 8 minute indicator for RED1 calls did not reach the required level in October 2015 (66.7%)</p> <p><i>The position for all ambulance Cat A response times are assessed at Trust level. The RED1 North Lincolnshire position at October 2015 is 70% which is also below the required 75% level.</i></p>	CB
Category A Ambulance Response Times 8 Minute RED 2	R		<p>EMAS overall performance is 58.4% in October 2015.</p> <p><i>North Lincolnshire performance in October 2015 is also below the target at 68.8% but to a lesser extent.</i></p>	CB

<p>Category A Ambulance Response Times 19 Minute</p>	R		<p>EMAS overall performance is 86.3% in October 2015.</p> <p><i>North Lincolnshire performance in October 2015 is also below the target at 88.3%.</i></p> <p>Performance for all three standards continue to fall below the National Standards, with A19 now being unachievable for the year.</p> <p>A meeting took place on the 10th November 2015 with EMAS Executives to review the updated Remedial Action Plan (RAP) following discussions which took place at the Partnership Board meeting. An updated version was received on Thursday 12th November, but the CCG are still awaiting the final version which should identify the actions to be taken each month to address current performance concerns.</p> <p>An escalation call took place between Executives at NHS England Area Team, the Trust Development Authority, EMAS and Hardwick CCG on 12th November in order to discuss current performance levels, the issues identified in the RAP and to get an understanding of the current financial position of EMAS. Failure to agree the RAP, or any actions or trajectories contained within it, will incur a financial withholding of 2% of the actual monthly contract value as outlined in General Condition 9.</p>	CB
--	---	--	---	----

Are health outcomes improving for local people (CCG Assurance Indicators Only)?

Areas of Exception:

Area	RAG	↓↑	Comments	Lead
<p>Reducing potential years of life lost from causes considered amenable to healthcare (all ages)</p>	R		<p>The indicator is calculated using the Office for National Statistics Mortality data and the mid-year population data as a directly standardised rate (DSR) per 100,000 registered patients. The target of 2083 has not been met as at September 2015 the rate has deteriorated to 2250.5 (DSR).</p> <p>Causes considered amenable to healthcare are those from which premature deaths should not occur in the presence of timely and effective health care. The Office for National Statistics (ONS) defines amenable mortality as follows: “A death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare”</p> <p>The actions from the CCGs strategic plan and commissioning intentions will all contribute to the improvement in this indicator. Specifically as outlined in the Strategic Plan 2014/15 – 2018/19 the following 3 interventions are aligned to securing additional year of life:</p> <ul style="list-style-type: none"> • Long Term Condition (LTC) Self Care • Whole System Approach to LTC Care • Early Cancer Diagnosis 	AC

Treating and caring for people in a safe environment & protecting them from avoidable harm – C Difficile	R		<p>Since the beginning of the 2015/2016 financial year there have been 21 cases of C Difficile, higher than the profiled trajectory of 16 year to date.</p> <p>In September 2015 there were 4 new cases reported, 2 deemed Community Acquired and 2 Hospital Acquired from the Root Cause Analysis (RCA). 2 of the cases were identified at Scunthorpe General Hospital, 1 at Castle Hill Hospital, Hull and 1 was identified in either General Practice or Outpatients.</p> <p>Details of each RCA can be found as part of the exception report on the BIZ along with weekly HCAI reports.</p>	CW
--	---	---	---	----

2. CCG Quality Premium

2014/2015 Achievement (Payment made in 2015/2016)

