NHS
North Lincolnshire
Clinical Commissioning Group

Date:	13th December 2018
Meeting:	Governing Body
Item Number:	Item 8.1
Public/Private:	Public ☒ Private☐

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Director approval (Name)	Clare E. Linley, Director of Nursing & Quality.
Director Signature	Clare. E. Linley.

Report Title
Integrated Quality, Performance and Finance Report.
Decisions to be made
Members are asked to: • Review the content of this report. • Determine the level of confidence with regard to assurance on quality, performance and finance.

Link to a Strategic Objective?	☒	This report supports the CCG in delivering its statutory duties, as defined by the NHS Constitution.
Link to a Strategic Risk	☒	Delivery of statutory functions.

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

Executive Summary (Question, Options, Recommendations):
The integrated Quality, Performance and Finance report provides an overview of the key points to note in relation to finance, performance and quality within the CCG and across the CCG's main providers. The information contained within this report reflects the latest published data available to the CCG at the time of writing.

Finance (as at 31st October 2018)

YTD Performance

At Month 7 the CCG has reported a Year to Date overspend of £697k which is £236k less than plan. The main areas driving this overspend are Acute Services, offset by under spends in Prescribing and Running Costs.

The Year to Date QIPP achievement at Month 7 was £3.649m against a target of £3.498m.

Forecast Position

At Month 7 the CCG is forecasting a £2.6m over-spend by 31 March 2019 which is in line with plan.

The forecast QIPP achievement at Month 7 was £7.509m against a target of £5.997m.

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 standards in September 2018, and NLaG has reported an increase in the number of breaches against the 52 weeks waiting time standard.

Improvement actions include the reconfiguration of acute clinics, further development of primary care services, increased activity in community services and review of patient follow-up appointments. The 2018/2019 recovery plan is in place to ensure that the waiting list does not continue to grow and to reduce those waiting over 52 weeks by at least 50%, ideally to eliminate altogether.

There are challenges in Pain services and ENT due to capacity constraints and the Trust are working with an alternative provider to assist in the intervening period. Orthopaedics issues at SGH will be addressed when Job planning changes take place. The position is challenging due to staffing shortages and increasing consultant sick leave in General Surgery and Anaesthetics. The Trust also report additional pressure due to the increasing cancer referrals for Urology, Lung and Gynaecology in particular.

NLaG failed to achieve the A&E 4 Hour waiting time improvement trajectory in September 2018 but the Trust did see an improvement in performance compared to the previous month. During September 18, a 7 day pilot was held in A&E in order to test delivery of an Urgent Treatment Centre (UTC). Initial data suggests 100% performance was achieved against the 4 hour wait in Minors and there were significantly improved ambulance turnaround times. Work is ongoing to embed these changes in order to support winter and improve performance.

Performance against the 62 Day Cancer waiting times continues to under achieve but September does show an improved position. Plans have been developed by divisions in NLaG and are being incorporated into a comprehensive improvement plan. Timescales for delivery are being confirmed with Divisions and the improvement plan focusses on Colorectal, Lung, Upper GI, and Urology.

Action plans have included the following:

1. Vetting of 2ww referrals to reduce un-necessary diagnostic requests and ensure the ‘patient is in the right place first time’.
2. Implementation of Best Practice Treatment pathways (faster diagnosis pathways) – nationally published pathways for Colorectal, Lung, Prostate

3. Capacity and demand work across the pathway (outpatients, diagnostics, theatres etc) to inform pathway redesign.
4. Risk stratified follow up pathways – funding received from Cancer Alliance for a Project Manager and Cancer Care co-ordinators to support the Living with and beyond cancer workstream.
5. Inter Provider Transfer cancer tracker funding received from Cancer Alliance to improve communication and smoother transfer of patients between NLAG and tertiary centres.

Diagnostic 6 Week waiting times remains another area of significant concern, specifically in relation to MRI performance. There continues to be issues with the reliability of the Scunthorpe CT scanner and mobile DPOW scanner.

Plans are being drawn up to improve 6 weeks diagnostics including both the actions linked to improvement of the 62 day cancer waiting times, Implementation of Best Practice Treatment pathways (faster diagnosis pathways) and capacity and demand work across the pathway to inform pathway redesign.

Mental Health performance remains strong, with IAPT on track for delivering the increased target level for entering treatment levels, and consistently achieving both 6 and 18 week waits, and recovery levels.

Quality

The main quality concerns currently affecting North Lincolnshire relate to Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). A summary of these concerns is provided below with further details provided in Section 3 and Section 4 of this report.

1. **Concerns identified from recent serious incidents (SI's) and incidents at NLaG.**

   The CCG has identified concerns in relation to a number of recent SI's within the Trust where lack of robust systems and processes have apparently contributed to the incident. These include

   a) the Trust's systems and processes for tracking patient waiting times

   b) lack of system failsafe or alerts in respect of a server not being active and resulting in failure to generate discharge summaries to primary care

   c) delay in the identification, reporting and investigation of 11 pressure ulcers meeting the SI criteria

2. **Care Quality Commission inspection at NLaG**

   Since the previous report the CCG has identified that further assurance is required in relation to progress made by the Trust against the CQC Must Do and Should Do actions at operational level. The CCG has submitted a formal request to the NLaG Quality Review Meeting to request that this information is provided at the QRM in December 18.

3. **Quality Risk Profile at NLaG.**

   In November 18 the CCG in collaboration with the Trust and other CCGs completed a Quality

Risk Profile (QRP) of NLaG services. The QRP was undertaken in response to the CQC's findings from their latest inspection of the Trust.

A QRP of Trust services was previously undertaken in October 2017 resulting in an average risk score of 14. The latest QRP identified an average risk score of 11; this is an improvement of the previous score. Most areas of risk identified by the QRP have already been identified by the Trust and are being addressed as a priority.

4. Mental Health Crisis Services provided by RDaSH.

During quarter 2 2018/19 the CCG received concerns from GP colleagues that high risk patients were not being referred to the correct pathway due to potential flaws in the telephone triage process within the Crisis service in North Lincolnshire.

The CCG Quality Team undertook a review of the service to identify whether the cluster of concerns identified was indicative of a broader system wide issue. The review identified that there are currently no systematic concerns regarding the clinical assessment element of the telephone triage process within the Crisis service.

Further details on the outcome from this review are provided via separate report to the QP&F in December 18.

Recommendations	**1.** Review the content of this report. **2.** Determine the level of confidence with regard to assurance on quality, performance and finance.	
Report history	This is the latest version of the integrated QP&F Report that was implemented in December 2017.	
Equality Impact	Yes ☐ No ☒	
Sustainability	Yes ☒ No ☐	The report highlights areas of concern and pressure in relation to sustainability of services and the CCG.
Risk	Yes ☒ No ☐	The report supports the Quality/Performance section of the CCG Assurance Map, in particular Performance reporting – Financial and Quality. It provides management level assurance to the CCG to enable them to provide second line assurance to the Members. The content of the report also provides assurance in support of the NHS England Assurance Framework. In addition the report provides assurance against the CCG Board Assurance Framework (BAF) Risk FP1. Position monitored by CCG Executive Meeting and Governing Body.
Legal	Yes ☒ No ☐	This report covers the NHS Constitution and NHS Standard Contract with providers.
Finance	Yes ☒ No ☐	Ongoing Financial sustainability impacted.

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

NHS
North Lincolnshire
Clinical Commissioning Group

INTEGRATED QUALITY, PERFORMANCE & FINANCE REPORT

DECEMBER 2018

1. Introduction

1.1 This is the integrated report for the Quality, Performance and Finance Committee on 6 December 18. This report contains an update on the latest position in relation to quality, performance and finance using the most recent data available at the time of writing.

1.2 Since the previous meeting the report has been amended to include additional information in relation to the following:

- Dementia Diagnosis Rates in Primary Care
- CQC inspection update in relation to North Lincolnshire care homes and GP Practices
- National Quality Requirements for GP Out of Hours services

1.3 Further detail on the proposed changes to the content and structure of this report including recommendations on future reporting requirements for the QP&F Committee are provided separately to the meeting on 6 December 18.

2. Financial Position (as at 31st October 2018)

2.1 Achievement of Financial Duties

Based on information available up to 31 October 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 agreed control total	Planned control total or better achieved	✔	At Month 7 the CCG is forecasting achievement of its in year control total
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 7 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
7 Achievement of the Mental Health Investment Standard	Growth of 2.80% or greater	✔	At Month 7 the CCG is forecasting growth in Mental Health spend in excess of 2.80%

2.2 Financial Performance

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

	Year to Date (£000's)			Full Year (£000's)		
	Budget	Actual	Var	Budget	Actual	Var
Acute Services	69,014	70,097	(1,083)	118,270	118,820	(550)
Mental Health Services	13,175	12,913	262	22,586	22,766	(180)
Community Health services	13,260	13,229	32	22,732	22,752	(20)
Continuing Healthcare and Funded Nursing Care	10,248	10,265	(17)	17,569	17,597	(28)
Primary Care Services	21,797	21,093	704	37,367	36,668	699
Other Programme Services	6,030	5,953	77	15,672	15,593	78
Running Costs	2,180	1,919	261	3,831	3,831	0
Contingency	0	0	0	1,150	1,150	0
Planned In Year Deficit	(933)	0	(933)	(2,600)	0	(2,600)
IN YEAR TOTAL	**134,771**	**135,468**	**(697)**	**236,577**	**239,177**	**(2,600)**
Balance of Prior Year Deficit	(5,905)	0	(5,905)	(10,123)	0	(10,123)
CUMULATIVE POSITION	128,866	135,468	(6,602)	226,454	239,177	(12,723)

2.3 Summary Financial Position

At Month 7 the CCG is reporting a YTD overspend of £697k which is £236k less than plan. The forecast position remains as per plan at £2.6m which is after the receipt of £0.4m Commissioner Sustainability Fund (CSF) money for quarter 1 (received in July) and £1m CSF money for quarter 2 (received in October).

Acute Services

At Month 7 the CCG has reported a YTD overspend of £1.083m in Acute Services.

Across the acute contracts the CCG has continued to see cost pressures, mainly in non-elective activity. As reported previously the CCG is aware of a new data set for emergency activity which could be driving some pressure. Work continues in this area and the CCG will be looking at escalating the impact of this with NHS England and NHS Improvement as providers are not allowed to unilaterally change how they count and code data.

Northern Lincolnshire and Goole Hospitals NHS FT (NLaG)

Discussions with NLAG continue to be held on a weekly basis. There remain a number outstanding issues, which until resolved make it difficult for the CCG to accurately forecast a contract position for 2018/19.

Mental Health Services

Mental Health Services continue to report a YTD underspend due to lower than expected costs for Specialist Mental Health and Learning Disability Placements. The values reported at Month 7 are based on the latest available Broadcare data. The CCG continues to support Rotherham Doncaster and South Humber Mental Health FT (RDaSH) to cleanse this data, and to date no issues with a significant financial consequence have been found.

The forecast for Mental Health Services includes additional funding which the CCG has agreed for Liaison Psychiatry Services.

Primary Care Services

The YTD underspend relates mainly to Prescribing which was £725k under spent at Month 7. This comprises a YTD underspend on PMD prescribing costs of £409k based on Month 5 PMD data and a benefit from prior year of £316k. The CCG continues to take a prudent approach to the forecast as prescribing spend is historically volatile.

Running Costs

The CCG is reporting a YTD underspend of £261k 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. An in depth piece of work to review running cost commitments for the next 3 years is being undertaken to help ensure that the CCG is able to meet future running cost targets.

