


<b>Date:</b>	12 <sup>th</sup> April 2018
<b>Meeting:</b>	NLCCG Governing Body
<b>Item Number:</b>	10.1
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

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<b>Director approval</b> <i>(name)</i>	Julie Warren, Turnaround Director
<b>Director Signature</b> <b>(MUST BE SIGNED)</b>	

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

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

<b>Executive Summary (Question, Options, Recommendations):</b>
<p>The Quality, Performance &amp; Finance Report (Part 1) includes an overview of exceptions, in relation to Quality, Performance and Finance, and a more detailed overview of the contracting, performance and quality position, across the CCG's main providers.</p> <p><b>Key Points To Note:</b></p> <p><b>Financial Position</b></p> <p><i>YTD Performance</i></p> <p>At Month 10 the CCG has reported a Year to Date overspend of £4.739m. This is a deterioration of £1.285m from Month 9. The main areas driving this overspend are Prescribing, Continuing Healthcare Services and Specialist Mental Health and Learning Disability Placements.</p> <p>The Year to Date QIPP achievement at Month 10 was £7.80m against a target of £12.34m. This is an under achievement of £4.54m, largely due to Continuing Healthcare and Prescribing.</p> <p><i>Forecast Position</i></p> <p>At Month 10 the CCG is forecasting a £6.3m over-spend by 31 March 2018.</p> <p><b>Performance and Contracting</b></p>

Referral to Treatment times, specifically at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) continue to be significantly under required levels, with no reduction in the number of 52 week breaches.

A&E 4 Hour waiting times at NL&G deteriorated in December 2017, with a significant increase in the number of breaches reported at Scunthorpe hospital and Diana Princess of Wales hospital. Scunthorpe hospital continues to perform better than Diana Princess of Wales hospital, achieving the improvement trajectory of 90% in December 17. However, the overall Trust wide target was not achieved.

NL&G reported improvements in the length of some Cancer waiting times in December 17; all 2 Week and 31 Day pathways achieved the required targets. NL&G also reported improvement in performance against the 62 Day waiting time target, in December 17.

NL&G reported significant decline in performance against the Diagnostic 6 week waiting time target, in December 17, with the reported position reducing from 5.1% to 10.4% against the 1% tolerance level. The majority of these breaches relate to MRI and Endoscopy Services at NL&G, and CT at Hull & East Yorkshire Hospitals NHS Trust (HEY).

Each of the areas described above are closely monitored and managed through the contract governance structures in place for each provider.

## 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 and challenges within Maternity services, Cardiology services and Ophthalmology services.

These service pressures are further exacerbated by on-going capacity issues.

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 119 (year to June 17) against the national average of 100. NL&G continues to fall within the 'higher than expected' range for patient mortality. Mortality performance is currently NL&G's highest rated risk (25).

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, maternity and mortality. 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.

NL&G has also developed a Single Oversight Framework for Quality; this framework will further support the delivery of quality improvements undertaken by NL&G.

The CCG has identified several areas of concern in relation to local Patient Transport Service, provided by Thames Ambulance Service Limited (TASL). These concerns include non-compliance with TASL's own governance processes, poor quality experience by some service users and lack of compliance with contractual requirements.

In response to these concerns, and in collaboration with NELCCG, the CCG facilitated Quality Assurance Visits in December 2017 and February 2018, to services provided by TASL, provided at Scunthorpe General Hospital. As part of this visit, commissioners identified several areas for further improvement.

The CCG also completed a Quality Risk Profile (QRP) of services provided by TASL in Northern Lincolnshire. The QRP identified increased risk in relation to safety, experience and effectiveness of services provided by TASL. Feedback from the Quality Assurance Visits and the QRP is currently being reviewed by commissioners, as part of the contract management process.

<b>Recommendations</b>	To receive and note the content of this report.	
<b>Report history</b>	This integrated report replaces the previous standalone Quality, Performance & Finance reports, as agreed at the Governing Body meeting on 14 <sup>th</sup> December 2018.	
<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	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.
<b>Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The report supports the Quality & Performance section of the CCG

		<p>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 &amp; Commissioning Committee and the CCG Governing Body.</p>
<b>Legal</b>	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.
<b>Finance</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	On-going financial sustainability impacted.

