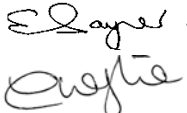


Date:	8 th February 2018
Meeting:	NLCCG Governing Body
Item Number:	Item 10.1
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: <i>(Name, Title)</i>	Chloe Nicholson, Quality Manager; Louise Tilley, Senior Finance Manager; Emma Munday, Performance & Information Manager
GB Lead: <i>(Name, Title)</i>	Emma Sayner, Chief Finance Officer; Catherine Wylie, Director of Nursing and Quality
Director approval <i>(name)</i>	Emma Sayner Catherine Wylie
Director Signature (MUST BE SIGNED)	

Report Title:
Integrated Governance Report (Quality, Performance & Finance) – Part 1 (Public)
Decisions to be made:
Members are asked to review and note the content of this report.

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>
Purpose (tick one only)	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	To note <input checked="" type="checkbox"/> Decision <input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>The Integrated Governance Report (Part 1) includes an overview of the key points to note in relation to Quality, Performance and Finance, across the CCG's main providers. These areas are summarised below.</p> <p>Financial Position</p> <ul style="list-style-type: none"> NHS England Financial Improvement Plan <p>North Lincolnshire CCG is in the process of finalising the financial elements of its response to NHS England's Improvement Plan (necessitated by NHSE issued Legal Directions released on 17th August 2017) which will be based on the figures reported at Month 8.</p> <ul style="list-style-type: none"> YTD Performance <p>At Month 9 the CCG has reported a Year to Date overspend of £3,454k. This is a deterioration of £76k from Month 8. The main areas driving this overspend are Prescribing, Continuing Healthcare Services and Specialist Mental Health and Learning Disability Placements.</p> <ul style="list-style-type: none"> Forecast Position <p>At Month 9 the CCG is forecasting a £6.3m over-spend by 31 March 2018.</p>

Performance and Contracting

- Accident & Emergency (A&E) performance

Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) continues to experience pressures in A&E, although performance at the Scunthorpe site remains stronger than the Grimsby Diana Princess of Wales site. However, the Trust is now achieving the NHSE Local Target Level of 90%, using latest data available (November 2017). The findings of the Emergency Care Improvement Programme review of the Trusts A&E service at both sites are being implemented and overseen by the Unplanned Care Board and positive improvement in performance is evident overall.

- Referral to Treatment Time (RTT) performance

RTT achievement continues to be one of the most significant areas of underperformance with no improvement seen in November 2017. There has also been a growing number of 52 week breaches, please see the RTT figures at page 12 of this report.

In response to these performance challenges, NL&G has developed work streams to support the delivery of all aspects of planned care. Specific work is underway in outpatient services to identify operational issues. NL&G has also developed a work stream in theatres, to focus on improved booking processes and theatre utilisation. All of this work is part of the NL&G Improving Together Programme of work, the outcome of these work streams will be discussed in detail at the Planned Care Board.

- Cancer waiting times

62 Day RTT waiting times for cancer patients also continues to fall below the required performance levels. Many of the issues relate to delays in tests and diagnostics, along with inter-provider transfers to tertiary providers such as Hull & East Yorkshire and Sheffield Teaching Hospitals.

All of these areas are closely monitored and managed and assurance sought through the contract governance structures that are in place with each provider.

Quality

- Fragility across the Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) system

Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) continues to report fragility across a range of services, further compounding the pressure on the local healthcare system. These pressures largely relate to long waiting times across a range of specialties, with several patients waiting longer than 52 weeks for treatment; challenges within maternity services and on-going capacity issues.

In response to these challenges, NL&G has implemented an Improving Together programme to deliver the improvements required to address quality in the organization, with specific workstreams in place focusing on long waiting times, staffing and maternity. The programme has now entered phase two, and good progress has been made to date. The CCG continues to work closely with NL&G to support delivery of the Improving Together Programme.

- Workforce challenges

Staff recruitment remains a challenge across healthcare service Providers in North Lincolnshire; this remains an area of priority for local health services.

- Patient Transport Service, provided by Thames Ambulance Service Limited (TASL)

The CCG continues to receive concerns from local service users in relation to local Patient Transport Service, provided by Thames Ambulance Service Limited (TASL). In response to these concerns, the CCG facilitated a Quality Assurance Visit in December 2017, to services provided by TASL, provided at Scunthorpe General Hospital. As part of this visit, commissioners identified several areas for further improvement.

Recommendations	To receive and note the content of this report.	
Report history	This Integrated Governance Report replaces the previous Quality, Performance & Finance reports, as agreed at the Governing Body meeting on 14 th December 2018.	
Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The report highlights areas of concern and pressure in relation to sustainability of services across the CCG's main providers, and the CCG.

