


MEETING DATE:	11 th February 2016	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP Governing Body
AGENDA ITEM NUMBER:	Item 8.3	
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 1st February 2016</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	
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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
- IAPT Recovery Rates

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, MRSA

These continue to be reviewed at the Infection Control Group and root 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) <http://biz.nyhcsu.org.uk/nlccg/>

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x
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6. LEGAL IMPLICATIONS:

Yes	x	No	
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CCG's are accountable for the delivery of its statutory and local priorities.

7. RESOURCE IMPLICATIONS:

Yes	x	No	
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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
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x
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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 1st February 2016

Meeting Date 11th February 2016



Performance Executive Summary: Position at 1st February 2016

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:


- RTT 52 Week Waits
- 12 Hour Trolley Waits
- 2 Week Cancer Referral to First Seen
- 31 Day Cancer Diagnosis to Treatment
- 31 Day Cancer Subsequent Treatment Waits (Surgery, Drug Regimens and Radiotherapy)
- 62 Day Cancer Referral to Treatment (Total, Screening Service and Consultant Upgrade Status)
- Mixed Sex Accommodation Breaches
- Cancelled Operations (including 2nd Cancellations)
- IAPT Entering Treatment Rates
- Mental Health Care Programme Approach (CPA) Follow Up

Areas by Exception:

Area	RAG	↓↑	Comments	Lead
Referral to Treatment Times: Admitted, Non-Admitted and Incomplete Pathways <18 Weeks	A		All 3 RTT 18 Week indicators have again failed to meet the required levels in December 2015. Penalties and consequence to providers does not apply for Admitted (Red) and Non-Admitted (Amber) waits however they do for Incomplete Pathways (those still waiting at month end). The main driver behind this is the position locally at Northern Lincolnshire & Goole Hospitals (NL&GFT). Significant pressure specialties continue to be Orthopaedics, Ophthalmology and General Surgery.	CB


			<p>This matter has been raised with NL&GFT through the contract management arrangements. At the last Quality Contract Review (QCR) meeting the challenge was placed by requesting further detail on recovery actions. Head of Performance advised that Root Cause Analysis meetings have now been re-introduced by the Trust. They will focus on the 18 week RTT position, Outpatient Follow Up's and the 62 Day Cancer Wait pathway.</p> <p>The Trust confirmed that a full recovery plan is currently in development. Commissioners requested that the Trust develops a plan for each specialty (where the specialty is failing), with recovery plans to be submitted to the next QCR, details of which will be summarised as part of the contract exception report.</p>	
6 Week Diagnostic Waiting Times	A		<p>There have been a high number of breaches of this target in December 2015. Although a number of Trusts have reported a small number of breaches a large proportion are for CT at NL&GHFT.</p> <p>In total the Trust have reported 47 CT breaches of the target.</p> <p>The breaches occurred due to the breakdown of the CT Machine over a couple of days. As this happened at the end of December the Trust reported that they had no capacity to reappoint the patients before the end of the month. An effort was made by the Trust to secure other Mobile resource and requested assistance from St Hugh's however they were closed over the Christmas period.</p>	CB
A&E 4 Hour Waiting Times	A		<p>A&E Performance in December 2015 did not meet the required 95% level.</p> <p>The position locally at NL&GHFT was 92.9% with Scunthorpe performance significantly stronger than the Diana Princess of Wales Site in Grimsby.</p> <p>On average at Scunthorpe there were 10.5 breaches per day (total in the month 325) which continues to increase month on month.</p> <p>January 2016 also does not seem to be improving based on the local weekly data flow provided by the Trust.</p> <p>Consistently achieving this target remains a challenge at NL&GFT. HEY performance, whilst showing some improvement also remains significantly below target.</p> <p>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>	CB


			The System Resilience Group will monitor both planned and unplanned care delivery and ensure the resilience plan provides resilience across both. Weekly monitoring continues and updates against the actions set out in the Resilience Plan will continue to be provided.	
Cancer 2 Week Waits: Breast Symptoms	A		<p>The November position failed to meet the 93% target for the first time this financial year, at 92.9%. Provider reports indicate this is relating to 4 out of 56 patients failing to meet the target, all of which were at NL&GFT.</p> <p>Narrative provided to support this position was not sufficient to detail the reasons behind breaches, only that the patient declined the first offer of an appointment within the standard 2 weeks. The Trust has been requested to provide a more informative narrative around each breach as part of the routine reporting.</p> <p>In addition this performance area was discussed with the Trust at the Quality Contract Review meeting on the 18th January 2016. The trust reported that they have introduced an RCA process for all breach patients, the outcome of which will help formulate a Trust wide Cancer Action Plan. Further details around this plan and actions within it will be summarised when available.</p>	CB
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 December 2015 (67.7%)</p> <p><i>The position for all ambulance Cat A response times are assessed at Trust level. The RED1 North Lincolnshire position at December 2015 is 77.6% which did however meet the required 75% level.</i></p>	CB
Category A Ambulance Response Times 8 Minute RED 2	R		<p>EMAS overall performance remains well below the required level at 56.5% in December 2015.</p> <p><i>North Lincolnshire performance in December 2015 is also below the target at 70.7% but to a lesser extent.</i></p>	CB
Category A Ambulance Response Times 19 Minute	R		<p>EMAS overall performance is 86.5% in December 2015.</p> <p><i>North Lincolnshire performance in December 2015 is stronger but also below the target at 92.7%.</i></p> <p>Performance for all three standards continues 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 12th November.</p>	CB

			<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 withholding of 2% of the actual monthly contract value as outlined in General Condition 9.</p> <p>Commissioners have requested a revised RAP which will focus on five or six key actions that will have the greatest impact on delivering improved performance, 'silver bullets', and will contain key deliverables, identified impact, clear milestones, clear owners, and will be monitored both through the Partnership Board and through the monthly county level contract meetings if appropriate.</p> <p>Currently this revised action plan is still outstanding. Jointly commissioners have as part of the recent financial support negotiations, offered financial support to EMAS incumbent on delivering the actions as set out in the RAP and subsequent improvement in performance levels.</p>	
IAPT Recovery Rates	R		<p>IAPT Recovery rates at RDASH have fallen below the required 50% level in October 2015.</p> <p>Although the service is below this target, the reliable improvement rates are well above target at 64% and are on par with the Trust average. The high number of referrals continues to impact on recovery rate compliance however locally receive data indicates that the November 2015 position is back above planned levels. The position reported is the fully validated data as published by the Health & Social Care Centre (HSCIC).</p> <p>The IAPT Service Manager has provided an overview on issues which may impact on the service in the future i.e. job losses at the local steel works, which is likely to have an increase in the need for IAPT services.</p>	CB

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

Areas of Exception:

Area	RAG	↓↑	Comments	Lead
Reducing potential years of life lost from causes considered amenable to healthcare (all ages)	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</p>	AC

			<p>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 <p>Following discussions at the last CCG Governing Body it was agreed that a joint piece of work would be undertaken by the CCG and Public Health team to look at a full breakdown of the indicator to allow the CCG to get assurance as to what we are currently doing that will improve areas and other areas to look at.</p> <p>The outcome of this work will be discussed by the CCG executive team and outcome of which brought back to the CCG Governing Body.</p>	
<p>Treating and caring for people in a safe environment & protecting them from avoidable harm – C Difficile</p>	R		<p>Since the beginning of the 2015/2016 financial year there have been 27 cases of C Difficile, forecasting that the annual level of 31 will not be met.</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)

The final 2014/2015 results have now been made available to CCGs, including the level of payment achieved. The result of this is higher than anticipated, at **£298,000**.

A summary of these results can be found in the table below:

Financial Gateway Achieved

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 Achieved

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


Detailed quality and constitutional performance:

Measure	% of Quality Premium	Potential value for CCG (£'000)	Measure achieved?	Eligible quality premium funding (£'000)
Reducing potential years of life lost	15%	£127.8	No	£0.0
Improving access to psychological therapies	15%	£127.8	Yes	£127.8
Avoidable emergency Admissions	25%	£212.9	Yes	£212.9
Improving patient experience of hospital services	15%	£127.8	Yes	£127.8
Improving the reporting of medication-error safety incidents	15%	£127.8	Yes	£127.8
Hip Fracture - timely surgery	15%	£127.8	No	£0.0
TOTAL	100%	£851.7		£596.2

NHS Constitution rights and pledges	Measure achieved?	Potential Adjustment to funding (%)	Actual Adjustment to funding (%)	Quality Premium funding adjustment (£'000)
Financial Gateway	Yes	-100%	-	£0.0
Referral to treatment (18 weeks)	Yes	-25%	-	£0.0
A&E waits	No	-25%	-25%	-£149.0
Cancer waits - 14 days	Yes	-25%	-	£0.0
Category A Red 1 ambulance calls	No	-25%	-25%	-£149.0
TOTAL Adjustment				-£298.1
NET TOTAL QUALITY PREMIUM PAYABLE (2014/15)				£298.1

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 (Source: HSCIC Indicator Portal: CCG OIS 1.1)	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 (Source: Levels of Ambition Atlas: Composite of all avoidable emergency admissions (ISR))	Avoidable Emergency Admissions	30%	2505	2863.9 (2013/14)		
Mental Health - Reduction in the number of people with severe mental illness who are smokers (Source: Data Extract by GPES)	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 pateints 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 (Source: HSCIC Indicator Portal: CCG OIS 3.17)	Adults with SMI Conditions who are in Paid Employment	6%	12.3	9.9 (2014/15)		Dec 2015: Jul14-Jun15 position suppressed due to small numbers. Next update due March 2016.
Mental Health - Improvement in the health-related quality of life for people with a long-term mental health condition (Source: GP Patient Survey, CCG OIS 2.1 & 2.16)	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 (Source: e-Pact)	Antibiotics Prescribed in Primary Care		1.213	1.172 (Dec'14 to Nov'15)		Continues to reduce further below target.
Improving antibiotic prescribing - reduction in the proportion of broad spectrum antibiotics prescribed in primary care (Source: e-Pact)	Broad Spectrum Antibiotics Prescribed in Primary Care	10%	13%	10.5% (Dec'14 to Nov'15)		Continues to reduce further below target.
Improving antibiotic prescribing - secondary care providers validating their total antibiotic prescription data (Source: ?)	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 (Source: Local SUS Data: crude rate)	Emergency Readmission <30 days of Discharge from Hospital	10%	14.5	Q3 15/16 = 17.3 (Final 14/15 = 17.7)		Next update (Q4 2015/16) due May 2016.
Local Measure 2 - Hip fracture - timely surgery (Source: NHFD Commissioner Report / HSCIC Indicator Portal: CCG OIS 3.12)	Hip Fracture - Timely Surgery	10%	75.5%	December 2015 = 58.5%		Next update due December 2016.

