


Date:	21 st June 2018
Meeting:	NLCCG Governing Body
Item Number:	Item 9.2
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:
Integrated Quality, Performance & Finance Report
Decisions to be made:
Members are asked to review and note the content of this report.

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>	Catherine Wylie
Director Signature	

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 Quality, Performance & Finance Report 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><u>Key Points To Note:</u></p> <p><u>Finance (up to 30th March 18)</u></p> <p>North Lincolnshire CCG (the CCG) has reported an End of Year Deficit for 2017/18 of £6.025m, which is consistent with the Forecast Out-turn of the £6.3m Deficit reported during the final quarter of 2017/18, when the appropriate adjustment is made for the savings from the Category M</p>

prescribing agreement (which NHS England have decided to take as a central benefit).

In addition to limiting and containing its financial deficit to the forecast out-turn level agreed with NHS England at the end of 2017/18, the CCG met all its remaining financial targets and duties including:

- Holding less than 1.25% of the relevant cash drawdowns as the closing bank balance at 31st March
- Meeting all 4 Better Public Payments Targets regarding the payment of at least 95% of all valid invoices (from public and private organisations, by volume and number) within 30 days of receipt.
- Achieving the Mental Health investment Standard, by increasing Mental health expenditure by 2.01% against the required increase of 2.00%.

Finally, the CCG's ability to out-turn in line with its agreed Forecast Out-turn is a significant achievement, which has not been possible universally for other CCGs in a similar situation. This stabilisation of the CCG's financial position, coupled with the expected indicative allocation from the Commissioner Support Fund of £4m means that the CCG is now well placed to achieve financial break-even in 2018/19, which will facilitate the CCG's case to come out of "Legal Directions" as soon as possible.

Performance and Contracting

Referral to Treatment times at Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull and East Yorkshire Hospitals NHS Trust (HEY) did not meet required levels in March 2018. NLaG also reported a significant number of patients waiting longer than 52 weeks for an appointment in March 18. Plans for 2018/2019 have been agreed with the provider to ensure that at least a 50% reduction in these breaches will be delivered, with an aspiration to have no 52 week waits. The plan is also for the overall waiting list size not to increase above the level reported in March 2018.

The Accident & Emergency (A&E) 4 Hour wait did not achieve the required 95% or the improvement trajectory of 90% in March 2018. Trajectories have been agreed with the provider which sees the position improve to 90% by August 2018; the improvement trajectory also meets requirements set out in 2018/2019 planning guidance. The findings of the Emergency Care Improvement Programme review of the Trusts A&E service at both Scunthorpe hospital and Diana Princess of Wales hospital sites are being implemented and overseen by the Unplanned Care Board.

Performance against the Cancer 2 week waiting time standard remains strong in NLaG and HEY, but there has been a reduction in performance against both the Cancer 31 Day and Cancer 62 Day waiting time pathways. Improvement trajectories have now been agreed for 62 Day Cancer waiting times for 2018/2019.

All Mental Health performance targets achieved required levels in 2017/2018.

Ambulance response times were not formally judged in the latter part of 2017/2018, but providers did become accountable for performance against these targets in April 2018. As part of the 2018/19 contract planning arrangements, the lead commissioner has agreed for additional funding to be made available to East Midlands Ambulance Service (EMAS); this funding will be linked to the delivery of the ambulance response programme targets.

Quality

The CCG continues to work jointly with partners to develop quality across the North Lincolnshire place. A summary of current areas of concern and examples of good practice identified across the locality are provided at page 23 of the report.

Concerns include the clinical impact of long waiting times, with an increasing number patients waiting longer than 52 weeks for treatment across several services; staff recruitment and retention across hospital and primary care services; increase in the number of community and hospital acquired Clostridium Difficile cases reported in North Lincolnshire; delayed ambulance response times, potentially leading to increased risk of patient harm and concerns in relation to the timeliness, and the quality of response provided by local mental health services to patients that require

emergency mental health services in North Lincolnshire.

Examples of good practice include good assurance identified in quality assurance visits to Paediatric Services at Scunthorpe hospital and successful appointment of substantive Head of Midwifery position at Northern Lincolnshire and Goole NHS Foundation Trust.

The CCG continues to drive improvement through the quality assurance and contract management processes, and these areas of pressure continue to be reviewed on a system wide footing as part System Improvement Board.

Recommendations	To receive and note the content of this report.		
Report history	This integrated report replaces the previous standalone 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 checked="" 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 QUALITY, PERFORMANCE & FINANCE REPORT

MAY 2018

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Glossary of Abbreviations

NHS	National Health Service
NLCCG	North Lincolnshire Clinical Commissioning Group
NLaG	Northern Lincolnshire and Goole NHS Foundation Trust
HEY	Hull and 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
RTT	Referral to Treatment waiting times

Executive Summary

Finance (up to 30th March 18)

North Lincolnshire CCG (the CCG) has reported an End of Year Deficit for 2017/18 of £6.025m, which is consistent with the Forecast Out-turn of the £6.3m Deficit reported during the final quarter of 2017/18, when the appropriate adjustment is made for the savings from the Category M prescribing agreement (which NHS England have decided to take as a central benefit).

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CCG Financial Position (as at 30th March 2018)

Achievement of Financial Duties

The CCG's performance against key financial duties for 2017/18 (subject to audit) is 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 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

The CCG's summary financial position as at 31 March 2018 is:

	31 March 2018 (000's)		
	Budget	Actual	Var
Acute Services	118,178	115,953	2,225
Mental Health Services	21,505	22,872	(1,367)
Community Health services	25,228	24,956	273
Continuing Healthcare and Funded Nursing Care	14,542	17,807	(3,265)
Primary Care Services	31,888	35,035	(3,147)
Other Programme Services	8,158	10,192	(2,033)
Running Costs	3,331	3,238	93
Headroom (0.5%)	1,107	0	1,107
Planned In Year Surplus	90	0	90
IN YEAR TOTAL	224,027	230,052	(6,025)
Balance of Prior Year Deficit	(4,098)	0	(4,098)
CUMULATIVE POSITION	219,929	230,052	(10,123)

Summary Financial Position

The CCG has maintained its financial position in line with previous month's forecast and has ended the year with a £6.025m deficit. Please note that this deficit is reported after the release of the 0.5% Risk Reserve (£1.107m), and the transfer of the category M price reduction benefit (£0.266m, previously held centrally by NHS England) back to the CCG.