Risk	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>The report supports the Quality & Performance section of the CCG Assurance Map, in particular Performance reporting – Finance and Quality. The report provides management level assurance to the Governing Body, to enable them to provide second line assurance to GP members.</p> <p>The content of the report provides assurance in support of the NHS England Assurance Framework.</p> <p>In addition, the report provides assurance against the CCG Board Assurance Framework (BAF) Risk FP1. Risk position monitored by the CCG Planning & Commissioning Committee and the CCG Governing Body.</p>
Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	This report covers the NHS Constitution, and incorporates requirements in relation to the NHS Standard Contract across the CCG's providers.
Finance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	On-going financial sustainability impacted.

Patient, Public, Clinical and Stakeholder Engagement to date

	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

INTEGRATED GOVERNANCE REPORT

QUALITY, PERFORMANCE & FINANCE

FEBRUARY 2018

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PART ONE

INTEGRATED GOVERNANCE REPORT

Glossary of Abbreviations

NHS	National Health Service
NLCCG	North Lincolnshire Clinical Commissioning Group
NL&G	Northern Lincolnshire & Goole NHS Foundation Trust
HEY	Hull & East Yorkshire NHS Hospitals Trust
RDASH	Rotherham Doncaster & South Humber NHS Mental Health Trust
EMAS	East Midlands Ambulance Service NHS Trust
TASL	Thames Ambulance Service Limited
Spire	Hull & East Riding Spire Hospital
St Hugh's	HMT St Hugh's Hospital (Grimsby)
ULHT	United Lincolnshire Hospitals NHS Trust
NHS	NHS England
YTD	Year To Date
A&E	Accident & Emergency
MRI	Magnetic Resonance Imaging
CT	Computerised Tomography scan
CHC	Continuing Healthcare
FNC	Funded Nursing Care
QIPP	Quality, Innovation, Productivity and Prevention programme
MH	Mental Health
LD	Learning Disability
IP&C	Infection Prevention & Control
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-sensitive Staphylococcus aureus
E-Coli	Escherichia coli
SHMI	Summary Hospital-level Mortality Indicator
ARP	Ambulance Response Programme
IAPT	Improving Access to Psychological Therapies
CPA	Care Programme Approach

Executive Summary

Financial Position

North Lincolnshire CCG is in the process of finalising the financial elements of its response to NHS England's Improvement Plan (necessitated by NHSE issued Legal Directions released on 17th August 2017) which will be based on the figures reported at Month 8.

YTD Performance

At Month 9 the CCG has reported a Year to Date overspend of £3,454k. This is a deterioration of £76k from Month 8. The main areas driving this overspend are Prescribing, Continuing Healthcare Services and Specialist Mental Health and Learning Disability Placements.

The Year to Date QIPP achievement at Month 9 was £6.65m against a target of £10.41m. This is an under achievement of £3.76m, mainly as a result of Continuing Healthcare and Prescribing.

Forecast Position

At Month 9 the CCG is forecasting a £6.3m over-spend by 31 March 2018.

Performance and Contracting

Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) continues to experience pressures in A&E, although performance at the Scunthorpe site remains stronger than the Grimsby Diana Princess of Wales site. However, the Trust is now achieving the NHSE Local Target Level of 90%, using latest data available (November 2017). The findings of the Emergency Care Improvement Programme review of the Trusts A&E service at both sites are being implemented and overseen by the Unplanned Care Board and positive improvement in performance is evident overall.

Referral to Treatment Time (RTT) achievement continues to be one of the most significant areas of underperformance with no improvement seen in November 2017. There has also been a growing number of 52 week breaches, please see the RTT figures at page 12 of this report.

In response to these performance challenges, NL&G has developed work streams to support the delivery of all aspects of planned care. Specific work is underway in outpatient services to identify operational issues. NL&G has also developed a work stream in theatres, to focus on improved booking processes and theatre utilisation. All of this work is part of the NL&G Improving Together Programme of work, the outcome of these work streams will be discussed in detail at the Planned Care Board.

62 Day RTT times for cancer patients also continues to fail to meet required performance levels. Many of the issues relate to delays in tests and diagnostics, along with inter-provider transfers to tertiary providers such as Hull & East Yorkshire and Sheffield Teaching Hospitals.

Linking to both the Cancer Waits and RTT waits, the 6 week diagnostic position remains below plan, with significant issues reported in MRI/CT, Non-Obstetric Ultrasound and Endoscopy Services.

All of these areas are closely monitored and managed and assurance sought through the contract governance structures in place with the providers.

Quality

Staff recruitment remains a challenge across healthcare service Providers in North Lincolnshire; this remains an area of priority for local health services.

Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) continues to report fragility across a range of services, further compounding the pressure on the local healthcare system. These pressures largely relate to long waiting times across a range of specialties, with several patients waiting longer than 52 weeks for treatment; challenges within maternity services and on-going capacity issues.

In response to these challenges, NL&G has implemented an Improving Together programme to deliver the improvements required to address quality in the organization, with specific workstreams in place focusing on long waiting times, staffing and maternity. The programme has now entered phase two, and good progress has been made to date. The CCG continues to work closely with NL&G to support delivery of the Improving Together Programme.