3. Provider Assurance Dashboards

The Month 8 Provider Assurance Dashboards for the local Acute, Tertiary and Ambulance Trusts 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>2016/2017 Planning Guidance</p> <p>NHS England published their initial tranche of planning guidance in the week before Christmas. This included “Delivering the Forward View: NHS planning guidance 2016/2017 – 2020/21” and supporting technical appendices.</p> <p>Monitor also published a road test tariff to be applied to activity/contract models.</p> <p>Functional templates have now been received and are in the process of completion. A summary of the submission including methodology will be included in the next version of this report.</p>	News	BI	Open
2.	<p>Governing Body Request: Page Numbers</p> <p>As actioned in the last Governing Body, page numbers have been added to the report.</p>	Action	BI	Closed
3.	<p>Governing Body Request: BCF Dashboard</p> <p>As actioned in the last Governing Body, the BCF dashboard has now been included in this report at Appendix 2.</p>	Action	BI	Closed
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 can be found at Appendix 3.</p>	Action	BI	Closed

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

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016

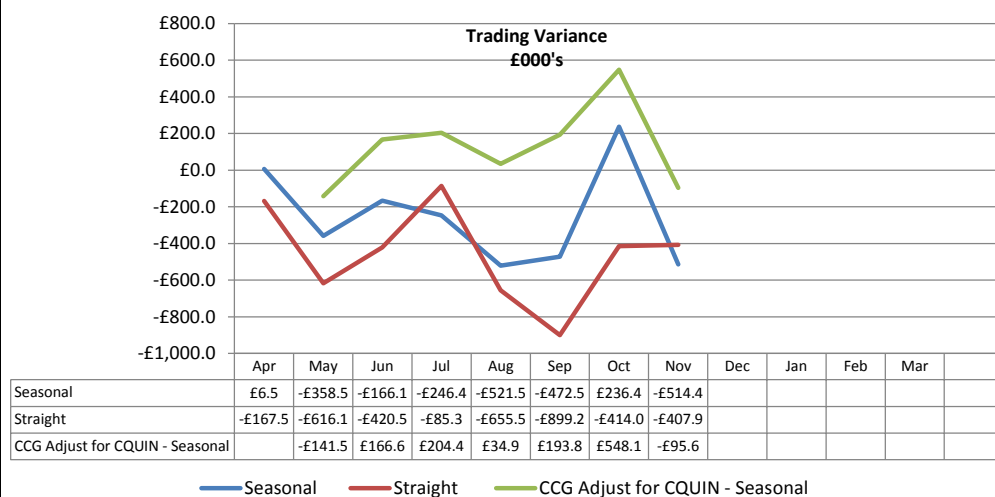
PROVIDER **Northern Lincolnshire & Goole Hospitals NHS Trust**MONTH **8**QUALITY [Click for Quality Narrative](#)Quality Indicators **0** **8**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Mortality (SHMI)	95	111.0	-16	Yes
Fluid Management Chart (SGH)	100%	82%	-18%	
NICE compliance	90%	79.0%	-11.0%	Remedial action undertaken

FINANCIAL TRADING & RECONCILIATION

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Contract Trading Variance £000's



Notes:

The contract currently is driven by a Non-Elective overtrade in General Medicine offset by underperformances in Elective and Outpatient Care. The contract baseline used here does not take into account all of the CCGs QIPP intentions.

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.

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Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
RTT Admitted >18 Weeks	90%	81%	-9%	Not required
A&E 4 Hour Waits	95%	94%	-1%	
Cancer 2 Week Wait - Breast Symptomatic Patients	93.0%	91.2%	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 Colorectal Surg	212	97.3	Overall there is an Elective undertrade of approx 9.6% financially but activity is only 4.2% below plan. This would suggest shift in casemix.
		219	82.7	
Non-Elective	Colorectal Surg General Med	128 397	275.2 772.1	Activity is on plan but there is an overtrade on cost (5%) indicating a richer casemix.
Outpatient New	Gastro Paediatrics	537	100.1	Outpatient First Attendances are on plan overall in both activity and cost.
		235	32.3	
Outpatient Review	Urology	400	30.6	There is a slight undertrade on review appointments of (-1.5%). Specialty level however is varied.
	Colorectal Surg	405	32.5	
	Paediatrics	648	54	
A&E				A&E activity is broadly on plan although the casemix is varied.
Other	CT&MRI	745	94.1	Overall the imaging activity is 6.3% above plan, with cost 15.9% above plan so higher cost test.
	Myo Perfusion	461	182.6	

There is a -0.1% 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



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

MONTH **8**

QUALITY [Click for Quality Narrative](#)

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

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
VTE Risk Assessment	>95%	78.35%	16.65%	

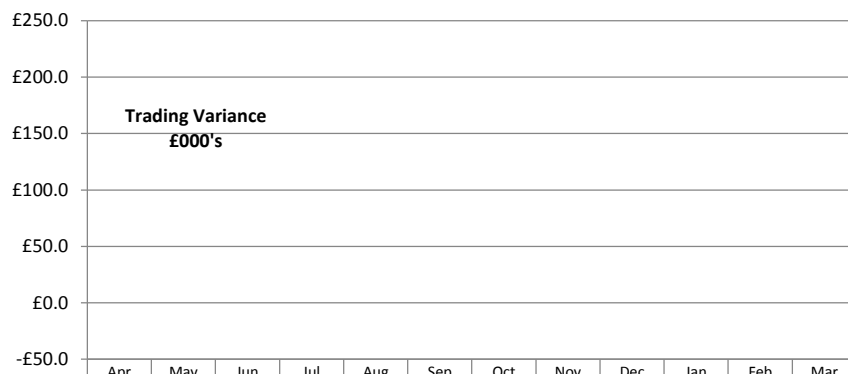
PERFORMANCE [Click for Performance Narrative](#)

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

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
RTT Waits (Admitted Trust level)	90%	74.50%	15.50%	
> 52 week wait	Nil	3	- 3	

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

Contract Trading Variance £000's



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Seasonal					£104.5			£173.0				
Straight					-£14.1			£109.9				
CCG Adjust for CQUIN - Seasonal					£110.3			£235.8				

— Seasonal — Straight — CCG Adjust for CQUIN - Seasonal

Notes:

The contract overall is overtrading at approx 2.6% and is forecast to be approx £100K above the £250 contract cap.
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	Clinical Heam Nephrology	12 24	66.7 68.9	No significant increases in activity but some high cost areas over causing slight pressure.
Outpatient New				Overall outpatient is under plan in most areas, the only slight adverse variances are shown here.
Outpatient Review				
A&E				On Plan
Other	Respiratory Devices		55K	Global Trust cost is showing a overtrade.

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

NORTH LINCOLNSHIRE CCG PROVIDER ASSURANCE DASHBOARD - 2015/2016

PROVIDER **East Midlands Ambulance Service**

MONTH **8**

QUALITY [Click for Quality Narrative](#)

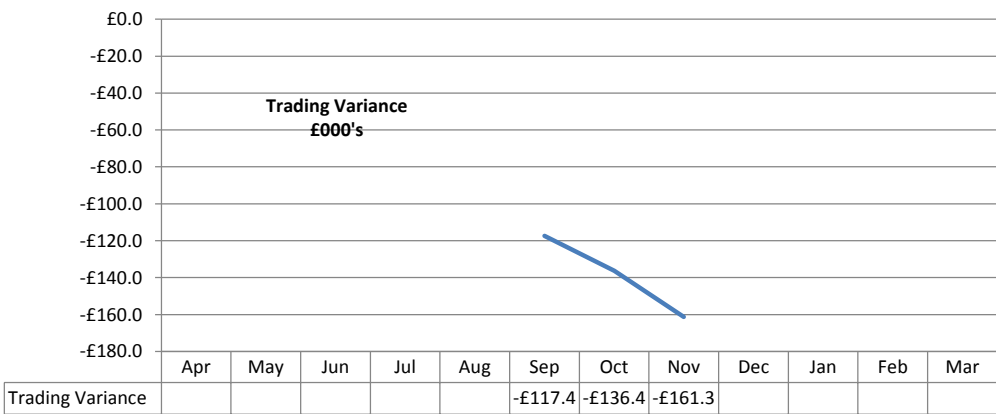
Quality Indicators **2** **0** **0**

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Pre Handover Time (mins)	00:15:00	00:24:27	00:09:27	
Post Handover Time (mins)	00:15:00	00:13:23		

FINANCIAL TRADING & RECONCILIATION

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Contract Trading Variance £000's



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.