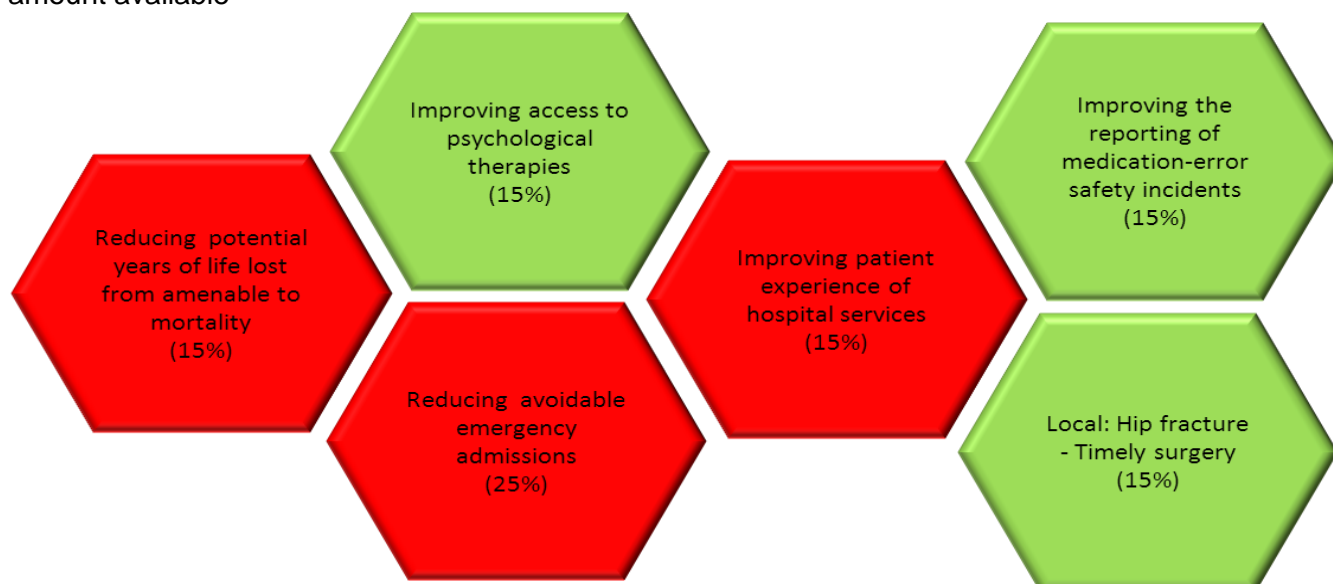
In summary this section highlights the areas included in the premium and the current position against the 2014/15 premium.

Financial Gateway

The CCG has achieved its target surplus for 2014/2015 so has met the necessary requirements to pass through the financial gateway. The full quality premium is therefore applicable in the next stage of the calculation;

Quality Gateway

The following shows the areas contained in the national and local measures and a very high level colour scale view against each area. Shown for information is the percentage weighting against each of the total amount available



The above shows therefore that approximately 45% of the premium is currently expected by the CCG.

NHS Constitution Gateway







A CCG will have its quality premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges. As assessment of the current position against these is also shown:

Quality Premium – NHS Constitution rights and pledges gateway	%	Current Achievement	Status	MET?
Referral to treatment times (18 weeks) incomplete	25%	Y	G	YES
A&E 4 Hour Waits	25%	N	R	NO
Cancer 2 week waits from urgent GP referral	25%	Y	G	YES
Category A Red 1 ambulance calls	25%	N	R	NO

This would indicate that 50% (following the 2 x 25% reductions above) of the 45% (shown in the quality gateway above) is available, which is approximately £190,000, similar to the funding paid for the 2013/2014 quality premium paid in 2014/2015.

2015/2016 Quality Premium

The following shows a new report on the performance against the 2015/2016 Quality Premium.

