NHS
North Lincolnshire
Clinical Commissioning Group

Date:	08/12/2016
Meeting:	Governing Body
Item Number:	8.6
Public/Private:	Public ☒ Private ☐

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GB Lead: *(Name, Title)*	Ian Holborn - CFO
Director approval *(Name)*	Ian Holborn - CFO

Report Title:
Corporate Performance Executive Summary :November 2016
Decisions to be made:
To receive and note the Corporate Performance Report.

Continue to improve the quality of services	☐	**Improve patient experience**	☐
Reduced unwarranted variations in services	☒	**Reduce the inequalities gap in North Lincolnshire**	☐
Deliver the best outcomes for every patient	☐	**Statutory/Regulatory**	☒

Executive Summary (Question, Options, Recommendations):

Purpose

To brief the Governing Body members on the performance position so far for 2016/17.

The Performance summary refers to: - CCG Summary Performance Report at 10th November, 2016 and Executive Contract Report end of October 2016.

Key Highlights include :-

Constitutional metrics

- Deterioration in a number of constitutional metrics including -
- 18 week referral to treatment time (RTT) – incomplete at 85% v target if 92% and last month 86%.
- A&E 4 hour wait 90% v 95% target
- One breach of 62 day cancer treatment time
- EMAS ambulance 8 min – EMAS total 70 v 75% target , - but local North Lincs 82%.

Contract performance – Month 6 (mid-year)

- **Across all providers –**
- Electives/ day cases 0.2% under plan
- Non Electives – (11.8%) over plan
- Outpatients – (3.3%) over plan
- A&E attendances (2.4%) over plan.
- **Largest provider – NLAG –**
- Non- electives – (7%) over = £1m
- New outpatients (13%) over = £350k
- Elective over-trade at Sheffield teaching = £250k

The papers report outline the current issues, and in a number of instances, mitigating or consequential actions to resolve.

Equality Impact	Yes ☐ No ☐	
Sustainability	Yes ☐ No ☐	
Risk	Yes ☐ No ☐	
Legal	Yes ☐ No ☐	
Finance	Yes ☐ No ☐	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***Date***		***N/A***	***Y***	***N***	***Date***
Patient:	☐	☐	☐		**Clinical:**	☐	☐	☐	
Public:	☐	☐	☐		**Other:**	☐	☐	☐	

NHS
North Lincolnshire
Clinical Commissioning Group

North Lincolnshire CCG Corporate Performance Executive Summary 2016/2017

Author	Performance and Information Team
Date	30th November 2016
Meeting Date	8th December 2016

Performance Executive Summary: Position at 30th November 2016

1. CCG Assurance

Are patient rights under the NHS Constitution being promoted?

Overall Constitution Indicator Performance
NOTE: Items rated at Blue indicate either no data, no target or data quality issues.

6	3	18	3

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

	Previous	Movement
• RTT 52 Week Waits	G	⇩⇧
• 6 Week Diagnostic Waits	G	⇧
• 12 Hour Trolley Waits	G	⇩⇧
• 2 Week Cancer Referral to First Seen	G	⇧
• 2 Week Cancer Referral to First Seen – Breast Symptoms	G	⇧
• 31 Day Cancer Diagnosis to Treatment	G	⇩
• 31 Day Cancer Subsequent Treatment – Surgery	G	⇩⇧
• 31 Day Cancer Subsequent Treatment – Radiotherapy	G	⇩
• 31 Day Cancer Subsequent Treatment - Drug Regimens	A	⇧
• 62 Day Cancer Referral to Treatment – Total	G	⇩
• 62 Day Cancer Referral to Treatment – Status Upgrade	G	⇩⇧
• Mixed Sex Accommodation Breaches	G	⇩⇧
• Cancelled Operations (2nd Cancellations)	G	⇩⇧
• IAPT Entering Treatment	G	⇩⇧
• IAPT Recovery Rates (data issue with Sept)	G	⇩
• IAPT 6 Week Waits	R	⇧
• IAPT 18 Week Waits	R	⇧
• MH Care Programme Approach (CPA) Follow Up (data issue with Sept)	G	⇩⇧
• Early Intervention 2 Week Waiting Times	G	⇩⇧
• Incidence of Healthcare Associated Infection – MRSA	G	⇩⇧