In addition to the issues described above, the patient mortality rate at NL&G has increased further, the latest official SHMI position at NL&G is 114 against the national average of 100. Overall, NL&G now falls within the 'higher than expected' range for patient mortality.

The CCG continues to receive concerns from local service users in relation to local Patient Transport Service, provided by Thames Ambulance Service Limited (TASL). In response to these concerns, the CCG facilitated a Quality Assurance Visit in December 2017, to services provided by TASL, provided at Scunthorpe General Hospital. As part of this visit, commissioners identified several areas for further improvement.

Financial Position

Achievement of Financial Duties

Based on information available up to 31 December 2018, achievement against the financial performance targets for 2017/18 are as follows:

Financial Duties	Target	Outturn RAG	RAG Explanation
1 Maintain expenditure within the revenue resource limit and deliver a 1% surplus	Planned surplus or greater achieved	✗	At month 9 the CCG is forecasting an in year deficit of £6.3m
2 Maintain expenditure within the allocated cash limit	Cash drawdown less than cash limit	✓	The CCG will submit a revised ACF return for Month 9 which will reflect the latest forecast position (i.e. £6.3m overspend). We anticipate this to be reflected in the CCG's MCD and along with normal management of working capital no unforeseen issues are expected to arise before the Year End.
3 Maintain capital expenditure within the delegated limit from the Area Team	N/A		The CCG do not currently have any delegated capital funds from the Area Team.
4 Ensure running costs do not exceed our agreed admin allocation	Expenditure less than or equal to allocation	✓	At Month 9 the CCG is forecasting that running costs will be within our agreed allocation
5 Ensure the 0.5% Risk Reserve (Headroom) remains uncommitted	0.5%	✓	The 0.5% Risk Reserve currently remains uncommitted
6 Ensure compliance with the better payment practice code (BPPC)	Greater than or equal to 95% by Number/Value	✓	BPPC was achieved in month and YTD for both NHS and Non NHS suppliers, for both number and value of invoices

Financial Performance / Forecast

The CCG's summary financial position as at 31 December 2017 is:

	Year to Date (000's)			Full Year (000's)		
	Budget	Actual	Var	Budget	Actual	Var
Acute Services	89,017	87,728	1,289	118,175	117,300	875
Mental Health Services	16,410	16,741	(331)	21,505	22,570	(1,066)
Community Health services	18,921	18,821	100	25,228	25,167	61
Continuing Healthcare and Funded Nursing Care	11,166	13,475	(2,309)	14,542	17,945	(3,404)
Primary Care Services	24,385	26,715	(2,329)	31,791	34,915	(3,124)
Other Programme Services	6,444	6,447	(3)	8,188	7,920	268
Running Costs	2,568	2,505	63	3,312	3,312	0
Headroom (0.5%)	0	0	0	1,107	1,107	0
Planned In Year Surplus	68	0	68	90	0	90
IN YEAR TOTAL	168,978	172,432	(3,454)	223,938	230,238	(6,300)
Balance of Prior Year Deficit	(3,074)	0	(3,074)	(4,098)	0	(4,098)
CUMULATIVE POSITION	165,905	172,432	(6,527)	219,840	230,238	(10,398)

Summary Financial Position as at 31st December 2017

The CCG is currently forecasting an in year overspend of £6.3m by 31 March 2018. This will result in the CCG's cumulative deficit being increased to £10.4m.

This year's running cost allocation is £3.831m. The current forecast is that expenditure will be contained within this financial envelope and that the QIPP target of £0.5m will be fully achieved.

Mental Health Services:

The over spend on Mental Health Services relates to Specialist / Out of Area Placements for both Mental Health and Learning Disability Patients. From 1st November 2018 the CCG has commissioned a Case Management Service from Rotherham Doncaster and South Humber Mental Health Foundation Trust (RDASH), which it is hoped will reduce these costs through a more efficient placement and review process. Work has also commenced in January 2018 to update the Broadcare Database system, which has not been properly maintained throughout 2017/18. The financial impact of this is currently unknown.

Continuing Healthcare (CHC) and Funded Nursing Care (FNC):

Recurrent spend on CHC and FNC Packages has remained consistent with last year, despite a planned QIPP target of £2.160m. The CHC team have been working closely with NHS England and North of England Commissioning Support Unit (NECs) over the second half of the year to identify areas where CHC can identify efficiencies in terms of spending levels and processes.

Primary Care Services:

This overspend relates to Prescribing Costs which have increased in year compared with the previous financial year. At Month 9 the forecast overspend is £3.264m, based on the Month 7 PMD Reports. In addition we are reporting a risk of £1.1m on the Non ISFE Return in relation to the NCSO Price Concessions.

The NECs Medicines Management Team has been working closely with the Practices throughout the year, and all but 1 of the practices has signed up and is now using Optimise RX.

Potential Risks:

The CCG and Local Authority are still in discussion about the level of Social Care investment above the minimum required level.