Risks

1. Managing activity within Acute Services remains a risk to the CCG's financial position. Work continues with NLAG to address data, quality and performance concerns, alongside the continued work to support their most fragile services by diverting new referrals to alternative providers. The CCG's other Acute contracts continue to be monitored monthly.

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 which would result in a cost pressure for the CCG.

Revenue Resource Limit

The annual Revenue Resource Limit for the CCG was £236,577k for both 'Programme' and 'Running' costs. This has increased by £605k in October, £1,000k received for the quarter 2 CSF offset by £390k transferred to Lincolnshire West CCG regarding the Hawthorn and Scotter Practice Merger and a reduction of £5k for the Excess Treatment programme.

2.4 Working Balance Management

Cash:

The closing cash for September was £45k which was below the 1.25% target of £260k.

Better Payment Practice Code

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

a. Non NHS

The Non NHS performance for October was 100% on the value and number of invoices, whilst the YTD position is 99.90% achievement on the value and 99.83% on number.

b. NHS

The NHS performance for October was 100% on the value and number of invoices, whilst the YTD position is 99.99% achievement on the value and 99.93% on number.

2.5 QIPP

The CCG's QIPP performance at 31 October 2018 is:

QIPP SCHEME	Year to Date				Forecast			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%
	£000'S	£000'S	£000'S		£000'S	£000'S	£000'S	
Acute Services	1,214	1,571	357	129%	2,081	2,703	622	130%
Mental Health and Learning Disabilities	817	520	-297	64%	1,400	2,151	751	154%
Continuing Healthcare	1,108	1,060	-48	96%	1,900	1,900	0	100%
Prescribing	359	499	140	139%	616	756	140	123%
Total	**3,498**	**3,649**	**151**	**104%**	**5,997**	**7,509**	**1,512**	**125%**

At Month 7 the CCG has reported a YTD achievement of £3.649m (104%) of QIPP savings against the year to date plan of £3.498m and is forecasting £7.509m QIPP savings by 31 March 2019.

Acute Services and Prescribing QIPP schemes continue to over achieve against plan at Month 7 and this is expected to continue up to 31 March 2019. The improvement in the Mental Health and Learning Disabilities forecast is due to the impact of the arbitration outcome of £1.2m.

3. CCG Quality and Performance Summary

This section provides an overview of CCG performance against the constitutional standards contained within the standard NHS contract, including details of quality impact and risk identified (safety, experience and effectiveness). The information provided in this section reflects the latest published data available at the time of writing.

3.1 A&E/Urgent Care

The table below reflects CCG and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) performance against the A&E 4 hour waiting time target, and the number of 12 hour trolley breaches reported at CCG level for 2018/19 (as at 30th September 18).

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%	88.0%	83.8%	87.0%	89.2%						
	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						
	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%	88.1%	84.0%	87.0%	89.2%						
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The table below provides an overview of A&E performance at NLaG Trust level and at site level.

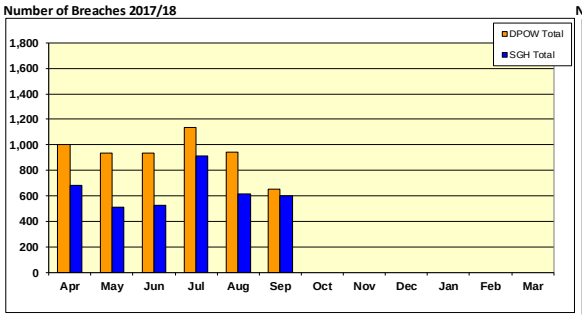
Northern Lincolnshire and Goole Foundation Trust - Activity Dashboard as at September (Month 06)

A&E Performance - 2018/19

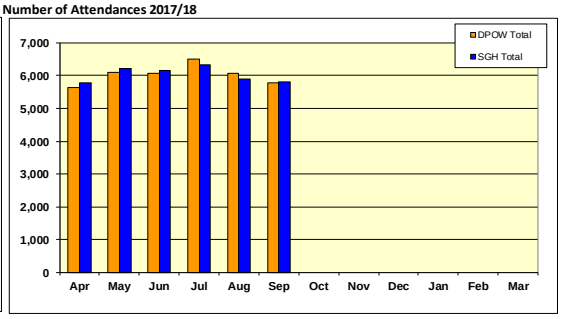
Full Year 2018/19

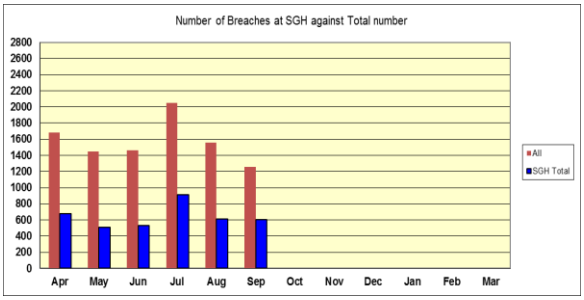
	DPoW			SGH			NLaG Combined %
	Attendances	Over 4 hrs	% seen within 4 hrs	Attendances	Over 4 hrs	% seen within 4 hrs	
APRIL	5,649	1,000	82.3%	5,768	680	88.2%	85.3%
MAY	6,115	936	84.7%	6,208	511	91.8%	88.3%
JUNE	6,080	934	84.6%	6,157	528	91.4%	88.1%
JULY	6,519	1,138	82.5%	6,320	910	85.6%	84.0%
AUGUST	6,071	940	84.5%	5,900	615	89.6%	87.0%
SEPTEMBER	5,776	654	88.7%	5,822	602	89.7%	89.2%
OCTOBER							
NOVEMBER							
DECEMBER							
JANUARY							
FEBRUARY							
MARCH							
	36,210	5,602	84.5%	36,175	3,846	89.4%	86.9%

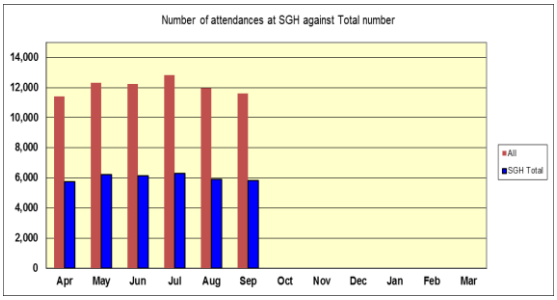
Number of Breaches 2017/18



Number of Attendances 2017/18







3.1.1 CCG level performance against the A&E 4 hour waiting time target improved to 89.2% in September 18 (87% in August 18) against the national target of 95% and the local A&E improvement trajectory of 90%.

There have been no 12 hour trolley wait breaches reported to the CCG during 2018/19 (as at 30th September 18).

3.1.2 A&E performance at the Trust's Scunthorpe General Hospital site improved from 89.6% to 89.7% in September 2018 and performance at Diana Princes of Wales Hospital also improved to 88.7%, against the national target of 95% and the local improvement trajectory of 90%.

3.1.3 The local improvement trajectory that is in place with NLaG aimed to see A&E performance improve to 90% by 3o September 18. Latest A&E data reflects that NLaG did not achieve this target.

3.1.4 During quarter 4 2017/18 (latest data available to the CCG) the Trust identified an increase in incidents relating to the delayed transfer of patients from ambulance to A&E but there is no evidence of any harm caused to patients as a result of long waiting times in A&E.

There were no incidents or serious incidents relating to North Lincolnshire patients as a result of long waiting time in A&E during October 18.

3.1.5 The flow of patients throughout the Trust continues to cause pressures in A&E due to reduced bed capacity. However there is no indication that the quality of care provided in A&E has been negatively affected by these pressures.

3.1.6 The response rate for the A&E Friends and Family Test (FFT) at Scunthorpe Hospital remains low at 6.2% in September 18 (9.2% in August 18) against the England average of 8%. The percentage of responses that were positive also fell below required levels in September 18 achieving at 77% against the England average of 88% (79% in August 18).

The Trust continues to use Short Message Service methodology (text message from a mobile phone) to promote the FFT in A&E. Implementation of the FFT continues to be supported via the Trust's Improvement Programme.

3.1.7 The Trust has not identified any worrying trends or themes identified through complaints or PALS concerns relating to A&E to date in 2018/19 (as at 18 Nov 18).

The CCG has not received any complaints or concerns relating to A&E services to date in 2018/19 (as at 18 Nov 18).

3.1.8 Urgent Treatment Centre Pilot

During September and October 2018 the Urgent Treatment Centre (UTC) pilot was launched at Scunthorpe Hospital and Diana, Princess of Wales Hospital.

The UTC model aims to provide primary care provision for urgent care needs at the front door of the hospital, with access to A/E for those patients who need it.

The pilot resulted in a significant increase in the number of patients managed by primary care and improved ambulance handovers through the use of 'safe to sit' approach. Planning continues to extend this approach from December 18 for an interim period until the Urgent Treatment Centre is fully established.

3.1.9 Whilst performance in A&E remains below the national and local standards there does not appear to be any evidence to suggest that this has had a negative impact on patients.

3.2 Referral to Treatment Times (RTT)

The table below reflects CCG performance against the national RTT standard and performance against the local RTT improvement trajectory to date in 2018/19 (as at 30th September 18).

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%	74.19%	74.21%	72.51%	72.43%						
	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.	11,120	11,654	11,980	11,880	11,327	11,156						
	Den.	15,389	15,816	16,147	16,009	15,622	15,403						
Number of >52 week Referral to Treatment in Incomplete Pathways	Actual	183	171	171	155	165	165						
	Target	0	0	0	0	0	0	0	0	0	0	0	0

3.2.1 Performance against the CCG level RTT waiting time standard deteriorated to 72.43% in September 18 (72.51% in Aug 18). This falls below the national target of 92% and the local improvement trajectory of 80%. Deterioration in the CCG position is largely due to challenges in RTT performance at NLaG.

3.2.2. Recovery plans are now in place within each priority specialty at NLaG. These plans are based on the capacity and demand model developed by the NHS Improvement Intensive Support Team.

NHS Improvement continues to monitor delivery of the plans on a weekly basis and the Trust has appointed an experienced RTT Project Manager to support improvements in RTT performance.

3.2.3 Significant challenges remain in the following services within NLaG: Pain, Neurology and Ear Nose and Throat due to capacity and staffing constraints.

The Trust has stopped all new referrals to its chronic pain service due to on-going capacity issues and the increasing waiting list backlog.

The Trust has stated that additional capacity is required in order to meet demand and reduce the waiting list backlog. Alternative provision for Pain Services and ENT services is being sourced within the independent sector and an additional mobile theatre is in place at Goole Hospital to provide further capacity (operational on 26th November 2018).

3.2.4 The number of North Lincolnshire patients waiting over 52 weeks for an appointment remained the same as the previous position (August 18) at 165 in September 18. The majority of these breaches took place at NLaG.

The table below provides a breakdown of 52 week breaches and RTT 18 week performance position reported at specialty level, as at 30th September 18.

Specialty	**52 week Breaches**	**18 week Performance**
Cardiology	1	76.89%
ENT	21	52.84%
Gastroenterology	1	76.50%
General Surgery	69	58.83%
Neurology	2	56.35%
Ophthalmology	7	79.08%
Other (inc Pain)	53	61.60%
Orthopaedics	10	69.79%

The CCG has agreed a number of actions to support the reduction in 52 week breaches including:

- transfer of patients in the chronic pain service to alternative providers
- commissioning additional ophthalmology capacity
- expansion of the current community musculoskeletal service
- exploration of a community based ENT service

NLaG remains amongst the lowest performing hospitals for RTT and 52 week waiting times.