Areas by Exception:

Area	RAG	⇩⇧ *From Previous Month*	Comments	Lead
18 Week Referral to Treatment Times: Admitted (Target 90%) Non-Admitted (Target 95%) Incomplete (Target 92%)	R	⇩	The September 2016 position against 18 week waits continue to be fall and be significantly below required levels: Admitted: 69.4% (August 72.38%) Non-Admitted: 87.4% (August 88%) Incomplete: 85% (August 85.8%) Locally at Northern Lincolnshire & Goole NHSFT (NLAG) the NHS Improvement Intensive Support Team (IST) are working with the Trust to run a diagnostic tool to understand capacity and demand effect on RTT delivery and detailed plans for improvement. They are also in place to support the quality and assurance, and to review governance arrangements.	RY

			The Trust have appointed an Independent Contractor to advise on the development of the RTT recovery position. A full breakdown of actions and recovery milestones can be found at the exception report. Also covered here is an update of the key actions taking place off patch at Hull & East Yorkshire Hospitals NHST. http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports  RTT Incomplete Sept16.pdf	
A&E 4 Hour Waiting Times (Target 95%)	A		Published A&E Trust wide performance in August 2016 is at 90.2% and did not meet the required level. Locally held indicative data shows that the September position has also deteriorated further, and as at 27th October 2016 the position continues on the same trend. In September 2016 the local Scunthorpe site position fell short of the target at 93.7% and Diana Princess of Wales site in Grimsby was at 88.7% In response to the deteriorating position at the Trust the CCG continue to closely review and challenge the Trusts recovery planning in this area. The majority of breaches at both sites are reported to relate to A&E doctor delays as opposed to bed availability. Medical vacancies continue to increase month on month since February 2016. This is the case for all medical grades. The Trust has initiated various initiatives and has a targeted medical recruitment plan. Further details on the actions contained can be found in the Exception Report. http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports  AE Waiting Times - Aug 16.pdf	JE
% of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	A		This breach only relates to 1 patient out of a total of 8 on this pathway. The patient chose to wait for a specific consultant at HEY, and was seen on day 63 only 1 day over the standard.	RY
Category A Ambulance Response Times 8 Minute RED 1 (Target 75%)	A		Performance at East Midlands Ambulance Trust (EMAS) against the Category A 8 minute indicator for RED1 calls did not reach the required level in September 2016 (70.3%). *The position for all ambulance Cat A response times are assessed at Trust level. The RED1 North Lincolnshire position is much stronger and green at 82.2%.*	RY

Category A Ambulance Response Times 8 Minute RED 2 (Target 75%)	R		EMAS overall performance remains below the required level at 57.3% in September 2016. *North Lincolnshire performance in September 2016 is also below plan at 63.1%.*	RY
Category A Ambulance Response Times 19 Minute (Target 95%)	R		EMAS overall performance is 84.9% in September 2016. *North Lincolnshire's performance was 83.9%.* EMAS achieved the locally agreed regional performance trajectories in September for RED 1 but failed to achieve the RED 2 and A19 trajectories. Red activity has been increasing month on month with the Red activity now equating to over 50% of all calls. This is an increase on last year's position. The Trust continues with their workforce plan as this has been identified as one of the main obstacles to delivery, however recruiting and retaining paramedics is proving difficult due to competitive salaries elsewhere. They are also undertaking an overseas recruitment campaign for additional paramedic's. The Trust has increase capacity both in the Clinical Assessment Team and has increased in the number of voluntary and private ambulance providers in order to increase operational capacity. The EMAS partnership board has confirmed that this additional capacity will continue until substantive vacancies have been appointed to and are operational. Due to the current financial position within the Trust EMAS has been selected as one of the 20 turnaround Trust's in the country. Further more detailed actions and copies of operational plans and trajectory can be found at: http://biz.nyhcsu.org.uk/nlccg/publications?subdir=exception-reports Ambulance Indicators Exception I	RY