Statement of Financial Position

At the end of March the CCG was showing £14.822m 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 £224,027k for both 'Programme' and 'Running' costs. This has increased by £42k in March for GP Forward View Online Consultation PMO money.

Working Balance Management

Cash:

The closing cash for March was £66k which was below the 1.25% target of £216k.

Better Payment Practice Code:

North Lincolnshire achieved the Better Payment Practice Code target of 95%.

Full year performance against this target was as follows:

	31-Mar-18 Number	31-Mar-18 £'000
	N6A	N6B
Non-NHS Payables: CCG		
Total Non-NHS trade invoices paid in the year	10,582	53,218
Total Non-NHS trade invoices paid within target	10,521	52,893
Percentage of CCG non-NHS trade invoices paid within target	99.42%	99.39%
NHS Payables: CCG		
Total NHS trade invoices paid in the year	2,225	149,822
Total NHS trade invoices paid within target	2,219	149,820
Percentage of CCG NHS trade invoices paid within target	99.73%	100.00%

QIPP

At Month 12 the CCG achieved £9.553m of cash releasable savings against a target of £16.215m.

Performance by scheme can be seen in the table below. The BCF Review line reflects the final agreement reached by the CCG and North Lincolnshire Council, which did not impact on the CCG's final financial position.

QIPP SCHEME	Plan	Actual	Variance	% Achieved
	£m	£m	£m	%
Use of Contingency and Other Technical Adjustments	0.976	0.857	(0.119)	87.8 %
Cost Avoidance - NLAG	4.150	4.150	(0.000)	100.0 %
BCF Review	3.660	3.256	(0.404)	89.0 %
Re-Phasing of PTS (CEP scheme 8)	0.279	0.279	0.000	100.1 %
RCA savings	0.500	0.500	-	100.0 %
Other Programme Non Pay	0.450	0.450	-	100.0 %
Cost Avoidance - HEY (CEP Scheme 2)	0.400	0.062	(0.338)	15.5 %
Prescribing	3.300	-	(3.300)	0.0 %
Specialist MH & LD placements	0.340	-	(0.340)	0.0 %
CHC cases	1.660	-	(1.660)	0.0 %
CHC (MH and LD) Right Care Stretch	0.500	-	(0.500)	0.0 %
TOTAL	16.215	9.553	(6.661)	58.9 %

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

CCG Performance Summary

The information provided below relates to North Lincolnshire CCG level performance.

A&E/Urgent Care

Indicator		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A&E waiting time - total time in the A&E department, SitRep data	Actual	79.3%	85.5%	83.1%	83.8%	89.3%	87.3%	91.6%	92.3%	87.7%	86.0%	83.2%	79.4%
	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	78.7%	85.3%	82.5%	83.9%	89.4%	87.4%	91.5%	92.5%	87.7%	86.1%	83.4%	79.5%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The final 2017/18 year-end position for A&E waiting times was 79.5%; this is against the national target of 95% and a local improvement trajectory of 90%. The year to date cumulative position was 84.5%, and the Q4 2017/18 position was 83%.

The A&E improvement trajectories for 2018/2019 have been drafted and are pending approval.

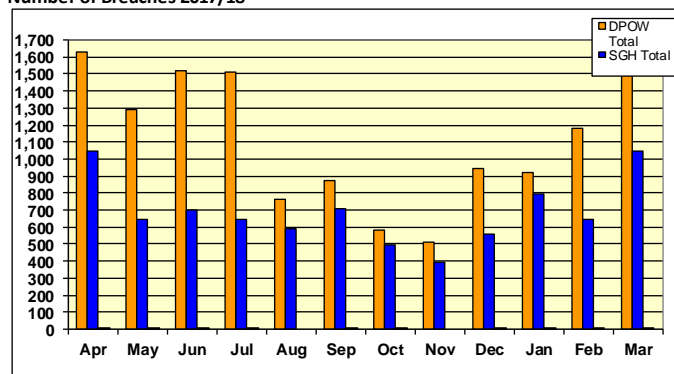
The breakdown of NLaG performance for 2017/18 (across all Trust sites) is provided below (source validated provider data):

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

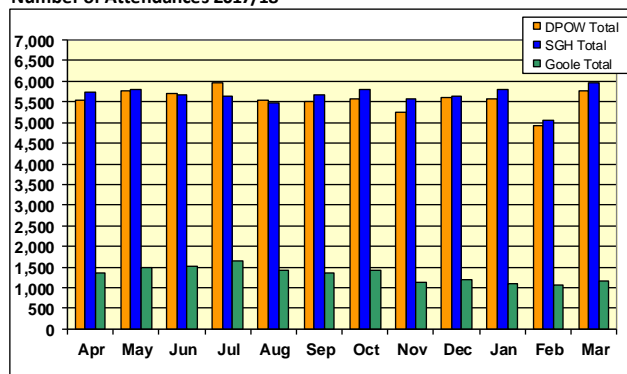
	DPoW			SGH			GDH			NLaG Combined %	NLAG Total/Rolling 12m
	Attendances	Over 4 hrs	% seen within 4 hrs	Attendances	Over 4 hrs	% seen within 4 hrs	Attendances	Over 4 hrs	% seen within 4 hrs		
April 2017	5,536	1,633	70.5%	5,724	1,046	81.7%	1,368	1	99.9%	78.8%	86.5%
May 2017	5,782	1,288	77.7%	5,800	647	88.8%	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%
February 2018	4,916	1,183	75.9%	5,060	649	87.2%	1,078	1	99.9%	83.4%	86.1%
March 2018	5,755	1,577	72.6%	5,968	1,045	82.5%	1,173	1	99.9%	79.7%	85.7%

Current Year Performance

Number of Breaches 2017/18



Number of Attendances 2017/18



Referral to Treatment Times (RTT)

Indicator		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Referral to Treatment pathways: incomplete	Actual	81.2%	81.4%	80.1%	79.5%	78.2%	76.8%	76.7%	76.7%	74.3%	72.7%	71.8%	71.1%
	Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
	Imp Traj.	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Num. Den.	11,122 / 13,703	11,368 / 13,964	11,387 / 14,222	11,614 / 14,611	11,597 / 14,833	11,357 / 14,791	11,266 / 14,686	11,137 / 14,517	10,818 / 14,552	10,581 / 14,560	10,404 / 14,482	10,638 / 14,955
Number of >52 week Referral to Treatment in Incomplete Pathways	Actual	31	33	33	35	39	39	32	37	37	81	119	173
	Target	0	0	0	0	0	0	0	0	0	0	0	0

CCG performance against the RTT waiting time target did not improve in March 2018 and the number of North Lincolnshire patients waiting over 52 weeks grew from 119 to 173.