Measure	Short Name	% of Premium	Current Target	Current Performance (period)	RAG	Comments
Reducing potential years of life lost <i>(Source: HSCIC Indicator Portal: CCG OIS 1.1)</i>	Potential Life Year Lost	10%	2126.1	2250.5 (2014)		Next update due September 2016.
Urgent & Emergency Care - Achieving a reduction in avoidable emergency admissions <i>(Source: Levels of Ambition Atlas: Composite of all avoidable emergency admissions (ISR))</i>	Avoidable Emergency Admissions	30%	2505	2863.9 (2013/14)		
Mental Health - Reduction in the number of people with severe mental illness who are smokers <i>(Source: Data Extract by GPES)</i>	The number of people with SMI who are Smokers	8%				Comparison of % between 31/3/15 and 31/3/16. No current access /availability of data extracted by GPES to ascertain baseline, set target or get a current position.
Mental Health - Reduction in the number of patients with A&E 4 hour breaches who have attended with a mental health need together with a defined improvement in coding of patients attending A&E	A&E 4 Hour Breaches who have attended with a Mental Health need	10%	95%			Reporting in Development.
Mental Health - Increase in the proportion of adults with secondary mental health conditions who are in paid employment <i>(Source: HSCIC Indicator Portal: CCG OIS 3.17)</i>	Adults with SMI Conditions who are in Paid Employment	6%	12.3	9.9 (2014/15)		Next update due December 2015.
Mental Health - Improvement in the health-related quality of life for people with a long-term mental health condition <i>(Source: GP Patient Survey, CCG OIS 2.1 & 2.16)</i>	Health-Related Quality of Life for People with a Long-Term Mental Health Condition	6%	0.195	2014/15 data suppressed due to small numbers		This is a comparison between 14/15 and 15/16. 2014/15 data available September 2015. 2015/16 data available September 2016.
Improving antibiotic prescribing - reduction in the number of antibiotics prescribed in primary care <i>(Source: e-Pact)</i>	Antibiotics Prescribed in Primary Care	10%	1.213	1.193 (Sep'14 to Aug'15)		Below target for last rolling 12 month period.
Improving antibiotic prescribing - reduction in the proportion of broad spectrum antibiotics prescribed in primary care <i>(Source: e-Pact)</i>	Broad Spectrum Antibiotics Prescribed in Primary Care		13%	10.9% (Sep'14 to Aug'15)		Has been below target for the last rolling 12 month period.
Improving antibiotic prescribing - secondary care providers validating their total antibiotic prescription data <i>(Source: ?)</i>	Secondary Care Providers Validating their total Antibiotic Prescription Data		NLAG - Yes			Confirmed by lead that main provider (NLaG) do participate in this validation exercise. Monitoring in development.
Local Measure 1 - Emergency readmission within 30 days of discharge from hospital <i>(Source: Local SUS Data: crude rate)</i>	Emergency Readmission <30 days of Discharge from Hospital	10%	14.5	Q1 15/16 = 16.9 (Final 14/15 = 17.7)		Next update (Q2 2015/16) due November 2015.
Local Measure 2 - Hip fracture - timely surgery <i>(Source: NHFD Commissioner Report / HSCIC Indicator Portal: CCG OIS 3.12)</i>	Hip Fracture - Timely Surgery	10%	75.5%			Next update due December 2015.

3. Provider Assurance Dashboard

The Month 6 Provider Assurance Dashboards (summary page) for Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLAG), Hull & East Yorkshire Hospitals NHS Trust (HEY) and East Midlands Ambulance NHS Trust (EMAS) can be found at Appendix 1.

4. Highlight Report

This section of the report is meant to act as a soft intelligence section, and also to highlight any potential new or significant performance issues or risks. It may suggest action to be undertaken or simply be used to make the CCG aware of a status.

No	Description	Flag Type	Assigned	Status
1	<p>A&E 4 Hour Waits</p> <p>A&E Performance in September met the required 95% level.</p> <p>The position locally at NLAG was 95.5% with Scunthorpe performance stronger than that at the Diana Princess of Wales Site in Grimsby.</p> <p>On average at Scunthorpe there were 8 breaches per day (total in the month 247) which is a slight increase on August 2015 but compared with 13.5 (total in the month 404) in April is maintaining the required performance level.</p> <p>October 2015 data has just become available and confirms that the Trust did not achieve the required 95% this month. Once this data is published this position will move forward in the report.</p> <p>Both the Scunthorpe and Grimsby sites are below target and the average breach per day rate has risen to between 12 and 13 across the sites. An exception has been raised in preparation for the confirmed month end position.</p> <p>Although performance has improved consistently achieving target remains a challenge at NLAG. HEY performance, whilst showing some improvement remains below target. A/E performance is generally worse on a Monday, which reflects the low level of discharges over a weekend. The resilience plan will address increasing weekend discharges.</p> <p>The System Resilience Group will monitor both planned and unplanned care delivery and ensure the resilience plan provides resilience across both.</p> <p>Weekly monitoring will continue through 2015/2016 in the same format as 2014/2015 and updates against the actions set out in the Resilience Plan will continue to be provided.</p>	Risk	KP/JE/BI Team	Open
2.	<p>Provider Assurance Dashboards</p> <p>Dashboards are now included for Hull & East Yorkshire Hospitals NHST (HEY) and East Midlands Ambulance Service (EMAS).</p> <p>We are also developing a summary assurance report of the providers combined position which will be shared following the</p>	Information	BI, Contracts, Finance and Quality Teams	Open