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		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).	LL

* 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" Next Data update due December 2016.			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" 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 years of life: • Long Term Condition (LTC) Self Care • Whole System Approach to LTC Care • Early Cancer Diagnosis Public Health Intelligence has undertaken a piece of work to look at the recent dip in life expectancy in older ages. The first draft report is available at Appendix 2 and can also be found on the BIZ: http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/assurance-framework/Appendix2.pdf	
C Difficile	A		The C Difficile position has for the first time this year increased to levels that could cause a yearend target failure. April – August saw 1 breach per month, however there were 3 in September and 4 in October. The exception report contains RCA's of every case and we continue to monitor closely. Any themes and trends identified will be reviewed. CDiff Exception - Nov2016.pdf	

2. CCG Quality Premiums

2015/2016

Due to data availability it is too soon to forecast a value of the quality premium, however based on current performance the only element that would attract a financial payment is the 10% medicines management indicators. Based on the population of 171,000 this would be circa £86K (out of a total circa £860K).

The total quality premium payment is however reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits in A&E departments, (c) maximum 14-day wait from a urgent GP referral for suspected cancer, and (d) maximum 8-minute responses for Category A red 1 ambulance calls.

Therefore due to the performance in these 4 areas at March 2016, the CCG is only expected to achieve 50% of the premium for 2015/2016 *(subject to confirmation by NHSE).*

Based on the calculations of the current performance above (circa £86K) this would be reduced to £43K due to the constitutional penalties.

2016/2017

For 2016/2017 the gateways in relation to Quality and Finance remain the same, as do the Constitutional penalties (with a slight adjustment to % weighting). It is too early to predict financial values against the premium so this will be included from September 2016 to allow for more data collection to be in place.

NHS North Lincolnshire 1617 Quality Premium Dashboard

	Indicator	Baseline (period)	Current Target	Current Performance (period)	RAG	Comments
16/17 National Measures	Cancer	2015	TBC once 2015 calendar year figure published	50.8% (2014)		Next update due June 2017
	GP Patient Survey	July 2016	73%	70% (Jul '16)		Next update due January 2017
	E-Referrals	March 2016	37.2% (Mar '16 = 17.2%)	13.7% (Jul '16)		Next update due November 2016
	Antibiotics Prescribed in Primary Care	2013/14	(a) <= 1.176 (b) <= 10%	(a) 1.141 (b) 9.7% (Aug '15 - Aug '16)	(a)  (b) 	Next update due December 2016
16/17 Local Measures	Reduction in Non-Elective COPD Admissions	2015	472	199 (Apr - Sep '16) FOT = 398		Next update due December 2016
	Reduction in Elective Gastroscopy	2015	2118	1207 (Apr - Sep '16) FOT = 2414		Next update due December 2016
	Improve recorded prevalence of AF on GP registers against expected prevalence	2015	n = 3862 d = 4653 Ratio = 0.83 (83%)	n = 3623 d= 4653 Ratio = 0.78 (78%) (Feb '16)		In development