The table below provides the March 2018 breakdown of these breaches at NLaG by speciality, and the current RTT % performance for North Lincolnshire patients at NLaG, at speciality level:

Specialty	52 week Breaches	18 week Performance
Cardiology	6	62.22%
ENT	29	57.71%
General Surgery	63	58.37%
Ophthalmology	12	67.61%
Orthopaedics	45	57.06%
Other (inc Pain)	16	68.41%

NLaG continues to undertake root cause analyses for all 52 week breaches, and lessons continue to be identified as part of the NLaG weekly performance meetings and the divisional governance meetings.

Further details on action taken to improve this position are provided at page 15 of this report.

Cancer Waiting Times

2 Week Waits

Indicator		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
All Cancer 2 week waits	Actual	91.9%	96.3%	94.6%	93.4%	96.6%	95.8%	96.9%	95.9%	95.3%	94.4%	95.3%	95.8%
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	385	554	454	440	400	386	444	532	365	453	425	478
	Den.	419	575	480	471	414	403	458	555	383	480	446	499
Breast Cancer 2 week waits	Actual	87.1%	95.0%	91.5%	89.6%	94.4%	78.3%	91.9%	96.2%	97.6%	93.8%	85.7%	88.7%
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	27	38	43	43	51	18	34	50	40	30	30	47
	Den.	31	40	47	48	54	23	37	52	41	32	35	53

Performance against the Cancer 2 Week waiting time standard remained strong in March 2018.

There were 6 breaches of the Breast Cancer 2 week waits; 3 at NLaG, 1 at HEY and 1 at Doncaster & Bassetlaw NHS Foundation Trust. Of these 6 breaches, 5 were reported as patient cancellations, 1 breach related to a clinic cancellation at NLaG.

31 Day Diagnosis to Treatment Waits

Indicator		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer 31 day waits: first definitive treatment	Actual	98.6%	96.2%	100%	98.6%	100.0%	100.0%	98.8%	97.6%	100.0%	94.0%	100.0%	98.1%
	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
	Num.	71	76	69	73	69	73	80	80	77	78	81	102
	Den.	72	79	69	74	69	73	81	82	77	83	81	104
Cancer 31 day waits: subsequent cancer treatments-surgery	Actual	87.5%	100%	86.7%	100%	100%	100%	100%	91.7%	100.0%	73.3%	84.2%	100.0%
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	7	15	13	10	10	17	12	11	9	11	16	13
	Den.	8	15	15	10	10	17	12	12	9	15	19	13
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	Actual	100%	95.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	Num.	16	22	23	7	16	16	12	9	11	23	19	22
	Den.	16	23	23	7	16	16	12	9	11	23	19	22
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	Actual	91.3%	96.7%	100%	100%	96.0%	100%	100%	100%	94%	97%	94%	79%
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	21	29	21	18	24	20	29	23	17	31	15	11
	Den.	23	30	21	18	25	20	29	23	18	32	16	14

The Cancer 31 Day subsequent waiting time standard for radiotherapy was not achieved in March 2018. There were 3 breaches in March 18, 1 breach related to a patient cancellation; the other 2 breaches related to treatment delays due to medical reasons.

62 Day Referral to Treatment Waits

Indicator		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-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	76.9%	70.7%	55.6%	75.0%	76.9%	66.7%	72.1%	65.7%	83.3%	65.9%	79.5%	71.9%
	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Num.	20	29	20	27	30	30	31	23	35	29	35	41
	Den.	26	41	36	36	39	45	43	35	42	44	44	57
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	Actual	50.0%	100%	100%	0.0%	100%	100%	100%	66.7%	50.0%	50.0%	83.3%	90.0%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	1	3	2	0	1	2	1	2	1	3	5	9
	Den.	2	3	2	1	1	2	1	3	2	6	6	10
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	Actual	66.7%	66.7%	Nil Return	100%	66.7%	0.0%	100%	66.7%	100.0%	100.0%	100.0%	100.0%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	2	2	0	2	2	0	1	2	3	1	4	3
	Den.	3	3	0	2	3	1	1	3	3	1	4	3

The CCG failed to achieve the required levels of performance against the 62 Day Cancer standard in March 2018, achieving 71.9% against a target of 85%.

NLaG has confirmed that these breaches relate to a mix of capacity issues, complex diagnostic pathways and patient choice.

Diagnostic Waiting Times

Indicator		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Diagnostic test waiting times	Actual	2.63%	2.24%	5.88%	6.85%	6.61%	7.13%	6.87%	5.17%	10.39%	12.29%	6.22%	8.90%
	Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
	Num.	128	116	342	363	338	378	357	265	511	600	316	479
	Den.	4,874	5,168	5,821	5,299	5,117	5,304	5,196	5,123	4,920	4,883	5,077	5,380

Diagnostic performance continued to fall below the required levels in March 2018, with an increasing number of breaches of the 6 week waiting time standard.

The majority of breaches related to delays in accessing Magnetic resonance imaging (MRI) scans, computerised tomography (CT) scan, and Endoscopy services at NLaG. Plans are being developed to recover the 6 week imaging position. Further details on the diagnostic pressures at NLaG are provided at page 16 of this report.

Out of the 479 breaches reported to the CCG in March 18, 434 related to NLaG, 39 related to HEY and 6 related to out of area providers.

The average diagnostic performance in England is 2.4% against a standard of <1%. Humber Coast & Vale Sustainability and Transformation Partnership (STP) average performance is currently 7.4%; the North Lincolnshire average performance position is currently 8.9%.

In light of this, the diagnostic performance position across the locality is an area of significant concern.

Ambulance Response Programme (ARP) Standards

Reporting of the new Ambulance Response Programme (ARP) standards commenced in August 2017. However, these standards will not be formally judged until the April 2018 data reporting period has been validated. Therefore, the information shown below is for information and monitoring purposes only.

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 February 18 (latest data available) against each of the new national standards indicates that all targets have been missed.

The table below provides an overview of latest EMAS performance against the ARP performance standards. The data reflects that East Midlands Ambulance Service NHS Trust (EMAS) did not achieve any of the ARP performance standards in March 18.