3.2.5 The Trust continues to undertake daily monitoring and internal analyses of all 52 week breaches. Additional quality checks are now in place to review these breaches and all patients waiting 52 weeks and over continue to be reviewed by the clinical harm review process.

3.2.6 NLaG did not identify any themes or trends in incident reporting relating to long waiting times during quarter 4 2017/18 (latest published data available).

3.2.7 In November 2018 NLaG reported a serious incident (SI) relating to delayed treatment of a North Lincolnshire patient in Ophthalmology services. This SI was identified through the Trust's clinical harm review process.

All long waiting patients continue to be reviewed by the Trust's clinical harm process.

3.2.8 During quarter 1 2018/19 (latest data available) the Trust identified an increase in the number of complaints and PALS concerns relating to appointment delays and poor communication by Trust staff.

The CCG received one formal concern relating to long waiting times in Pain services and two Member of Parliament queries relating to long waiting times in Ophthalmology services and Pain Services provided by NLaG in quarter 2 2018/19. These concerns have been shared with the Commissioning Team for action.

The CCG has not received any complaints or concerns relating to long waiting times to date during 3 2018/19 (as at 19 November 18).

3.2.9 North Lincolnshire residents continue to experience long waiting times in a number of services provided at NLaG and the potential risk of harm to patients and negative experience of some services remains.

3.3 Cancer Waiting Times - 2 Week Waits

The table below reflects CCG performance against the national Cancer 2 week waiting time target (as at 30 September 18).

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%	93.6%	95.8%	96.7%	99.2%						
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	551	540	615	544	585	514						
	Den.	577	568	657	568	605	518						
Breast Cancer 2 week waits	Actual	89.2%	86.2%	72.2%	81.8%	84.0%	88.5%						
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	33	25	26	36	21	23						
	Den.	37	29	36	44	25	26						

3.3.1 CCG level performance against the Cancer 2 Week Wait standard remained strong in September 18 achieving 99.2% against the national target of 93%.

CCG performance against the Breast Cancer symptoms 2 week waiting time standard improved to 88.5% in September 18 (compared to 84% in August 18) but the position remains below target with 3 breaches of this standard. These breaches related to patient choice of their first outpatient appointment.

3.4 31 Day Wait for Diagnosis to Treatment

The table below reflects CCG performance against the national Cancer 31 day waiting time standard (as at 30th September 18).

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%	97.1%	97.2%	98.9%	94.6%						
	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
	Num.	87	92	102	104	91	88						
	Den.	89	95	105	107	92	93						
Cancer 31 day waits: subsequent cancer treatments-surgery	Actual	95.2%	100.0%	92.9%	91.7%	95.8%	87.0%						
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	20	11	13	22	23	20						
	Den.	21	11	14	24	24	23						
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	Actual	100%	100%	100%	100%	100%	100%						
	Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	Num.	21	24	17	27	27	26						
	Den.	21	24	17	27	27	26						
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	Actual	93.1%	100.0%	95%	100%	100%	94%						
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	27	24	18	13	32	33						
	Den.	29	24	19	13	32	35						

3.4.1 CCG level performance against the 31 day Cancer Diagnosis to Treatment waiting time standard fell below tolerance levels in September 18 (latest data available) with the exception of the subsequent cancer treatments (chemotherapy) standard which achieved the target at 100%.

In total 10 North Lincolnshire residents waited over 31 days for treatment in September 18. The reasons for these breaches are as follows:

- 2 x insufficient inpatient bed capacity;
- 2 x patient choice
- 1 x medical reasons
- 1 x elective cancellation for non-medical reasons
- 1 x patient care not commissioned by the NHS in England
- 1 x diagnostic test complications
- 2 x Other reasons (not specified)

3.5 62 Day Referral to Treatment Waits

The table below reflects CCG performance against the national Cancer 62 day waiting time standard (as at 30th September 18).

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%	73.2%	61.8%	72.3%	68.3%						
	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Num.	29	40	41	34	34	28						
	Den.	41	59	56	55	47	41						
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%	100.0%	50.0%	75.0%	100.0%						
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	1	1	6	3	9	8						
	Den.	1	2	6	6	12	8						
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	100.0%	Nil Return	66.7%	50.0%						
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	2	0	2	0	2	1						
	Den.	3	0	2	0	3	2						

3.5.1 The CCG failed to achieve the required level of performance against the 62 Day Cancer GP Referral standard in September 18 achieving 68.3% against the national standard of 85%.
The CCG failed to achieve the standard for Consultant Upgrade achieving 50% against the 90% standard.

Many of the delays experienced by patients relate to either complex or delayed diagnostic pathways or a combination of patient choice, capacity issues or other reasons not specified. No harm has been identified.

3.5.2 Significant challenges continue to be reported in the Lower GI pathway, the Lung pathway, the Colorectal pathway and the Urology pathway. These challenges largely relate to increased referrals in these areas.

3.5.3 The Trust has confirmed (via the NLaG Operational Plan 2018/19) that they will not deliver the national threshold of 85% for 62 day GP referral to treatment for cancer during 2018/19.

The Trust has committed to deliver a significant improvement overall forecasting 81% delivery by 31 March 19 focusing on reducing the longest waits, starting with those patients waiting in excess of 104 days.

3.5.4 The Trust's performance against national cancer standards continues to be hampered by capacity challenges in diagnostic services due to equipment failure.

NLaG is working with Hull and East Yorkshire NHS Hospital Trust (HEY) to prepare a bid for additional diagnostic equipment specifically MRI and CT scanners.
NLaG continue to focus resource on 'straight to test' pathway for colorectal patients and increasing urology capacity at Goole Hospital which will enable the more complex cancer patients to be seen at HEY.

3.5.5 During quarter 1 2018/19 (latest data available) the Trust did not identify any concerning themes or trends in the number of complaints and PALS concerns relating to Cancer pathways.

The CCG did not receive any complaints or concerns relating to local cancer services during November 2018.

3.5.6 NLaG has not identified any incidents or serious incidents that specifically relate to cancer services during quarter 4 2017/18 (latest published data available).

The CCG did not identify any incidents or serious incidents for North Lincolnshire residents in relation to cancer services during October 18 (latest data available).

3.5.7 There have been no concerns identified in relation to the clinical effectiveness of local cancer services to date in 2018/19.

3.5.8 Whilst CCG performance continues to deteriorate in some cancer pathways there is no evidence to indicate that these challenges have led to patient harm.

3.6 Diagnostic 6 Week Waiting Time Standard

The table below reflects CCG performance against the national diagnostic waiting time standard of 1% of patients waiting in excess of 6 weeks for an appointment (as at 30th September 18).

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%	13.22%	10.62%	13.06%	11.07%						
	Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
	Num.	896	1161	755	579	673	611						
	Den.	5994	5911	5712	5451	5154	5517						

3.6.1 CCG performance against the national diagnostic test waiting time standard remained below the required levels in September 18 achieving 11.07% against a target of 1% (latest data available). This is slight improvement from the August 18 position of 13.06%.

3.6.2 Of the 611 diagnostic breaches reported for North Lincolnshire residents in September 18, 593 related to NLaG, 12 related to Hull and East Yorkshire NHS Hospitals Trust (HEY) and 6 related to provider organisations in other areas.

3.6.3 The majority of diagnostic pressures relate to reduced diagnostic capacity at NLaG due to ageing equipment and limited number of mobile scanners.

To further compound this position NLaG has reported a 50% shortage in Radiologists across the Trust. The Trust continues to outsource radiology reports to mitigate the pressures on the radiology team.

3.6.4 During quarter 4 2017/18 (latest published data available) NLaG reported 8% increase in the number of incidents relating to Diagnostic Processes/Procedures category. The Trust reported five serious incidents under this category in quarter 4 (2017/18).

3.6.5 There were no clinical incidents or serious incidents relating to diagnostic services for North Lincolnshire patients reported in October 18 (latest data available at time of writing).

3.6.6 The Trust identified an increase in the number of complaints and concerns relating to delay or failure to diagnose and a delay in receiving diagnostic reports in quarter 1 2018/19 (latest data available).

The CCG did not receive any complaints or concerns relating to local diagnostic services in November 18.

3.7 Ambulance Response Times at East Midlands Ambulance Service NHS Trust (EMAS)

3.7.1 The tables below provide an overview of latest EMAS performance against the national Ambulance Response Programme (ARP) performance standards at Trust level and at CCG level.

Each table is separated into the four ARP response time categories (1 – 4) and reflect performance against the mean performance target and the 90% centile tolerance.

Table 1 – Trust level performance

Indicator EMAS TRUST POSITION		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	00:07:15	00:07:41	00:07:34	00:07:26						
	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	00:12:58	00:13:53	00:13:48	00:13:20						
	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	00:31:10	00:33:17	00:31:29	00:32:42						
	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	01:05:49	01:10:26	01:06:53	01:08:48						
	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	02:51:48	03:13:58	03:02:22	03:11:45						
	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	02:09:08	02:29:24	02:47:18	02:27:50						
	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

Table 2 – CCG level performance

Indicator NLCCG POSITION		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 (NL CCG) -	Actual	00:08:28	00:08:39	00:06:59	00:07:49	00:07:56	00:07:37						
	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	00:13:07	00:14:46	00:14:40	00:13:56						
	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 (NL CCG) -	Actual	00:29:47	00:28:16	00:32:14	00:32:04	00:32:34	00:34:39						
	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	01:07:34	01:06:06	01:09:52	01:13:01						
	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 (NL CCG)	Actual	02:16:29	02:20:09	02:55:00	03:34:52	02:34:20	03:51:46						
	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 (NL CCG)	Actual	01:15:03	02:50:33	01:16:07	01:39:00	04:23:09	02:18:26						
	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

3.7.2 In September 18 EMAS achieved the 7 minutes target and the 15 minute 90th centile response time for Category 1 calls (calls from people with life-threatening illnesses or injuries) in North Lincolnshire.

EMAS failed to meet the mean performance target or the 90% centile target for Category 2, 3 and 4 calls during September 2018.This was the second consecutive month in 2018/19 where EMAS failed to achieve the Category 4 response time target.

3.7.3 During quarter 1 and quarter 2 2018/18 EMAS reported an increase in the Technician vacancy position from 240 whole time equivalents (wte) to 376 wte across the Trust's footprint.

EMAS is working with Private Ambulance Service (PAS) provision to fill the workforce gap where possible until all substantive staff positions are filled.

In response to these pressures the Trust has implemented several new staff development initiatives including the following:

- Funded Paramedic Training opportunities provided by the University of Lincoln for EMAS Technician staff
- Collaboration with local Military services to release military service staff to EMAS on a time limited basis
- In-house development opportunities for HCA's to train as Technicians

The Trust has established a 'reserve list' for applicants seeking employment with the Trust and has confirmed that the Lincolnshire Division is on track to deliver its workforce plan by 31 December 18.

Progress against the plan continues to be reviewed by the EMAS Lincolnshire County Commissioning meeting and by the EMAS Partnership Board.

3.7.4 Response rates to the Friends and Family Test (FFT) remain low with 10 responses received by EMAS in September 18 out of 16,081 patients. Of the 10 patients that responded, 90% said they would recommend EMAS to their family and friends.

3.7.5 During quarter 2 2018/19 the Trust reported 4 serious incidents (SI) in relation to the Lincolnshire Division. Of these, the Trust identified a theme in relation to the number of SIs reported under the 'Delayed Response' category.

3.7.6 Since the previous report the CCG was notified of one SI reported by EMAS relating to a North Lincolnshire patient. This SI is currently being reviewed via the CCG SI management process.