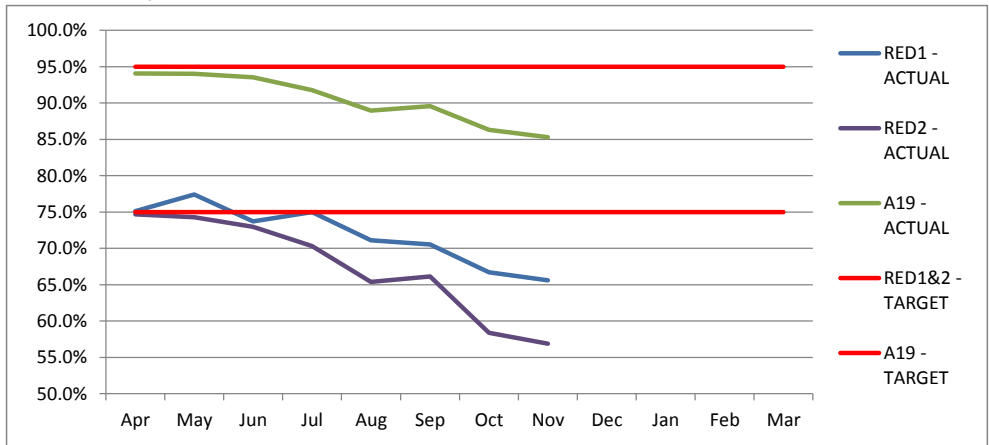
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PERFORMANCE [Click for Performance Narrative](#)

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

Red Rated Indicators	Target	Actual	Variance	Action Plan Provided?
Category A Responses RED1	75.0%	65.6%	-9%	Remedial Action Plan in place and available in report.
Category A Responses RED2	75.0%	56.9%	-18%	
Category A Responses 19m	95.0%	85.3%	-10%	

2015/2016 Response Rate Trends

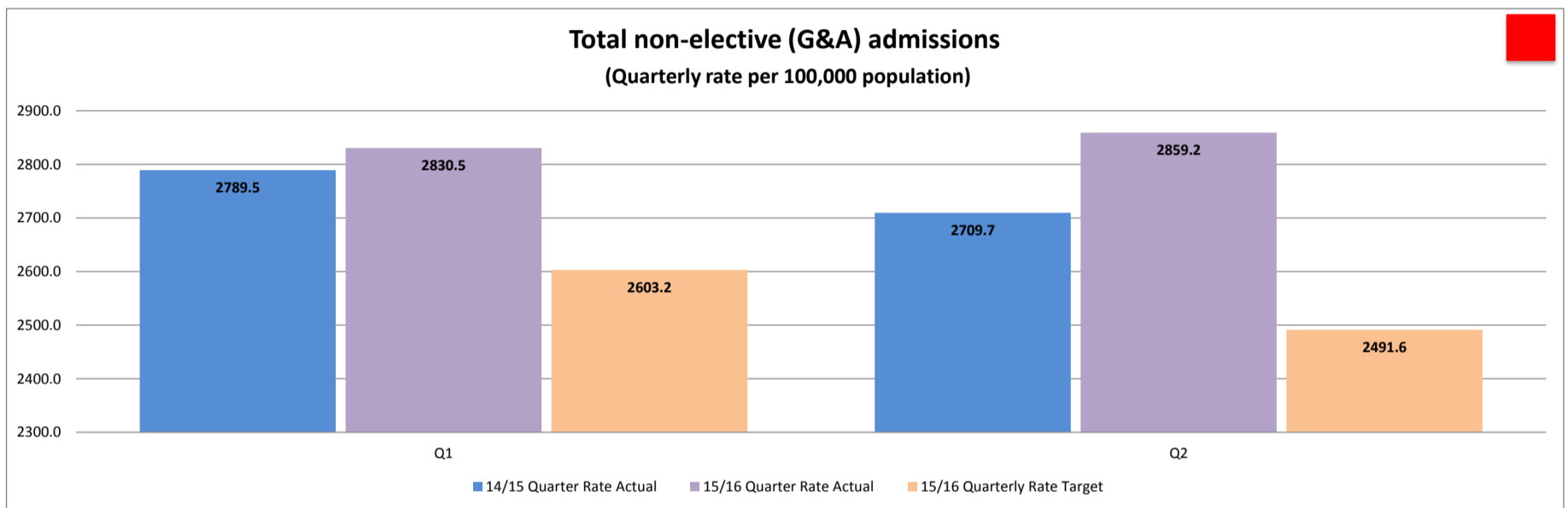
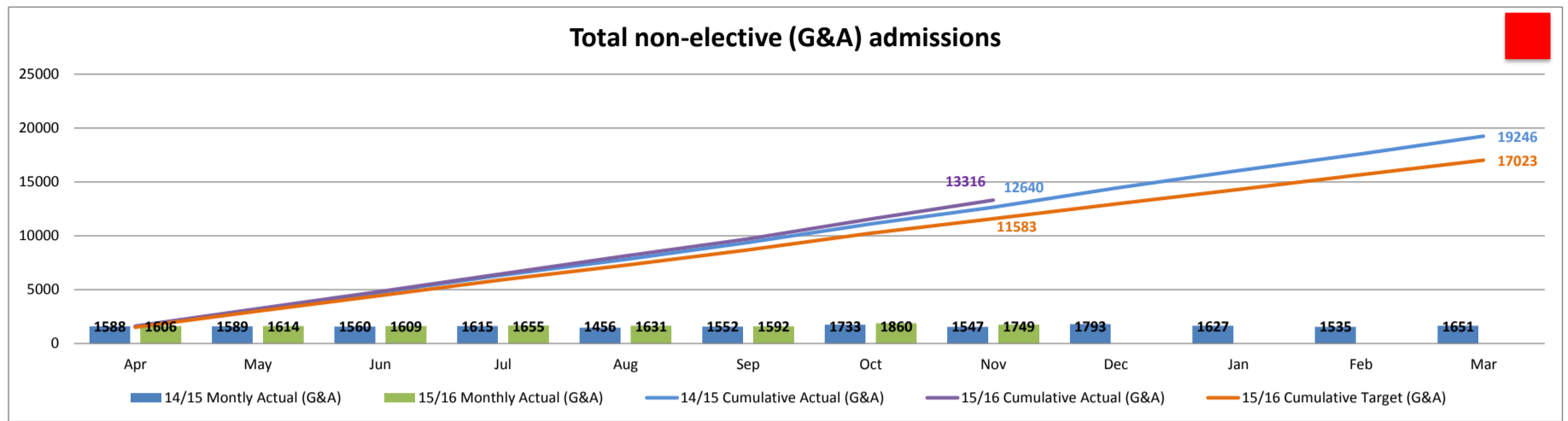


CONTRACT HIGHLIGHTS

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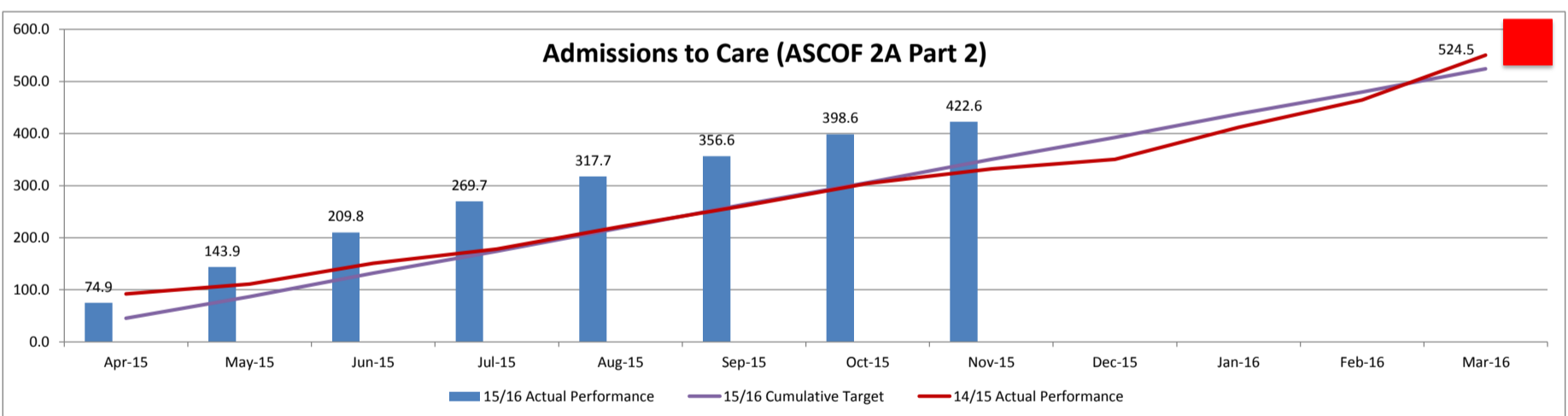
There has been a steady drop in the performance levels against all Category A Responses as shown in the chart above.
 Await outcome of the CQC visit which will focus on A&E, PTS and Emergency Ops centre.