Indicator		Aug-17	Sep-17	Q2 2017/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Ambulance clinical quality: Category 1 - 7 Minute Mean; 15 minute 90th centile response time (EMAS) -	Actual	00:08:01	00:08:15	00:08:15	00:08:25	00:08:45	00:09:38	00:09:17	00:09:29	00:09:45
	Target	00:07:00	00:07:00	00:07:00	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	00:14:52	00:15:41	00:17:13	00:16:39	00:16:32	00:17:31
	Target	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00
Ambulance clinical quality: Category 1 - 7 Minute Mean; 15 minute 90th centile response time (NL CCG) -	Actual	n/a	n/a	00:07:14	00:07:14	00:08:07	00:09:52	00:08:16	00:09:40	00:09:03
	Target	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00
	Actual	n/a	n/a	00:14:46	00:14:46	00:14:22	00:19:17	00:14:23	00:17:41	00:17:19
	Target	00:15:00	00:15:00	00:15:00	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	00:26:40	00:29:08	00:33:04	00:39:29	00:36:58	00:41:31	00:45:05
	Target	00:18:00	00:18:00	00:18:00	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	00:56:35	01:02:33	01:10:55	01:26:09	01:21:43	01:30:37	01:40:18
	Target	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00
Ambulance clinical quality: Category 1 - 18 Minute Mean; 40 minute 90th centile response time (NL CCG) -	Actual	n/a	n/a	00:20:31	00:22:27	00:32:59	00:33:09	00:32:44	00:36:12	00:36:40
	Target	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00
	Actual	n/a	n/a	00:43:17	00:48:15	01:08:54	01:11:44	01:12:27	01:16:07	01:23:20
	Target	00:40:00	00:40:00	00:40:00	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	03:02:38	03:24:25	03:27:07	04:00:09	03:22:21	04:05:50	04:15:55
	Target	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00
Ambulance clinical quality: Category 3 - 120 minute response time (NL CCG)	Actual	n/a	n/a	01:49:27	02:12:29	04:00:22	03:05:23	02:53:36	03:32:32	03:22:44
	Target	02:00:00	02:00:00	02:00:00	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	04:16:55	04:20:22	03:49:11	04:42:22	04:13:17	04:05:34	03:12:13
	Target	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00

Mental Health

Indicator		Mar-17	Q4 2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
% of people who have depression and/or anxiety disorders who receive psychological therapies	Actual	1.90%	3.10%	1.0%	0.9%	1.6%	1.2%	2.1%	1.5%	1.82%	1.23%	1.26%	1.97%		
	Target	1.70%	5.10%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%
	Num. Den.	180 13460	130 13460	120 13460	210 13460	160 13460	280 13460	200 13460	245 13460	165 13460	170 13460	265 13460	13460 13460	13460 13460	13460 13460
% of people who are moving to recovery	Actual	65.00%	57.45%	61.9%	47.8%	55.6%	54.5%	47.6%	54.5%	45.5%	53.6%	50.0%	53.3%		
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num. Den.	65 100	135 235	65 105	55 115	50 90	60 110	50 105	60 110	50 110	75 140	50 100	80 150		
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Actual	86.70%	86.70%			83.3%			94.7%			95.00%			
	Target	95%	95%			95%			95%			95%			95%
	Num. Den.	13 15	13 15			25 30			18 19			38 40			
Early Intervention in Psychosis (EIP First Episode Psychosis)	Actual	100.0%	100.00%	100%	100%	80%	100%	80%	100%	50%	100%	67%	57%	50%	100%
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num. Den.	5 5	11 11	3 3	7 7	4 5	2 2	4 5	5 5	1 2	1 3	2 7	4 2	1 2	3 3
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	95%	97.87%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%		
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	Num. Den.	95 100	230 235	105 105	115 115	95 95	110 110	105 105	110 110	115 115	140 140	100 100	150 150		
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	80%	82.98%	81.0%	82.6%	84.2%	86.4%	81.0%	86.4%	86.96%	92.86%	100.00%	93.33%		
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Num. Den.	80 100	195 235	85 105	95 115	80 95	95 110	85 105	95 110	100 115	130 140	100 100	140 150		

The latest published data for Improving Access to Psychological Therapies (IAPT) performance reflects the January 18 position.

Local data from Rotherham Doncaster & South Humber NHS Foundation Trust confirms that the performance targets for IAPT Entering Treatment, IAPT Recovery and IAPT 18 Weeks standard positions have all been achieved.

Care Programme Approach 7 Day Follow Up standard and the Early Intervention 2 Weeks waiting time standard both achieved the required levels in March 2018.

Healthcare Associated Infections

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

There have been no MRSA cases relating to North Lincolnshire patients reported in March 2018.

The CCG’s year-end Clostridium Difficile position was 42 against an annual tolerance of 31; therefore this indicator was not achieved in 2017/18.

Mixed Sex Accommodation (MSA)

Indicator		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Number of MSA breaches for the reporting month in question	Actual	0	0	5	13	14	6	9	15	48	18	17	11
	Target	0	0	0	0	0	0	0	0	0	0	0	0

The CCG breached the MSA zero tolerance during 2018/19, with 156 breaches reported in year. All of these breaches took place at NLaG. There were 11 MSA breaches reported by NLaG, affecting North Lincolnshire CCG patients, in March 2018.

Overview of the CCG's Main Providers

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLaG)

Cancer services

As previously mentioned (at page 11), performance against the cancer 31 day waiting time standard and the 62 day waiting time standard remain challenging.

NLaG has confirmed that the number of patients waiting in excess of 104 days from GP referral to treatment for cancer, decreased further in March 18. This is an improving position.

The Urology team at NLaG reported a significant increase in the number of cancer referrals in March 18; this appears to follow a national media campaign relating to prostate cancer. NLaG is reviewing its cancer referral data to determine whether there is a clear correlation between increased referral rates and the media campaign, or whether this increase indicates a longer term change in referral behaviour.

NHS England and NHS Improvement recently published updated guidance on how to manage long waiting cancer patients. As part of this guidance, Hospital Boards are required to receive update position reports, by tumour site, of all patients on the 62 day cancer pathway who are waiting in excess of 104days, to ensure that appropriate action is taken to minimise potential risk of harm. This information has been provided to the NLaG Board.

Work against the cancer improvement trajectory is progressing well, and the CCG continues to work closely with NLaG and HEY to improve this position via the contract management process, with on-going support provided by the Cancer Network.