Statement of Financial Position

At the end of December the CCG was showing £14.636m excess of liabilities over assets. This is expected for an NHS commissioning organisation and is in line with the previous financial year.

Revenue Resource Limit

The annual Revenue Resource Limit for the CCG was £223,938k for both 'Programme' and 'Running' costs. This has increased by £144k in December, £79k Additional Winter Funding (Mental Health Bids) and £65k Additional Winter Funding (GP Winter Access Bids).

Working Balance Management

Cash:

The closing cash for December was £133k which was below the 1.25% target of £208k.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for December was 100% on the value and on the number of invoices, whilst the full year position is 99.18% achievement on the value and 99.92% on number.

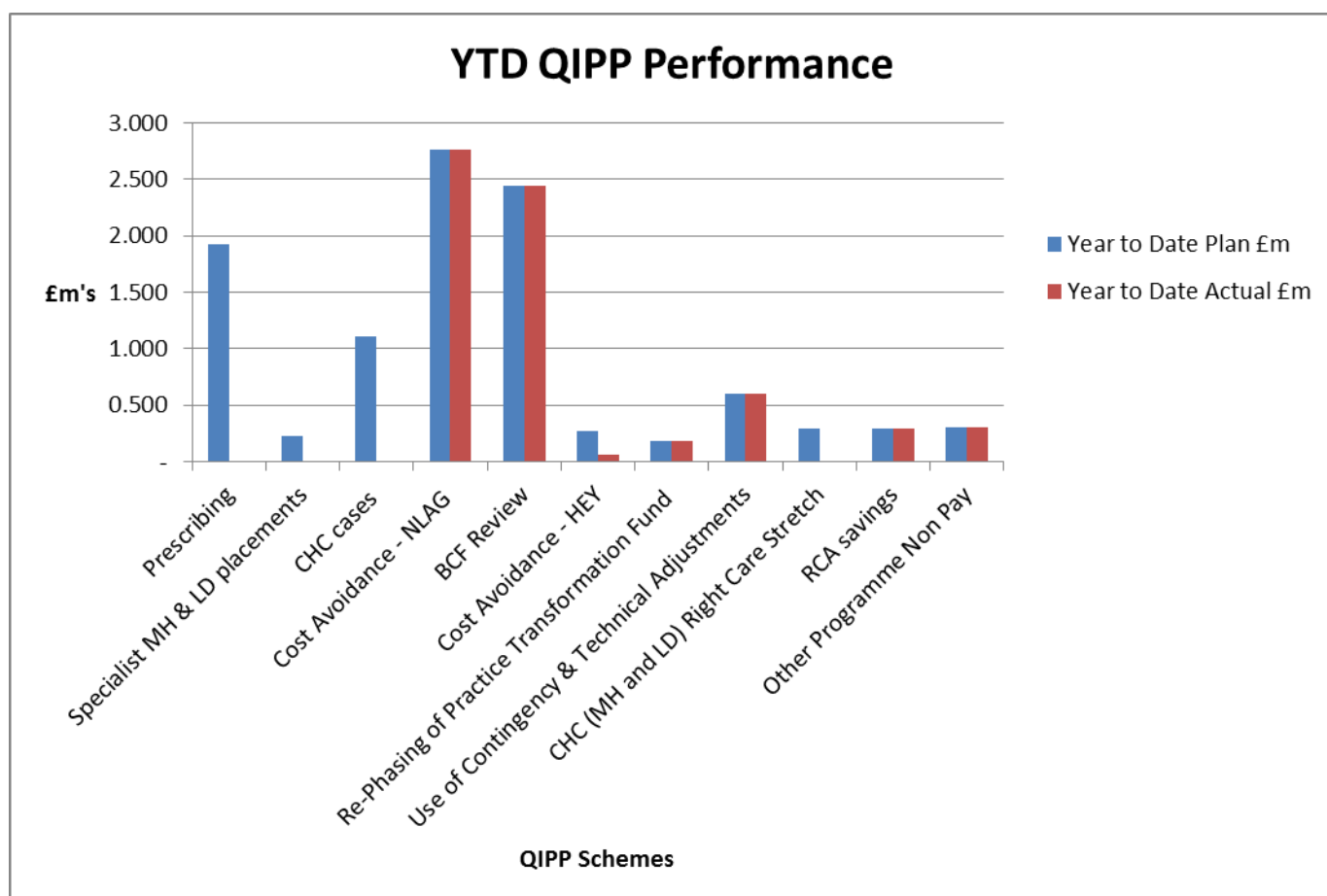
b. NHS

The NHS performance for December was 100% on the value and on the number of invoices, whilst the full year position is 100% achievement on the value and 99.82% on number.

QIPP

At Month 9 the CCG had achieved £6.65m of cash releasable savings against a target of £10.41m. The forecast QIPP achievement is £10.08m against the annual target of £16.21m.

