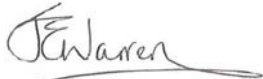


Date:	9 th August 2018
Meeting:	Governing Body
Item Number:	Item 9.1
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

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

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

Link to a Strategic Objective?	<input checked="" type="checkbox"/>	This paper contains information relevant to the following strategic priorities: Acute care Primary care
Link to a Strategic Risk	<input checked="" type="checkbox"/>	This paper contains information relevant to the following strategic risks: Acute commissioning Primary care transformation

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"/>	Assurance <input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
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.

Finance (as at 30th June 2018)

YTD Performance

At Month 3 the CCG has reported a Year to Date overspend of £1m which is in line with plan. The main areas driving this overspend are Acute Services, offset by under spends in Mental Health Services and Prescribing.

The Year to Date QIPP achievement at Month 3 was £1,363k against a target of £1,499k.

Forecast Position

At Month 3 the CCG is forecasting a £4m over-spend by 31 March 2019 which is in line with plan.

Slippage on QIPP schemes at Month 3 is expected to be fully recovered by year end and therefore the CCG continues to forecast full achievement of its annual QIPP plan.

Performance and Contracting

Referral to treatment times at Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull and East Yorkshire Hospitals NHS Trust (HEY) continued to fall below required levels in May 2018, and a significant number of patients continue to wait over 52 weeks for an appointment at NLaG. Several specialties are struggling to maintain capacity.

NLaG has developed a recovery plan for 2018/19, this plan will focus on 8 specialties that are considered to be fragile; these specialties are Urology, Cardiology, Respiratory, Neurology, ENT, Colorectal Surgery, Gastroenterology and Ophthalmology. The recovery plan is in place to ensure that the waiting list does not increase and to reduce the number of patients that are waiting in excess of 52 weeks by at least 50%, ideally to eliminate altogether.

Remedial actions include the reconfiguration of acute clinics, new Primary Care services, increased activity in community services and review of follow up waiting list.

NLaG did not achieve the national Accident & Emergency (A&E) 4 Hour waiting time target in May 2018, but performance in May 18 was an improvement on the previous month despite an increase in the number of A&E attendances. A&E performance is expected to improve to 90% by August 2018.

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. 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.

The CCG is working closely with NLaG to monitor and manage the capacity and demand pressures that are currently being reported across the local health system.

Quality

The North Lincolnshire place continues to experience significant challenges in relation to the performance and quality of some local health services.

Northern Lincolnshire and Goole NHS Foundation Trust

These challenges include increased waiting times at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), particularly in relation to outpatient services. Increased waiting times could lead to a risk to the safety and experience of North Lincolnshire patients. In response to these concerns, the CCG continues to work with partners to clinically review patients that have waited a long time for their appointment in order to mitigate any potential risk of harm.

East Midlands Ambulance Service NHS Trust

East Midlands Ambulance Service NHS Trust (EMAS) continues to report significant challenges in achieving national ambulance response time targets, leading to delayed ambulance response times in the North Lincolnshire area. In response to these pressures, Commissioners formally challenged

EMAS's performance by serving a notice of concern to EMAS.

This notice 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.

Thames Ambulance Service Limited

Since the previous report, the CCG has identified improvements in the booking process and the response times of the local patient transport services provided by Thames Ambulance Service Limited (TASL). As a result of these improvements, the number of complaints and concerns submitted to the CCG relating to patient transport has reduced significantly.

The CCG continues to work collaboratively with partners to drive quality improvement across the North Lincolnshire place via the System Improvement Board, the Northern Lincolnshire Quality Surveillance Group and via the Humber Coast & Vale Strategic Transformation Partnership.

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 14th December 2017.		
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 the 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

	N/A	Y	N	Date		N/A	Y	N	Date
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

JULY 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 (as at 30th June 2018)

YTD Performance

At Month 3 the CCG has reported a Year to Date overspend of £1m which is in line with plan. The main areas driving this overspend are Acute Services, offset by under spends in Mental Health Services and Prescribing.

The Year to Date QIPP achievement at Month 3 was £1,363k against a target of £1,499k.

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The CCG is working closely with NLaG to monitor and manage the capacity and demand pressures that are currently being reported across the local health system.

Quality

The North Lincolnshire place continues to experience significant challenges in relation to the performance and quality of some local health services.

NLaG

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EMAS

East Midlands Ambulance Service NHS Trust (EMAS) continues to report significant challenges in achieving national ambulance response time targets, leading to delayed ambulance response times in the North Lincolnshire area. In response to these pressures, Commissioners formally challenged EMAS's performance by serving a notice of concern to EMAS. This notice 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.

TASL

Since the previous report, the CCG has identified improvements in the booking process and the response times of the local patient transport services provided by Thames Ambulance Service Limited (TASL). As a result of these improvements, the number of complaints and concerns submitted to the CCG relating to patient transport has reduced significantly.