Long waiting times

As previously stated (at page 10), NLaG continues to report significant challenges in meeting national and local waiting time standards.

Referral to treatment (RTT)

NLaG reported further decline in performance against the RTT incomplete pathway waiting time standard in March 18, achieving 66.02% against the 92% target. This is the lowest position reported in the previous 12 month reporting period.

52 Week Breaches

In March 18, NLaG reported a significant increase in the number of patients waiting over 52 weeks for an appointment. The Trust reported 340 breaches of the 52 week waiting time standard in March 18; 1,522 breaches were reported during 2017/18.

In response to these challenges, the Trust (in collaboration with partners) has agreed a robust RTT recovery plan to be delivered during 2018/19. The recovery plan, which has been developed in conjunction with commissioners, stipulates that the number of 52 week breaches must be reduced by at least 50% by March 2019; it is an aspiration that there will be no patients waiting over 52 weeks by this time. The recovery plan also stipulates that the total size of the waiting list does not increase in growth form the March 18 position.

Running concurrently with this, NLaG continues to develop its capacity and demand review across 8 specialties, with on-going support provided by the NHS Intensive Support Team. Good progress continues to be made across these specialty areas.

NLaG has implemented several work streams to support the delivery of all aspects of planned care. Specific work is underway in outpatients to identify operational inefficiencies, a theatre work stream has been established focussing on improved booking processes and theatre utilisation all of which feed into an overarching RTT recovery workstream. These workstreams form part of the Trust's Improving Together Programme of work, the outcome of which is discussed in detail at the Planned Care Board.

Planned Care

The Trust's focus on prioritising urgent and emergency care cases has resulted in significant delays for those patients waiting for planned care services. A material driver behind these delays and the slow recovery of the planned care waiting list is the current vacancy and sickness rate.

The Trust's medical staffing vacancy rate is currently 23.6% (147 doctors short of the 622 establishment) and the nursing vacancy rate is 9.05% (213 nurses short of the 2,364 establishment).

The Trust's sickness rate reduced during March 18 to 4.88%; however the impact of the staffing vacancy rate and the sickness rate remains an area of significant challenge across all frontline services.

Diagnostic services

As previously mentioned (at page 12), diagnostic performance across the Northern Lincolnshire area, and the STP area remains an area of concern.

NLaG performance against the diagnostic waiting time target (< 6 weeks) deteriorated further in March 18, achieving 91.5% against the 99.9% target. This decline was largely due to staffing pressures (as described above) and deterioration in scanner image quality due to ageing equipment, resulting in reduced capacity across the service.

In response to these pressures, NLaG has secured capital funding to support the replacement of scanning equipment at Diana Princess of Wales hospital and Scunthorpe General Hospital.

The new CT scanner at Diana Princess of Wales hospital opened in March 2018. Plans are in place to replace the CT scanner at Scunthorpe Hospital, which is currently scheduled for completion in February 2019. This is a larger project as the environment at Scunthorpe Hospital may need to be adapted to support the new equipment.

The Endoscopy service at Diana Princess of Wales hospital received full accreditation from the Joint Advisory Group on Gastrointestinal Endoscopy (JAG), following their visit in April 18.

NLaG Waiting List Dashboard

The information provided below has been extracted from the latest NLaG Waiting List Summary Report (as at 05/05/18) and includes an overview of RTT incomplete pathway performance, outpatient waiting list position, inpatient waiting list position and diagnostic waiting list position.

Summary of Key Points from the waiting list dashboard:

Performance against the Referral to Treatment (RTT) Incomplete Pathway standards reduced further in March 18 to 66.2%; this is the lowest position reported by NLaG during 2017/18.

NLaG reported a significant number of patients waiting over 52 weeks for treatment, during 2017/18. In total, 1,533 x 52 week breaches were reported during 2017/18 (up to 31/03/18).

The number of patients waiting 18 weeks and over for a new outpatient appointment has also grown since the previous report with 2,907 patients currently on the waiting list compared to 1,906 for the same period in 2017. NLaG has also reported an increase in the number of patients that are overdue a follow-up appointment in outpatient services.

NLaG reported a 22.1% increase in the number of patients currently waiting for treatment on the planned inpatient waiting list.

The number of patients on the diagnostic waiting list continues to increase, with the majority of patients waiting between 6 to 12 weeks for an appointment. This exceeds the national diagnostic waiting time tolerance of <6 weeks wait.

Further details on the latest waiting time position and diagnostic position, and improvement action taken, are provided above (see pages 15 to 16).

Hull and East Yorkshire Hospitals NHS Trust (HEY)

HEY reported challenges in its Emergency Department in quarter 4 18, achieving 76.4% compliance against the A&E 4 hour waiting time target in March 18. These challenges have been attributed to higher levels of patient acuity, leading to longer length of stay in hospital and medical staffing issues.

During March 18, RTT 18 week referral to treatment performance reduced further to 79.83%. Each Health Group within HEY have been asked to review previous performance and determine predicted performance for 2018/19.

HEY reported 25 breaches of the 52 week waiting time standard in March 18, these breaches were mainly due tracking access issues and complexity of some patient pathways.

Diagnostic performance declined further in March 18, the Trust achieved 10.52% against a target of <1% of patients waiting over 6 weeks.

Thames Ambulance Service Limited (TASL) - Patient Transport Services

Concerns relating to patient transport services provided in North Lincolnshire have grown significantly since Q3 2017/18, this correlates with the mobilisation of new Thames Ambulance Service (TASL) TASL contracts throughout the East Midlands and Humber area.

In October 2017, the CQC issued TASL with a Section 29A warning notice which stated that TASL failed to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Canvey Island, Grimsby and Scunthorpe sites.

In response to these concerns, the CCG served notice on TASL with an agreed 12 month notice period.

Spire Hull & East Riding Hospital

The 2017/18 forecast position against the Spire hospital contract is currently circa £640K above planned levels, which represents a 75% overtrade, this is a worsening position. The CCG is working in collaboration with NHS Hull CCG, as the lead commissioner, to mitigate the financial pressure that this is causing commissioners.

All performance targets agreed for this contract are achieving the required levels.

HMT St Hugh's Hospital

Activity levels

The CCG is forecasting a substantial increase in the volume of patient activity undertaken at St Hugh's hospital during 2017/18. This activity is likely to be significantly higher than planned levels, with the year-end position predicted to be circa £180K over. This represents an approx. 22% overtrade.