	end of November 2015 (January 2015 Engine Room).			
3.	<p>Early Indications</p> <p>The following item has recently become available but is not yet included in this report as accompanying exceptions details and recovery actions have not yet been received back. We would however like to draw your attention to this and assure you that each are being fully investigated:</p> <p>Referrals to Treatment Times – The provisional position against the Incomplete, Admitted and Non-Admitted Pathways have all failed to meet the required standard in October 2015 (breakdown below). Contract managers have been alerted and appropriate challenge will be put through contract management routes where assurance and recovery actions will be sought.</p> <ul style="list-style-type: none"> • Incomplete Pathways, Target 92% Actual 91.4% • Admitted Pathways, Target 90% Actual 85.3% • Non-Admitted Pathways, Target 95% Actual 93.8% <p>As outlined previously, both the SRG and Contract Review Groups receive this position and appropriate levels of assurance will be sought around performance improvement and contract penalty notices may apply.</p> <p>Once this data is published this position will move forward in the report and Exception Reports will be provided.</p>			
4.	<p>Local Ambulance Measures</p> <p>The Quality Group met on the 27th August 2015 and as requested have agreed the following indicators to be included in future Performance Reports:</p> <p>Response Time by Minute (CCG Level) Handover Turnaround Times</p> <p>These reports are now in development and will be included in the December issue of this paper to the January Engine Room.</p>	News	Quality Group	Open
4.	<p>Public Health Indicators</p> <p>Following discussion at CCG Engine Room on the 3rd September it was agreed that we would look to reintroduce some key Public Health Outcomes Measures as part of the Corporate Performance Reporting. Further work is required in this area and a proposal will be put to the January 2016 Engine Room.</p>	News	BI	Open
5.	<p>2014/2015 Quality Premiums</p> <p>Following the submission of quality premium templates to the local NHS England office the CCG has received notification from the national team that we can expect confirmation of our QP award by the end of November 2015.</p>	News	BI	Open

	<p>A number of delays have held up this process including the accessibility of the Medication Safety measure data which the national team should be receiving shortly so that the analytical team can align this element of the award.</p> <p>This will enable the next version of this report to include a confirmed 2014/2015 award value.</p>			
--	--	--	--	--

Prepared by Yorkshire and Humber Commissioning Support - North Lincolnshire Business Intelligence Team on behalf of and in partnership with North Lincolnshire CCG

Emma Munday, Business Intelligence Manager

APPENDIX 1

PROVIDER ASSURANCE DASHBOARDS

CONTENTS

- 1) NORTHERN LINCOLNSHIRE & GOOLE HOSPITALS NHS FOUNDATION TRUST
- 2) HULL & EAST YORKSHIRE HOSPITALS NHS TRUST
- 3) EAST MIDLANDS AMBULANCE SERVICE NHS TRUST
- 4) *ROTHERHAM DONCASTER & SOUTH HUMBER HEALTHCARE NHS FOUNDATION TRUST
(IN DEVELOPMENT)*

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016

PROVIDER **Northern Lincolnshire & Goole Hospitals NHS Trust**

MONTH **6**

QUALITY [Click for Quality Narrative](#)

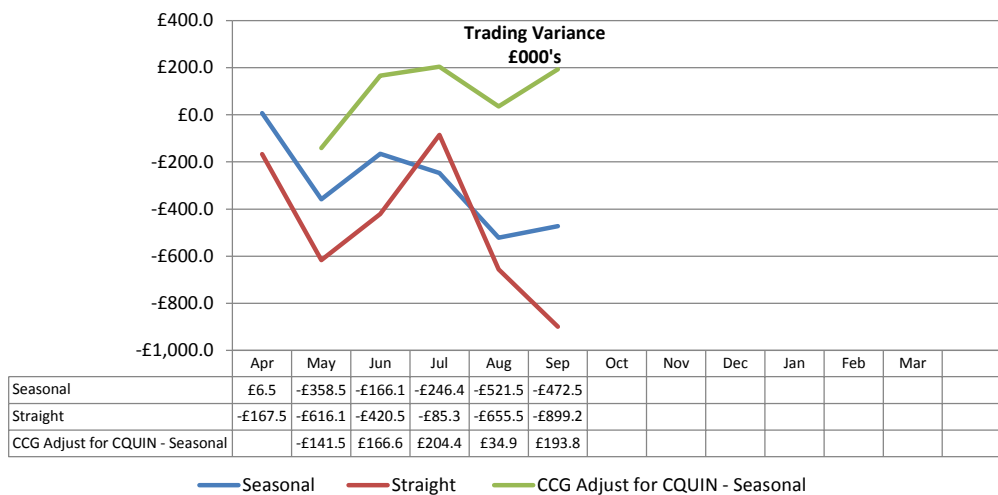
Quality Indicators **0** **8**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Mortality	95	109.8		Yes
FFT (A&E and Inpatient)	Top 50%	Bottom 50%		
NICE compliance	90%	82.0%	8.0%	Remedial action undertaken