3.7.7 The Trust identified an increase in the number of complaints for all patients accessing NLaG services relating to the following reporting categories in September 18:

- Delayed response
- Attitude of the driver
- Driving
- Inappropriate destination

3.7.8 The CCG did not receive any complaints or concerns in relation to EMAS in November 18.

3.7.9 The Trust will commence an audit of long waiting times for Category 2 calls in November 18 due to on-going challenges in meeting the response time target for this category.

The audit will commence in the Northamptonshire patch and will be implemented in all other Divisional areas across the Trust's geographical area. Further detail on this audit including expected implementation within the Lincolnshire area will be provided in this report in January 2019.

3.8 Mental Health - Improving Access to Psychological Therapies (IAPT)

3.8.1 Members are asked to note that national data flows into the CCG for Improving Access to Psychological Therapies (IAPT) services are currently one month behind other indicators; this is due to national reporting timeframes.

To supplement this position, the CCG utilises data provided by Rotherham Doncaster and South Humber NHSFT (RDaSH) to enable the CCG to gain early indication of variance in performance.

3.8.2 There have been no complaints or incidents relating to Improving Access to Psychological Therapies (IAPT) identified by RDaSH since the previous report.

3.8.3 The CCG has not identified any concerns or issues relating to the quality of local IAPT services since the previous report.

3.8.4 Table 1 below provides an overview of RDaSH's performance against the IAPT standards for Mental Health services.

Table 1: RDaSH performance against IAPT Standards (latest data available)

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
% of people who have depression and/or anxiety disorders who receive psychological therapies	Actual	1.4%	1.7%	2.0%	1.8%	1.3%							
	Target	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.5%	1.5%
	Num.	195	235	270	248	180							
	Den.	13460	13460	13460	13460	13461							
% of people who are moving to recovery	Actual	60.0%	64.3%	50.0%	50.0%	51.6%							
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	81	101	60	87	80							
	Den.	135	157	120	174	155							
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	Actual			100.00%			90.91%						
	Target			95%			95%			95%			95%
	Num.			43			10						
	Den.			43			11						
Early Intervention in Psychosis (EIP First Episode Pyschosis)	Actual	NIL Return	100.00%	100.00%	100.00%	100.00%	85.71%						
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	0	2	4	1	2	6						
	Den.	0	2	4	1	2							
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	100.00%	100.00%	100.00%	100.00%	100.00%							
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	Num.	135	160	122	176	156							
	Den.	135	160	122	176	156							
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	96.30%	96.25%	96.72%	94.89%	96.15%							
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Num.	130	154	118	167	150							
	Den.	135	160	122	176	156							

3.9 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	0	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	7	3	1	3	1	2	3					
	Target	3	2	3	3	2	3	2					

3.9.1 The CCG has a zero tolerance of Methicillin-resistant Staphylococcus Aureus (MRSA) cases for 2018/19. As at 31st October 18, there have been no MRSA cases reported in relation to North Lincolnshire residents.

3.9.2 There have been 20 cases of Clostridium Difficile (C.Diff) reported in 2018/19 (as at 31st Oct 18) in relation to North Lincolnshire patients, against the year to date target of 18. This reflects that the CCG is currently off trajectory in relation to C.Diff performance.

Of the 3 C.Diff cases reported in October 18 2 were deemed to be hospital acquired and 1 was acquired in the community.

The community acquired case will be reviewed in line with CCG process and any identified themes and trends will be provided to the QP&F Committee in in January 19.

3.9.3 The CCG has not identified any complaints, concerns or incidents in relation to infection prevention and control during 2018/19 (as at 19 Nov 18).

3.10 Mixed Sex Accommodation (MSA)

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	6	5	12	0						
	Target	0	0	0	0	0	0	0	0	0	0	0	0

3.10.1 The CCG achieved the MSA zero tolerance standard in September 18. This is the first time that the CCG has reported nil MSA breaches during 2018/19.

3.10.4 The CCG has not received any complaints, concerns or queries relating to mixed sex accommodation during 2018/19 (as at 18 Nov 18).

3.10.5 The CCG has not been made aware of any clinical incidents relating to the accommodation of North Lincolnshire patients on mixed sex wards during 2018/19 (as at 19 Nov 18).

3.10.6 NLaG has not identified any complaints, concerns or incidents relating to mixed sex accommodation since the previous report (as at 19 November 18).

3.11 GP Out of Hours Quality Requirements (Q2 2017/18)

3.11.1 The national GP Out of Hours Quality Standards are in place to ensure that GP out of hours services are safe, clinically effective and delivered in a way that gives the patient a positive experience.

These standards are as follows:

National Quality Standard	Requirement
Standard 1: Reporting	Providers must report regularly to Commissioners on their compliance with the Quality Requirements.
Standard 2: Consultation Communication	Providers must send details of all OOH consultations to the practice where the patient is registered by 8.00 a.m. the next working day.
Standard 3: Systems	Providers must have systems in place to support and encourage the regular exchange of up-to-date and comprehensive information between all those who may be providing care to patients with predefined needs (including, for example, patients with terminal illness).
Standard 4: Audit	Providers must regularly audit a random sample of patient contacts and appropriate action will be taken on the results of those audits. Regular reports of these audits will be made available to the commissioner. The sample must be defined in such a way that it will provide sufficient data to review the clinical performance of each individual working within the service. This audit must be led by a clinician with suitable experience in providing OOH care and, where appropriate, results will be shared with the multi-disciplinary team that delivers the service.
Standard 5: Patient Experience	Providers must regularly audit a random sample of patients' experiences of the service (for example 1% per quarter) and appropriate action must be taken on the results of those audits.
Standard 6: Complaints	Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure. They will report anonymised details of each complaint, and the manner in which it has been dealt with, to the contracting Commissioner.
Standard 7: Capacity	Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service, especially at periods of peak demand. They must also have robust contingency policies for those circumstances in which they may be unable to meet unexpected demand.
Standard 8: Clinical Assessment (initial telephone call)	Providers must evidence the following standards have been achieved: Engaged and abandoned calls: ‰ • No more than 0.1% of calls engaged ‰ • No more than 5% calls abandoned. Time taken for the call to be answered by a person: ‰ • All calls must be answered within 60 seconds of the end of the introductory message which should normally be no more than 30 seconds long. ‰ • Where there is no introductory message, all calls must be

	answered within 30 seconds.
Standard 9: Clinical Assessment (Telephone clinical assessment)	Providers must have a robust system for identifying all immediate life threatening conditions and, once identified, those calls must be passed to the ambulance service within 3 minutes. Providers that can demonstrate that they have a clinically safe and effective system for prioritising calls must meet the following standards: ‰ • Start definitive clinical assessment for urgent calls within 20 minutes of the call being answered by a person ‰ • Start definitive clinical assessment for all other calls within 60 minutes of the call being answered by a person Providers that do not have such a system, must start definitive clinical assessment for all calls within 20 minutes of the call being answered by a person. At the end of the assessment, the patient must be clear of the outcome, including (where appropriate) the timescale within which further action will be taken and the location of any face-to-face consultation.
Standard 10: Clinical Assessment (Face to face clinical assessment)	Providers must have a robust system for identifying all immediate life threatening conditions and, once identified, those patients must be passed to the most appropriate acute response (including the ambulance service) within 3 minutes. Providers that can demonstrate that they have a clinically safe and effective system for prioritising patients, must meet the following standards: ‰ • Start definitive clinical assessment for patients with urgent needs within 20 minutes of the patient arriving in the centre • Start definitive clinical assessment for all other patients within 60 minutes of the patient arriving in the centre Providers that do not have such a system must start definitive clinical assessment for all patients within 20 minutes of the patients arriving in the centre. At the end of the assessment, the patient must be clear of the outcome, including (where appropriate) the timescale within which further action will be taken and the location of any face-to-face consultation.
Standard 11: Clinical Availability	Providers must ensure that patients are treated by the clinician best equipped to meet their needs, (especially at periods of peak demand such as Saturday mornings), in the most appropriate location. Where it is clinically appropriate, patients must be able to have a face-to-face consultation with a GP, including where necessary, at the patient's place of residence.
Standard 12: Face to face consultation	Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed: • Emergency: Within 1 hour. • Urgent: Within 2 hours. • Less urgent: Within 6 hours.

Standard 13: Communication	Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight.

3.11.2 Latest published data relating to local GP out of hours services provided by Core Care Links (quarter 1 2018/19) states that the provider is compliant with 12 out of the 13 standards for this service.

3.11.3 The service is currently not compliant with Standard 12 due to technical reporting problems with the SystmOne IT system.

Core Care Links has escalated this issue to NLaG (as the GP Out of Hours Service is sub-contracted by NLaG) for action.

The CCG has also submitted a formal request to NLaG (via a contract query) for an update on action taken to rectify these IT issues. The CCG await the Trust's response to this request.

3.12 Dementia Diagnosis Rates in Primary Care (aged 65 years and over)

3.12.1 Dementia Diagnosis Rates in Primary Care (aged 65 years and over) is a clinical indicator that forms part of the CCG Improvement and Assessment Framework. This indicator is included in this report as the CCG is currently rated as an outlier against this standard.

3.12.2 In August 18 the CCG fell slightly below plan achieving 64% dementia diagnosis rate against the NHS England standard of 67%.

3.12.3 The NHS England position is currently 67.8% and the Humber Coast and Vale STP position is currently 66.3% (latest published data available).

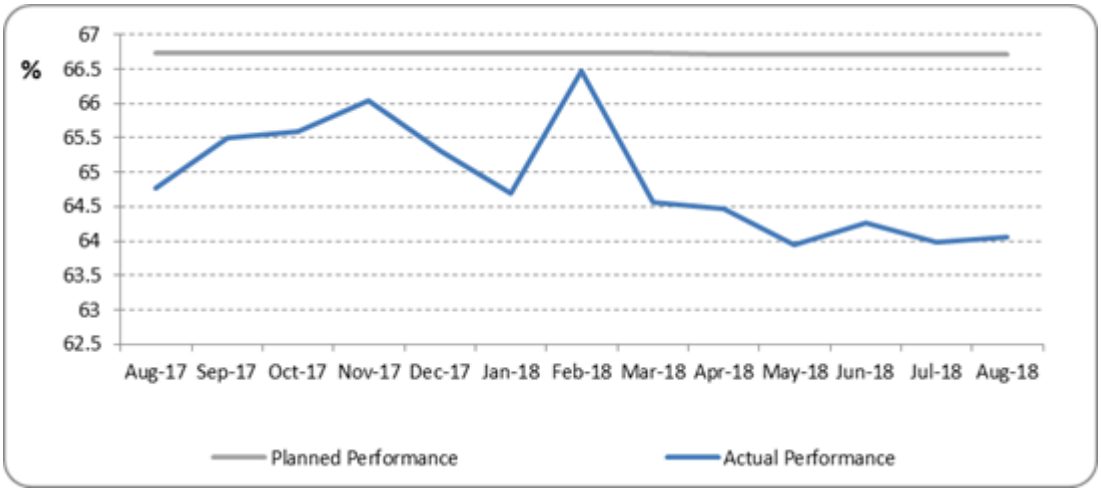
NLCCG is currently ranked in the lower half of CCGs in England.

3.12.4 Table 1 below includes CCG diagnosis rate (%) against the NHS England rate and the CCG planned rate to date in 2018/19 (as at 31 August 18 latest data available). Graph 1 provides an overview of CCG performance against the planned diagnosis rate.