Care Quality Commission (CQC) inspection

The CQC completed a comprehensive inspection at St Hugh's in August 2017, and the final outcome report was published in December 2017 with an overall rating of requires improvement. The CQC then issued a Section 29 Warning Notice to St Hugh's on 15 September 17.

In response to the concerns identified in the Warning Notice, North East Lincolnshire CCG as the Lead Commissioner for this contract has led several quality assurance visits to St Hugh's hospital, and commissioners continue to provide support to St Hugh's as part of the CQC action plan review process.

Good progress continues to be made against the hospital's CQC action plan; evidence of this is provided to all commissioners via the monthly Contract Management Board meeting for the St Hugh's contract.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

RDaSH has reported some technical issues with its performance reporting processes; these issues largely relate to challenges in the mobilisation of the Trust's new data storage system.

In response to this, RDaSH has undertaken remedial actions to manage this situation and mitigate any potential risk. The position continues to be reviewed by the CCG via the contract management meeting.

East Midlands Ambulance Service NHS Trust (EMAS)

Clinical handover of patients

EMAS has identified an improvement in the time taken to hand over patients between ambulance and clinical staff at Scunthorpe Hospital, in March 18. However, post hospital handover times (departure of ambulance crews following transfer of patients to hospital) continue to cause concerns. The average post hospital handover time reported at Scunthorpe hospital, during March 2018, was 18 minutes and 4 seconds; this is the longest handover period reported across the EMAS region.

Ambulance Response Programme (ARP) performance standards

The table below provides a breakdown of EMAS performance against the ARP standards, by CCG area. EMAS did not achieve the required response times for Category 1 – Category 4 calls in March 18, in North Lincolnshire.

March	Category 1		Category 2		Category 3	Category 4
	Mean	90th centile	Mean	90th centile	90th centile	90th centile
National standard	<i>00:07:00</i>	<i>00:15:00</i>	<i>00:18:00</i>	<i>00:40:00</i>	<i>02:00:00</i>	<i>03:00:00</i>
EMAS	00:09:45	00:17:31	00:45:05	01:40:18	04:15:55	03:12:13
Lincolnshire	00:10:39	00:21:01	00:49:44	01:51:21	04:36:24	04:16:18
Lincolnshire East	00:12:48	00:24:03	00:51:54	01:55:09	04:55:37	03:44:17
Lincolnshire West	00:09:03	00:16:24	00:49:10	01:51:29	04:09:09	02:54:09
North East Lincolnshire	00:08:08	00:13:28	00:38:47	01:25:54	03:39:55	00:10:12
North Lincolnshire	00:08:44	00:17:09	00:36:40	01:23:20	03:22:44	03:11:56
South Lincolnshire	00:12:52	00:24:58	01:04:11	02:21:34	06:25:10	03:34:54
South West Lincolnshire	00:13:25	00:25:33	00:02:24	02:11:08	05:28:53	10:07:56

NLCCG Quality Dashboard

The NLCCG quality dashboard contains an overview of performance against national and local quality indicators across the CCG's main providers, using latest data available. Quality indicators are categorised into three sections; these are safety, effectiveness and experience. Each provider is RAG rated according to their performance.

Supplementary information/narrative is provided for indicators that are rated red.

The latest version of the NLCCG Quality Dashboard is embedded below, for your information.



Quality dashboard -
May 18.xlsx

Primary Care Update

North Lincolnshire Primary Care Scorecard

The aim of the North Lincolnshire Primary Care Scorecard is to flag trends and themes in relation to GP Practice performance against a range of indicators, and to aid commissioners in deciding if there is a need to meet with a GP practice to discuss performance and agree actions that can be put in place to improve the overall position.

The scorecard is in place to facilitate discussion and is not used as a contract monitoring tool.

The latest version of the scorecard uses a RAG rating system to highlight areas that might warrant further investigation with the GP practice. If performance is more than 2 standard deviations away from the CCG average, they will be rated as red in the scorecard.

An amber rating is applied where the indicator is 1 standard deviation above or below the CCG average.

Deviation from the CCG average could represent better than average performance as well as below average performance, depending on the indicator being considered.

The CCG is in the process of capturing soft intelligence around local primary care services to further support and inform development of the scorecard. The scorecard is shared with the Primary Care Quality and Performance Meeting for consideration.

The latest version of the primary care scorecards has not raised any new concerns, the CCG's Primary Care Team is already engaged with The Birches and can confirm that all of the contractual changes are now in place and the new provider is embarking on an improvement process.

The latest Primary Care Key Indicator Scorecard and the Secondary Care Utilisation Scorecard are provided below, for information.

Scorecard 1 - Primary Care Key Indicators and Scorecard 2 - Secondary Care Utilisation