FINANCIAL TRADING & RECONCILIATION

[Click for Further Finance Report](#)

Contract Trading Variance £000's



Notes:

The contract is currently trading approximately 0.4% above plan. This is driven by a Non-Elective overtrader in General Medicine offset by underperformances in Elective and Outpatient Care.

The Trust monitoring statement reports an overall undertrade but this is due to displaying CQUIN at only 50% achievement. The CCG assume full achievement until full reconciliation later in the year.



Yorkshire and Humber
Commissioning Support

PERFORMANCE [Click for Performance Narrative](#)

Performance Indicators **2** **24**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
RTT Admitted >18 Weeks	90%	87%	-3%	Not required
A&E 4 Hour Waits	95%	94%	-1%	
			0	

CONTRACT HIGHLIGHTS

[Click for Contract Issues Log](#)

Key Trading Variances (by Exception Only):

POD	Specialty/ Department	Activity Volume	£000's	Comments
Elective/ Daycase	Gastro	229	96.4	Overall there is an Elective undertrade of approx 7.6% financially but activity is only 2% below plan. This would suggest shift in casemix.
	Colorectal Surg	202	73.6	
Non-Elective	Colorectal Surg	97	200	There is an undertrade on activity (-2.9%) but an overtrade on cost (3.6%) indicating a richer casemix.
	General Med	105	400.5	
Outpatient New	Gastro	433	80.7	Outpatient First Attendances are on plan overall in both activity and cost.
	Paediatrics	178	32.4	
Outpatient Review	Urology	355	26.8	There is a slight undertrade on review appointments of (-1.8%). Specialty level however is varied.
	Colorectal Surg	325	26	
	Paediatrics	451	35.8	
A&E				A&E activity is broadly on plan although the casemix is varied.
Other	CT&MRI	545	66.9	Overall the imaging activity is 7% above plan, with cost 17% above plan so higher cost test.
	Myo Perfusion	373	147.5	

There is a -0.9% financial undertrade on the year to date contract value, however many QIPP and BCF schemes are yet to be profiled in line with the start dates of schemes.

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016



Yorkshire and Humber
Commissioning Support

PROVIDER **Hull & East Yorkshire Hospitals NHS Trust**

MONTH **6**

QUALITY [Click for Quality Narrative](#)

Quality Indicators **2** **0** **0**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
VTE Risk Assessment	95%	71.20%	23.80%	
Serious Incidents		9		

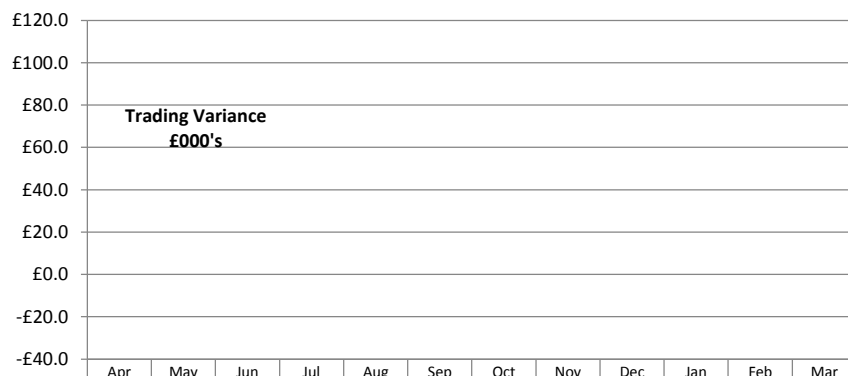
PERFORMANCE [Click for Performance Narrative](#)