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<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>
<b>Patient:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

# **QUALITY, PERFORMANCE & FINANCE REPORT**

**APRIL 2018**

**TABLE OF CONTENTS**

**Page**

**PART ONE: INTEGRATED GOVERNANCE REPORT**

Glossary of Abbreviations.....	4
Executive Summary.....	5
Financial Position.....	7
Quality Exceptions.....	11
CCG Performance Indicator Exceptions.....	12



**North Lincolnshire**  
Clinical Commissioning Group

**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
HDU	High Dependency Unit
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**

### **Finance**

#### ***YTD Performance***

At Month 11, the CCG has reported a Year to Date overspend of £5.247m. Though this is a deterioration of £508k from Month 10, the YTD overspend is still consistent with the CCG's expected Forecast Out-turn Deficit of £6.3m. 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 11 was £8.94m against a target of £14.28m. This is an under achievement of £5.34m, mainly as a result of Continuing Healthcare and Prescribing.

#### ***Forecast Position***

At Month 11, the CCG is forecasting a £6.3m over-spend by 31 March 2018.

#### ***Finance Plan 2018/19***

The CCG has completed the draft submission of the 2018/19 Finance Plan.

### **Performance and Contracting**

Referral to Treatment times at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) and Hull and East Yorkshire Hospitals NHS Trust (HEY) continue to fall below required levels; NL&G continues to report a significant number of patients waiting longer than 52 weeks for an appointment.

NL&G performance against the A&E 4 Hour waiting time standard remains an area of pressure, with performance continuing to fall short of the 90% trajectory. Whereas Scunthorpe hospital had previously performed better than Diana Princess of Wales hospital, performance at Scunthorpe site dropped in January 18 and now both sites are performing below 90%.

Performance against the Cancer 2 week waiting time standard remains strong in NL&G and HEY, but there has been a reduction in performance against both the Cancer 31 Day and Cancer 62 Day waiting time pathways. Data provided in the Cancer breach reports that are provided to commissioners by HEY and NL&G, does not explicitly state that the breaches related to capacity issues, but suggests that these breaches related to the complex nature of these patient pathways and patient choice issues.

NL&G reported a significant decline in performance against the diagnostic 6 week waiting time target in January 18, achieving 12.3% against a tolerance of 1%. This reflects further reduction in performance since the previous report (December 17 data - 10.4%). The majority of these breaches were reported in MRI and Endoscopy Services at NL&G and CT services at HEY.

Despite a slight reduction in the number of patients accessing IAPT services in January 18, all Mental Health performance targets remain on track for achievement in 2017/2018.

Each of the areas described above are closely monitored and managed through the contract governance structures that are in place for each provider.



## Quality

The CCG continues to work in collaboration with partner organisations across the North Lincolnshire area to review and improve the quality of services for the local population. Areas of good practice and areas of concern/issues relating to the quality of services provided in North Lincolnshire are reviewed by the CCG and partners via the Northern Lincolnshire Quality Surveillance Group (QSG).

The purpose of the Northern Lincolnshire QSG is to systematically bring together the different parts of the health system to share information relevant to the assurance of safety, quality and experience for patients within the Northern Lincolnshire area.

Areas of good practice identified since the previous report include increased collaborative working with Northern Lincolnshire & Goole NHS Foundation Trust in relation to maternity services and further development of Humber wide staff retention and recruitment strategies.

The CCG is also aware of several areas of pressure across the local health system, these areas are summarised below.

Staff recruitment remains a significant challenge across Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) and Hull and East Yorkshire NHS Hospitals Trust (HEY); the impact of these staffing challenges can be seen in the reduced capacity across a range of specialties, including Haematology services, Immunology services and Cardiology services. Commissioners continue to work with providers to implement system wide recruitment and retention strategies, across the Humber area.

NL&G continues to report significant pressures relating to long waiting times across a range of specialties including Cardiology, Gastroenterology, Trauma and Orthopaedics, Ear Nose & Throat and Ophthalmology services. NL&G has also reported an increasing number of patients waiting longer than 52 weeks for treatment. Commissioners continue to review the impact of these pressures on patient safety and patient experience through the contract management meeting structure and via the System Improvement Board. To date, there has been no evidence of significant harm caused by long waiting times.

In relation to Maternity Services at NL&G, the Trust continues to implement significant work and make the required changes in line with the CQC action plan. These changes include the appointment of an interim Head of Midwifery, recruitment of several additional midwives in maternity services and the appointment of a clinical lead to oversee completion of the safer surgery checklist in maternity services.

The patient mortality rate at NL&G has increased further since the previous report. The latest official Summary Hospital-level Mortality Indicator (SHMI) position at NL&G is 119 (year to June 17) against the national peer position of 100. NL&G continues to fall within the 'higher than expected' range for patient mortality and mortality performance is currently NL&G's highest rated risk (25). This position is closely monitored as part of the mortality workstream which forms part of the NL&G Improving Together Programme, via the monthly NL&G Mortality Committee and as part of the NL&G contract management process.