NHS North Lincolnshire CCG - Primary Care Reporting
Key Indicators

South
West
East



Practice No.	Practice Name	Practice List Size April 18	List size increase / decrease (from previous month)	Friends & Family % Patients would recommend Jan 18	Friends and Family % Patients would not recommend Jan 18	Overall Patient Experience Very Good/Good (GP Survey Mar 17)	Patient OnLine - Patients enabled to electronically book or cancel an appointment - Nov 17	Patient OnLine - Patients enabled to electronically book or cancel an appointment Jan 18	Patient OnLine - Patients enabled to electronically order repeat prescriptions - Nov 17	Patient OnLine - Patients enabled to electronically order repeat prescriptions - Jan 18	QOF - Practice Overall Achievement	CQC	Quality Issue reporting - CCG/NHSE Intelligence Apr - Sept 2017	PALS/Concerns*		
														Q1 2017/18	Q2 2017/18	Q3 2017/18
B81045	Ashby Turn PC Partners	12618	0.14%	93.88%	4.08%	88%	15.87%	16.14%	15.89%	16.16%	532.5	May 2016 - Good			1	
B81118	West Common Lane Teaching Practice	7912	-0.20%	86.54%	5.77%	81%	9.29%	9.47%	9.23%	9.39%	540.4	Feb 2016 - Good			1	
B81113	Cedar Medical Practice	7101	0.35%	98.82%	1.18%	95%	10.65%	10.96%	10.67%	10.98%	553.2	Feb 2016 - Good	1	1		
B81026	Ancora Medical Practice	19052	0.32%	93.81%	1.77%	86%	28.73%	28.82%	28.73%	28.82%	534.4	November 2015 - Good				
B81022	Cambridge Avenue Medical Centre	14173	-0.20%	80.00%	14.00%	85%	28.25%	28.17%	28.09%	28.09%	543.9	June 2016 - Good	1			
B81099	Kirton Lindsey Surgery	10138	77.80%	0.00%	0.00%	87%	23.00%	23.42%	22.99%	23.40%	555.2	May 2016 - Good				
B81648	The Killingholme Surgery	1395	-0.64%	77.78%	11.11%	90%	13.21%	13.41%	13.29%	13.48%	527.0	Oct 2017 - Good				
B81109	Riverside Surgery (Brigg)	12756	0.00%	No Data	No Data	86%	21.53%	21.91%	19.70%	20.13%	539.5	March 2016 - Good	2			
B81647	West Town Surgery (Barton on Humber)	3080	-0.45%	0.00%	0.00%	78%	14.41%	15.17%	14.47%	15.27%	559.0	August 2016 - Good				
B81628	The Medical Centre (Barnetby)	2989	0.57%	100.00%	0.00%	93%	9.10%	9.04%	8.97%	8.94%	557.2	Jan 2017 - Good				
B81007	Winterton Medical Practice	9771	0.23%	89.80%	8.16%	90%	11.56%	11.67%	11.56%	11.67%	546.5	April 2015 - Good				
B81005	Central Surgery (Barton on Humber)	16783	0.04%	No Data	No Data	74%	20.65%	20.91%	20.65%	20.91%	554.8	Nov 2017 - Good	2	1		
B81063	Bridge Street Surgery (Brigg)	6369	0.05%	0.00%	0.00%	99%	33.39%	33.05%	33.23%	32.89%	558.6	Jan 2017 - Good			1	
B81617	The Birches Medical Practice	8892	-0.03%	79.17%	12.50%	74%	2.92%	2.88%	2.92%	2.88%	538.5	April 2016 - Good		2		
Y02787	Market Hill	5878	-0.17%	0.00%	0.00%	69%	17.29%	17.45%	17.29%	17.45%	489.9	Inadequate	2		1	
B81064	Church Lane Medical Centre	8949	0.15%	95.24%	4.76%	87%	19.78%	20.45%	19.75%	20.42%	527.7	May 2015 - Good				
B81090	The Oswald Road Medical Centre	4529	-0.18%	85.71%	14.29%	86%	10.77%	11.80%	10.75%	11.76%	543.0	June 2015 - Good				
B81043	South Axholme Practice	14862	0.13%	94.83%	3.45%	81%	7.68%	7.85%	7.68%	7.85%	525.9	Dec 2016 - Good				
B81065	Trent View Medical Practice	11614	-0.20%	86.00%	12.00%	68%	10.98%	11.07%	10.96%	11.06%	548.0	March 2015 - Good		1	1	

* PAL/Concerns includes 2 identified (but Practice unknown) for Q2 2017/18

F&F Test - extremely low numbers of responses - needs promotion?

Patient Online - the GMS/PMS regulations 2017/18 and APMS regulations, the BMA and NHS England have made a joint commitment to encourage practices to register a minimum of 20 per cent of their patients for at least one online service by 31 March 2018.

Practices are also required to support patients to use apps to access Patient Online services. [Technical support for the apps will be provided by the app supplier.] Finally, practices should continue to provide patients who request it, with online access to clinical correspondence.

Practice No.	Practice Name	Imms & Vaccs - % Uptake							Childhood Vaccs	Screening					Workforce Issues
		Flu 65 & Over Feb 18	Flu Under 65 at Risk Feb 18	Flu Pregnant Women at Risk Feb 18	Flu Pregnant Women NOT at Risk Feb 18	Flu - HCW Jan 18	Pneumo 65s & Over as at 31/03/2017	MenACWY 18-20 yr olds Jan 18		Cervical QOF Dec 2016	Breast Round 8 2011-2014	Breast Round 9 2014-2017	Bowel	Retinal	
B81045	Ashby Turn PC Partners	74.3%	48.5%	60%	32.7%	65.60%	52%	40%	74%	67%	68%				
B81118	West Common Lane Teaching Practice	76.8%	62.0%	100%	53.7%	69.60%	72%	28%	72%	67%	70%				
B81113	Cedar Medical Practice	68.9%	47.2%	36.40%	30.6%	80%	75%	41%	73%	69%	59%				
B81026	Ancora Medical Practice	71.7%	56.6%	48%	31.8%	70%	71%	39%	73%	69%	67%				
B81022	Cambridge Avenue Medical Centre	69.8%	44.2%	72.70%	38.9%	68.40%	61%	44%	81%	62%	79%				
B81099	Kirton Lindsey Surgery	68.2%	47.0%	50%	43.9%	0%	58%	26%	80%	70%	78%				
B81648	The Killingholme Surgery	69.8%	48.7%	0%	33.3%	75%	77%	28%	78%	63%	62%				
B81109	Riverside Surgery (Brigg)	70.6%	42.4%	57.10%	46.3%	85.70%	67%	26%	80%	77%	78%				
B81647	West Town Surgery (Barton on Humber)	67.2%	54.6%	100%	34.2%	0%	73%	53%	80%	73%	74%				
B81628	The Medical Centre (Barnetby)	71.7%	55.0%	100%	65.0%	0%	69%	21%	88%	71%	77%				
B81007	Winterton Medical Practice	76.4%	56.0%	83.30%	32.9%	49%	76%	54%	77%	73%	78%				
B81005	Central Surgery (Barton on Humber)	72.0%	46.0%	60.90%	33.0%	0%	69%	43%	78%	77%	75%				
B81063	Bridge Street Surgery (Brigg)	68.0%	46.3%	0%	52.0%	0%	37%	41%	78%	75%	74%				
B81617	The Birches Medical Practice	73.9%	56.3%	100%	36.2%	0%	78%	9%	70%	59%	60%				
Y02787	Market Hill	60.7%	46.4%	14.30%	26.5%	0%	37%	10%	59%	37%	50%				
B81064	Church Lane Medical Centre	72.4%	48.1%	66.70%	30.2%	64%	69%	38%	75%	74%	77%				
B81090	The Oswald Road Medical Centre	75.6%	56.9%	57.10%	46.5%	30.80%	74%	45%	73%	72%	72%				
B81043	South Axholme Practice	73.7%	54.9%	50%	65.9%	48.30%	64%	58%	82%	74%	76%				
B81065	Trent View Medical Practice	70.7%	44.3%	43.80%	25.8%	91.70%	56%	38%	75%	70%	74%				

North Lincolnshire Summary

The information provided below reflects current issues and examples of good practice that are currently affecting the North Lincolnshire place.