Better Care Fund Dashboard - Total Non-Elective G&A Admissions



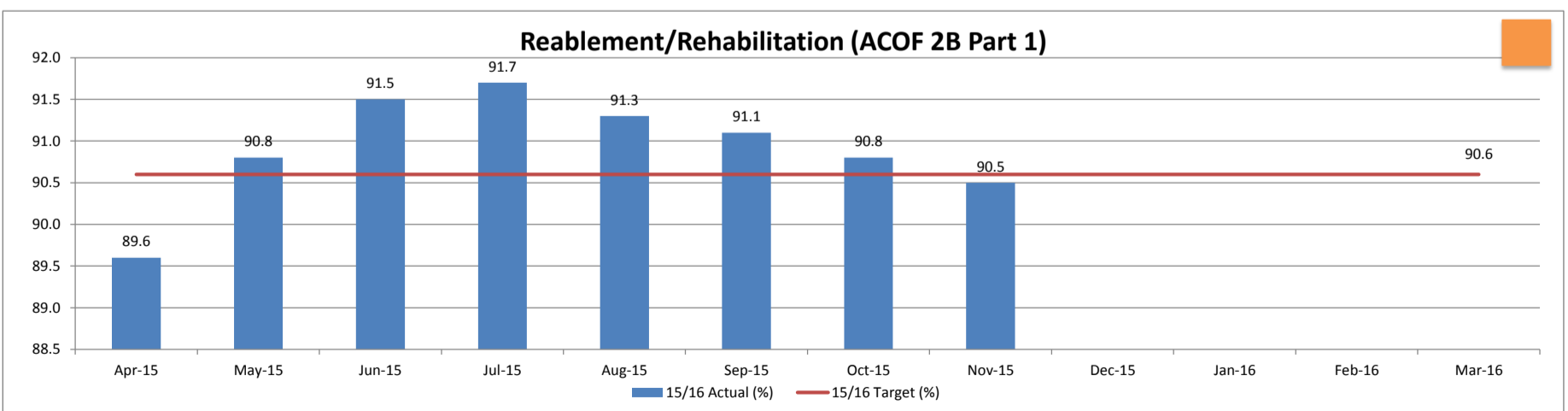
Non-elective admissions in November remain above target with 1749 G&A non-elective admissions to all providers of which 1541 (88.1%) were to Northern Lincolnshire & Goole NHS FT. There were 1040 admissions for age 0-64 years and 709 admissions for ages 65 years and over. Cumulative 15/16 (April - November) non-elective G&A admissions are slightly higher compared to the same period in 14/15. Two key areas of activity increase in the over 65's at month 8 are Urinary Tract Infections (UTIs) and Chronic obstructive pulmonary disease (COPD) with acute lower respiratory infection.

Better Care Fund Dashboard - Residential Admissions

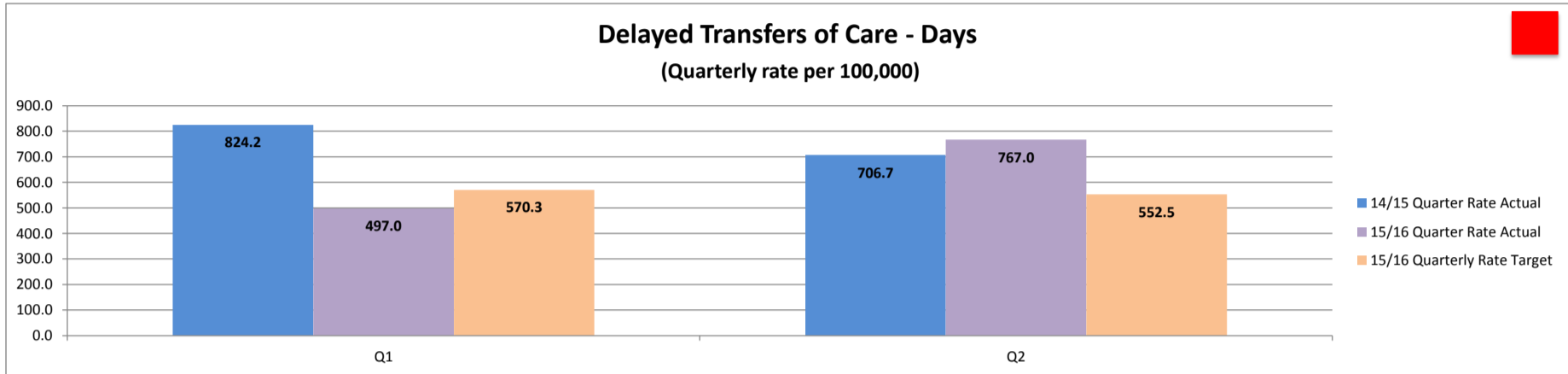
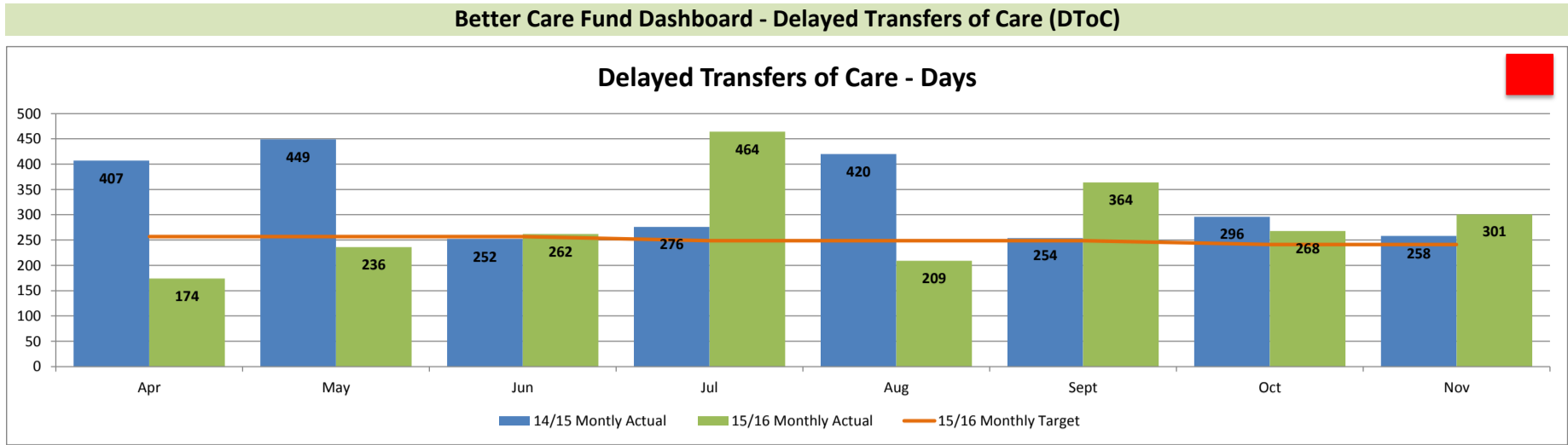


The target for 2015 2016 is 175 people this equates to approximately 15 people per month which is an outturn of 524.5 people per 100,000 population. This relates to new admissions during the period 1 April 2015 to 31 March 2016. In November our performance is 422.6 which relates to 8 new admissions in the month, a total of 141 year-to-date. The position is higher than the target for the period of 332.1 (117 People). The RAG rating is based on the monthly performance against the monthly target.

Better Care Fund Dashboard - Reablement

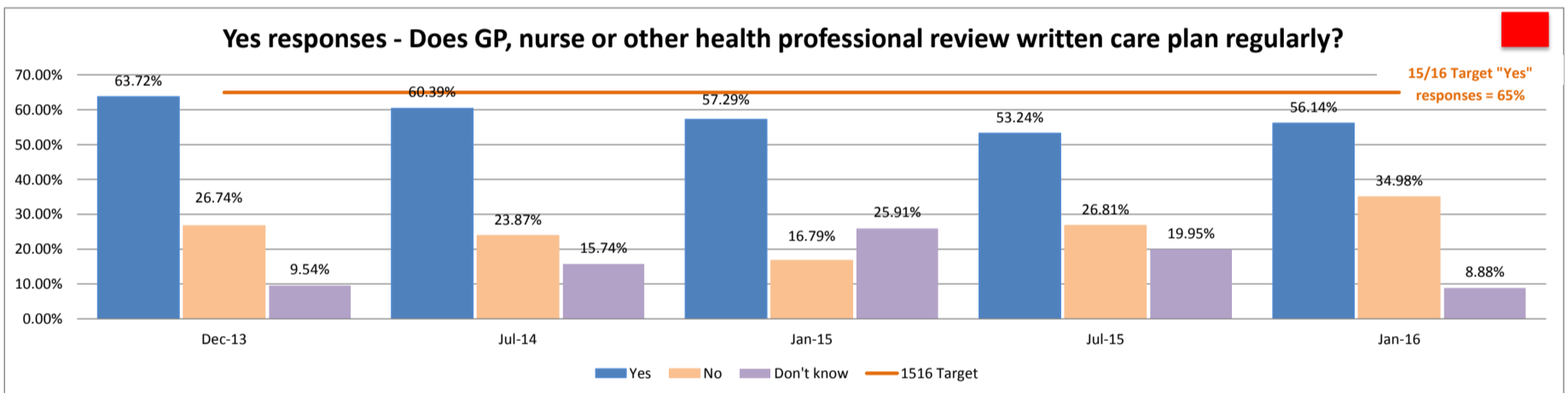


The target for this indicator is 90.6%. In November our performance was 90.5%. This is based on 137 people discharged from hospital between 1 June 2015 and 31 August 2015, 124 of which were living independently 91 days later. Of the remaining 13 people, 9 went into permanent residential care, and 4 had died. Although slightly below target, it exceeds the England, regional and comparator groups score. The RAG rating is based on the monthly performance against the monthly target. Current performance is amber as we are 0.1% under the target which is within tolerance.