Table 1: Dementia diagnosis rate at CCG level

	NHS England	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Patients on dementia register	67%	1,439	1,431	1,444	1,441	1,449
Estimated prevalence		2,232	2,238	2,247	2,252	2,262
NLCCG Diagnosis Rate		64.5%	63.9%	64.3%	64.0%	64.0%
Planned Rate		66.7%	66.7%	66.7%	66.7%	66.7%
Variance to plan		-2.3%	-2.8%	-2.4%	-2.7%	-2.7%

Graph 1: Percentage of patients diagnosed with dementia at CCG level against planned rate (1 August 2017 – 31 August 2018).



3.12.5 The CCG Commissioning Team is undertaking the following actions to improve this position:

- Dementia screening and diagnosis processes are now included in the Specialist Assessment for Frail Elderly (SAFE) service.

  The SAFE service takes referrals from GP's and Care Homes for people aged 65+ living in the community and care home environments.

  As part of the Comprehensive Geriatric Assessment, a person will be tested for dementia using the 6CIT tool and where there is clear evidence of dementia, a diagnosis will be given, or where appropriate a referral will be made to the memory clinic.

  This service was mobilised on 1st August 2018 and is now fully operational across North Lincolnshire. An update on performance within the SAFE service (for the period 1 August 18 – 30 November 18) will be included in this report in January 19.

- A joint dementia strategy is being developed between the CCG and North Lincolnshire Council. It is anticipated that the new strategy will improve awareness of dementia across North Lincolnshire and increase diagnosis rates.

  The strategy is currently in draft format. The final version will be submitted to the CCG Planning and Commissioning Committee for approval in January 2019.

4. Overview of the CCG's Main Providers

This section of the report provides an overview of the CCG's main providers. This section includes information where quality performance has either been rated red in the Quality Dashboard (See Appendix 1 at paragraph 6.1) or where concerns, exceptions or new information is identified that do not directly relate to the constitutional standards contained within the standard NHS contract.

4.1 Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

4.1.1 Serious incident in respect of processes for tracking waiting time

The Trust has informed commissioners of an error identified in the Trust's patient tracking list (PTL) whereby the waiting time 'clock' had been inadvertently stopped for a number of patients.

All patients that have been affected by this incident are being reviewed by the Trust's clinical harm review process (COBRA) to ascertain whether any patients have been harmed. The Trust has reported this error as a serious incident whilst ongoing investigations take place.

Further information will be provided in this report in January 2019.

4.1.2 Serious incident in relation to delayed treatment in Ophthalmology services

In November 18 NLaG reported a serious incident (SI) for a North Lincolnshire patient relating to delayed treatment in Ophthalmology services.

A further clinical review was undertaken which identified that the patient's delayed treatment led to reduced vision in the patient's right eye.

This SI is being reviewed through to SI process. Detail of any themes or trends identified through the review will be provided to the QP&F in March 2019.

4.1.3 Serious incidents in relation to Pressure Ulcers

Between 12th and 16th November 2018 NLaG reported 11 pressure ulcers meeting SI criteria dating back as far as April 2018.

The CCG has received some assurances from the Trust that a significant pressure ulcer review [initiated by the Trust] has instigated changes to the identification, verification, investigation and internal scrutiny processes which are now in place with the Trust.

This has enabled more timely reporting and learning from incidences of pressure ulcers meeting SI criteria.

In addition to investigating the individual pressure ulcers, the CCG(s) have asked the Trust to investigate the apparent failure to identify, investigate and therefore learn from these pressure ulcers in a timely way under the SI framework.

4.1.4 Serious incident relating to Discharge Summaries

At the end of September 2018 an incident occurred affecting multiple GP practices across the NL area. Large numbers of discharge summaries were received within a short space of time from NLaG due to a server issue. The incident was raised as a Serious Incident (SI) and will follow the SI process.

All CCG's have been working closely with the Trust to ensure appropriate communication to GP practices. Weekly communications have taken place.

The GP's are undertaking reviews to ensure that no harm has occurred due to delays in receiving discharge letters. Reviews are expected to be completed by mid-December 18.

4.1.5 Care Quality Commission (CQC)

The Trust continue to provide monthly updates to the System Improvement Board Patient Safety Group on progress made against the CQC Must Do and Should Do actions via their Improvement Plan.

Since the previous report the CCG has identified a reporting gap in relation to assurance that progress is being made by the Trust against the CQC Must Do and Should Do actions at operational level.

Operational level assurance of progress made against the CQC actions is to be shared with the CCG via the monthly NLaG Quality Review Meeting (QRM). The Trust did not provide an assurance report to the QRM on 15 November 18.

The CCG has submitted a request to the NLaG Quality Review Meeting to receive an update on operational level assurance at the next QRM on 20 December 18.

Further detail on this position is provided in the separate NLaG CQC Update Report submitted to the QP&F in December 18.

4.1.6 Quality Risk Profile

The Quality Risk Profile (QRP) tool was developed by NHS England to systematically assess risks to the quality of provision at a point in time. In response to the CQC's findings from their latest inspection of the Trust, the System Improvement Board Patient Safety Group agreed at the meeting on 16 October 2018 that a new QRP would be undertaken in relation to NLaG services.

A QRP was last completed for NLaG services in October 2017 following the CQC's previous inspection of the Trust. The previous QRP identified an average risk score of 14.

In November 18 the CCG completed a new QRP of NLaG services in collaboration with the Trust and other CCGs. The latest QRP identified an average risk score of 11. This is an improved average risk score from the last time the tool was completed.

The QRP identified improvement in oversight and mechanisms in place within the Trust to act upon unacceptable performance and quality standards. This is reflected in the improvement in risks becoming more controlled.

There remains to be work to do to further improve the overall risk rating and risks which are currently assessed as uncontrolled. Action taken by the Trust to mitigate these uncontrolled risks will be reviewed at the NLaG Quality Review Meeting on 20th December 18.

4.1.7 Community services provided by NLaG

During quarters 1 and 2 2018/19, the following concerns were identified in relation to community services provided in North Lincolnshire by NLaG:

- **Reduced CQC inspection rating**

As part of their latest inspection of NLaG services (undertaken in May 2018) the CQC rated Community services (provided by NLaG in North Lincolnshire) as inadequate. This is deterioration from the previous inspection undertaken in 2017 where the CQC rated Community services as requires improvement.

- **Challenges in delivering the national CQUIN scheme for 2018/19**

During quarter 1 and 2 2018/19 (latest data available) NLaG did not achieve the national CQUIN milestones for community services. The Trust has identified issues in relation to its IT

system and staff capacity to deliver the schemes and this has hindered progress against the CQUIN milestones.

The CCG does not currently receive regular quality performance data for community services and there are currently no formal contract management meetings in place between the CCG and NLaG to review quality and gain assurance.

In response to this the CCG Director of Nursing and Quality has discussed and agreed plans to establish a Community Services focussed forum for the NLCCG footprint with Interim Chief Nurse at NLaG.

4.1.8 Mortality

- **NLaG mortality rate**

The most recent Summary Hospital Level Mortality Indicator (SHMI) for the Trust was published in September 2018 and covers the period 1 April 2017 – 31 March 2018. The Trust's latest SHMI score was 117; this is an improvement on the previous score of 119. The Trust remains within the higher than expected range.

- **National Confidential Enquiry into Patient Outcome and Death (NCEPOD)**

The latest National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (Aug 2018) report provides a useful summary of themes and recommendations from previous publications. A request was raised at the NLaG Mortality Group that they undertake a self-assessment against the full set of recommendations.

The report can be accessed via the following link: https://www.ncepod.org.uk/

4.1.9 Staffing

- **Medical and Dental vacancy position**

The Trust Medical & Dental vacancy position decreased in September 18 (latest data available) to 16.11% against the Trust's target of <15%. This is an improvement since of 2.56% since the previous month (18.67% in Aug 18).

The Trust's Medical and Dental vacancy position has been gradually improving over the last 12 months due to targeted recruitment activity undertaken by the Trust.

The Medical and Dental vacancy position at 30 September 2017 was 23.53% compared to 16.11% in September 18.

- **Nursing vacancy position**

The Trust Registered Nursing vacancy position remains above target at 11.93% against the Trust target of 6% in September 18. This is a decrease of 0.12% since the previous month.

The Trust's Registered Nursing vacancy position has remained largely unchanged between September 2017 and September 2018 achieving 11.21% in September 2017.

The Trust anticipates that the vacancy rate for Registered Nursing will decrease in November and December 18 due to the planned intake of Newly Qualified Nurses. The impact that these new recruits will have on the skill mix in ward areas is currently unclear.

4.1.10 Venous thromboembolism (VTE) Assessments

NLaG continue to report challenges in meeting the national standard for the percentage of patients that receive a VTE assessment, achieving 92% against a target of 95% in September 18.

The Trust has not identified any evidence that patients have been harmed as a result of reduced performance in VTE assessment.

NLaG performance against this standard and progress made by the Trust against their VTE action plan is reviewed via the NLaG Quality Review Meeting.

4.1.11 Delay in responding to service user complaints and concerns

NLaG reported an increase in the number of complaints that remain open and a reduction in the number of Patient Advice and Liaison Service (PALS) concerns that are responded to within 5 working days in September 18 (latest data available).

The CCG identified an increase in feedback from service users expressing concern and limited confidence in the Trust's complaints management process during September 18.

In response to this the Trust is reviewing its PALS processes to form stronger links into Trust Operations Centres to ensure a more timely response.

The Trust is also reviewing its complaints management and escalation process to identify where further efficiencies can be made.

4.2 Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

4.2.1 Urgent and Emergency Mental Health Crisis Services

During quarter 2 2018/19 the CCG received concerns from GP members of the CCG that high risk patients were not being referred to the correct pathway due to potential flaws in the telephone triage process within the Crisis service in North Lincolnshire.

In response to these concerns the CCG Quality Team completed the following actions to identify whether the cluster of concerns identified was indicative of a broader system wide issue:

- Undertook a deep dive review of the Crisis service
- Provisionally reviewed lessons learnt from the serious incidents reported by RDaSH relating to the Access and Liaison Service in quarter 2 2018/19
- Completed a Quality Risk Profile of the Trust's Home based Treatment Team (which forms part of the Trust's Access and Liaison Service) due to concerns raised by RDaSH in relation capacity within the team
- Reviewed soft intelligence provided to the CCG in relation to the Crisis service

From the actions undertaken in response to the concerns raised the CCG did not identify any evidence to suggest that the cluster of issues and concerns that were identified by GP colleagues in September 18 were indicative of a systemic issue within the service.

Further details on the outcome from this review are provided via separate report to the QP&F in December 18.

4.3 Hull and East Yorkshire Hospitals NHS Trust (HEY)

4.3.1 Delayed patient transfers from NLaG

HEY has identified an increase in the number of delays in the transfer of patients on a cancer pathway from NLaG to HEY; these delays have led to some patients breaching their waiting time as the patients are transferred late in their pathway.

HEY is working in collaboration with NHS England and NLaG to review the reasons for these delays and improve this position.

4.4 East Midlands Ambulance Service NHS Trust (EMAS)

4.4.1 Commissioning for Quality and Innovation (CQUIN)

In November 18 NHS Hardwick CCG (on behalf of commissioners as Lead Commissioner of the EMAS contract) submitted a Contract Variation to EMAS in relation to Schedule 4D - Commissioning for Quality and Innovation (CQUIN) of the NHS Standard Contract.

The Contract Variation was required to amend the quarter 3 and 4 milestones for the electronic Paper Referral Form (e-PRF) CQUIN due to changes made to the Trust's IT system. These changes resulted in the Trust's IT system being incompatible with the requirements of the CQUIN scheme.