HEY and NL&G have reported challenges in meeting the Venous thromboembolism (VTE) risk assessment compliance target, during January 18. Improvement measures have been put in place at both hospital Trusts, including additional training provided to clinical staff to improve compliance rates.

The CCG remains concerned with the local Patient Transport Service, provided by Thames Ambulance Service Limited (TASL) in North Lincolnshire. These concerns include non-compliance with TASL’s governance processes, poor quality experience by some service users and lack of compliance with contractual requirements.

In response to these concerns, and in collaboration with NELCCG, the CCG facilitated Quality Assurance Visits in December 2017 and February 2018, to services provided by TASL, at Scunthorpe General Hospital. As part of these visits, commissioners identified some areas of good practice and several areas for further improvement in relation to internal governance, risk management and communication processes.






Since the previous report, the CCG undertook a Quality Risk Profile (QRP) of services provided by TASL in Northern Lincolnshire. The QRP identified increased risk in relation to safety, experience and effectiveness of services provided by TASL in North Lincolnshire.

The outcome from the Quality Assurance Visits, and the QRP have been shared with TASL and commissioners as part of the TASL contract management process, and the position continues to be closely reviewed through contract and quality routes.

## **Financial Position**

### **Achievement of Financial Duties**

Based on information available up to 28 February 2018, achievement against the financial performance targets for 2017/18 are as follows:

<b>Financial Duties</b>	<b>Target</b>	<b>Outturn RAG</b>	<b>RAG Explanation</b>
1 Maintain expenditure within the revenue resource limit and deliver a 1% surplus	Planned surplus or greater achieved		At month 11 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 is forecasting to maintain expenditure within its Minimum Cash Drawdown (MCD) value
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 11 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 28 February 2018 is:

	Year to Date (000's)			Full Year (000's)		
	Budget	Actual	Var	Budget	Actual	Var
Acute Services	108,461	107,676	784	118,178	117,303	875
Mental Health Services	20,076	20,415	(339)	21,505	22,570	(1,066)
Community Health services	23,126	23,022	104	25,228	25,167	61
Continuing Healthcare and Funded Nursing Care	13,502	16,430	(2,928)	14,542	17,945	(3,404)
Primary Care Services	29,370	32,617	(3,247)	31,846	34,959	(3,113)
Other Programme Services	7,577	7,431	146	8,158	7,920	238
Running Costs	3,083	2,933	149	3,331	3,312	19
Headroom (0.5%)	0	0	0	1,107	1,107	0
Planned In Year Surplus	83	0	83	90	0	90
<b>IN YEAR TOTAL</b>	<b>205,277</b>	<b>210,524</b>	<b>(5,247)</b>	<b>223,985</b>	<b>230,285</b>	<b>(6,300)</b>
Balance of Prior Year Deficit	(3,757)	0	(3,757)	(4,098)	0	(4,098)
<b>CUMULATIVE POSITION</b>	<b>201,520</b>	<b>210,524</b>	<b>(9,004)</b>	<b>219,887</b>	<b>230,285</b>	<b>(10,398)</b>

### Summary Financial Position as at 28th February 2018

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.

The CCG continue to work closely with RDASH to develop the Case Management Service and identify areas where future efficiencies may be achieved.

#### Adult and Children's Continuing Healthcare (CHC) and Funded Nursing Care (FNC):

Spend on CHC and FNC continues to be above planned levels, with the latest forecast position being £3.4m over spent, based on the package values recorded on Broadcare.

The CHC team has undertaken several areas of improvement.

## **Primary Care Services:**

This overspend relates to prescribing costs, which remain higher than planned. The figures reported at Month 11 are based on the Month 9 PMD report which has shown a reduction in spend compared to the previous month.

The NECs Medicines Management Team has been working closely with the Practices throughout the year to implement Optimise RX and all of the flags are now switched on i.e. both quality and finance.

## **Statement of Financial Position**

At the end of February 18, the CCG was showing £14.700m 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 £223,985k for both 'Programme' and 'Running' costs. This has increased by £44k in February for GP Forward View Online Consultation money.

## **Working Balance Management**

### **Cash:**

The closing cash position for February 18 was £140k, which fell below the 1.25% target of £210k.

### **Better Payment Practice Code:**

Target 95% payment within 30 days

#### a. Non NHS

The Non NHS performance for February was 100% on the value and number of invoices, whilst the full year position is 99.31% achievement on the value and 99.4% on number.