- **Clinical Review of Long Waiting Patients at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)**

There is a risk that patients may experience harm as a result of long waiting times at NLaG. Although some progress has been made in managing the waiting list position in some specialties, the total number of patients waiting for an appointment across the Trust continues to rise.

Long waiting patients continue to be clinically reviewed by NLaG via the clinical harm review process; the output and learning from this process is shared with commissioners as part of the Patient Safety Group, which forms part of the System Improvement Board structure.

- **Access to crisis Mental Health Services and CAMHS at Rotherham Doncaster and Goole NHS Foundation Trust (RDaSH)**

Concerns have been identified in relation to the timeliness and quality of response provided by RDaSH to patients that require emergency mental health services in North Lincolnshire. These concerns have been identified via feedback from local service users and concerns raised by primary care colleagues.

In response to these concerns, the CCG is undertaking a comprehensive review of the Urgent and Emergency Mental Health Crisis Service to ensure that service users receive the necessary response to meet their needs. The review will focus on all elements of the Crisis Service pathway, from the initial point of contact with the service user to the time the point of discharge.

- **Long ambulance waiting times at East Midlands Ambulance Service NHS Trust (EMAS)**

Latest EMAS performance data for North Lincolnshire, taken from the Ambulance Response Programme performance dataset, reflects that EMAS did not achieve the new response time targets for category one (life threatening) and category two (emergency) calls in March 18.

These delays could have a negative impact on local service users.

Commissioners have formally expressed their dissatisfaction with EMAS's performance via a letter to EMAS. The letter serves as a formal notice of concern to EMAS and focuses on some of the prolonged waits that are being observed for all classification of patients, but in particular the prolonged waits for patients under C1 (Life Threatening) and C2 (Emergency) call categories.

The CCG has also expressed its concerns to EMAS regarding the clinical impact of long ambulance waiting times via a bespoke Patient Safety Meeting between EMAS and the CCG.

In response to these concerns, EMAS has confirmed that plans are underway to launch a new Urgent Care Tier service in North Lincolnshire.

The main objective of this service is to provide a more streamlined response to urgent calls made to EMAS by healthcare professionals (this service does not affect 999 calls). In addition to this, EMAS is undertaking a comprehensive staffing review to ensure that staffing opportunities are maximised across all service areas, and commissioners are working collectively to agree a Trust wide performance improvement plan and trajectory to be implemented during 2018/19.

- **Clostridium Difficile cases reported in the community**

There has been a significant increase in the number of Clostridium Difficile (C.Diff) cases reported in 2017/18 compared to 2016/17, relating to North Lincolnshire patients. NHS England stipulated that the number of C.Diff cases relating to North Lincolnshire patients must not exceed 31 cases in 2017/18; 42 cases were reported as at 31 March 18.

Of these, 30 cases were assigned as Community Acquired Infection (CAI) with the remaining 12 cases assigned as Hospital Acquired Infection (HAI). The assignment of cases depends on where the specimen was taken (community or hospital) and the timing of the specimen (pre admission or 72 hours post admission, if patient admitted to hospital).

The majority of these cases were subject to a Root Cause Analysis (RCA) and a multi-agency Post Infection Review (PIR). These steps are undertaken to identify if any lapses in care may have occurred and/or to see if the case could have been avoided.

NHS England has stipulated that the CCG must not exceed 30 cases of C.Diff for the year 2018/2019.

In response to these challenges, the CCG has implemented a multi-agency C.Diff action plan to support improvements in the management of C.Diff across the North Lincolnshire place. The CCG arranged a Protected Learning Time (PLT) training event for primary care colleagues to raise awareness and knowledge around preventative measures.

- **Cardiology services at Northern Lincolnshire and Goole NHS Foundation Trust (NL&G)**

Commissioners have identified concerns in relation to Cardiology services provided by NL&G. These concerns have been identified via local commissioner intelligence systems and largely relate to the high number of medical staffing vacancies, long waiting times across the Cardiology service and delays incurred in discharging patients from hospital.

In response to these concerns, NL&G has successfully recruited two new Consultant level posts to the Cardiology service; NL&G is also developing a new model to support improvements in delivery of outpatient care delivery.

- **Staffing across the North Lincolnshire area**

Staff recruitment remains a significant challenge across many healthcare service providers in North Lincolnshire, medical practitioners. These pressures continue to contribute to declining performance in ambulance response times, waiting times for hospital appointments and access to some primary care services in North Lincolnshire.

Health services across the areas are working in collaboration to promote the North Lincolnshire area as part of a national and international recruitment drive. NLaG 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.

- **Quality assurance visits to Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)**

Clinical representatives from the CCG undertook quality assurance visits to the Neo-natal Intensive Care Unit and Disney Ward (Paediatrics) at Scunthorpe hospital in April 18. The purpose of these visits was to observe each service against the standard NHS inspection domains (Safe, effective, caring, responsive and well-led) to identify areas of good practice and areas for further improvement.

Overall, the CCG received positive assurance of the systems and processes in place in these ward areas at the time of the visits. Areas of positive assurance include provision of safety huddles within the ward area; the 'Tops and Pants' initiative to obtain feedback from children; collaborative working between the Community Nursing team, Community Specialist Nurse and ward staff to support transition of patient from hospital services to community services; integration and involvement of patients' siblings at visiting time E.g. development of a sibling diary to encourage siblings to be involved in the patients care.

Areas for further development include staffing pressures across both ward areas and internal communications with other ward areas.

- **Midwifery services at Northern Lincolnshire & Goole NHS Foundation Trust (NLaG)**

NLaG has confirmed that the substantive Head of Midwifery position, which will cover all hospital sites, has now been appointed to. This appointment provides the CCG with further assurance of the Trust's approach to achieving its development goals, and it is anticipated that this position will further support improvements that have already been made in the Trust's Midwifery Services throughout 2017/18.

The North Lincolnshire place continues to experience significant challenges in relation to long waiting times for some hospital services, delayed ambulance response times, access to crisis mental health services and recruitment and retention of medical and nursing staff.

The impact of these challenges has led to further pressure on an already fragile health system, across North Lincolnshire.

These pressures are jointly reviewed as part of the System Improvement Board, and plans are being developed to support improvement across the system.