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Financial Position (as at 30th June 2018)

Achievement of Financial Duties

Based on information available up to 30 June 2018, achievement against the financial performance targets for 2018/19 are as follows:

Financial Duties	Target	Outturn RAG	RAG Explanation
1 Maintain expenditure within the revenue resource limit and deliver a 1% surplus	Planned surplus or greater achieved	✘	At Month 3 the CCG is forecasting achievement of its in year control total - £4m deficit
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
4 Ensure running costs do not exceed our agreed admin allocation	Expenditure less than or equal to allocation	✔	At Month 3 running cost spend is less than allocation
5 Provide 0.5% contingency	0.5%	✔	0.5% Contingency is provided and 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 30 June 2018 is:

	Year to Date (£000's)			Full Year (£000's)		
	Budget	Actual	Var	Budget	Actual	Var
Acute Services	28,857	29,456	(599)	115,430	115,590	(160)
Mental Health Services	5,647	5,463	183	22,586	22,586	0
Community Health services	5,584	5,554	30	22,335	22,335	0
Continuing Healthcare and Funded Nursing Care	4,301	4,342	(42)	17,202	17,202	0
Primary Care Services	9,183	9,040	143	36,734	36,574	160
Other Programme Services	2,574	2,507	67	15,694	15,694	0
Running Costs	934	718	216	3,738	3,738	0
Contingency	0	0	0	1,150	1,150	0
Planned In Year Deficit	(1,000)	0	(1,000)	(4,000)	0	(4,000)
IN YEAR TOTAL	56,081	57,081	(1,000)	230,870	234,869	(4,000)
Balance of Prior Year Deficit	(2,531)	0	(2,531)	(10,123)	0	(10,123)
CUMULATIVE POSITION	53,550	57,081	(3,531)	220,747	234,869	(14,123)

(Note - please note that the figures above exclude the impact of CSF)

Summary Financial Position

At Month 3 the CCG is reporting a YTD overspend of £1m which is in line with plan. The forecast position is reported pre CSF and remains as planned at a £4m in year deficit.

Acute Services

At Month 3 the CCG has reported a YTD overspend of £599k in Acute Services.

The table below provides detail of this over spend at contract level, based on Month 2 Contract Monitor Reports.

ACUTE SERVICES DETAIL	Year to Date (£000's)			Full Year (£000's)		
	Budget	Actual	Var	Budget	Actual	Var
Northern Lincolnshire & Goole Hospitals NHS FT	20,923	20,923	0	83,691	83,691	0
Hull & East Yorkshire NHS Trust	3,036	3,435	(399)	12,145	12,239	(94)
Doncaster & Bassetlaw NHS FT	843	882	(39)	3,371	3,371	0
Sheffield Teaching Hospitals NHS FT	347	426	(78)	1,390	1,456	(66)
Sheffield Children's Hospital NHS FT	115	130	(15)	461	461	0
United Lincolnshire Hospitals NHS Trust	209	218	(9)	836	836	0
Leeds Teaching Hospitals NHS Trust	190	207	(17)	760	760	0
East Midlands Ambulance Trust	1,449	1,449	(0)	5,796	5,796	0
Main Independent Sector Providers	752	795	(43)	3,010	3,010	0
Other Secondary & Tertiary Care Services	61	61	(0)	242	242	0
Exclusions / Non-Contract Activity	682	682	0	2,729	2,729	0
Resilience / RTT/ Demand Management	250	250	(0)	1,000	1,000	0
	28,857	29,456	(599)	115,430	115,590	(160)

The overspend at Hull and East Yorkshire Hospitals NHS Trust is driven mainly by non-elective activity, particularly in vascular surgery where we have had 1 high cost patient with a total spell cost of £94k, and higher than planned numbers of patients requiring heart stents with complications.

The overspend at Sheffield Teaching Hospitals NHS FT is mainly as a result of a long stay patient in Critical Care costing £66k.

The forecast overspend of £160k reflects the costs of the high cost patients described above. At this early stage in the year it is expected that all other contract variations will come back in line with plan by year end. Contract positions will continue to be monitored monthly and forecasts will be refined as more data becomes available.

Mental Health Services

The £183k YTD underspend relates to individual packages of care for specialist Mental Health and Learning Disability patients which are lower than planned. The figures reported at Month 3 are based on Broadcare data as at 30 June 2018.

Primary Care Services

The YTD underspend of £143k relates to Prescribing Costs which remain lower than planned. The figures reported at Month 3 are based on the Month 1 PMD report extrapolated to give an indicative YTD spend.

Running Costs

The CCG is reporting a YTD underspend of £220k on running costs, mainly as a result of vacant posts within the establishment. It is envisaged that the running cost budget will be fully spent by year end as vacant posts are filled and non-staff related costs are realised.

Risks

1. During July a revised contract plan of £109m has been agreed with Northern Lincolnshire and Goole Hospitals NHS FT (NLaG). The contract will operate on a PBR basis to retain flexibility to manage the impact of patient choice and winter pressures. The CCG continues its work around demand management and out of hospital services to manage the contract activity to affordable levels. The CCG also continues to support NLAG in stabilising its most fragile services by seeking to divert new referrals to alternative capacity where available. This could create further cost pressure.

NLAG continue to experience problems in the timely coding of PBR activity which is causing a delay in the receipt of accurately coded contract monitors.

2. The values reported for Specialist Mental Health and Learning Disability packages are based on current live packages. We are aware, particularly through our work with the Transforming Care Partnership, of some planned NHS England Step Down patients who would become the commissioning responsibility of the CCG. This risk is reflected in the break-even forecast for this service.
3. The impact of the category M price review for PMD prescribing will not be known until the second half of the year.

Revenue Resource Limit

The annual Revenue Resource Limit for the CCG was £230,870k for both 'Programme' and 'Running' costs. This has increased by £1,427k in June, £681k for GP Forward View funding and £745k which was allocated to us in error and will be returned in month 4.