3. 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.	**CCG Improvement and Assessment Framework 2016/17** A local dashboard has produced identifying the areas that NLCCG are on outlier. This can be found on the BIZ at the following: https://www.england.nhs.uk/commissioning/ccg-auth/ Work is underway to develop action plans that sit beneath each significant outlier area. These will form part of the new Assurance section on the BIZ.	NEWS	ALL	Open
2.	**NLAG Cyber Attack** The local provider NLAG was on the 31st October a victim of a Cyber Attack on its systems. This forced the Trust to close down all networks and clinical systems. The systems were down for 3 days, which in turn meant that all Elective procedures and appointments were cancelled. At this stage it is too early to assess the impact of this. The Trust is checking that all attendances/cancelled ops have been captured on the system and the operational teams are working through how they reappoint. There will be instances where they'll have to cancel routine patients to get the urgent cancellations back in but are hoping to know the full position by Thursday this week (10/11/16) and will share any updates with the CCG. The provider is meeting with NHSE this week also. We were aware of the issue from Monday 31st October mid-morning and invited to join the control meetings from early Monday afternoon until the incident was stepped down on Wednesday. Our observation from those meetings was that the major incident was handled efficiently and effectively by the Directors, with very good engagement of all relevant staff throughout, and well-coordinated across the sites. The positive multi-disciplinary clinical engagement was particularly notable.	NEWS	ALL	Open

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 Mundey in the Performance & Information 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.

Emma Mundey, Performance and Information Manager
North Lincolnshire CCG

NHS
North Lincolnshire
Clinical Commissioning Group

North Lincolnshire CCG
Executive Contract Report
Month 7 October 2016

Executive Summary:

1. Activity Position - Month 6

The activity position at the main Acute Trusts based on month 6 comparing year to date actual activity with the plan is shown in the Table below. Electives and Day cases are 29 under plan (0.2%), Non Electives are 1,065 over plan (11.8%),outpatients are 2,526 over plan (3.3%) and A&E attendances are 754 over plan (2.4%). St. Hugh's Hospital is not included in the Table below as there is no activity plan in the 16/17 Contract.

YEAR TO DATE ACTIVITY ANALYSIS - PLAN V ACTUALS (MONTH 6)

	Elective & Day Case			Non Elective			Outpatients			A&E		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Northern Lincolnshire & Goole	10,702	10,611	-91	7,520	8,351	831	63,740	65,550	1,810	28,923	29,602	679
Hull and East Yorkshire	1,628	1,723	95	963	1,231	268	7,743	8,007	264	1,117	1,204	87
Doncaster & Bassetlaw	431	375	-56	257	314	57	3,124	3,039	-85	443	473	30
Sheffield Teaching	367	363	-4	46	50	4	1,148	1,288	140	56	55	-1
Sheffield Childrens	116	128	12	143	46	-97	284	254	-30	28	29	1
United Lincs	105	104	-1	73	75	2	768	880	112	232	190	-42
Spire	158	174	16				644	959	315			
TOTAL	**13,507**	**13,478**	**-29**	**9,002**	**10,067**	**1,065**	**77,451**	**79,977**	**2,526**	**30,799**	**31,553**	**754**

2. North Lincolnshire & Goole NHS FT

2.1 Finance Position/Reconciliation;

Finance Report (M7) variance £1,693k overspend
Less KPI and validation challenge (£ 230k)
Less Finance adjustments (£ 704k)
Contract Monitor (M6) variance £ 759k overspend

The main overtrades in the year to date positions are in Non Electives which is £917k over plan (7.1%) and new Outpatients which is £347k over (13%) based on the month 6 Contract Monitor report.

2.2 Contract Update;

Due to outpatient RTT and capacity issues at the Trust, a number of alternative Providers have been contacted and additional capacity in a number of those specialties secured.(Spire and St. Hugh's for Trauma and Orthopaedics, St. Hugh's for Urology and Spire for ENT). A shift of activity to the above Providers for the stated specialties may be experienced over the coming months, however this is dependent on patient choice. Alternative ophthalmology capacity is due to come on line by the end of January to support the outpatient backlog.
RTT Incomplete Waits -The NHS Improvement Intensive Support Team are working with the Trust to run a diagnostic tool to understand capacity and demand effect on RTT delivery and detailed plans for improvement. They are also in place to support

the quality and assurance and to review governance arrangements. The Trust have appointed an independent contractor to advise on the development of the RTT recovery position. The CCG are looking to test the contracted position on RTT recovery when related to CCG demand management. The CCG are reviewing specialty demand to check any change to volumes.