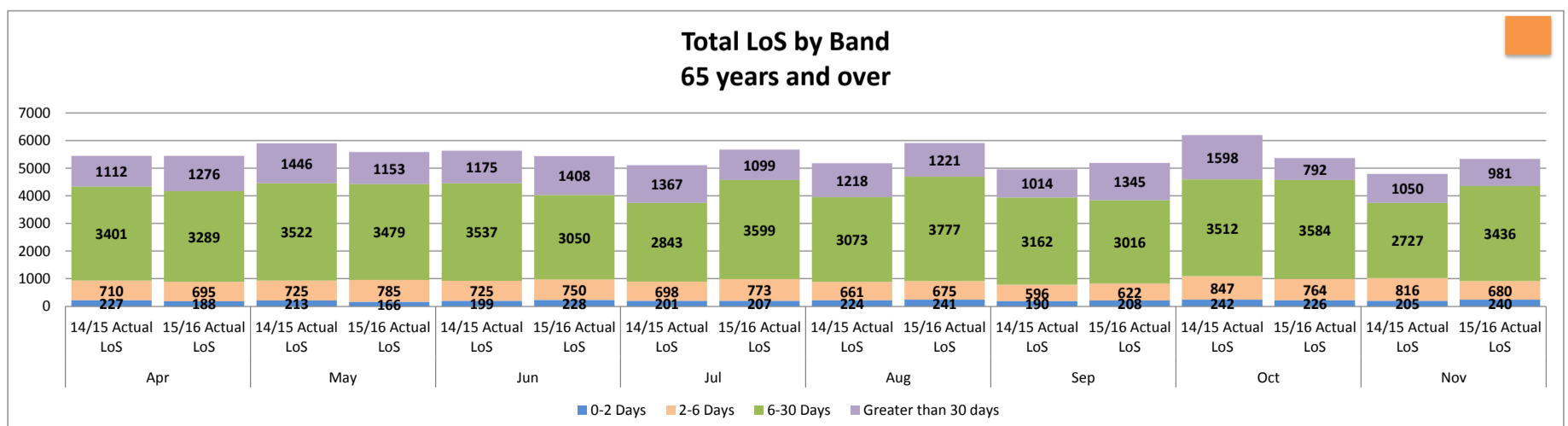
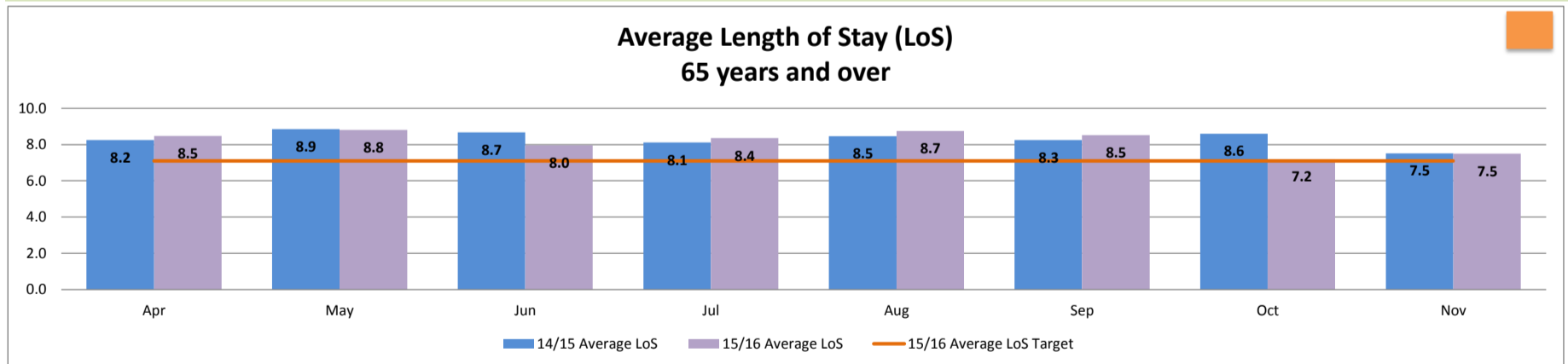
Delayed transfers of care for November remain above target having again increased.
 The rate per 100,000 at Quarter 2 is 767.0 which is above target (552.5).
Acute (hospital setting) - (62% of total days) of which Northern Lincolnshire & Goole NHS FT (158 days) and Hull & East Yorkshire Hospitals NHS Trust (30 days).
Non-Acute - (38% of total days) of which RDaSH Mental Health (113 days).
 Of the total 301 days delay 78% (235 days) was NHS related, 19% (58 days) social care related and 3% (8 days) both NHS & Social Care related.

Better Care Fund Dashboard - Patient / Service User Experience Metric



Patient / Service User Experience taken from GP Survey. Next update due July 2016.
 The latest results (January 2016) show a rise in the percentage who do have their written care plan reviewed regularly.
 There is also a large decrease in the percentage who answer "Don't Know".

Better Care Fund Dashboard - Local Metric - Average Length of Stay (days) for older people (65 years and above)



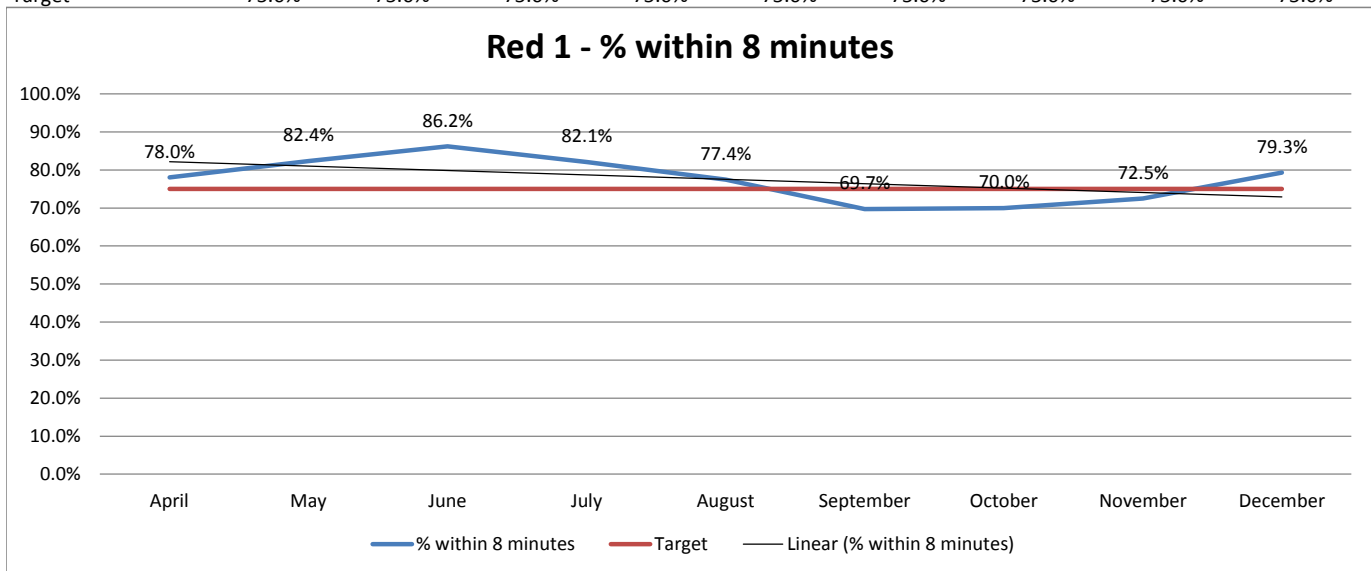
Average Length of Stay (LoS) for those patients aged 65 years and over is slightly above target at 7.5 compared to a target of 7.1.
 The total LOS matches the same period in 2014/15

Response By Minute A19

CCG Responses By Minute East Midlands Ambulance Service Performance Management Information Team (PMIT)

Red 1

Sum of Responses	Column Labels									
Row Labels	April	May	June	July	August	September	October	November	December	Grand Total
0	1		1		1			1		4
1	2					1	1			4
2	4	1	3	6	3		3		1	21
3	6	5	9	8	7	2	6	4	6	53
4	8	5	5	6	3	4	5	2	12	50
5	5	9	1	4	2	7	5	5	9	47
6	3	2	3	4	5	1	4	9	9	40
7	2	4	2	3	2	6	2	4	5	30
8	1	2	1	1	1	2	2	4	4	18
9	4	1	2	1	2	2	1	1	4	18
10	1	1		3	1	4	2	1	2	15
11	1	1	1	2	1		2	2	1	11
12		1			1	1		1	1	5
13	2					1		1	1	5
14		1				1	1	1	2	6
15			1		1		2	2		6
16		1			1	1	2	1		6
17							1			1
19	1								1	2
20				1			1			2
21								1		1
Grand Total	41	34	29	39	31	33	40	40	58	345
% within 8 minutes	78.0%	82.4%	86.2%	82.1%	77.4%	69.7%	70.0%	72.5%	79.3%	
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%