Working Balance Management

Cash:

The closing cash for June was £160k which was below the 1.25% target of £210k.

Better Payment Practice Code

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

Better Payment Practice Code

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

a. Non NHS

The Non NHS performance for June was 100% on the value and number of invoices, whilst the YTD position is 99.94% achievement on the value and 99.75% on number.

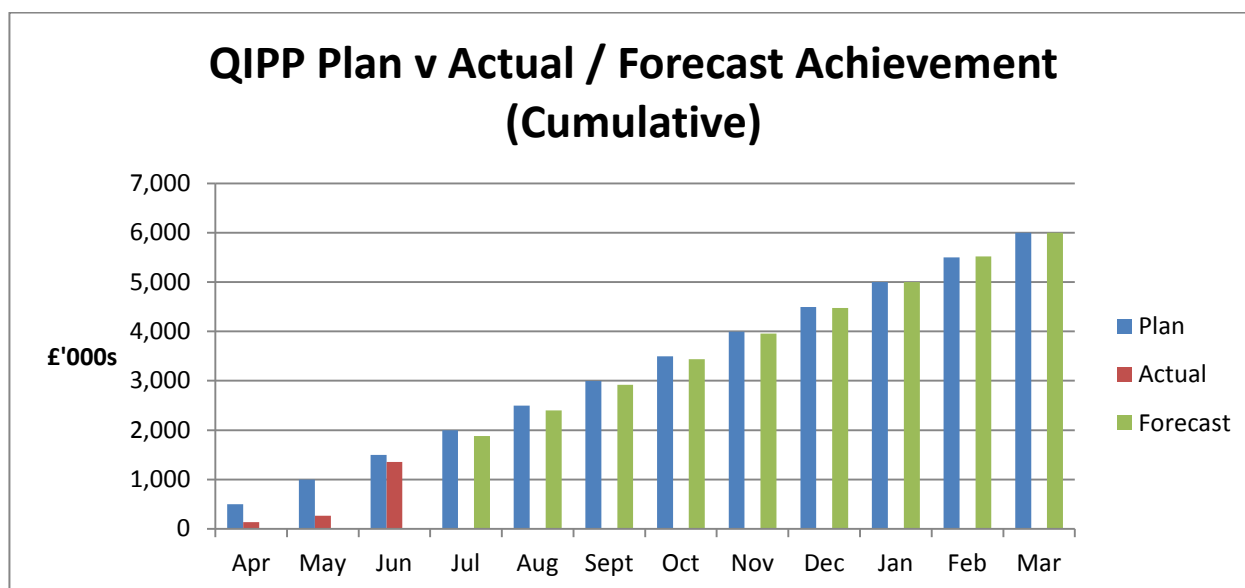
b. NHS

The NHS performance for June was 100% on the value and number of invoices, whilst the YTD position is 99.99% achievement on the value and 99.83% on number.

QIPP

The CCG has an annual QIPP plan of £5,997k.

At Month 3 the CCG achieved £1,363k (90.9%) of QIPP savings against the year to date plan of £1,499k. Scheme slippage at Month 3 is expected to be fully recovered by year end and therefore the CCG continues to forecast full achievement of its annual QIPP plan.



CCG Performance Summary

A&E/Urgent Care

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E waiting time - total time in the A&E department, SitRep data	Actual	85.2%	88.1%										
	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										
	Target	0	0	0	0	0	0	0	0	0	0	0	0
A&E performance - local performance (NLAG Performance)	Actual	85.3%	88.3%										
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The CCG's A&E 4 Hour waiting time position improved slightly in May 18 with a reduction in the number of breaches to 1447 breaches, compared to 1680 in April 2018. This is despite an increase in the total number of A&E attendances in May 18.

In May 18, A&E performance at Diana Princes of Wales Hospital was 84.7%; performance at Scunthorpe General Hospital improved from 88.2% to 91.8%.

The CCG's improvement trajectories for 2018/2019 have now been submitted to NHSE and are pending approval. These improvement trajectories stipulate an improvement in A&E performance to 90% by August 2018.

The table below provides detail NLaG performance at hospital level.

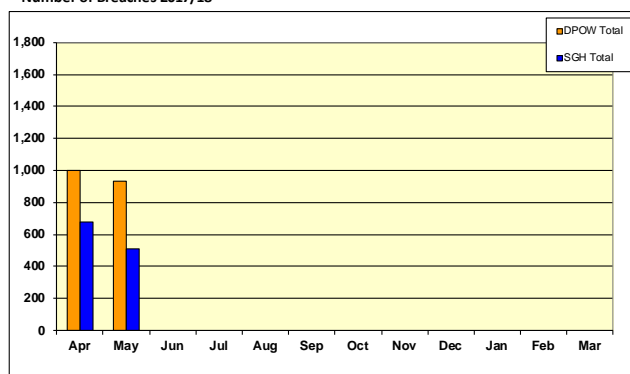
Northern Lincolnshire and Goole Foundation Trust - A&E Performance as at May (Month 02)