A&E 4 hour waits – In response to the deteriorating position at the Trust, the CCG continue to closely review and challenge the Trusts recovery planning in this area. The majority of breaches at both sites are reported to relate to A&E doctor delays as opposed to bed availability. Medical vacancies continue to increase month on month since February 2016,which is the case for all medical grades.

Ambulance Handover Delays – A bi weekly task group has been implemented to review the new Ambulance Arrival Screen Project. Early indications are that this group has had a positive impact on performance. Further work is required to ensure the efficient capture of actual timings to reflect the actual handover time performance.

A number of items have been recently escalated from the Quality Contract Review to the NL&G Executive Contract Board. The RTT recovery plan and capacity review plan remain outstanding. For the Ophthalmology backlog, the plan to undertake a clinical review and management of the potential risk remains outstanding. The Maternity Theatre (Emergency provision) plan is being developed by the Trust but Commissioners require further assurance/detail from the Trust on their plans.

3 Hull & East Yorkshire Hospitals NHS T

3.1 Contract Update;

The headline areas of performance failure continue to be A&E 4 hours waits, RTT waiting times, cancer waiting times and ambulance handover times. A number of items have been escalated to the HEY Contract Management Board from the HEY Clinical Quality Forum in September and October. The status of the HEY Quality Risk Profile, Ophthalmology service backlog, Maternity, Renal Dialysis Unit(Fresenius contract), equipment failures in Radiology and Standard Operating Procedure for long waiting times.

4 Rotherham Doncaster & South Humber Healthcare NHS T

4.1 Contract Update;

Adult Delayed Transfers - Three patients were reported as delays in September due to being homeless; one was discharged in the month, one has a planned discharge for the beginning of October and the Service are currently looking at alternative accommodation for the remaining delay.

IAPT Recovery Rates - Compliance remains above the 50% target at 53.2% in September 2016 and the service continue to monitor. **The service is still waiting on the outcome of a sustainability paper submitted to North Lincolnshire CCG's 'engine room**': the service is pursuing discussions with GPs regarding the option of self-referral. **The IAPT service offer on self-referral was rejected by the 'engine room' at the meeting on the 17th November.**

The CCG has agreed non recurrent funding of the Learning Disabilities business case (£241k). The CCG has also agreed to transfer the case management function to RDaSH (up to £200k recurrent) with dialogue on-going to transfer case management to the provider, which should result in savings to the North Lincolnshire health economy.

The CQC is due to undertake a re-inspection in October which will focus on well led domain.

5 East Midlands Ambulance Trust

5.1 Contract Update;

The contract is a block agreement but an agreement to pay for handover delays over 60 minutes is reflected in the variance to M6 (£13k).

The 8 minute and 19 minute response times continue to significantly under achieve, with the lowest performance recorded this year. The recovery trajectory is also failing and an update on performance recovery is expected at the next EMAS contract meeting. There has also been limited engagement from the Provider in the service redesign or resilience workstreams.

6 Doncaster & Bassetlaw Hospitals NHS FT

6.1 Contract Update;

The contract is behind plan by £158k at month 6, driven by elective activity that is under planned levels by £57k. The specialties under trading include Vascular surgery (£35k), Breast surgery (£12k) and Gynaecology (£13k). Outpatient activity is under plan by £85k mainly driven by under performance in outpatient procedures.

RTT commissioner reporting shows a number of long wait patients, mainly in orthopaedics.

7 Sheffield Teaching Hospital NHS FT

7.1 Contract Update;

The month 6 Contract Monitor shows a worsening over trade position with an in month overspend of £65k and a cumulative overspend of £244k. The main area driving the year to date over trade is Electives with the main specialties over performing being Orthopaedics (£70k),Gastroenterology (£23k), ENT (£31k) and Clinical Oncology (£20k).