YTD performance by scheme can be seen in the graph below:



No cash releasable savings have been achieved in Prescribing, CHC or MH and LD.

Quality Exceptions

Delayed response times and quality concerns at Thames Ambulance Service Limited (TASL)

The CCG remains concerned with delayed ambulance response times, and the approach taken by TASL to managing complaints and queries relating to the patient transport service, in North Lincolnshire.

In response to these concerns, the CCG undertook a quality assurance visit to TASL service areas that are situated in Scunthorpe General Hospital, during December 2017. This visit identified some areas that require further improvement. The outcome from this visit is currently being reviewed as part of the TASL contract management process.

Pressures within diagnostic services across the Humber area

Northern Lincolnshire & Goole NHS Foundation Trust and Hull & East Yorkshire NHS Hospitals Trust (HEY) continue to report challenges in meeting national targets for diagnostic services. The main causes for the local breaches relate to ageing diagnostic equipment, an increase in staff sickness and compounding pressures on capacity. Temporary solutions have been sought, and mobile diagnostic facilities have been provided at both NL&G and HEY.

Mortality rates at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)

The patient mortality rate at NL&G has increased further, the latest official Summary Hospital-level Mortality Indicator (SHMI) position at NL&G is 114 against the national average of 100. Overall, NL&G now falls within the 'higher than expected' range for patient mortality.

In response to this, NL&G has developed a Mortality Improvement Plan to focus on priority areas of work. This plan incorporates work programmes relating to deteriorating patients, management of sepsis, patient's hydration needs and multi-disciplinary working. These priority areas form part of the NL&G Improving Together programme, with oversight from the NL&G Board.

Long waiting times for treatment at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)

Due to the increasing number of people that are waiting over 52 weeks for treatment at NL&G, there is a risk that the patients experience will be adversely affected and/or suffer harm due to extended waiting times. An extensive programme of work is being undertaken to improve this position, and the CCG continues to work closely with NL&G to clinically review long waiting patients, via the contract management process, in order to mitigate potential risk of harm.

Mixed Sex Accommodation at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)

There is a risk that patient's dignity may be compromised due to being placed on mixed sex bays, as some ward environments are not conducive to single gender bays. NL&G has confirmed that mixed sex accommodation requirements are compromised due to the additional work required to address the environmental challenges and staffing levels on Ward 22. NL&G has submitted a bid to NHS Improvement for additional capital funding to support these changes. Commissioners continue to work closely with NL&G to under

Delayed response times at East Midlands Ambulance Service (EMAS)

Latest EMAS performance data for North Lincolnshire taken from the national Ambulance Response Programme (ARP) performance dataset, reflects that EMAS did not achieve the new response time targets for category one (life threatening) and category two (emergency) calls. These challenges are largely due to increasing staff sickness rates; delays in the clinical handover of patients between

EMAS and NL&G, and high vacancy rate for vehicle mechanics which has led to an increase in vehicles out of service. These delays could have a negative impact on local service users. The CCG continues to work with EMAS, in collaboration with NHS Hardwick CCG as the Lead Commissioner, to review progress in this area.

Staffing across North Lincolnshire Health Services

Recruitment of medical and nursing staff, across hospital and primary care services in North Lincolnshire, continues to be a challenge. Staffing pressures have led to reduced capacity in some services in the North Lincolnshire area, which could have a negative impact on winter resilience planning across some local health services. In response to these issues, health services are working in collaboration to promote the North Lincolnshire area as part of a national and international recruitment drive; NL&GFT is in the process of reviewing its workforce strategy to support further recruitment and retention of Nursing and Medical staff and primary care services are working closely with the CCG to review workforce requirements.

Enhanced Surveillance for Quality

NL&G and TASL are currently rated as requiring an enhanced level of surveillance, by the NHS England Yorkshire & Humber Quality Surveillance Group. This means that concerns have been identified within these providers, which need to be reviewed on a regular basis due to the existence of recovery action plans and increased scrutiny. Monitoring arrangements for these providers exceed the usual contract management arrangements. The issues and concerns that have been identified across these providers, which triggered the enhanced surveillance rating, are considered to pose a risk to North Lincolnshire residents, due to increasing waiting times, staffing pressures and delayed response times. These factors continue to create significant challenges across the North Lincolnshire health system. The position continues to be reviewed as part of the contract management meeting process, for each of these providers.

Maternity services at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)

The Care Quality Commission conducted an announced inspection of NL&G between the 22 and 25 November 2016, and an unannounced inspection on 8 December 2016. Following these inspections, the CQC issued NL&G with a Section 29A warning notice, in relation to Maternity and Gynaecology services.

In response to the section 29A warning notice, NL&G continues to implement significant work, and make the required changes, in line with the CQC action plan. These changes include the successful appointment of an interim Head of Midwifery; recruitment of ten additional midwives in maternity services and the appointment of clinical lead to oversee completion of the safer surgery checklist in maternity services.

In addition to the above, NL&G is commissioning an independent review of all recent serious incidents and patient safety incidents.