A&E Performance - 2018/19

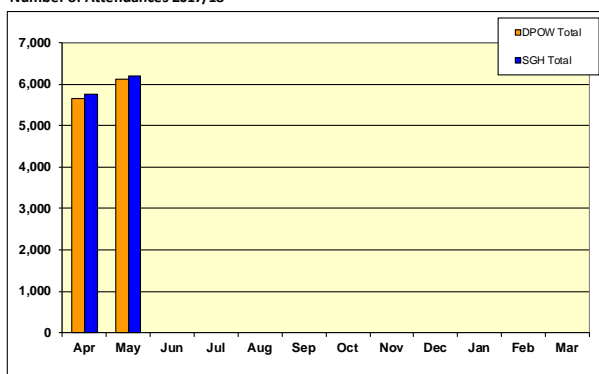
Full Year 2018/19

	DPoW			SGH			NLaG Combined %
	Attendances	Over 4 hrs	% seen within 4 hrs	Attendances	Over 4 hrs	% seen within 4 hrs	
APRIL	5,649	1,000	82.3%	5,769	680	88.2%	85.3%
MAY	6,115	936	84.7%	6,208	511	91.8%	88.3%
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
JANUARY							
FEBRUARY							
MARCH							
	11,764	1,936	83.5%	11,977	1,191	90.1%	86.8%

Number of Breaches 2017/18



Number of Attendances 2017/18



Referral to Treatment Times (RTT)

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Referral to Treatment pathways: incomplete	Actual	72.26%	73.68%										
	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.	11,120	11,654										
	Den.	15,389	15,816										
Number of >52 week Referral to Treatment in Incomplete Pathways	Actual	183	171										
	Target	0	0	0	0	0	0	0	0	0	0	0	0

Performance against the CCG level RTT waiting time target improved slightly in May 2018 and the number of patients waiting over 52 weeks decreased from 183 to 171.

The table below provides a breakdown of NLCCG 52 week breaches that took place at NLaG in May 18 by speciality, the table also provides RTT % performance at NLaG for NLCCG patients.

Specialty	52 week Breaches	18 week Performance
Cardiology	3	71.24%
ENT	29	56.61%
Gastroenterology	1	80.52%
General Surgery	54	63.11%
Ophthalmology	9	72.40%
Neurology	5	41.60%
Orthopaedics	44	59.84%
Other (inc Pain)	26	69.20%

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.

Cancer Waiting Times

2 Week Waits

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
All Cancer 2 week waits	Actual	95.5%	95.1%										
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	551	540										
	Den.	577	568										
Breast Cancer 2 week waits	Actual	89.2%	86.2%										
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	33	25										
	Den.	37	29										

CCG performance against the Cancer 2 Week Wait standard remained strong in May 2018, however Breast Cancer 2 week waits deteriorated with 4 breaches against this performance standard. The majority of these breaches related to patient choice.

31 Day Diagnosis to Treatment Waits

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Cancer 31 day waits: first definitive treatment	Actual	97.8%	96.8%										
	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
	Num.	87	92										
	Den.	89	95										
Cancer 31 day waits: subsequent cancer treatments-surgery	Actual	95.2%	100.0%										
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	20	11										
	Den.	21	11										
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	Actual	100%	100%										
	Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	Num.	21	24										
	Den.	21	24										
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	Actual	93.1%	100.0%										
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	27	24										
	Den.	29	24										

There were 2 breaches of the Cancer 31 Day 1st treatment waiting time standard in May 18. These breaches are being reviewed by the CCG in collaboration with the relevant provider.

62 Day Referral to Treatment Waits

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
% 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	70.7%	67.8%										
	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Num.	29	40										
	Den.	41	59										
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	Actual	100.0%	50.0%										
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	1	1										
	Den.	1	2										
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	Actual	66.7%	Nil Return										
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	2	0										
	Den.	3	0										

The CCG failed to achieve the required levels of performance against the 62 Day Cancer waiting time standard in May 2018, achieving 67.8% against a target of 85%. The CCG also failed to achieve the cancer screening standards achieving 50.0% against a target of 90%, this is reflective of the current pressures identified in diagnostic services across the Humber area.

Work against the NLaG improvement trajectory is 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		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Diagnostic test waiting times	Actual	14.95%	19.64%										
	Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
	Num.	896	1161										
	Den.	5994	5911										

Diagnostic performance continued to fall below the required levels in May 2018 with a significant increase in the number of breaches of the 6 week waiting time standard.

The services that have reported the highest number of breaches and the main pressures areas are MRI (over 65% of the breaches), CT, and Endoscopy services. Plans are currently being developed to improve cancer performance and recover the 6 week imaging position.

Out of the 1161 CCG level breaches reported in May 18, 1131 of these related to NLaG, 27 related to HEY and 3 at other out of area or boundary providers.

Ambulance Response Programme (ARP) Standards

The Ambulance Response Programme (ARP) standards were introduced for reporting in August 2017.

The table below provides an overview of latest EMAS performance against the ARP performance standards. In the majority of areas performance has seen improvement with indicators moving from red to green.

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Ambulance clinical quality: Category 1 - 7 Minute Mean; 15 minute 90th centile response time (EMAS) -	Actual	00:08:38	00:08:06										
	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	00:07:00	00:07:00	00:07:00
	Actual	00:15:42	00:14:36										
	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	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	00:08:28	00:08:39										
	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	00:07:00	00:07:00	00:07:00
	Actual	00:16:56	00:16:39										
	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	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	00:31:57	00:30:45										
	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	00:18:00	00:18:00	00:18:00
	Actual	01:08:06	01:04:35										
	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	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	00:29:47	00:28:16										
	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	00:18:00	00:18:00	00:18:00
	Actual	01:03:23	00:59:59										
	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	00:40:00	00:40:00	00:40:00
Ambulance clinical quality: Category 3 - 120 minute response time (EMAS)	Actual	02:41:18	02:53:55										
	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	02:00:00	02:00:00	02:00:00
Ambulance clinical quality: Category 3 - 120 minute response time (NL CCG)	Actual	02:16:29	02:20:09										
	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	02:00:00	02:00:00	02:00:00
Ambulance clinical quality: Category 4 - 180 minute response time (EMAS)	Actual	02:01:15	02:42:50										
	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	03:00:00	03:00:00	03:00:00
Ambulance clinical quality: Category 4 - 180 minute response time (NL CCG)	Actual	01:15:03	02:50:33										
	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	03:00:00	03:00:00	03:00:00

Performance in this area is currently assessed against an improvement trajectory set at county level (Lincolnshire). This position can be made available and is also covered as part of the provider assurance reporting.