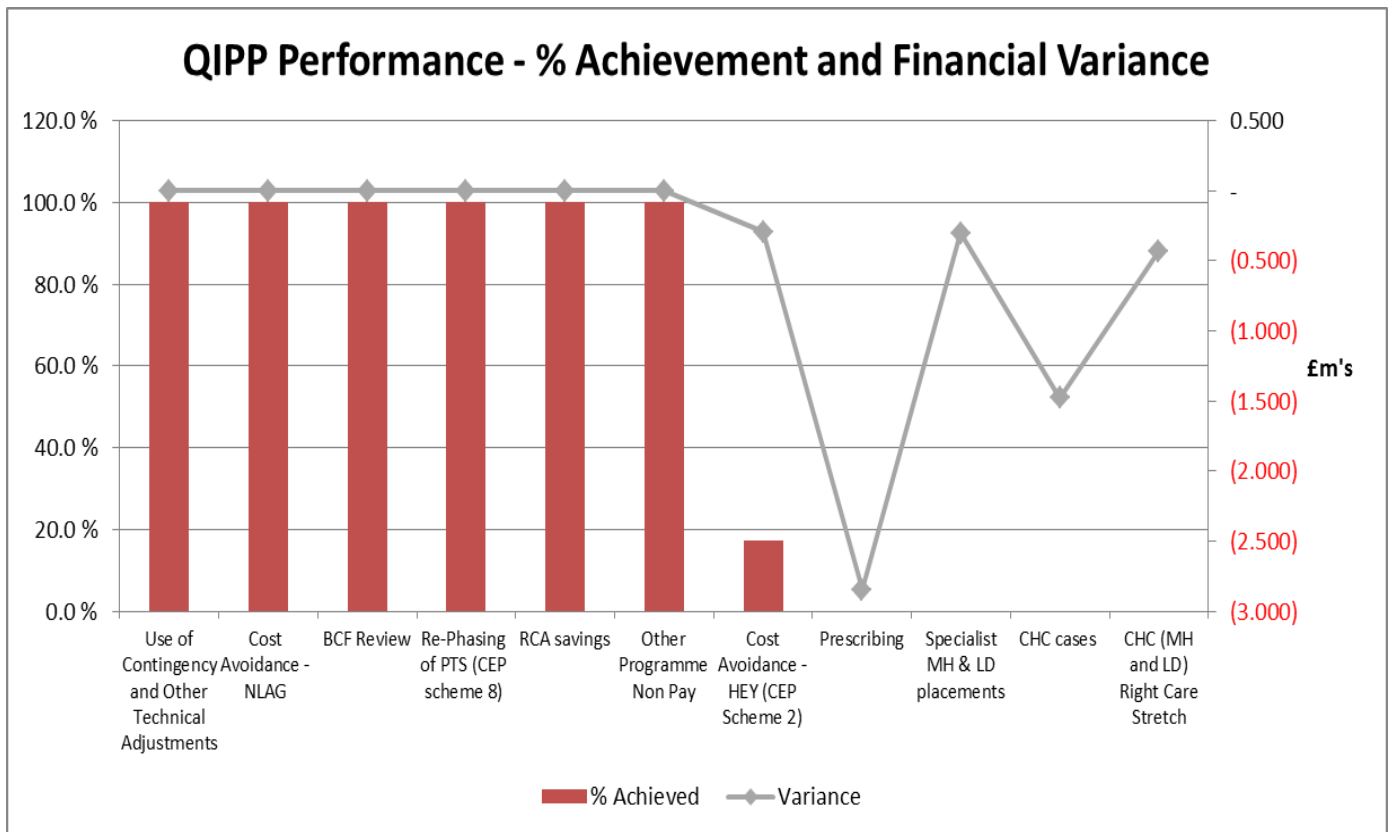
#### b. NHS

The NHS performance for February was 100% on the value and number of invoices, whilst the full year position is 100% achievement on the value and 99.7% on number.

## **QIPP**

At Month 11 the CCG had achieved £8.94m of cash releasable savings against a target of £14.28m. 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 which demonstrates % achievement by scheme on the left axis, and financial variance on the right axis:



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

## **Quality Exceptions**

The following exceptions have been identified through performance data and or increased concerns identified through quality monitoring processes.