This position continues to be reviewed by the Care Quality Commission (CQC) and the CCG, as part of the contract management process.

CCG Performance Indicator Exceptions

A&E/Urgent Care

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
A&E waiting time - total time in the A&E department, SitRep data	Actual	82.60%	80.20%	76.00%	85.0%	87.40%	79.3%	85.5%	83.1%	83.8%	89.3%	87.3%	91.6%	92.3%
	Improv	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Traj.	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
12 hour trolley waits in A&E - NL CCG	Actual	0	11	0	0	11	0	0	0	0	0	0	0	0
	Target	0	0	0	0	0	0	0	0	0	0	0	0	0
A&E performance - local performance (NLAG Performance)	Actual	82.44%	83.48%	75.78%	84.69%	87.74%	78.7%	85.3%	82.5%	83.9%	89.4%	87.4%	91.5%	92.5%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Trust wide performance against the A&E 4 hour wait has improved since the start of the year, and the Scunthorpe site has recently achieved 95% performance at least once per week. Beds have routinely been available on the Scunthorpe site which has also supported the A&E department in maintaining higher levels of performance. NL&G has recorded that the main reason for these 4 hour breaches is due to lack of A&E Doctor.

There have been fewer issues with Ambulance handover recently and very few long waits on the SGH site.

The Trust is anticipating that they will be able to achieve the local NHS Target of 90% for the remainder of the financial year.

Despite narrowly missing the 90% target at 87.9%, performance in December 17, compared to the rest of England, was good. North Lincolnshire and Goole Hospitals were ranked 31 out of 133 Trusts, putting them in the top quartile with only 17 Trusts achieving the 90%.

As predicted, January is proving to be a challenging month but all system partners are working hard to support the Trust, and wherever possible, respond to people's needs at home and in the community, to avoid any further increases in hospital attendances and admissions.

The Northern Lincolnshire Winter Plan for 2017-18, builds upon the work that we have been doing throughout the year to support our services in achieving their improvement goals; to address the delivery challenges across the whole health and care system; and specifically to improve A&E delivery at NL&G. It is recognised that activity surges and increasing levels of acuity are likely to continue in the short term.

Referral to Treatment Times (RTT)

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Referral to Treatment pathways: incomplete	Actual	82.90%	83.10%	83.70%	83%	83.00%	81.2%	81.4%	80.1%	79.5%	78.2%	76.8%	76.7%	76.7%
	Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
	Imp	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Traj.	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Num.	11,009	11,145	11,080	11,212	11,212	11,122	11,368	11,387	11,614	11,597	11,357	11,266	11,137
Number of >52 week Referral to Treatment in Incomplete Pathways	Den.	13,280	13,410	13,240	13,512	13,512	13,703	13,964	14,222	14,611	14,833	14,791	14,686	14,517
	Actual	6	9	13	18	47	31	33	33	35	39	39	32	37
	Target	0	0	0	0	0	0	0	0	0	0	0	0	0

There were 37 52 week breaches reported for the CCG in November 2017, 33 at Northern Lincolnshire & Goole Hospitals NHSFT (NL&G) and 1 at Doncaster & Bassetlaw Hospitals NHSFT (D&B).

NL&G reported 81 52 week breaches Trust wide in November 2018, an increase on the October position. The Trust has confirmed that the Patient Admin System (PAS) data cleansing project is now complete, and any 52 week breaches are now largely attributed to capacity issues. Significant pressures continue to be reported in Colorectal Surgery, Trauma and Orthopaedics, ENT, Ophthalmology, Gastroenterology and Cardiology.

NL&G is in the process of completing root cause analyses for all breaches, and lessons will be identified within the NL&G weekly performance meetings and the divisional governance meetings.

The total list size continues to grow with the November list 6% higher than in April 2017 (representing 814 additional waiters).

Cancer Waiting Times

2 Week Waits

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
All Cancer 2 week waits	Actual	97.50%	95.80%	95.90%	94.80%	96.80%	91.9%	96.3%	94.6%	93.4%	96.6%	95.8%	96.9%	95.9%
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	427	479	489	548	5,676	385	554	454	440	400	386	444	532
	Den.	438	500	510	578	5,862	419	575	480	471	414	403	458	555
Breast Cancer 2 week waits	Actual	100%	94.4%	94.6%	100.0%	95.6%	87.1%	95.0%	91.5%	89.6%	94.4%	78.3%	91.9%	96.2%
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	35	34	35	45	476	27	38	43	43	51	18	34	50
	Den.	35	36	37	45	498	31	40	47	48	54	23	37	52