8 Spire Hospital

8.1 Contract Update;

The cumulative overspend based on the month 6 Contract Monitor is £95k. Outpatient first activity is up 107% against planned levels. This is a concern for the remainder of the year as a proportion of this will result in elective/day case procedures which will have financial implications. Spire have also agreed to create additional capacity for the CCG and will be accepting more referrals from GPs to lessen the pressure on NLAG.

The RTT position is starting to show patients over 18 weeks in Orthopaedics but the overall volume is small. Current capacity and RTT issues with NLAG will see an increase in outpatient referrals for Orthopaedics and ENT over the coming months.

One serious incident reported that related to an unexpected death (NHS Hull CCG patient) and a root cause analysis is underway. The serious incident is being managed as part of the agreed serious incident management process.Two complaints made by NHS patients (not NLCCG patients) relating to poor experience and indicating that the patients were discharged too early.

9 St Hugh's Hospital

9.1 Contract Update;

The cumulative overspend at month 6 is £127k, the majority of this over trade was due to high levels of inpatient activity in Quarter 1, whilst recent months have seen a downward trend.

Current capacity and RTT issues within NLAG will see an increase in outpatient referrals for Orthopaedics and Urology over the coming months.

Concerns have been raised in relation to the low level of incident reporting (including serious incidents) and low level of awareness of incident reporting processes across the hospital. Commissioners have agreed a CQUIN scheme and a local KPI scheme for delivery in Quarters 3 and 4 in order to improve awareness and rate of incident

reporting. Commissioners have also raised concerns in relation to the lack of governance arrangements across the hospital, this is apparent in the poor coordination of quality reporting. These concerns are being managed as part of the contract management process.

10 Contract Offers from the CCG;

The CCG has sent contract offers out to the providers in the Table below in line with the NHS contract process for 2017-19. The offers have to encompass two years and uplifts have been based on the advised tariff uplift and deflator of 2.1% and 2% respectively.
The Trusts have not supplied complete models across to the CCGs at this time due to complexity of a number of changes occurring at the same time.
The first being the Tariff move to HRG4+ which sets out not just new prices but adjusted day care and Outpatient procedure requirement. Additionally there is a change to the specialist NHS England contracts, where CCGs are both receiving (i.e. Bariatric) and giving up (some elements of cancer).

These elements combined with shorter timescales, shorter actual months to calculate outturn and trends, RTT and trajectory requirements for NHSI has meant that models have been sent with significant errors, so that at this time we only have had acceptance of offers for RDASH and United Lincolnshire Hospitals, one non acute the other being a smaller contract.

The CCG is pushing its core providers and other lead CCGs where we are associates to get these plans in order to meet the required timetable, however there is approximately a two week delay in information as its stands.

At a STP meeting on 15th November, CCG Chief Executives stated the aspiration for the 17/18 and 18/19 contract was to move to a consistent contract across the STP footprint.
Further draft contract challenges have been emailed to NLAG and will be formally addressed at the next NLAG Finance ,Performance and Technical Contract meeting on 14th December.

		FORECAST OUT-TURN MONTH 7	CONTRACT OFFER 2017/18	CONTRACT OFFER 2018/19
		£000	£000	£000
	MAIN HOSPITAL CONTRACTS			
1	Northern Lincolnshire & Goole Hospitals NHS FT	104,008	103,363	103,554
2	Hull & East Yorkshire NHS Trust	11,500	11,247	11,254
3	Doncaster & Bassetlaw NHS FT	3,588	3,615	3,619
4	Sheffield Teaching Hospitals NHS FT	1,258	1,247	1,248
5	Sheffield Children's Hospital NHS FT	576	489	488
6	United Lincolnshire Hospitals NHS Trust	855	856	857
7	Leeds Teaching Hospitals NHS Trust	776	774	775
8	East Midlands Ambulance Trust	5,200	5,205	5,210
9	Spire Hospitals	884	885	885
10	St Hugh's Hospital	717	564	565
11	Rotherham, Doncaster & South Humberside FT	14,267	13,394	13,407
	Total	**143,629**	**141,639**	**141,862**