### **Quality concerns at Thames Ambulance Service**

Since the previous report, the CCG has identified increased risk in relation to the quality and safety of services provided by Thames Ambulance Service Limited (TASL) in North Lincolnshire. This increased risk was identified as part of two commissioner-led Quality Assurance Visits to TASL services, and through completion of a Quality Risk Profile (QRP) of local Patient Transport Services, provided by TASL.

The CCG is required to undertake a QRP when a provider is rated as requiring enhanced surveillance by NHS England, using the NHS England Quality Surveillance methodology.

Outcome from the QRP and feedback from the Quality Assurance Visits have been shared with via TASL contract management process, and will support future CCG decision making in relation to this provider.

### **Compliance with Sepsis 6 bundle at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)**

NL&G reported further challenges in implementing the Sepsis Six care bundle, in January 18. Sepsis Six is the name given to a bundle of medical therapies designed to reduce the mortality of patients with sepsis.

In response to these challenges, NL&G has recruited staff to support implementation of sepsis improvement plans and has developed a sepsis workstream as part of its mortality improvement programme.

### **VTE risk assessments at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) and Hull and East Yorkshire NHS Hospitals (HEY)**

During January 18, compliance with VTE risk assessments undertaken for inpatient service users at HEY and NL&G fell below required levels. In response to this decline, both NL&G and HEY have implemented recovery actions, including additional training to clinical staff.

## CCG Performance Indicator Exceptions

### A&E/Urgent Care

Indicator		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
A&E waiting time - total time in the A&E department, SitRep data	Actual	76.00%	85.0%	79.3%	85.5%	83.1%	83.8%	89.3%	87.3%	91.6%	92.3%	87.7%	86.0%
	Improv Traj.	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
12 hour trolley waits in A&E - NL CCG	Actual	0	0	0	0	0	0	0	0	0	0	0	0
	Target	0	0	0	0	0	0	0	0	0	0	0	0
A&E performance - local performance (NLAG Performance)	Actual	75.78%	84.69%	78.7%	85.3%	82.5%	83.9%	89.4%	87.4%	91.5%	92.5%	87.7%	86.1%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The A&E waiting time position deteriorated further in January 18, with an increase in the number of breaches of the A&E 4 hour wait standard rising from 1506 (Dec 17) to 1717 in January.

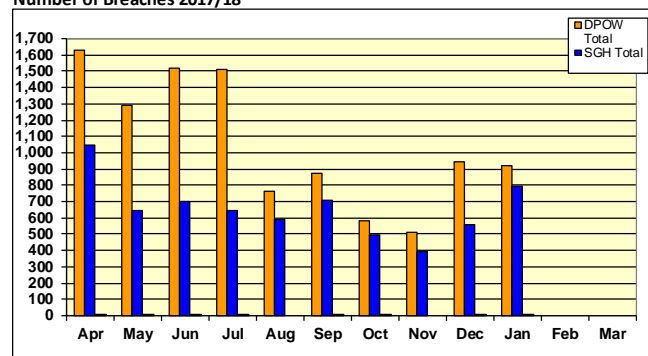
During January, Diana Princes of Wales Hospital remained at 83%, whilst performance at Scunthorpe General Hospital dropped from 90.2% to 86.3%. The following table shows the site level performance of the NLAG Trust performance.

#### Northern Lincolnshire & Goole NHSFT A&E Performance - Completed Months Only

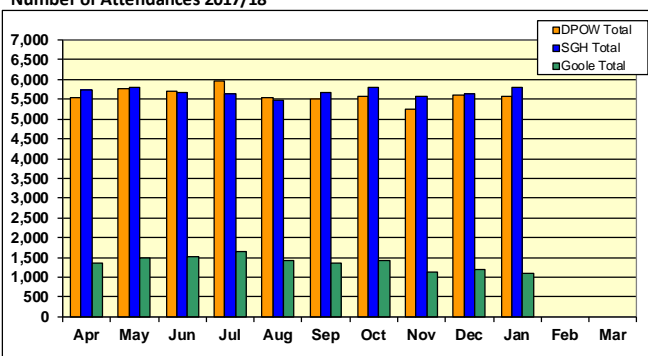
	DPoW			SGH			GDH			NLAG Combined %	NLAG Total/Rolling 12m
	Attendances	Over 4 hrs	% seen within 4 hrs	Attendances	Over 4 hrs	% seen within 4 hrs	Attendances	Over 4 hrs	% seen within 4 hrs		
February 2017	4,990	1,603	67.9%	4,999	1,095	78.1%	1,153	1	99.9%	75.8%	88.0%
March 2017	5,777	988	82.9%	5,858	1,021	82.6%	1,497	2	99.9%	84.7%	87.5%
April 2017	5,536	1,633	70.5%	5,724	1,046	81.7%	1,368	1	99.9%	78.8%	86.5%
May 2017	5,782	1,288	77.7%	5,800	647	88.8%	1,485	1	99.9%	85.2%	85.8%
June 2017	5,721	1,520	73.4%	5,674	698	87.7%	1,509	4	99.7%	82.8%	84.9%
July 2017	5,968	1,508	74.7%	5,654	644	88.6%	1,645	2	99.9%	83.8%	84.2%
August 2017	5,545	762	86.3%	5,491	588	89.3%	1,419	0	100.0%	89.2%	84.1%
September 2017	5,495	871	84.1%	5,664	706	87.5%	1,363	1	99.9%	87.4%	83.7%
October 2017	5,567	579	89.6%	5,809	496	91.5%	1,424	1	99.9%	91.6%	83.9%
November 2017	5,251	513	90.2%	5,573	397	92.9%	1,144	0	100.0%	92.4%	84.6%
December 2017	5,603	945	83.1%	5,649	556	90.2%	1,213	5	99.6%	87.9%	85.0%
January 2018	5,561	921	83.4%	5,805	793	86.3%	1,102	3	99.7%	86.2%	85.5%