Mental Health

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
% of people who have depression and/or anxiety disorders who receive psychological therapies	Actual	1.0%	0.9%	1.6%	1.2%	2.1%	1.5%	1.82%	1.23%	1.26%	1.97%	1.56%	1.45%
	Target	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.	130	120	210	160	280	200	245	165	170	265	210	195
	Den.	13460	13460	13460	13460	13460	13460	13460	13460	13460	13460	13460	13460
% of people who are moving to recovery	Actual	61.9%	47.8%	55.6%	54.5%	47.6%	54.5%	45.5%	53.6%	50.0%	53.3%	56.5%	50.0%
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	65	55	50	60	50	60	50	75	50	80	65	60
	Den.	105	115	90	110	105	110	110	140	100	150	115	120
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Actual			83.3%			94.7%			95.00%			100.00%
	Target			95%			95%			95%			95%
	Num.			25			18			38			42
	Den.			30			19			40			42
Early Intervention in Psychosis (EIP First Episode Psychosis)	Actual	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%
	Num.	3	7	4	2	4	5	1	1	2	4	1	3
	Den.	3	7	5	2	5	5	2	1	3	7	2	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	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	Num.	105	115	95	110	105	110	115	140	100	150	115	120
	Den.	105	115	95	110	105	110	115	140	100	150	115	120
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	81.0%	82.6%	84.2%	86.4%	81.0%	86.4%	86.96%	92.86%	100.00%	93.33%	91.30%	95.83%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Num.	85	95	80	95	85	95	100	130	100	140	105	115
	Den.	105	115	95	110	105	110	115	140	100	150	115	120

National published data for Improving Access to Psychological Therapies (IAPT) has a slower than average turnaround time, therefore the latest compliance position reflects April 2018 data.

Local data from the provider (Rotherham Doncaster & South Humber NHSFT) confirms that the May 2018 IAPT Entering Treatment, Recovery and 18 Weeks positions have all been achieved for the month. Early Intervention 2 Weeks waits have achieved the required levels in May 2018.

Healthcare Associated Infections

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Incidence of healthcare associated infection (HCAI): MRSA	Actual	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	7	3										
	Target	3	2	3									

There have been no cases of MRSA in April or May 2018. There have been 7 cases of C Difficile in April and 3 cases in May against a monthly trajectory.

Mixed Sex Accommodation

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of MSA breaches for the reporting month in question	Actual	16	6										
	Target	0	0	0	0	0	0	0	0	0	0	0	0

The CCG has breached the MSA zero tolerance during April and May 18, all breaches took place at NLaG. There were 16 MSA breaches reported by NLaG affecting NLCCG patients in April 2018, and 6 breaches relating to NLCCG reported in May 18.

Overview of the CCG's Main Providers

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

Long waiting times

As stated at page 11, NLaG continues to report significant pressures in meeting national waiting time standards.

Referral to Treatment (RTT) Incomplete Pathways

NLaG achieved 69.6% against the RTT incomplete pathway waiting time standard in May 18, against the national target of 92%. This is an improvement on the previous position (67.6% in April 18) and is in line with the trust's improvement trajectory. However, NLaG performance continues to fall significantly below the national standard and below the peer group standard.

Since the previous report, concerns have been identified in relation to the backlog of patients waiting for an appointment in Outpatient Services at Scunthorpe and Grimsby hospital sites, and the potential risk to patients as a result of long waiting times.

In response to these pressures, NLaG has developed and mobilised a demand and capacity recovery plan across 8 priority specialties. It is anticipated that the plan will support improvements in the Trust's performance against the national RTT incomplete standard during 2018-19.

The Trust also continues to develop several work streams to support the delivery of all aspects of planned care with specific work underway in Outpatient Services to identify operational inefficiencies. These work streams form part of the Trust's Improving Together Programme of work; progress with the Improving Together programme and the demand and capacity plan are reviewed with partners via the Planned Care Board and via the System Improvement Board.

52 Week Breaches

NLaG continue to report a significant number of patients waiting in excess of 52 weeks for an appointment, although the number decreased slightly to 323 breaches in May 18 compared to 312 in April. This is highest number of 52 week breaches reported by the Trust during 2017/18 and to date in 2018/19.

Of the 323 breaches reported in May 18, 171 related to North Lincolnshire patients. The majority of North Lincolnshire breaches took place in Orthopaedics, Ear Nose & Throat services, General Surgery, Ophthalmology and Pain management services.

In response to these challenges, NLaG continues to work closely with partners to undertake clinical reviews of long waiting patients.

The position will continue to be reviewed via the NLaG Quality & Safety Committee, the NLaG Quality Review Meeting, the System Improvement Board and the Planned Care Board.