Delivery against the revised CQUIN milestones will be reviewed by the CCG Quality Manager as part of the quarterly CQUIN reconciliation process.

4.5 Thames Ambulance Service Limited (TASL) - Patient Transport Services

4.5.1 Care Quality Commission (CQC) inspection

On the 23rd October 2018 the CQC undertook an announced inspection to the following TASL premises:

- Lincoln Headquarters.
- Spalding Depot.
- Grimsby Depot.

Further details on the outcome from this inspection will be provided to the Governing Body once the CQC outcome report is published.

4.6 St Hugh's Hospital

4.6.1 There are no significant concerns or issues to report in relation to St Hugh's Hospital.

4.7 Spire Hull and East Riding Hospital

4.7.1 Care Quality Commission (CQC) Inspection

The CQC undertook a comprehensive inspection of the Spire Hull and East Riding Hospital site in Anlaby and the Hesselwood Hospital site in Hessle in September 2018.

The inspection report was published on 15 November 2018. The CQC awarded Spire an overall rating of good. A breakdown of the CQC's rating for each domain is as follows:

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

5. Care Quality Commission (CQC) Inspection Update

- **Primary care**

Since the last report there have been no CQC inspections undertaken within Primary care services in North Lincolnshire.

- **Care Homes**

Since the last report there have been 4 care home inspections undertaken in North Lincolnshire.

These are as follows:

Care Home	Latest CQC inspection rating	Direction of travel
Roxby House	Outstanding	↔
Abbey Village who have moved from Good to Requires Improvement	Requires Improvement	↓
Barrow Hall	Requires Improvement	↔
Cherry Tree House	Good	↑

6. Primary Care Update

North Lincolnshire Primary Care Scorecard – Quarter 2 (July to September 2018, latest published data available)

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 continues to capture 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 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

NHS North Lincolnshire Clinical Commissioning Group

Practice No.	Practice Name	Practice List Size Nov 18	List size increase / decrease (from previous month)	GP Friends & Family % Patients would reccommend Sept 18	GP Friends and Family % Patients would not recommend Sept 18	Annual GP Patient Survey % Patients would reccommend 2016/17 (CCG Average 76.93%. England Average 77.4%)	Overall Patient Experience Very Good/Good (GP Survey 2018)	Patient OnLine - Patients enabled to electronically book or cancel an appointment - Sept 18	Patient OnLine - Patients enabled to electronically order repeat prescriptions - Sept 18	QOF - Practice Overall Achievement 17/18	CQC	Quality Issue reporting - Overview of incidents reported from GP Practices either internally or against another Provider & from a provider against the GP Practice during 2017-2018		Quality Issue reporting - Overview of incidents reported from GP Practices either internally or against another Provider & from a provider against the GP Practice during Q1 18/19		PALS/Concerns*					
												Occurring at the practice	Occurring outside the practice	Occurring at the practice	Occurring outside the practice	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
B81045	Ashby Turn PC Partners	12635	-0.04%	93.02%	3.26%	78.48%	86%	17.35%	17.36%	545.2	May 2016 - Good		5					1	1		
B81118	West Common Lane Teaching Practice	7956	-0.15%	90.32%	4.84%	73.76%	86%	16.78%	16.66%	546.3	Feb 2016 - Good		106		22			1	1		
B81113	Cedar Medical Practice	7294	0.15%	94.89%	3.98%	89.62%	93%	12.31%	12.31%	547.3	Feb 2016 - Good		3			1	1				
B81026	Ancora Medical Practice	19631	0.32%	89.87%	5.97%	81.01%	92%	29.66%	29.65%	545.4	November 2015 - Good		12		9				1		4 - 3 x Query around IFR referral & decision, 1 x Unhappy with waiting times for appointments
B81022	Cambridge Avenue Medical Centre	13974	-0.34%	93.44%	5.33%	75.14%	81%	28.38%	28.25%	554.5	June 2016 - Good		12		4				1		2 - 1 x Pt wanted to understand diagnosis as they had been given conflicing infomration from different clinicians . 1 x Pt called regarding the wait time for an appointment for pain injections at SGH.
B81099	Kirton Lindsey Surgery	10130	-0.10%	No Data	No Data	77.42%	92%	20.00%	20.00%	551.3	May 2016 - Good		7		2				3	1	
B81648	The Killingholme Surgery	1431	0.07%	No Data	No Data	83.08%	91%	13.88%	14.03%	553.0	Oct 2017 - Good	1	14								
B81109	Riverside Surgery (Brigg)	12800	0.05%	No Data	No Data	83.43%	84%	24.22%	22.44%	527.6	March 2016 - Good	1	7							1	
B81647	West Town Surgery (Barton on Humber)	3061	0.07%	No Data	No Data	78.50%	86%	18.51%	18.58%	558.1	August 2016 - Good		5		1						
B81628	The Medical Centre (Barnetby)	2981	0.10%	No Data	No Data	90.31%	96%	14.95%	14.81%	553.2	Jan 2017 - Good	3	2								
B81007	Winterton Medical Practice	9791	0.03%	93.93%	4.67%	90.36%	90%	12.37%	12.37%	550.2	April 2015 - Good		41		8						1 - Pt unhappy with wait times to see GP
B81005	Central Surgery (Barton on Humber)	16805	0.06%	No Data	No Data	62.55%	68%	22.51%	22.51%	549.0	Nov 2017 - Good		5			1					1 - Query around IFR referral and decision
B81063	Bridge Street Surgery (Brigg)	6366	0.00%	No Data	No Data	99.41%	95%	49.55%	49.40%	558.5	Jan 2017 - Good		17		1			1			
B81617	The Birches Medical Practice	8864	-0.32%	85.84%	13.27%	64.93%	72%	6.12%	6.11%	551.1	April 2016 - Good		13	1	2	2			3	1	
Y02787	Market Hill	6105	0.23%	No Data	No Data	60.01%	79%	21.39%	21.39%	529.6	April 2018 - Requires Improvement		11		1		2	1			
B81064	Church Lane Medical Centre	8966	0.16%	93.26%	5.00%	81.45%	88%	22.46%	22.42%	511.2	May 2015 - Good		22		4						2 - Query around IFR referral and decision
B81090	The Oswald Road Medical Centre	4528	0.18%	92.94%	3.53%	71.10%	89%	17.12%	17.07%	555.4	June 2015 - Good		16		2						
B81043	South Axholme Practice	14923	0.04%	93.74%	4.47%	80.23%	87%	14.65%	14.65%	516.2	May 2018 - Good	1	9								
B81065	Trent View Medical Practice	11510	0.00%	89.89%	6.74%	59.92%	73%	11.47%	11.46%	539.9	March 2015 - Good		20		2	1		1	2		

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							Screening		
		Flu 65 & Over as at Oct 2018	Under 65 at risk as at Oct 2018	Flu Pregnant Women at Risk as at Oct 2018	Flu Pregnant Women NOT at Risk as at 21st Oct 2018	Flu - HCW Oct 18	Pneumo 65s & Over as at 31/03/2018	MenACWY 18-20 yr olds at 31/08/2018	Cervical QOF Dec 2016	Breast Round 8 2011-2014	Breast Round 9 2014-2017
B81045	Ashby Turn PC Partners	45.7%	30.6%	50.0%	34.0%		51%	46%	74%	67%	68%
B81118	West Common Lane Teaching Practice	51%	46%	100%	34%	25.9%	75%	42%	72%	67%	70%
B81113	Cedar Medical Practice	48.4%	26.3%	42.9%	24.5%		74%	47%	73%	69%	59%
B81026	Ancora Medical Practice	32.5%	39.2%	16.7%	31.3%		70%	50%	73%	69%	67%
B81022	Cambridge Avenue Medical Centre	44.3%	27.7%	50.0%	42.4%	71.1%	61%	56%	81%	62%	79%
B81099	Kirton Lindsey Surgery	39.8%	22.3%	0%	30.0%	70.0%	66%	52%	80%	70%	78%
B81648	The Killingholme Surgery	58.4%	37.8%	100%	13%		75%	41%	78%	63%	62%
B81109	Riverside Surgery (Brigg)	50%	30%	38%	49%		67%	46%	80%	77%	78%
B81647	West Town Surgery (Barton on Humber)	49.8%	40.2%	33.3%	70.0%		69%	65%	80%	73%	74%
B81628	The Medical Centre (Barnetby)	42%	27%	0%	44%		64%	28%	88%	71%	77%
B81007	Winterton Medical Practice	40.0%	23.4%	0%	61.1%	38.6%	74%	64%	77%	73%	78%
B81005	Central Surgery (Barton on Humber)	45.1%	30.2%	42.9%	33.8%		65%	54%	78%	77%	75%
B81063	Bridge Street Surgery (Brigg)	42%	29%	100%	41%		37%	38%	78%	75%	74%
B81617	The Birches Medical Practice	59%	41%	50%	30%		78%	11%	70%	59%	60%
Y02787	Market Hill	39.7%	25.4%	50.0%	27.0%		38%	15%	59%	37%	50%
B81064	Church Lane Medical Centre	50.3%	35.1%	40.0%	35.7%	57.7%	67%	48%	75%	74%	77%
B81090	The Oswald Road Medical Centre	40.0%	30.6%	33.3%	47.8%		71%	58%	73%	72%	72%
B81043	South Axholme Practice	20%	32%	80%	33%	50.0%	64%	69%	82%	74%	76%
B81065	Trent View Medical Practice	32.5%	22.1%	40.0%	32.8%		54%	42%	75%	70%	74%

NHS North Lincolnshire CCG - Primary Care Reporting
Secondary Care Utilisation Scorecard - Q2

NHS North Lincolnshire Clinical Commissioning Group

	Crude rate per 1000 registered practice population (as at 30th September 2018) *											
	GP Referrals (All Specialties)	Other Referrals (All Specialties)	e-Referral Utilisation % (Sept '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	46.8	50.3	82.1%	74.2	137.4	60.6	34.0%	25.4	80.4	22.3	5.3	42.7
West Common Lane Teaching Practice	33.7	49.8	77.5%	54.9	115.8	50.9	37.8%	22.1	79.4	22.9	5.8	43.0
The Killingholme Surgery	43.7	42.3	78.6%	66.6	129.6	36.4	35.8%	25.9	58.2	18.6	3.6	58.2
The Birches Medical Practice	41.6	54.1	62.5%	63.1	106.0	50.6	40.0%	19.7	96.9	23.3	6.3	34.4
Riverside Surgery (Brigg)	46.6	42.0	82.6%	56.8	134.1	54.4	38.5%	21.5	64.5	20.7	5.9	41.1
Cedar Medical Practice	37.0	52.1	87.8%	62.0	144.7	62.7	44.0%	29.2	91.3	25.5	6.2	44.8
Ancora Medical Practice	35.8	53.5	81.4%	62.7	129.9	51.2	39.4%	27.2	87.4	25.4	6.1	39.6
Cambridge Avenue Medical Centre	53.9	50.8	79.2%	81.0	153.4	76.6	34.6%	22.1	79.7	23.6	6.4	47.3
Market Hill	34.7	43.0	84.5%	39.9	63.4	37.7	46.6%	21.1	103.8	16.3	1.7	18.9
Church Lane Medical Centre	43.2	48.7	81.7%	68.1	137.7	57.5	34.2%	25.5	82.8	26.6	6.6	44.8
West Town Surgery (Barton on Humber)	44.2	34.7	75.0%	63.9	127.1	50.5	36.2%	18.9	56.7	15.3	4.2	35.5
Kirton Lindsey Surgery	43.6	55.4	91.6%	73.1	140.5	56.3	37.1%	18.5	74.2	18.9	4.4	41.6
The Oswald Road Medical Centre	56.3	52.6	90.1%	84.2	140.5	63.6	40.8%	20.8	94.2	26.1	9.5	40.8
South Axholme Practice	50.3	37.1	93.3%	68.7	147.9	59.4	33.8%	17.4	52.4	16.8	4.6	41.5
Trent View Medical Practice	50.7	50.2	85.8%	73.8	151.4	66.1	34.7%	20.1	79.4	22.0	5.9	52.3
The Medical Centre (Barnetby)	38.8	44.8	76.9%	73.9	146.4	56.8	35.7%	14.0	56.5	13.7	3.7	31.8
Winterton Medical Practice	47.6	46.5	74.2%	65.8	149.8	61.7	36.5%	19.6	68.7	19.2	5.4	49.6
Central Surgery (Barton on Humber)	51.5	43.0	82.4%	62.4	131.7	53.9	37.8%	20.6	55.9	18.2	4.8	39.8
Bridge Street Surgery (Brigg)	54.5	40.0	92.1%	73.9	143.9	56.5	33.8%	22.9	61.0	20.9	4.7	45.5
South Network	42.4	52.1	82.9%	68.9	137.3	59.7	37.2%	24.3	82.3	23.3	5.8	42.9
East Network	48.6	42.7	82.1%	63.9	137.6	55.3	36.8%	20.6	61.1	18.9	5.0	42.4
West Network	46.6	46.5	84.2%	66.9	130.3	57.1	36.6%	20.4	79.3	21.3	5.6	40.7
CCG Average	45.0	46.9	-	66.8	133.2	56.0	36.9%	21.7	74.9	20.9	5.3	41.8