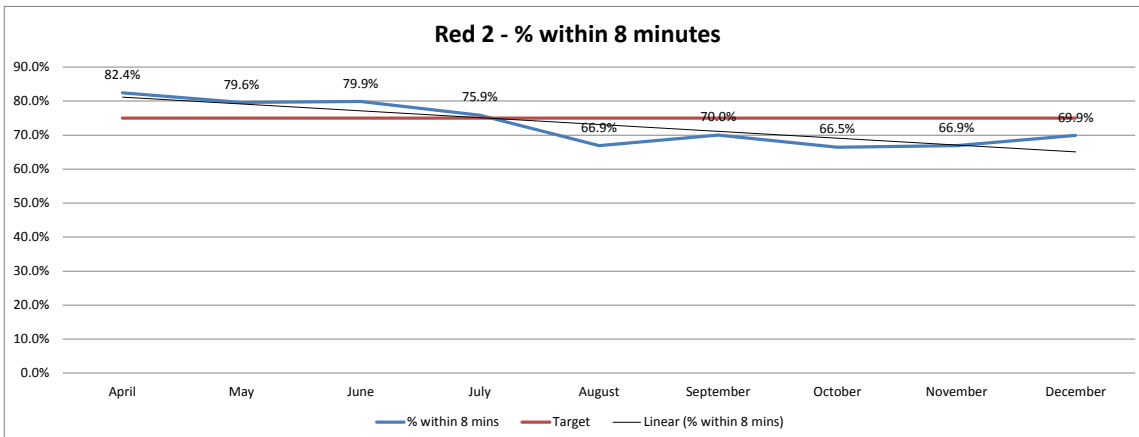
Appendix 3

Response By Minute A19

CCG Responses By Minute East Midlands Ambulance Service Performance Management Information Team (PMIT)

Red 2

Sum of Responses	Column Labels									
Row Labels	April	May	June	July	August	September	October	November	December	Grand Total
0	19	22	23	22	16	19	15	17	18	171
1	16	27	26	37	21	19	17	27	22	212
2	77	76	65	56	47	52	52	61	65	551
3	88	95	86	82	87	80	97	82	82	779
4	86	86	71	101	92	90	84	85	101	796
5	83	98	76	74	61	67	79	73	78	689
6	85	87	75	76	48	60	66	74	81	652
7	37	45	44	45	47	57	64	75	67	481
8	20	27	28	38	29	44	43	42	61	332
9	18	27	18	18	27	30	39	37	36	250
10	11	18	14	19	22	27	28	25	26	190
11	12	14	17	16	11	28	15	18	28	159
12	11	17	9	11	20	10	17	21	17	133
13	12	12	8	9	15	6	15	30	22	129
14	9	3	12	10	13	11	15	17	9	99
15	2	8	7	10	14	15	10	11	12	89
16	6	4	4	6	12	3	13	14	13	75
17	3	6	5	6	7	10	7	8	10	62
18	6	10	8	10	7	5	6	9	11	72
19	3	2	3	7	11	5	10	3	9	53
20	1	4	1	7	5	11	6	8	10	53
21	5	3	2	1	6	8	7	8	8	48
22	2	5	3	5	5	6	14	5	4	49
23	2		1	2	4	3	4	7	4	27
24		4	1	1	5	3	10	5	4	33
25		1	2	1	6	3	13	8		34
26	1	1	1	3	2	7	2	3	3	23
27	1		3	3	5	2	6	5	3	28
28	1			6	2	3	1		2	15
29			1	1	4	3	1	1	2	13
30						2		6	4	12
31	2	2	1	1	1	3	3	3	2	18
32			1	1	2		4	3	2	13
33			1				4			5
34				1	1	2	2	1		7
35				2	1		2	1	2	8
36				3	2		1		1	7
37					1		1		2	4
38				1	1		1	1	1	5
39		1	1							2
40		1		1				2	1	5
41							2			2
42				1		1		1		3
43						1				1
45				1			1	1		3
46								1		1
47					2			1		3
48	1				2		1			4
50				1	1					2
53				1						1
56					2					2
58					1					1
59		1			1					2
61				1						1
62					1					1
65				1						1
70				1						1
71						1				1
81								1		1
Grand Total	620	707	618	700	670	697	778	801	823	6414
% within 8 mins	82.4%	79.6%	79.9%	75.9%	66.9%	70.0%	66.5%	66.9%	69.9%	
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	

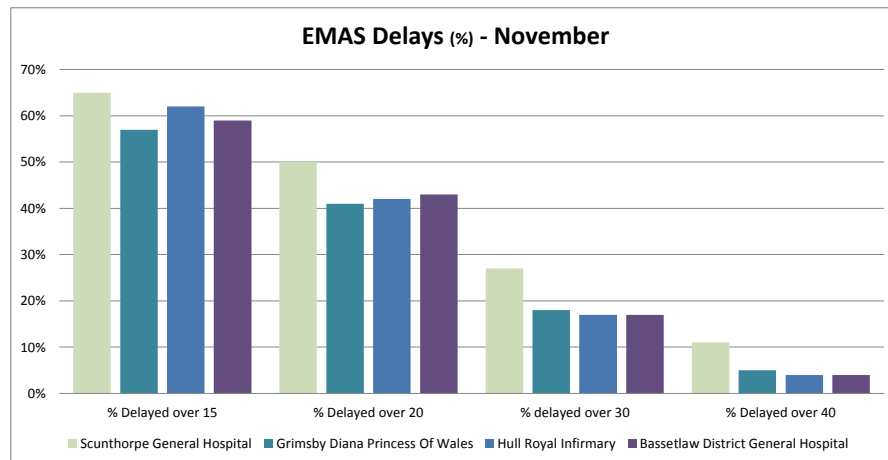
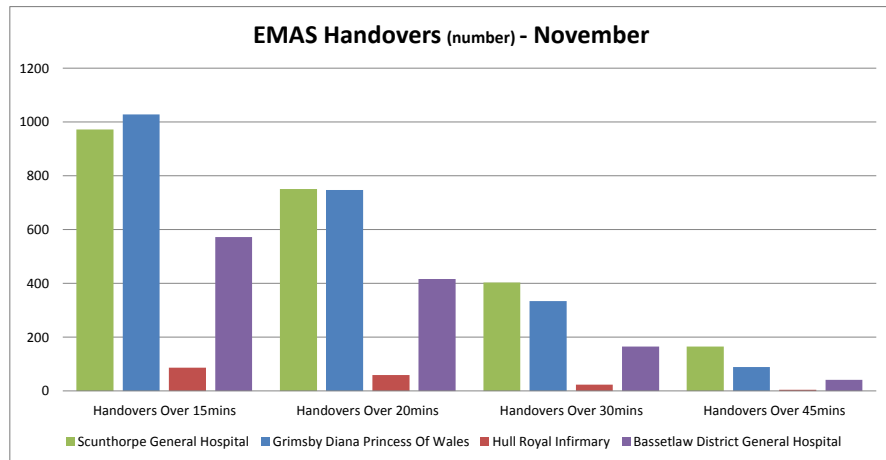


Handover & Turnaround Report

East Midlands Ambulance Service: Handover & Turnaround Report Produced by the Performance Management Information Team (PMIT)