Performance Indicators **8** **0** **18**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
A&E 4 Hour Waits	95%	80.74%	14.50%	Yes
RTT Incomplete Waits >18w	92%	87%	-179%	Yes
52 Week Waits	0	1	1	Yes

FINANCIAL TRADING & RECONCILIATION [Click for Further Finance Report](#)

Contract Trading Variance £000's



— Seasonal — Straight — CCG Adjust for CQUIN - Seasonal

Notes:

The contract overall is slightly overtrading at approx 0.2% (£110K). Key areas of over performance are Non-Elective Spells in the specialties shown in this report, and rehabilitation services.

CONTRACT HIGHLIGHTS [Click for Contract Issues Log](#)

Key Trading Variances (by Exception Only):

POD	Specialty/ Department	Activity Volume	£000's	Comments
Elective/ Daycase				No significant areas of variance
Non-Elective	Vascular Clinical Heam Nephrology	2 8 18	55 44.7 51	No significant increases in activity but some high cost areas over causing slight pressure.
Outpatient New	Nephrology	18	4.4	Overall outpatient is under plan in most areas, the only slight adverse variances are shown here.
Outpatient Review	General Surgery Cardiology	39 27	1.8 1.3	
A&E		-41	9.5	Activating under cost over would indicate a higher acuity of patient. Review
Other				

Block commitment driving a the majority of the overtrade which is the result of the

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016



Yorkshire and Humber
Commissioning Support

PROVIDER **East Midlands Ambulance Service**

MONTH **6**

QUALITY [Click for Quality Narrative](#)

Quality Indicators **2** **0** **0**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Clinical Handover	00:15:00	00:23:01	00:08:01	

PERFORMANCE [Click for Performance Narrative](#)

Performance Indicators **3** **0** **0**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Category A Responses RED1	75.0%	70.6%	-4%	Remedial Action Plan in place and available in report.
Category A Responses RED2	75.0%	66.2%	-9%	
Category A Responses 19m	95.0%	89.6%	-5%	

FINANCIAL TRADING & RECONCILIATION

[Click for Further Finance Report](#)

Contract Trading Variance £000's



Trading Variance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trading Variance						-117.4						

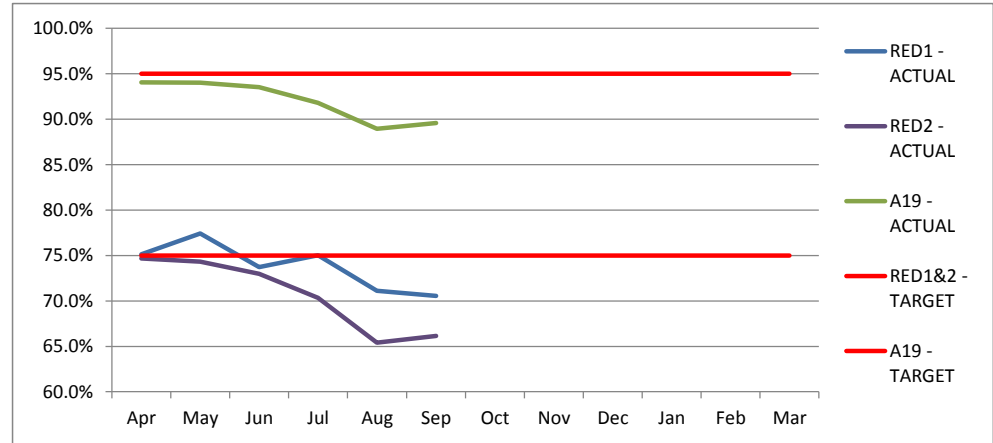
— Trading Variance

Notes:

The contract is currently undertrading as shown above.

Performance penalties have been calculated to the sum of £52K but this has been reinvested into the Trust.

2015/2016 Response Rate Trends



CONTRACT HIGHLIGHTS

[Click for Contract Issues Log](#)

There has been a steady drop in the performance levels against all Category A Responses as shown in the chart above.

Await outcome of the CQC visit which will focus on A&E, PTS and Emergency Ops centre.