31 Day Diagnosis to Treatment Waits

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Cancer 31 day waits: first definitive treatment	Actual	98.6%	97.1%	98.7%	97.7%	98.2%	98.6%	96.2%	100%	98.6%	100.0%	100.0%	98.8%	97.6%
	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
	Num.	72	100	78	86	1008	71	76	69	73	69	73	80	80
	Den.	73	103	79	88	1026	72	79	69	74	69	73	81	82
Cancer 31 day waits: subsequent cancer treatments-surgery	Actual	100%	95.7%	92.9%	100%	96.8%	87.5%	100%	86.7%	100%	100%	100%	100%	91.7%
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	13	22	13	19	180	7	15	13	10	10	17	12	11
	Den.	13	23	14	19	186	8	15	15	10	10	17	12	12
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	Actual	100%	100%	100%	100%	99.7%	100%	95.7%	100%	100%	100%	100%	100%	100%
	Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	Num.	24	30	25	36	328	16	22	23	7	16	16	12	9
	Den.	24	30	25	36	329	16	23	23	7	16	16	12	9
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	Actual	94.7%	93.5%	100%	100%	97.2%	91.3%	96.7%	100%	100%	96.0%	100%	100%	100%
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	18	29	48	36	346	21	29	21	18	24	20	29	23
	Den.	19	31	48	36	356	23	30	21	18	25	20	29	23

62 Day Referral to Treatment Waits

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	Actual	79.3%	66.0%	80.0%	75.0%	82.3%	76.9%	70.7%	55.6%	75.0%	76.9%	66.7%	72.1%	65.7%
	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Num.	23	35	28	33	433	20	29	20	27	30	30	31	23
	Den.	29	53	35	44	526	26	41	36	36	39	45	43	35
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	Actual	94.1%	92.9%	87.5%	100%	95.2%	50.0%	100%	100%	0.0%	100%	100%	100%	66.7%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	16	13	7	1	80	1	3	2	0	1	2	1	2
	Den.	17	14	8	1	84	2	3	2	1	1	2	1	3
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	Actual	100%	33.30%	Nil Return	100%	90.9%	66.7%	66.7%	Nil Return	100%	66.7%	0.0%	100%	66.7%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	2	1	0	4	20	2	2	0	2	2	0	1	2
	Den.	2	3	0	4	22	3	3	0	2	3	1	1	3

Current performance against Cancer 2 week waits and Cancer 31 day waiting time standards have been consistently achieved since May 2017/18. The CCG recognises the good work undertaken, by our main providers, in these service areas.

Current performance against the 62 day standard is 65.7% against the target of 85% (November 17 data, latest validated position available), which is deterioration from the October position. This relates to 12 breaches out of 35 patients. Many of these breaches involved the transfer of patients between NL&G and HEY; the reasons provided for these breaches suggests that some were due to patient choice, but many breaches have been attributed to delays in receiving diagnostic tests and late transfer from NL&G to HEY.

At the NL&G Contract Meeting, the Trust commented that it is focusing upon reducing the number of patients waiting 104 days and over, but there has been no further improvement in November. There are only 13 patients on the list awaiting diagnosis, compared to 32 in October. The Cancer Alliance Network has requested performance trajectories. The forecast for March 2018 is approximately 70% against threshold and this is not unreasonable for the Trust to achieve.

The 62 Day wait for treatment following a referral from an NHS Cancer Screening service failed to achieve the required 90%. This relates to 1 patient out of 3 waiting longer than 62 days. The patient was waiting for treatment at HEY, whose response was this related to a complex diagnostic pathway requiring a number of tests and in total waited 90 days.

The 62 Day wait for treatment following consultant decision to upgrade also related to 1 patient out of 3. This patient was waiting for treatment at Sheffield Teaching Hospital (STH), and again was a complex pathway. They waited in total 91 days, 71 of which under the responsibility of D&B before transfer to STH.

The current waiting time performance, for Cancer 62 day referral to treatment, places the CCG at the fourth worst performing CCG in England, for November 17. In response to this, NL&G has developed an improvement trajectory, at Trust wide and tumour site level, and is developing a Cancer work programme to support delivery of recovery actions. The CCG continues to work closely with its main providers to improve this position via the contract management process, with on-going support provided by the Cancer Network.

Diagnostic Waiting Times

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Diagnostic test waiting times	Actual	1.22%	2.35%	0.82%	0.65%	0.65%	2.63%	2.24%	5.88%	6.85%	6.61%	7.13%	6.87%	5.17%
	Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
	Num.	57	119	44	36	36	128	116	342	363	338	378	357	265
	Den.	4,668	5072	5369	5547	5,547	4,874	5,168	5,821	5,299	5,117	5,304	5,196	5,123

This service did not achieve the required target of 1% during 2017/2018. The November position declared 265 breaches, 26 at HEY, 2 at Sheffield Teaching Hospitals, 1 at United Lincolnshire Hospitals and the remainder at NL&G.

Ambulance Response Programme (ARP) Standards

The new Ambulance Response Programme (ARP) standards were introduced for reporting in August 2017. They are not however to be formally judged until April 2018 and are shown here for information and monitoring.