Fractured Neck of Femur

NLaG has confirmed that they are not currently achieving the fractured neck of femur time to surgery standard. This standard requires that at least 75% of eligible patients to receive surgical intervention on the day of, or the day after admission. These challenges largely relate to the Scunthorpe hospital site.

The key factors that have impacted the trust's performance against the time to surgery standard are the temporary closure (6 months) of a theatre at Scunthorpe hospital due to refurbishment and the current and workforce vacancy position which impacts the trust's ability to progress trauma lists over a weekend.

In response to these issues, the trust is reviewing all opportunities that may be available through cross-site working arrangements; the trust continues to clinically review its trauma list on a daily basis to ensure that priority cases are managed appropriately.

This position continues to be reviewed with the trust as part of the NLaG contract management process.

Cancer services

As previously mentioned (at page 12), NLaG performance against the cancer 62 day waiting time standard remains challenging as the trust continues to fall below the required waiting time standards to access treatment and to access screening services.

NLaG has stated that these challenges relate to an increase in Urology referral rates (approx. 40-50%) following a national cancer awareness campaign, and on-going capacity issues caused by staffing pressures. The trust has also reported issues with the delivery of local Lung pathways due to delays in accessing specialist diagnostics and treatment services.

These pressures are further compounded by the development of robotic surgery at Hull & East Yorkshire Hospitals NHS Trust (HEY) which many patients are choosing to access and for which there is limited capacity; this has led to further delays in accessing treatment.

In response to these issues, NLaG is implementing risk stratified pathways for the three main high volume tumour sites of lung, prostate and colorectal; this work is being led by the multi-disciplinary team Clinical Lead for each of these tumour types. NLaG is also working with HEY to review Humber wide solutions for diagnostic services.

NLaG continues to track and monitor cancer pathway performance on a patient by patient basis in order to ensure that all relevant actions are taken to reduce potential risk to patients.

Diagnostic Services

As previously mentioned (at page 13), diagnostic performance across the Northern Lincolnshire area, and the STP area remains an area of significant concern.

NLaG performance against the diagnostic waiting time target (maximum of 6 week waiting time) deteriorated further in May 18, achieving 82.9% against the 99.9% target. This decline was largely due to staffing pressures (as described below) and deterioration in scanner image quality due to ageing equipment, resulting in reduced capacity across the service. This is the worst position reported during the last 12 months.

Deteriorating performance against this measure largely relates to the quality of the images produced MRI and CT scanners at NLaG and equipment failure. Grimsby hospital no longer has a functioning MRI scanner; the deficiencies in the remaining MRI scanner at Scunthorpe hospital continue to result in poor image quality and operational delivery is disrupted by the break down in MRI equipment. The CT scanner at Scunthorpe hospital has also broken down during quarter 1 2017/18.

To mitigate potential risk to patients, NLaG continues to transfer patients from Grimsby hospital to Scunthorpe hospital site each day to access MRI scanner in Scunthorpe.

To accommodate the additional volume, Scunthorpe patients that require less complex scans are being transferred to Grimsby hospital. This has created further resource pressures on NLaG due to logistical requirements.

NLaG recognises that this is not a sustainable position as this approach may lead to poor patient experience and increased waiting times. The CT scanner at Scunthorpe hospital is due to be replaced in February 2019; the capital project to support replacement of this equipment is underway.

Staffing

Vacancy position

The overall Trust wide vacancy position increased further in June 18 (latest data available) to a position of 9.81% against the target of <7%. The current vacancy position is the highest reported in the last 10 months and is an increase of 0.28% since May 18. These staffing pressures compound the Trust's challenges in meeting national waiting time standards across a range of services.

However, NLaG did report some improvement in its medical staffing fill rate during quarter 1 2017/18; this may be the result of several national and international recruitment initiatives that have been implemented during 2017/18. NLaG continues to drive improvements in this area as part of its workforce improvement plan and via its updated workforce strategy.

Staff Survey Report (2017)

The results from the NHS Staff Survey 2017 were published in June 2018. The results reflect that 2,066 staff took part in the survey; this equates to a staff response rate of 34% and places NLaG in the lowest 20% of acute trusts in England for response rates.

Of the 32 indicators contained in the survey, 19 indicators reflected a negative finding, e.g. in the worst 20% of acute trusts, worse than average and worse than 2016 survey results. There were no indicators that reflected a positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2016 and 13 indicators reflected no significant change since 2016.

In light of the issues described above, NLaG remains under enhanced level of surveillance by NHS England and commissioners.

Hull and East Yorkshire Hospitals NHS Trust (HEY)

Long waiting times

HEY continues to report challenges in meeting the 18 week Referral to Treatment (RTT) performance standard, achieving 81.03% against the national target of 92% in April 18 (latest data available). This is an improving position on the March position of 79.83%.

The Trust also continues to report breaches against the 52 week waiting time standard with 18 patients waiting 52 weeks or more for an appointment in April, compared to 25 breaches in March. HEY continue to undertake root cause analyses on all 52 week breaches and is on track to achieve the improvement target of nil 52 week breaches by autumn 2018.

Although the Trust's performance against the national 18 week waiting time standard remains below required levels, commissioners continue to receive good assurance of the Trust's approach to managing and reducing the risk of patient harm as a result of long waiting times.