#### Current Year Performance

##### Number of Breaches 2017/18



##### Number of Attendances 2017/18



NLAG had previously anticipated that they would be able to achieve the local NHS Target of 90% for the remainder of the financial year, but unfortunately this has not been achieved in December 17 or January 2018, and it is unlikely that this will be achieved in February 2018 (await publication of Feb 18 data).

## Referral to Treatment Times (RTT)

Indicator		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Referral to Treatment pathways: incomplete	Actual	83.70%	83%	81.2%	81.4%	80.1%	79.5%	78.2%	76.8%	76.7%	76.7%	74.3%	72.7%
	Target	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%
	Traj.	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Num.	11080	11212	11,122	11,368	11,387	11,614	11,597	11,357	11,266	11,137	10,818	10,617
Number of >52 week Referral to Treatment in Incomplete Pathways	Den.	13240	13512	13,703	13,964	14,222	14,611	14,833	14,791	14,686	14,517	14,552	14,597
	Actual	13	18	31	33	33	35	39	39	32	37	37	81
	Target	0	0	0	0	0	0	0	0	0	0	0	0

During January 2018, there was a significant increase in the number of NLCCG patients waiting over 52 weeks for an appointment, across the CCG's providers. In Jan 18, 81 NLCCG patients had waited over 52 weeks, 1 of these breaches related to an Ophthalmology patient waiting at Doncaster & Bassetlaw Hospital, the remaining 80 patients were waiting for an appointment at NLAG.

The table below provides a breakdown of these breaches at NLAG by speciality, and the specialties current RTT % performance for North Lincolnshire patients:

Specialty	52 week Breaches	18 week Performance
Cardiology	4	63.9%
ENT	12	65.0%
General Surgery	29	60.4%
Ophthalmology	2	66.7%
Respiratory	1	85.1%
Orthopaedics	26	58.3%
Urology	1	81.1%
Other (inc Pain)	5	71.2%

Performance against the 18 week incomplete patient pathway also deteriorated in January 18 to 72.9%.

NL&G continues to undertake root cause analyses for all 52 week breaches, and lessons are identified as part of the NL&G weekly performance meetings and the divisional governance meetings.

## Cancer Waiting Times

### 2 Week Waits

Indicator		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
All Cancer 2 week waits	Actual	95.90%	94.80%	91.9%	96.3%	94.6%	93.4%	96.6%	95.8%	96.9%	95.9%	95.3%	94.4%
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	489	548	385	554	454	440	400	386	444	532	365	453
	Den.	510	578	419	575	480	471	414	403	458	555	383	480
Breast Cancer 2 week waits	Actual	94.6%	100.0%	87.1%	95.0%	91.5%	89.6%	94.4%	78.3%	91.9%	96.2%	97.6%	93.8%
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	35	45	27	38	43	43	51	18	34	50	40	30
	Den.	37	45	31	40	47	48	54	23	37	52	41	32