Indicator		Aug-17	Sep-17	Oct-17	Nov-17
Ambulance clinical quality: Category 1 - 7 Minute Mean; 15 minute 90th centile response time (EMAS) -	Actual	00:08:01	00:08:15	00:08:25	00:08:45
	Target	00:07:00	00:07:00	00:07:00	00:07:00
	Actual	00:14:08	00:14:52	00:14:52	00:15:41
	Target	00:15:00	00:15:00	00:15:00	00:15:00
Ambulance clinical quality: Category 1 - 18 Minute Mean; 40 minute 90th centile response time (EMAS) -	Actual	00:23:47	00:26:40	00:29:08	00:33:04
	Target	00:18:00	00:18:00	00:18:00	00:18:00
	Actual	00:50:44	00:56:35	01:02:33	01:10:55
	Target	00:40:00	00:40:00	00:40:00	00:40:00
Ambulance clinical quality: Category 3 - 120 minute response time (EMAS)	Actual	02:25:07	03:02:38	03:24:25	03:27:07
	Target	02:00:00	02:00:00	02:00:00	02:00:00
Ambulance clinical quality: Category 4 - 180 minute response time (EMAS)	Actual	02:17:58	04:16:55	04:20:22	03:49:11
	Target	03:00:00	03:00:00	03:00:00	03:00:00

Reporting under ARP means that there is no longer a performance 'hit' or 'miss' based on the speed of response. Measures are based on the mean and/or 90th percentile. The mean time relates to the average time it took the ambulance service to respond to the total number of patients within that category. The 90th percentile gives the time by which 90% of patients received a response. Performance for November against each of the new national standards indicates that all targets have been missed.

Mental Health

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
% of people who have depression and/or anxiety disorders who receive psychological therapies	Actual	0.90%	0%	1.70%	1.30%	1.0%	0.9%	1.6%	1.2%	2.1%	1.5%		
	Target	1.70%	1.70%	1.70%	1.70%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%
	Num.			235	180	130	120	210	160	280	200		
	Den.			13460	13460	13460	13460	13460	13460	13460	13460		
% of people who are moving to recovery	Actual	52.90%	50%	53.80%	65.00%	61.9%	47.8%	55.6%	54.5%	47.6%	54.5%		
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	45	35	35	65	65	55	50	60	50	60		
	Den.	85	70	65	100	105	115	90	110	105	110		
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Actual	95.70%			86.70%			83.3%			94.7%		
	Target	95%	95%	95%	95%			95%			95%		
	Num.	22			13			25			18		
	Den.	23			15			30			19		
Early Intervention in Psychosis (EIP First Episode Psychosis)	Actual	100%	100.0%	Nil Return	100.0%	100%	100%	80%	100%	80%	100%	50%	100%
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	1	6	0	5	3	7	4	2	4	5	1	1
	Den.	1	6	0	5	3	7	5	2	5	5	2	1
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	Actual	94.1%	100%	100%	95%	100%	100%	100%	100%	100%	100%		
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	Num.	80	70	65	95	105	115	95	110	105	110		
	Den.	85	70	65	100	105	115	95	110	105	110		
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	Actual	88.24%	92.86%	76.92%	80%	81.0%	82.6%	84.2%	86.4%	81.0%	86.4%		
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Num.	75	65	50	80	85	95	80	95	85	95		
	Den.	85	70	65	100	105	115	95	110	105	110		

IAPT performance has now returned to planned levels, this is expected to continue through the remainder of 2017/18.

There was one patient on CPA that did not receive their follow up in 7 days. This was due to communication issues between the Local Authority and Mental Health provider. The CCG has escalated this to RDASH for further information on this case of the outcome for the patient.

Healthcare Associated Infections

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Incidence of healthcare associated infection (HCAI): MRSA	Actual	0	0	1	0	0	0	0	0	0	0	2	1
	Target	0	0	0	0	0	0	0	0	0	0	0	0
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile)	Actual	4	3	3	1	0	2	4	7	3	7	5	2
	Target	3	1	3	3	3	2	3	3	2	3	2	3

There have been 3 cases of MRSA reported in 2017/18. The latest reported in November 2017 was a patient admitted to Castle Hill Hospital in Hull and was assigned as Hospital acquired.

At November there have been 30 cases of C Difficile reported since April 2017, against an annual trajectory of 31. Each case is subject to a full Root Cause Analysis and the position is closely monitored.

Mixed Sex Accommodation

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Number of MSA breaches for the reporting month in question	Actual	3	0	10	0	0	0	5	13	14	6	9	15
	Target	0	0	0	0	0	0	0	0	0	0	0	0

The number of mixed sex accommodation breaches, all of which are reported from NL&G, continues to breach the zero tolerance level. As at 30 November 17, there were a further 15 breaches taking the year to date position to 62 for North Lincolnshire CCG Patients.

To provide further context to this position, North Lincolnshire CCG has the second highest incidence of mixed sex accommodation breaches, in November 2017, across the North of England Commissioning Region. The CCG with the highest number of breaches, in November 17, was North East Lincolnshire CCG.