Diagnostic services

Diagnostic performance improved in April 18 with the Trust achieving 9.50% against a target of <1% of patients waiting over 6 weeks for an appointment, compared to 10.52% in March. However, the diagnostic service continues to report significant pressures; these pressures are largely due to reduced capacity caused by faulty MRI equipment.

Care Quality Commission inspection

The Care Quality Commission (CQC) undertook an inspection of medical care, surgery, maternity services and outpatient services, provided by the Trust, between 7 and 9 February 2018.

The outcome report from this inspection was published in June 2018; the CQC awarded the Trust an overall rating of requires improvement. A CQC will undertake a follow-up inspection will take place early 2019.

Rotherham Doncaster and South Humber NHS Foundation Trust

Concerns have been identified in relation to the timeliness and quality of response provided by Rotherham Doncaster and South Humber NHS Foundation Trust (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 local 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.

Thames Ambulance Service Limited (TASL) - Patient Transport Services

Since the previous report, the CCG has identified some improvements in the local Patient Transport Services, provided by Thames Ambulance Service (TASL). These improvements include improved leadership across the TASL Executive and Senior Management teams; increased capacity within the TASL booking process leading to more timely response to patient queries; increased number of staff and improved ambulance response times in some areas.

As a result of these improvements, the number of complaints and concerns submitted to the CCG relating to patient transport has reduced significantly.

However, the CCG remains concerned with the pace of improvement undertaken by TASL in the North Lincolnshire area. This position continues to be reviewed by the CCG via the TASL Operational Meeting and Contract Management Board Meeting and the impact of these concerns, and any associated risk, continues to be closely reviewed by the CCG and partners as part of the NHS England Quality Risk Profile monitoring arrangements.

Spire Hull & East Riding Hospital

Spire continues to make good progress against the agreed quality metrics and significant improvements in performance and quality assurance have been made since commissioners submitted the quality performance notice in winter 2017. Improvements include compliance with Safeguarding, Mental Capacity Act and Prevent training; compliance with safer surgery checklists and compliance with CQUIN milestones.

Since the previous report, Spire has agreed a variation to the 2018/19 contract. This variation covers indicative activity plans and contract values for 2018/19; the variation to this contract was co-ordinated by NHS Hull CCG as the lead commissioner for the Spire contract.

St Hugh's hospital

The Care Quality Commission (CQC) submitted a Section 29A improvement notice to St Hugh's hospital in December 2017, due to increasing concerns relating to compliance with Regulation 17: good governance and Regulation 18: staffing.

In response to this notice, St Hugh's implemented several improvement actions that were reviewed by the CQC and commissioners on a regular basis. The CQC received good assurance of the improvements made and have now removed the Section 29A warning notice.

East Midlands Ambulance Service NHS Trust (EMAS)

East Midlands Ambulance Service (EMAS) continues to report delayed response times for urgent and emergency calls across the area, which could lead to increased risk to the safety of North Lincolnshire patients.

EMAS Lincolnshire Division continues to experience some of the longest response times (across the EMAS footprint) for C1 (life-threatening illnesses/injuries) and C2 calls (emergency calls). However, the Lincolnshire Division performed relatively well against the C4 performance standard (less urgent calls) in May 18, meeting the 90th centile national standard of 180 minutes (3 hours).

These delayed response times are largely due to capacity issues across the Trust, specifically staffing shortages and a reduced number of vehicles.

In response to these concerns, Commissioners formally expressed dissatisfaction with the trust's performance by serving a notice of concern to EMAS. This notice 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 developed a recovery plan, in collaboration with commissioners that focuses on improving response times across the EMAS foot print, to be delivered in 2018/20.

EMAS has also 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.

The CCG continues to manage these concerns via the EMAS contract management process.

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%	28.17%	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	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%				