## 31 Day Diagnosis to Treatment Waits

Indicator		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Cancer 31 day waits: first definitive treatment	Actual	98.7%	97.7%	98.6%	96.2%	100%	98.6%	100.0%	100.0%	98.8%	97.6%	100.0%	94.0%
	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
	Num.	78	86	71	76	69	73	69	73	80	80	77	78
	Den.	79	88	72	79	69	74	69	73	81	82	77	83
Cancer 31 day waits: subsequent cancer treatments-surgery	Actual	92.9%	100%	87.5%	100%	86.7%	100%	100%	100%	100%	91.7%	100.0%	73.3%
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	13	19	7	15	13	10	10	17	12	11	9	11
	Den.	14	19	8	15	15	10	10	17	12	12	9	15
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	Actual	100%	100%	100%	95.7%	100%	100%	100%	100%	100%	100%	100%	100%
	Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	Num.	25	36	16	22	23	7	16	16	12	9	11	23
	Den.	25	36	16	23	23	7	16	16	12	9	11	23
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	Actual	100%	100%	91.3%	96.7%	100%	100%	96.0%	100%	100%	100%	94%	97%
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	48	36	21	29	21	18	24	20	29	23	17	31
	Den.	48	36	23	30	21	18	25	20	29	23	18	32

## 62 Day Referral to Treatment Waits

Indicator		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
% 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	80.0%	75.0%	76.9%	70.7%	55.6%	75.0%	76.9%	66.7%	72.1%	65.7%	83.3%	65.9%
	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Num.	28	33	20	29	20	27	30	30	31	23	35	29
	Den.	35	44	26	41	36	36	39	45	43	35	42	44
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	Actual	87.5%	100%	50.0%	100%	100%	0.0%	100%	100%	100%	66.7%	50.0%	50.0%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	7	1	1	3	2	0	1	2	1	2	1	3
	Den.	8	1	2	3	2	1	1	2	1	3	2	6
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	Actual	Nil Return	100%	66.7%	66.7%	Nil Return	100%	66.7%	0.0%	100%	66.7%	100.0%	100.0%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	0	4	2	2	0	2	2	0	1	2	3	1
	Den.	0	4	3	3	0	2	3	1	1	3	3	1

Performance against the Cancer 2 Week Wait standard remained strong in January 2018.

The Cancer 31 Day subsequent waiting time standard for drug regimens and Radiotherapy has continued to be achieved in January 2018. Unfortunately, there was a drop in performance in both the Cancer 31 Day first definitive treatment and Cancer 31 Day subsequent waits for surgery in January 18.

The Cancer 31 Day first definitive treatment performance standard was not achieved in January 18 with 5 breaches of the standard; this is the first time that this standard was not achieved in 2017/2018. Two of these breaches were attributed to NLAG and 3 breaches were attributed to HEY. In 4 of these cases, the breach was caused by patient choice or clinically valid reasons; the reason for the remaining breach has not yet been confirmed.

The Cancer 31 Day subsequent waiting time standard for surgery was not achieved in January 2018, these breaches relate to 4 patients out of a total of 11 patients that month. One breach occurred at Leeds Teaching Hospitals, 1 breach occurred at HEY and 2 breaches occurred at NLAG. Two of the reasons provided were linked to capacity issues at the NL&G, and 2 breaches related to admin errors in recording the patient accurately on a cancer pathway.

NL&G achieved 65.9% against the 62 Day Cancer standard in January 2018, which is reduction in performance. To date in 2017/18, there have been 15 breaches of this standard and the majority of which were due to complex diagnostic pathways.

The CCG continues to identify diagnostic delays as a contributing factor to hospital transfer delays. Despite the pressures relating to elective capacity during January 2018 at NL&G, none of the breach reports explicitly described capacity as a reason or the breach.

The Cancer 62 day wait for treatment standard, following a referral from an NHS Cancer Screening service, failed to achieve the required 90% in January 18. This relates to 3 patients out of 6 that waited longer than 62 days for treatment. Two of the breaches were due to complex cases where surgery had to be delayed for clinical reasons. The third patient delays were caused by patient choice to delay commencement of treatment.

Work against the NL&G improvement trajectory appears to be progressing well, and 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		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Diagnostic test waiting times	Actual	0.8%	0.7%	2.6%	2.2%	5.9%	6.9%	6.6%	7.1%	6.9%	5.2%	10.4%	12.3%
	Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
	Num.	44	36	128	116	342	363	338	378	357	265	511	600
	Den.	5369	5547	4,874	5,168	5,821	5,299	5,117	5,304	5,196	5,123	4,920	4,882

Diagnostic performance continues to fall under the required levels. There has been a significant increase in the number of breaches declared in January 2018, compared to previous reporting periods; with the highest number of breaches reported in Jan 18 compared to previous months.