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*

Key

Care Network
South Network
East Network
West Network

RAG	Red	Amber	Green
E-Referral Utilisation	< 80%	-	>= 80%
GP Referrals Other Referrals 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 Admission Method A&E Non-Elective Emergency Admission Method Other Elective Admissions	2 standard deviations above /below average	1 standard deviations above /below average	Within average range

NHS North Lincolnshire CCG - Primary Care Reporting Key Indicators

South
West
East

NHS North Lincolnshire Clinical Commissioning Group

Practice No.	Practice Name	Practice List Size Aug 18	List size increase / decrease (from previous month)	Annual GP Patient Survey % Patients would reccommend 2016/17 (CCG Average 76.93%. England Average 77.4%)	GP Friends & Family % Patients would reccommend July 18	GP Friends and Family % Patients would not recommend July 18	Overall Patient Experience Very Good/Good (GP Survey 2018)	Patient OnLine - Patients enabled to electronically book or cancel an appointment - Jun 18	Patient OnLine - Patients enabled to electronically order repeat prescriptions - Jun 18	QOF - Practice Overall Achievement	CQC	Quality Issue reporting - Overview of incidents reported from GP Practices either internally or against another Provider & from a provider against the GP Practice during 2017-2018		Quality Issue reporting - Overview of incidents reported from GP Practices either internally or against another Provider & from a provider against the GP Practice during Q1 18/19		PALS/Concerns*				
												Occurring at the practice	Occurring outside the practice	Occurring at the practice	Occurring outside the practice	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
B81045	Ashby Turn PC Partners	12649	0.09%	78.48%	94.32%	5.24%	86%	17.29%	17.30%	532.5	May 2016 - Good		5					1	1	
B81118	West Common Lane Teaching Practice	7955	0.04%	73.76%	91.80%	5.74%	86%	15.85%	15.74%	540.4	Feb 2016 - Good		106		22			1	1	
B81113	Cedar Medical Practice	7227	0.44%	89.62%	94.44%	4.04%	93%	11.84%	11.84%	553.2	Feb 2016 - Good		3			1	1			
B81026	Ancora Medical Practice	19372	0.49%	81.01%	91.90%	5.09%	92%	29.26%	29.25%	534.4	November 2015 - Good		12		9				1	
B81022	Cambridge Avenue Medical Centre	14115	-0.18%	75.14%	88.46%	9.23%	81%	28.37%	28.24%	543.9	June 2016 - Good		12		4				1	
B81099	Kirton Lindsey Surgery	10145	0.11%	77.42%	No Data	No Data	92%	19.33%	19.33%	555.2	May 2016 - Good		7		2				3	1
B81648	The Killingholme Surgery	1427	0.07%	83.08%	No Data	No Data	91%	13.96%	14.03%	527.0	Oct 2017 - Good	1	14							
B81109	Riverside Surgery (Brigg)	12790	0.00%	83.43%	No Data	No Data	84%	23.91%	22.13%	539.5	March 2016 - Good	1	7							1
B81647	West Town Surgery (Barton on Humber)	3068	-0.55%	78.50%	No Data	No Data	86%	17.97%	18.07%	559.0	August 2016 - Good		5		1					
B81628	The Medical Centre (Barnetby)	2992	0.33%	90.31%	No Data	No Data	96%	14.54%	14.40%	557.2	Jan 2017 - Good	3	2							
B81007	Winterton Medical Practice	9790	0.30%	90.36%	94.62%	3.67%	90%	12.26%	12.26%	546.5	April 2015 - Good		41		8					
B81005	Central Surgery (Barton on Humber)	16813	0.23%	62.55%	85.71%	0.00%	68%	21.85%	21.85%	554.8	Nov 2017 - Good		5			1				
B81063	Bridge Street Surgery (Brigg)	6374	-0.05%	99.41%	No Data	No Data	95%	48.82%	48.66%	558.6	Jan 2017 - Good		17		1			1		
B81617	The Birches Medical Practice	8917	0.00%	64.93%	87.10%	10.75%	72%	6.00%	5.99%	538.5	April 2016 - Good		13	1	2	2			3	1
Y02787	Market Hill	5966	0.18%	60.01%	No Data	No Data	79%	21.56%	21.56%	489.9	April 2018 - Requires Improvement		11		1		2	1		
B81064	Church Lane Medical Centre	8933	-0.21%	81.45%	90.48%	7.14%	88%	22.09%	22.06%	527.7	May 2015 - Good		22		4					
B81090	The Oswald Road Medical Centre	4511	-0.04%	71.10%	86.27%	9.80%	89%	15.06%	15.02%	543.0	June 2015 - Good		16		2					
B81043	South Axholme Practice	14907	0.07%	80.23%	96.06%	2.10%	87%	14.03%	14.02%	525.9	May 2018 - Good	1	9							
B81065	Trent View Medical Practice	11558	-0.05%	59.92%	80.00%	16.00%	73%	11.38%	11.36%	548.0	March 2015 - Good		20		2	1		1	2	

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							Screening		
		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 Feb 18	Pneumo 65s & Over as at 31/03/2018	MenACWY 18-20 yr olds Mar 18	Cervical QOF Dec 2016	Breast Round 8 2011-2014	Breast Round 9 2014-2017
B81045	Ashby Turn PC Partners	74.3%	48.5%	60%	32.7%	65.60%	51%	41%	74%	67%	68%
B81118	West Common Lane Teaching Practice	76.8%	62.0%	100%	53.7%	69.60%	75%	28%	72%	67%	70%
B81113	Cedar Medical Practice	68.9%	47.2%	36.40%	30.6%	80%	74%	40%	73%	69%	59%
B81026	Ancora Medical Practice	71.7%	56.6%	48%	31.8%	70%	70%	37%	73%	69%	67%
B81022	Cambridge Avenue Medical Centre	69.8%	44.2%	72.70%	38.9%	68.40%	61%	45%	81%	62%	79%
B81099	Kirton Lindsey Surgery	68.2%	47.0%	50%	43.9%	0%	66%	34%	80%	70%	78%
B81648	The Killingholme Surgery	69.8%	48.7%	0%	33.3%	75%	75%	31%	78%	63%	62%
B81109	Riverside Surgery (Brigg)	70.6%	42.4%	57.10%	46.3%	85.70%	67%	27%	80%	77%	78%
B81647	West Town Surgery (Barton on Humber)	67.2%	54.6%	100%	34.2%	0%	69%	51%	80%	73%	74%
B81628	The Medical Centre (Barnetby)	71.7%	55.0%	100%	65.0%	0%	64%	20%	88%	71%	77%
B81007	Winterton Medical Practice	76.4%	56.0%	83.30%	32.9%	49%	74%	53%	77%	73%	78%
B81005	Central Surgery (Barton on Humber)	72.0%	46.0%	60.90%	33.0%	0%	65%	43%	78%	77%	75%
B81063	Bridge Street Surgery (Brigg)	68.0%	46.3%	0%	52.0%	100%	37%	41%	78%	75%	74%
B81617	The Birches Medical Practice	73.9%	56.3%	100%	36.2%	0%	78%	8%	70%	59%	60%
Y02787	Market Hill	60.7%	46.4%	14.30%	26.5%	0%	38%	10%	59%	37%	50%
B81064	Church Lane Medical Centre	72.4%	48.1%	66.70%	30.2%	64%	67%	38%	75%	74%	77%
B81090	The Oswald Road Medical Centre	75.6%	56.9%	57.10%	46.5%	30.80%	71%	44%	73%	72%	72%
B81043	South Axholme Practice	73.7%	54.9%	50%	65.9%	48.30%	64%	57%	82%	74%	76%
B81065	Trent View Medical Practice	70.7%	44.3%	43.80%	25.8%	91.70%	54%	39%	75%	70%	74%

6. Appendices

6.1 Appendix 1 – Quality Dashboard

1. Introduction

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.

The CCG's main providers are provided in diagram 1 below.

Quality indicators are categorised into three section; these are safety, effectiveness and experience. Each provider is RAG rated according to their performance.

Diagram 1 – CCG's main providers

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

HMT St Hugh's Hospital

Hull and East Riding NHS Hospitals Trust (HEY)

East Midlands Ambulance Service (EMAS)

Spore Hull and East Riding Hospital (Spire)

2. The RAG Rating Key

The RAG rating key is based on the Yorkshire and Humber Quality Surveillance Group rating system.

RAG Rating Key:	
	There are significant issues with the delivery and/or outcome of this service, and/or
	These issues require a multi-disciplinary approach to improve the outcome indicator, and/or;
	Corrective action is required in order to meet the required outcome of this quality indicator
	Quality indicators display an area/areas of concern at Provider level but are being actioned through the Provider's internal processes, and/or;
	Action is being/has been taken to resolve the problem, or a decision made by the CCG to monitor the situation via appropriate routes, and/or;
	The Provider's quality indicators display deviation from the CCG's quality tolerances; however, at Provider level, tolerances fall within accepted limits, and/or;
	All quality indicators fall within the agreed tolerances

3. Care Quality Commission (CQC) inspection ratings for the CCG's main providers

Table 1 provides an overview of Care Quality Commission (CQC) inspection ratings for the CCG's main providers.