	Crude rate per 1000 registered practice population (as at 1st April 2018) *											
	GP Referrals (All Specialties)	Other Referrals (All Specialties)	e-Referral Utilisation % (Mar '18)**	Outpatient First Appointments	Outpatient Follow-up Appointments	Outpatient Procedure Appointments	Outpatient First Appointments Discharged % ***	A&E (Arrival Mode Ambulance)	A&E (Arrival Mode Other)	Non-Elective Emergency Discharges (Admission Method A&E)	Non-Elective Emergency Discharges (Admission Method Other)	Elective Discharges
Ashby Turn PC Partners	217.1	203.4	24.5%	293.8	564.6	240.4	35.2%	107.1	293.2	91.4	19.0	152.2
West Common Lane Teaching Practice	139.0	195.4	20.0%	225.6	477.9	190.8	35.7%	99.1	321.9	79.4	23.9	141.4
The Killingholme Surgery	185.7	147.7	57.1%	229.4	516.8	178.5	36.3%	88.2	207.2	68.8	12.9	177.1
The Birches Medical Practice	198.6	182.4	16.6%	266.4	457.0	171.6	37.0%	94.1	351.7	77.7	23.3	125.2
Riverside Surgery (Brigg)	185.2	171.1	38.5%	245.5	516.5	196.9	35.4%	97.4	238.6	82.8	21.8	161.8
Cedar Medical Practice	154.8	198.4	43.7%	241.9	502.5	199.5	36.1%	116.3	302.1	94.6	28.3	144.6
Ancora Medical Practice	179.4	192.2	21.1%	258.1	500.7	200.3	35.8%	107.9	295.5	90.0	24.0	154.9
Cambridge Avenue Medical Centre	197.8	203.5	51.2%	303.5	650.3	254.9	35.6%	92.4	287.1	89.9	24.6	181.9
Market Hill	133.2	176.4	24.3%	192.8	285.8	106.2	38.2%	97.8	435.0	64.1	12.2	57.5
Church Lane Medical Centre	181.4	184.6	42.3%	264.7	548.0	227.0	34.1%	103.0	295.8	85.0	21.3	147.1
West Town Surgery (Barton on Humber)	182.1	168.2	58.3%	239.9	520.8	180.5	37.9%	71.8	239.3	61.7	19.8	126.3
Kirton Lindsey Surgery	111.1	124.7	49.0%	177.2	355.7	118.3	36.7%	42.5	164.6	43.1	13.7	101.9
The Oswald Road Medical Centre	217.3	195.2	43.6%	303.2	603.0	216.8	35.6%	108.2	335.6	96.0	33.6	156.3
South Axholme Practice	219.2	154.1	22.3%	288.6	574.0	224.7	30.3%	68.8	197.6	63.5	21.8	158.6
Trent View Medical Practice	199.6	189.4	31.1%	282.1	564.2	230.2	34.4%	88.1	293.1	83.5	18.9	166.8
The Medical Centre (Barnetby)	169.6	160.9	70.3%	259.3	553.0	191.7	34.8%	62.6	208.4	66.6	17.4	157.2
Winterton Medical Practice	175.1	177.0	20.2%	249.2	552.1	231.1	34.8%	78.8	239.1	73.8	22.0	191.3
Central Surgery (Barton on Humber)	196.9	161.2	62.5%	248.9	520.7	199.5	39.0%	83.4	209.5	70.5	18.2	157.3
Bridge Street Surgery (Brigg)	236.5	186.1	43.8%	295.8	583.0	260.5	34.0%	93.4	231.9	83.7	29.7	173.5
South Network	173.1	187.8	33.3%	256.7	518.9	205.5	35.7%	95.2	278.3	82.8	22.2	149.7
East Network	192.1	169.5	45.4%	253.3	534.7	209.9	36.3%	85.4	226.2	74.9	21.1	165.3
West Network	196.1	177.0	29.2%	270.6	520.1	204.2	34.0%	89.0	295.9	76.3	21.3	142.0
CCG Average	183.1	177.5	-	256.1	518.2	201.0	35.36%	89.5	270.9	77.2	21.4	149.1

Notes / Caveats

Method of RAG Rating currently set based on deviation from the CCG average (above or below) based on the rate not the underlying data

* Kirton Lindsey practice population size now includes Scotter patients. Activity levels will not yet include these patients and, therefore, this practice will currently be misrepresented when benchmarking.

** e-Referral utilisation will be the latest available month position and expressed as a percentage

*** Outpatient First Appointments Discharged will be based on rolling 12 months and expressed as a percentage

Care Network	RAG	Key		
		Red	Amber	Green
South Network	E-Referral Utilisation	< 80%	-	>= 80%
East Network	GP Referrals			
West Network	Other Referrals			
	Outpatient First Appointments			
	Outpatient Follow-up Appointments			
	Outpatient Procedure Appointments			
	Outpatient First Appointments Discharged			
	A&E Arrival Mode Ambulance	2 standard deviations above /below average	1 standard deviations above /below average	Within average range
	A&E Arrival Mode Other			
	Non-Elective Emergency Admission Method A&E			
	Non-Elective Emergency Admission Method Other			
	Elective Admissions			

Summary

The information provided below provides a brief overview of current issues and examples of good practice that are affecting North Lincolnshire.

- **Clinical impact of long waiting times at Northern Lincolnshire & Goole NHS Foundation Trust (NLaG)**

NLaG continues to report long waiting times across a number of specialties, with an increasing number of patients waiting over 52 weeks for an appointment.

In response to these concerns, NLaG has developed a comprehensive demand and capacity recovery plan across high priority specialties that are considered to be fragile. The level of fragility is based on several factors, including staff vacancy position, waiting list size and performance against national standards. The review has now entered the third phase of the project plan. The most fragile services identified across the Trust are Cardiology, General Surgery, Rheumatology, Neurology, Ophthalmology, Trauma & Orthopaedics, Haematology, Immunology and Urology. Improvement plans are in place within these service areas and transfer arrangements are in place, where it has been identified that alternative provision is required to meet the needs of patients.

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

The latest EMAS performance data for North Lincolnshire reflects that they did not achieve the response time targets for category one (life threatening) and category two (emergency) calls in May 18. At divisional level, the Trust continues to report significant challenges in response times and delays in the clinical handover of individuals between ambulance and hospital across the Lincolnshire area. These delays could lead to increased risk to the safety of patients in North Lincolnshire.

The CCG has served a notice of concern to EMAS, and in response to this, EMAS has developed a recovery plan for 2018/20. Following the NLCCG Patient Safety Meeting on 16th May 18, concerns remain with the Trust's approach to managing the potential risk to patient safety as a result of long ambulance waiting times. The CCG continues to manage these concerns via the EMAS contract management process.

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

The CCG has identified some improvements in the local Patient Transport Services, provided by Thames Ambulance Service (TASL); improvements include increased capacity within the TASL booking process leading to more timely response to patient queries and improved ambulance response times.

As a result of these improvements, the number of complaints and concerns submitted to the CCG relating to patient transport has reduced significantly. This position continues to be reviewed closely via the CCG and partners as part of the NHS England Quality Risk Profile assessment process.

- **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.

Summary

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.

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