November

Hospitals	No Of Vehicles At Hospital	No Of Usable Handover Times	Handovers										Lost Hours Pre Handover >15min	Average Clinical Handover Time	Lost Hours Post Handover >15min	Average Post Handover Times	Overall Turnaround	Lost Hours for overall >30mins		
			Handovers Over 15mins	% Delayed over 15	Over 20mins	% Delayed over 20	Over 30mins	% delayed over 30	Over 45mins	% Delayed over 40	30 To 59 minutes	1 To 2 Hours	2 to 4 Hours	4 to 6 Hours						
Bassetlaw District General Hospital	962	962	572	59%	417	43%	165	17%	41	4%	181	16	0	0	128:11:12	00:21:26	44:58:48	00:13:42	00:35:07	128:14:19
Boston Pilgrim Hospital	2061	2061	1131	55%	846	41%	537	26%	271	13%	379	124	35	1	437:15:44	00:24:51	145:08:59	00:15:40	00:40:31	468:26:38
Burton Queens Hospital	488	488	231	47%	127	26%	28	6%	2	0%	43	0	0	0	33:33:00	00:17:39	09:42:23	00:10:44	00:28:22	27:23:58
Chesterfield Royal Hospital	2204	2204	1338	61%	932	42%	378	17%	93	4%	403	32	0	0	285:31:24	00:21:23	67:17:59	00:11:54	00:33:17	255:16:42
George Eliot Hospital	259	259	131	51%	83	32%	29	11%	4	2%	36	0	0	0	22:48:44	00:18:36	07:25:47	00:11:40	00:30:17	19:31:52
Glenfield General Hospital	1031	1031	458	44%	261	25%	97	9%	22	2%	118	4	0	0	81:28:26	00:17:46	21:20:17	00:09:44	00:27:30	66:13:48
Grantham and District Hospital	416	416	221	53%	151	36%	73	18%	29	7%	60	13	0	0	54:44:31	00:20:15	20:02:32	00:13:38	00:33:54	55:33:14
Grimsby Diana Princess Of Wales	1810	1810	1028	57%	747	41%	334	18%	89	5%	317	19	0	0	223:10:27	00:19:49	121:38:48	00:15:17	00:35:06	244:36:36
Hull Royal Infirmary	140	140	87	62%	59	42%	24	17%	5	4%	23	1	0	0	16:24:44	00:19:46	06:31:29	00:13:48	00:33:33	17:03:52
Kettering General Hospital	2458	2458	1141	46%	835	34%	471	19%	259	11%	338	138	11	0	389:18:27	00:21:08	155:24:57	00:14:38	00:35:46	403:14:10
Kings Mill Hospital	2797	2797	1741	62%	1285	46%	603	22%	176	6%	663	51	1	0	425:13:29	00:23:04	145:39:00	00:14:10	00:37:14	450:02:25
Leicester General Hospital	206	206	115	56%	75	36%	30	15%	9	4%	27	4	0	0	24:45:39	00:20:29	08:05:32	00:11:46	00:32:15	23:53:42
Leicester Royal Infirmary	5191	5189	3620	70%	3109	60%	2233	43%	1513	29%	1294	841	225	1	2204:38:03	00:39:05	301:26:25	00:12:34	00:51:40	2103:40:54
Lincoln County Hospital	2648	2648	1718	65%	1267	48%	619	23%	247	9%	510	104	12	0	464:58:19	00:23:33	107:09:55	00:12:29	00:36:02	419:18:04
Newark Hospital	25	25	10	40%	4	16%	2	8%	1	4%	2	0	0	0	01:41:35	00:16:22	00:26:42	00:11:21	00:27:44	01:37:42
Northampton General Hospital	2481	2481	1357	55%	1038	42%	677	27%	361	15%	501	181	11	0	511:38:23	00:24:49	116:44:51	00:12:09	00:36:58	485:38:14
Nottingham City Hospital Campus	566	566	244	43%	155	27%	61	11%	21	4%	66	8	0	0	53:18:33	00:18:18	27:11:48	00:12:54	00:31:12	63:44:20
Peterborough City Hospital	816	816	339	42%	226	28%	98	12%	24	3%	89	9	1	0	72:18:22	00:17:10	74:22:13	00:18:06	00:35:16	110:33:59
Queens Medical Centre Campus Hospital	5364	5364	2677	50%	1622	30%	564	11%	103	2%	621	32	3	0	469:50:23	00:18:22	272:19:55	00:13:55	00:32:17	553:28:41
Royal Derby Hospital	4164	4164	1962	47%	1040	25%	315	8%	87	2%	302	42	4	0	307:52:16	00:17:32	241:36:04	00:14:40	00:32:12	403:38:09
Scunthorpe General Hospital	1490	1490	972	65%	751	50%	403	27%	165	11%	332	67	6	0	284:22:53	00:24:15	70:02:21	00:12:51	00:37:06	259:55:47
Skegness and District Hospital	34	34	9	26%	3	9%	2	6%	2	6%	2	1	0	0	02:11:36	00:13:55	00:17:51	00:08:39	00:22:35	01:30:04
Stepping Hill Hospital	366	366	244	67%	190	52%	97	27%	34	9%	106	9	1	0	70:41:36	00:25:39	03:56:17	00:09:32	00:35:11	52:49:16
Grand Total	37977	37975	21346	56%	15223	40%	7840	21%	3558	9%	6413	1696	310	2	6565:57:46	00:23:22	1968:50:53	00:13:30	00:36:52	6615:26:26



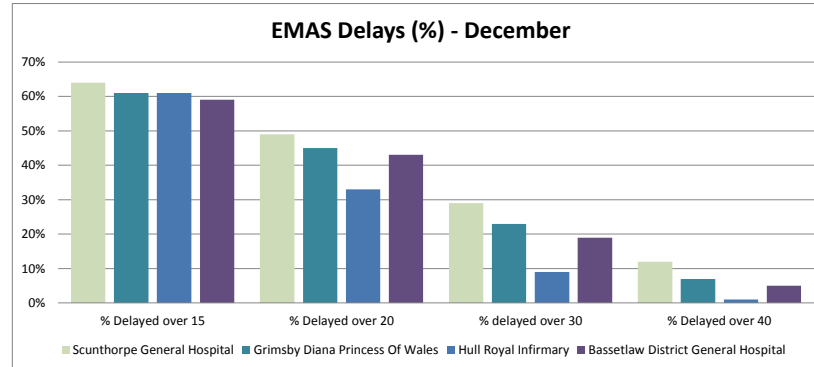
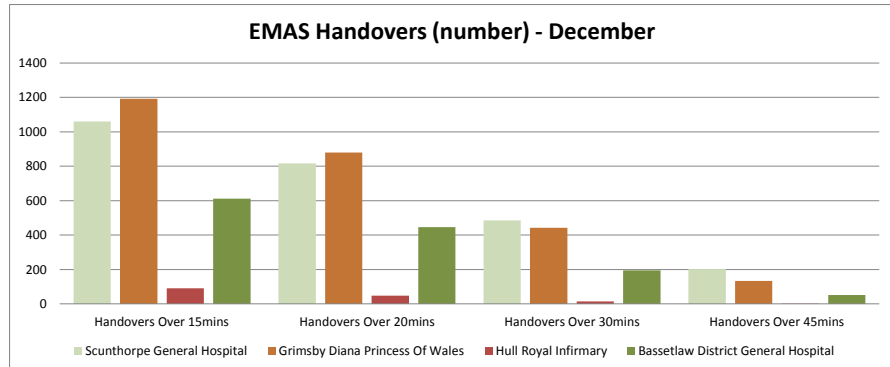
Source: EMAS Commissioners Portal - a single location for Information, Reports, Intelligence and Statistics (IRIS)

Handover & Turnaround Report

East Midlands Ambulance Service: Handover & Turnaround Report Produced by the Performance Management Information Team (PMIT)

December

Hospitals	No Of Vehicles At Hospital	No Of Usable Handover Times	% Delayed		% Delayed		% Delayed		% Delayed		30 To 59 minutes	1 To 2 Hours	2 to 4 Hours	4 to 6 Hours	Lost Hours Pre Handover >15min	Average Clinical Handover Time	Lost Hours Post Handover >15min	Average Post Handover Times	Overall Average Turnaround	Lost Hours for overall >30mins
			Over 15mins	over 15	Over 20mins	over 20	Over 30mins	over 30	Over 45mins	over 40										
Bassetlaw District General Hospital	1033	1033	612	59%	446	43%	195	19%	52	5%	227	22	0	0	150:45:57	00:22:21	44:11:00	00:12:55	00:35:16	144:55:39
Boston Pilgrim Hospital	2127	2127	987	46%	671	32%	322	15%	139	7%	249	61	15	0	267:33:05	00:19:20	155:23:07	00:16:06	00:35:25	316:44:33
Burton Queens Hospital	539	539	248	46%	159	29%	56	10%	14	3%	57	4	0	1	51:40:20	00:19:04	12:41:36	00:10:37	00:29:41	42:11:47
Chesterfield Royal Hospital	2424	2424	1461	60%	999	41%	433	18%	113	5%	433	23	0	0	303:48:23	00:20:38	110:15:49	00:13:14	00:33:52	296:04:45
George Eliot Hospital	265	265	152	57%	98	37%	34	13%	7	3%	40	1	0	0	29:33:30	00:20:37	05:53:07	00:10:30	00:31:06	21:47:37
Glenfield General Hospital	1102	1102	489	44%	304	28%	127	12%	35	3%	134	12	2	0	106:59:29	00:18:47	20:42:18	00:09:24	00:28:11	86:17:17
Grantham and District Hospital	523	523	321	61%	239	46%	124	24%	62	12%	95	33	2	0	97:30:31	00:23:52	27:19:53	00:13:55	00:37:47	94:26:31
Grimsby Diana Princess Of Wales	1955	1955	1193	61%	880	45%	442	23%	134	7%	404	39	0	0	285:41:21	00:21:26	116:28:54	00:14:09	00:35:35	278:04:10
Hull Royal Infirmary	149	149	91	61%	49	33%	14	9%	2	1%	13	1	0	0	12:30:04	00:17:52	14:50:47	00:17:08	00:35:00	21:03:38
Kettering General Hospital	2715	2715	1359	50%	982	36%	549	20%	238	9%	430	128	17	0	435:28:10	00:21:47	156:46:16	00:13:56	00:35:42	438:58:30
Kings Mill Hospital	2989	2989	1940	65%	1449	48%	675	23%	201	7%	700	69	0	0	478:57:50	00:23:26	124:24:05	00:13:10	00:36:37	461:19:09
Leicester General Hospital	204	204	115	56%	78	38%	30	15%	13	6%	25	6	2	0	30:32:08	00:22:21	06:07:06	00:10:24	00:32:45	25:35:17
Leicester Royal Infirmary	5584	5584	3463	62%	2794	50%	1813	32%	1094	20%	1227	570	143	3	1659:15:29	00:30:55	302:46:35	00:13:00	00:43:55	1609:07:09
Lincoln County Hospital	2631	2630	1824	69%	1412	54%	798	30%	394	15%	576	205	22	0	633:13:52	00:27:44	96:59:13	00:11:50	00:39:39	561:02:55
Newark Hospital	32	32	7	22%	5	16%	0	0%	0	0%	0	0	0	0	00:55:06	00:12:55	00:23:16	00:10:23	00:23:18	00:47:31
Northampton General Hospital	2632	2632	1424	54%	1030	39%	569	22%	253	10%	461	126	9	0	435:39:15	00:22:34	113:32:45	00:12:18	00:34:52	404:20:08
Nottingham City Hospital Campus	586	586	248	42%	163	28%	63	11%	19	3%	69	7	0	0	52:26:47	00:18:16	29:28:27	00:12:58	00:31:14	63:53:50
Peterborough City Hospital	861	861	439	51%	320	37%	176	20%	90	10%	128	48	3	0	140:23:16	00:21:53	74:21:59	00:17:21	00:39:15	172:43:34
Queens Medical Centre Campus Hospital	5867	5867	3018	51%	1920	33%	772	13%	191	3%	802	50	0	0	578:09:40	00:19:04	324:13:41	00:14:13	00:33:17	680:52:49
Royal Derby Hospital	4331	4331	1983	46%	1043	24%	275	6%	78	2%	279	35	0	1	292:11:39	00:16:59	254:49:04	00:14:43	00:31:41	396:51:57
Scunthorpe General Hospital	1664	1664	1061	64%	816	49%	485	29%	203	12%	394	90	2	0	324:37:45	00:24:27	86:46:06	00:13:23	00:37:50	306:16:47
Skegness and District Hospital	27	27	3	11%	2	7%	2	7%	0	0%	2	0	0	0	00:49:44	00:09:53	01:35:11	00:11:42	00:21:36	01:59:45
Stepping Hill Hospital	381	381	244	64%	189	50%	96	25%	41	11%	90	19	0	1	74:23:31	00:25:46	14:49:45	00:11:58	00:37:45	70:21:29
Grand Total	40621	40620	22682	56%	16048	40%	8050	20%	3373	8%	6835	1549	217	6	6443:06:52	00:22:28	2094:50:00	00:13:30	00:35:59	6495:46:47