Out of the 600 breaches, 550 of these related to NL&G, 44 related to HEY and the remaining 5 breaches related to Leeds hospital, Sheffield hospital and Doncaster hospital. In December 17 (latest data available), the average diagnostic performance in England was 2.2% against a standard of <1%. Humber Coast & Vale STP performance was 4.8%, making this position a significant area of concern.

### Ambulance Response Programme (ARP) Standards

The new Ambulance Response Programme (ARP) standards were introduced for reporting in August 2017. However, these standards will not be formally judged until April 2018 and are shown here for information and monitoring purposes only.

The table below provides an overview of latest EMAS performance (January 18) against the ARP performance standards.

Indicator		Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
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	00:09:38	00:09:17
	Target	00:07:00	00:07:00	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	00:17:13	00:16:39
	Target	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00
Ambulance clinical quality: Category 2 - 18 Minute Mean; 40 minute 90th centile response time (EMAS) -	Actual	00:23:47	00:26:40	00:29:08	00:33:04	00:39:29	00:37:10
	Target	00:18:00	00:18:00	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	01:26:09	01:22:13
	Target	00:40:00	00:40:00	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	04:00:09	03:22:46
	Target	02:00:00	02:00:00	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	04:42:22	04:13:17
	Target	03:00:00	03:00:00	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 January 18 (latest data available) against each of the new national standards indicates that all targets have been missed.

### Mental Health

Indicator		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
% of people who have depression and/or anxiety disorders who receive psychological therapies	Actual	1.70%	1.30%	1.0%	0.9%	1.6%	1.2%	2.1%	1.5%	1.82%	1.23%		
	Target	1.70%	1.70%	1.40%	1.40%	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	245	165		
	Den.	13460	13460	13460	13460	13460	13460	13460	13460	13460	13460	13460	
% of people who are moving to recovery	Actual	53.80%	65.00%	61.9%	47.8%	55.6%	54.5%	47.6%	54.5%	45.5%	53.6%		
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	35	65	65	55	50	60	50	60	50	75		
	Den.	65	100	105	115	90	110	105	110	110	140		
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Actual		86.70%			83.3%			94.7%			95.00%	
	Target		95%			95%			95%			95%	
	Num.		13			25			18			38	
	Den.		15			30			19			40	
Early Intervention in Psychosis (EIP First Episode Pyschosis)	Actual	Nil Return	100.0%	100%	100%	80%	100%	80%	100%	50%	100%	67%	57%
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	0	5	3	7	4	2	4	5	1	1	2	4
	Den.	0	5	3	7	5	2	5	5	2	1	3	7
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	100%	95%	100%	100%	100%	100%	100%	100%	100.0%	100.0%		
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	Num.	65	95	105	115	95	110	105	110	115	140		
	Den.	65	100	105	115	95	110	105	110	115	140		
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	76.92%	80%	81.0%	82.6%	84.2%	86.4%	81.0%	86.4%	86.96%	92.86%		
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Num.	50	80	85	95	80	95	85	95	100	130		
	Den.	65	100	105	115	95	110	105	110	115	140		

National published data for Improving Access to Psychological Therapies (IAPT) has a slower than average turnaround time, therefore the latest compliance position reflects current position reflects November 17 data.

The CCG saw a lower than average number of patients entering treatment in November 17, however on a year to date basis the service remains on track to deliver the 16.8% target. Local data suggests that IAPT services achieved a higher level of performance in December 17 and January 2018.

### Healthcare Associated Infections

Indicator		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Incidence of healthcare associated infection (HCAI): MRSA	Actual	1	0	0	0	0	0	0	0	2	1	0	0
	Target	0	0	0	0	0	0	0	0	0	0	0	0
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	Actual	2	2	0	2	4	7	3	7	5	2	4	3
	Target	3	3	3	2	3	3	2	3	2	3	3	1

There have been no cases of MRSA in January 2018.

As at the end of January 2018, there have been 37 cases of C Difficile reported (since 1 April 2017), against an annual trajectory of 31, therefore the CCG has failed to achieve the trajectory for 2017/18. Each case is subject to a Post Infection Review (PIR) process to identify any potential lapse in care.

### Mixed Sex Accommodation

Indicator		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Number of MSA breaches for the reporting month in question	Actual	10	0	0	0	5	13	14	6	9	15	48	18
	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. There were 18 cases reported by NL&G, affecting NLCCG patients, in January 2018.

The December 2017 position remains at 48 cases; however NL&G is in the process of resubmitting the MSA data to the central dataset for December 17. The revised data will reflect 9 MSA breaches. The table above reflects the un-amended position; however this position will be altered once the data resubmission is finalised.