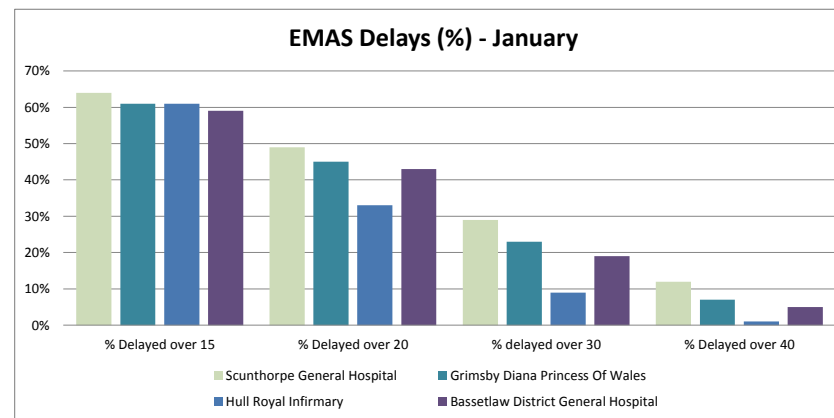
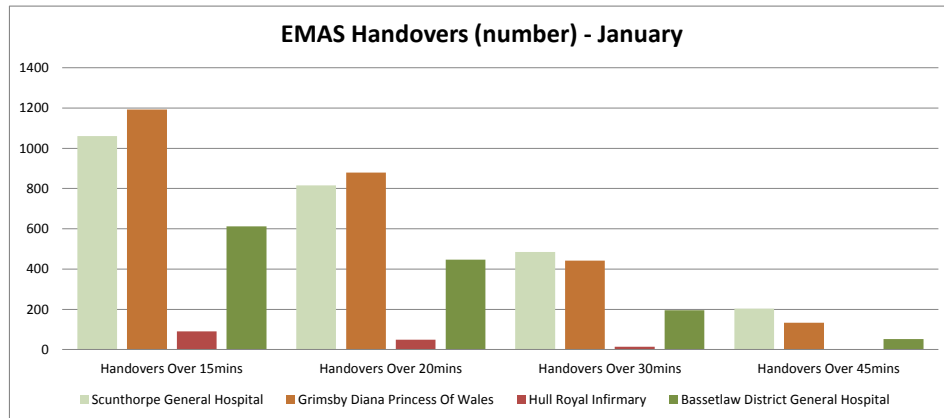
Source: EMAS Commissioners Portal - a single location for Information, Reports, Intelligence and Statistics (IRIS)

Handover & Turnaround Report

East Midlands Ambulance Service: Handover & Turnaround Report Produced by the Performance Management Information Team (PMIT)

January (YTD)

Hospitals	No Of Vehicles At Hospital	No Of Usable Handover Times	Handovers Over 15mins	% Delayed over 15	Handovers Over 20mins	% Delayed over 20	Handovers Over 30mins	% delayed over 30	Handovers Over 45mins	% Delayed over 40	30 To 59 minutes	1 To 2 Hours	2 to 4 Hours	4 to 6 Hours	Lost Hours Pre Handover >15min	Average Clinical Handover Time	Lost Hours Post Handover >15min	Average Post Handover Times	Overall Average Turnaround	Lost Hours for overall >30mins
	Bassetlaw District General Hospital	1033	1033	612	59%	446	43%	195	19%	52	5%	227	22	0	0	150:45:57	00:22:21	44:11:00	00:12:55	00:35:16
Boston Pilgrim Hospital	2127	2127	987	46%	671	32%	322	15%	139	7%	249	61	15	0	267:33:05	00:19:20	155:23:07	00:16:06	00:35:25	316:44:33
Burton Queens Hospital	539	539	248	46%	159	29%	56	10%	14	3%	57	4	0	1	51:40:20	00:19:04	12:41:36	00:10:37	00:29:41	42:11:47
Chesterfield Royal Hospital	2424	2424	1461	60%	999	41%	433	18%	113	5%	433	23	0	0	303:48:23	00:20:38	110:15:49	00:13:14	00:33:52	296:04:45
George Eliot Hospital	265	265	152	57%	98	37%	34	13%	7	3%	40	1	0	0	29:33:30	00:20:37	05:53:07	00:10:30	00:31:06	21:47:37
Glenfield General Hospital	1102	1102	489	44%	304	28%	127	12%	35	3%	134	12	2	0	106:59:29	00:18:47	20:42:18	00:09:24	00:28:11	86:17:17
Grantham and District Hospital	523	523	321	61%	239	46%	124	24%	62	12%	95	33	2	0	97:30:31	00:23:52	27:19:53	00:13:55	00:37:47	94:26:31
Grimsby Diana Princess Of Wales	1955	1955	1193	61%	880	45%	442	23%	134	7%	404	39	0	0	285:41:21	00:21:26	116:28:54	00:14:09	00:35:35	278:04:10
Hull Royal Infirmary	149	149	91	61%	49	33%	14	9%	2	1%	13	1	0	0	12:30:04	00:17:52	14:50:47	00:17:08	00:35:00	21:03:38
Kettering General Hospital	2715	2715	1359	50%	982	36%	549	20%	238	9%	430	128	17	0	435:28:10	00:21:47	156:46:16	00:13:56	00:35:42	438:58:30
Kings Mill Hospital	2989	2989	1940	65%	1449	48%	675	23%	201	7%	700	69	0	0	478:57:50	00:23:26	124:24:05	00:13:10	00:36:37	461:19:09
Leicester General Hospital	204	204	115	56%	78	38%	30	15%	13	6%	25	6	2	0	30:32:08	00:22:21	06:07:06	00:10:24	00:32:45	25:35:17
Leicester Royal Infirmary	5584	5584	3463	62%	2794	50%	1813	32%	1094	20%	1227	570	143	3	1659:15:29	00:30:55	302:46:35	00:13:00	00:43:55	1609:07:09
Lincoln County Hospital	2631	2630	1824	69%	1412	54%	798	30%	394	15%	576	205	22	0	633:13:52	00:27:44	96:59:13	00:11:50	00:39:39	561:02:55
Newark Hospital	32	32	7	22%	5	16%	0	0%	0	0%	0	0	0	0	00:55:06	00:12:55	00:23:16	00:10:23	00:23:18	00:47:31
Northampton General Hospital	2632	2632	1424	54%	1030	39%	569	22%	253	10%	461	126	9	0	435:39:15	00:22:34	113:32:45	00:12:18	00:34:52	404:20:08
Nottingham City Hospital Campus	586	586	248	42%	163	28%	63	11%	19	3%	69	7	0	0	52:26:47	00:18:16	29:28:27	00:12:58	00:31:14	63:53:50
Peterborough City Hospital	861	861	439	51%	320	37%	176	20%	90	10%	128	48	3	0	140:23:16	00:21:53	74:21:59	00:17:21	00:39:15	172:43:34
Queens Medical Centre Campus Hospital	5867	5867	3018	51%	1920	33%	772	13%	191	3%	802	50	0	0	578:09:40	00:19:04	324:13:41	00:14:13	00:33:17	680:52:49
Royal Derby Hospital	4331	4331	1983	46%	1043	24%	275	6%	78	2%	279	35	0	1	292:11:39	00:16:59	254:49:04	00:14:43	00:31:41	396:51:57
Scunthorpe General Hospital	1664	1664	1061	64%	816	49%	485	29%	203	12%	394	90	2	0	324:37:45	00:24:27	86:46:06	00:13:23	00:37:50	306:16:47
Skegness and District Hospital	27	27	3	11%	2	7%	2	7%	0	0%	2	0	0	0	00:49:44	00:09:53	01:35:11	00:11:42	00:21:36	01:59:45
Stepping Hill Hospital	381	381	244	64%	189	50%	96	25%	41	11%	90	19	0	1	74:23:31	00:25:46	14:49:45	00:11:58	00:37:45	70:21:29
Grand Total	40621	40620	22682	56%	16048	40%	8050	20%	3373	8%	6835	1549	217	6	6443:06:52	00:22:28	2094:50:00	00:13:30	00:35:59	6495:46:47



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