Table 1: CQC inspection ratings

Provider	Overall CQC rating (latest position)	Breakdown of CQC Rating
Northern Lincolnshire & Goole NHS Foundation Trust	Requires Improvement	Latest report published on 12 September 2018. Safe - Requires improvement Effective - Requires improvement Caring - Good Responsive - Requires improvement Well-led - Inadequate
Hull and East Yorkshire Hospitals NHS Trust	Requires Improvement	Latest report published on 1 June 2018. Safe - Requires improvement Effective - Good Caring - Good Responsive - Requires improvement Well-led - Good
East Midlands Ambulance Service NHS Trust	Requires Improvement	Latest report published on 13 June 2017. Safe - Requires improvement Effective - Requires improvement Caring - Good Responsive - Good Well-led - Requires improvement
Rotherham Doncaster and South Humber NHS Foundation Trust	Good	Latest report published on 28 June 2017. Safe - Requires improvement Effective - Good Caring - Good Responsive - Good Well-led - Good
HMT St Hugh's Hospital	Requires improvement	Latest report published on 22 December 2017. Safe - Requires improvement Effective - Requires improvement Caring - Not assessed Responsive - Not assessed Well-led - Requires improvement
Spire Hull and East Riding Hospital	Good	Latest report published on 15 November 2018. Safe - Good Effective - Good Caring - Good Responsive - Good Well-led - Good

4. Quality Dashboard

Table 2: for the CCG's main providers, using latest published data available at the time of writing

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
Safe	NLAG	Requires improvement	No. of C.Difficile cases	Sep -18	21 lapses in care	15 (3 lapses in care)	Deterioration	
			No. of MRSA cases	Sep -18	Nil	0	Remains the same	
			Patient Safety Thermometer	Sep -18	97%	92.2%;	Deterioration	
			Staffing - Vacancy rate (Medical)	Sep -18	<15%	16.11%	Improvement	
			Staffing - Vacancy rate (Reg)	Sep -18	<6%	11.93%	Deterioration	
			Staffing - Vacancy rates (Unreg)	Sep -18	<2%	2.90%%	Improvement	
			Duty of Candour incidents	Sep -18	Nil	Nil	Improvement	
			Early Warning Score	Sep -18	Not available	76.38	Deterioration	
			Safer Surgery checklists	Aug-18	95%	97.3%	Improvement	
	HEY	Requires improvement	No. of C.Difficile cases	Aug-18	53	16 (YTD)	Improvement	
			No. of MRSA cases	Aug-18	Nil	Nil	Remains the same	

			Patient Safety Thermometer	Sep-18	Not defined	New 97.2% All: 94.2%	Deterioration	
			Staffing Vacancy	Jul-18	Not defined	RN: 10.9%	Improvement	
			Incident management	Aug-18	No concerns	No concerns	Improvement	
			Safer Surgery checklists	Q3 17/18	100%	100%	Remains the same	
	RDASH	Requires improvement	No. of C.Difficile cases	Sep -18		1	Deterioration	
			No. of MRSA cases	Sep-18		Nil	Remains same	
			Patient Safety Thermometer	April-18	95	New: 97.2% All: 95.6%	Deterioration	
			Staffing	Sep-18	Nil concerns	Concerns	Deterioration	
			Duty of Candour incidents	Sep-18	Nil	2	Improvement	
			Reducing Restrictive Interventions (use of restraint)	Aug 18	Not defined	68	Deterioration	
			Incident management	Sep-18	Not defined	No concerns	Deterioration	
	EMAS	Requires improvement	Hand hygiene	Q2 17/18	100%	80%	Improvement	
			Deep cleans	Sep -18	100%	98%	Improvement	
			Staffing	Sep -18	No concerns	Concerns identified	Remains the same	
			Incident management	Sep -18	No concerns	Some concerns	Remains the same	

	St Hugh's hospital	Requires Improvement	No. of C.Difficile cases	Sep -18	Not defined	Nil	Remains the same	
			No. of MRSA cases	Sep -18	Not defined	Nil	Remains the same	
			Patient Safety Thermometer	Oct -18	94%	All & New: 100%	Remains the same	
			National Early Warning Score (NEWS)	Oct -18	>95%	99%	Improvement	
			Staffing	Oct -18	No concerns	No concerns identified	Remains the same	
			Incident management	Sep -18	No concerns	No concerns identified	Improvement	
			Safer Surgery checklists	Oct -18	100%	100%	Improvement	
	Spire hospital	Good	No. of C.Difficile cases	Oct 18	Nil	Nil	Remains the same	
			No. of MRSA cases	Oct 18	Nil	Nil	Remains the same	
			Patient Safety Thermometer	Oct 18	97%	All & New: 100%	Improvement	
			National Early Warning Score (NEWS)	Oct 18	100%	88%	Deterioration	
			Staffing	Oct 18	No concerns	No concerns	Improvement	
			Incident management	Oct 18	No concerns	No concerns	Remains the same	
			Safer Surgery checklists	Oct 18	100%	98%	Improvement	
Effective	NLAG	Requires improvement	Audit	Sep-18	No concerns	No Concerns	Improvement	

			NICE compliance	Mar-18	95%	90.8%	Deterioration	
			CAS	Jun-18	100%	alerts outstanding	Deterioration	
			Mortality position	Sep -18	100	SHMI: 117; HSMR: 116	Improvement	
			Accreditation	Sep -18	Fully compliant	Non-compliant with JAG at SGH	Remains the same	
			Nutrition & Hydration	Nov-17	95%	Food: 93.3%; Fluid: 87.9%	Deterioration	
	HEY	Good	Audit	Sep-18	75%	89.87%	Improvement	
			NICE Guidance compliance	Jun-18	Not defined	2 x non-compliant	Improvement	
			CAS	Sep -18	100%	100%	Remains the same	
			Mortality position	Jun-17	95	HSMR 82.6 (SHMI: 95.8)	Improvement	
			Accreditation	Sep -18	No concerns	No concerns	Remains the same	
			Nutrition & Hydration	Sep -18	No concerns	No concerns	Remains the same	
	RDASH	Requires improvement	Audit	Oct 18	Fully compliant	No concerns identified	Remains the same	
			NICE compliance	Oct 18	Fully compliant	No concerns identified	Remains the same	

			CAS	Oct 18	Not defined	Nil overdue	Remains the same	
			Accreditation	Oct 18		No concerns	Remains the same	
			Nutrition & Hydration	Not recorded	Not recorded	Not recorded	N/A	N/A
	EMAS	Requires improvement	Audit	Sep 18	No concerns	No concerns	Improvement	
			ACQI compliance	Sep 18	Not defined	Some concerns	Improvement	
			CAS	Sep 18	100%	100%	Remains the same	
			Accreditation / Standards	Sep 18	No concerns	No concerns	Remains the same	
	St Hugh's hospital	Requires Improvement	Audit	Sep 18	95%	96%	Improvement	
			NICE compliance	Oct 18	Fully compliant	Partially compliant	Remains the same	
			CAS	Oct 18	100%	Partially compliant	Remains the same	
			Accreditation	Oct 18	100%	100%	Remains the same	
			Nutrition & Hydration	Oct 18	No concerns	No concerns	Remains the same	
	Spire hospital	Good	Audit	Oct 18	No concerns	No concerns	Improvement	
			NICE compliance	Oct 18	100%	100%	Remains the same	
			CAS	Oct 18	100%	100%	Remains the same	

			Accreditation	Oct 18	100%	100%	Remains the same	
Caring	NLAG	Good	Pressure ulcers	Sep 18	Not defined	22	Improvement	
			Falls	Sep 18	Not defined	144	Improvement	
	HEY	Good	Pressure ulcers	Sep 18	Not defined	20	Deterioration	
			Falls	Sep 18	Reduction on 16/17	0.18	Improvement	
			Care of the deteriorating patient	Sep 18	Not defined	No concerns	Improvement	
	RDASH	Good	Falls (North Lincs)	Sep 18	Not defined	2 (nil harm)	Improvement	
			Pressure ulcers (Trustwide)	Sep 18	Nil	Nil	Remains the same	
	EMAS	Good	Regulator feedback	Sep-18	No concerns	No sig concerns	Improvement	
	Spire hospital	Good	Falls	Oct-18	<0.2%	2	Improvement	
			Pressure ulcers	Oct -18	Nil	Nil	Remains the same	
	St Hugh's hospital	Good	Falls	Sep 18	Not confirmed	1	Improvement	
			Pressure ulcers	Sep 18	Nil	Nil	Remains the same	
Well-led	NLAG	Inadequate	Risk Management	Sep-18	No concerns	Concerns identified	Remains the same	
			Culture	Sep -18	No concerns	Concerns identified	Remains the same	

			Staff training	Aug-18	85%	83%	Deterioration	
			Governance	Sep-18	No concerns	Concerns identified	Remains the same	
			Equality & diversity	Sep-18	Fully assured	No concerns	Improvement	
	HEY	Good	Risk Management	Sep 18	No concerns	No concerns	Improvement	
			Culture	Sep 18	No concerns	No concerns	Improvement	
			Staff training	Sep 18	90%	85.6% Moving & Handling	Remains the same	
			Governance	Sep 18	No concerns	No significant concerns	Improvement	
			Equality & diversity	Sep 18	Not defined	No significant concerns	Remains the same	
	RDASH	Good	Risk Management	Sep 18	No concerns	No significant concerns	Improvement	
			Culture	Sep 18	Not recorded	No concerns identified	Improvement	
			Staff training	Sep 18	No concerns	No concerns	Remains the same	
			Governance	Sep 18	No concerns	No concerns	Remains the same	
			Equality & diversity	Sep 18	No concerns	Some concerns	Remains the same	

	EMAS	Requires improvement	Risk Management	Sep 18	Nil concerns	No sig concerns	Improvement	
			Culture	Sep 18	Nil concerns	No concerns	Improvement	
			Staffing	Sep 18	Nil concerns	Concerns identified	Deterioration	
			Governance	Sep 18	Nil concerns	No concerns identified	Remains the same	
			Equality & diversity	Sep 18	Nil concerns	Concerns identified	Deterioration	
	St Hugh's hospital	Requires Improvement	Risk Management	Sep 18	Nil concerns	No Concerns	Improvement	
			Culture	Sep 18	Nil concerns	No concerns	Remains the same	
			Staff training	Sep 18	Not recorded	Concerns identified	Remains the same	
			Governance	Sep 18	Nil concerns	Concerns identified	Improvement	
			Equality & diversity	Sep 18	Nil concerns	No concerns identified	Remains the same	
	Spire hospital	Good	Risk Management	Oct -18	Nil concerns	No concerns identified	Remains the same	
			Culture	Oct-18	Nil concerns	No concerns identified	Remains the same	
			Staff training	Oct -18	80%	78.1%	Remains the same	

			Governance	Oct-18	No concerns	No concerns identified	Improvement	
			Equality & diversity	Oct-18	Nil concerns	No concerns identified	Remains the same	
Responsive	NL&G	Requires improvement	Friends & Family Test - Response Rate	Sep 18	Not defined	A&E: 9.4%; Inpatients: 24%	Deterioration	
			Friends & Family Test - Positive response	Sep 18	Not defined	A&E: 96%; Inpatients: 86.4%	Improvement	
			Complaints	Sep 18	Not defined	56	Deterioration	
			Mixed Sex Accommodation	Sep 18	Nil	59	Deterioration	
			Access & Flow	Sep 18	92%	18 week - 69.3%	Deterioration	
	HEY	Requires improvement	Friends & Family Test - Response rate	Sep-18	Not defined	A&E: 17.8%; Inpatient: 14.9%	Improvement	
			Friends & Family Test - Positive response	Sep-18	Not defined	A&E - 84%; Inpatient: 99%	Improvement	
			Complaints	Sep -18	Not defined	51	Deterioration	
			Mixed Sex Accommodation	Sep-18	Nil	Nil	Remains the same	
			Access & Flow	Sep -18	No concerns	RTT 81.66%;	Improvement	

						A&E 87.45%		
	RDASH	Good	Friends & Family Test - Response rate	Sep 18	Not defined	>1%	Remains the same	
			Friends & Family Test - Positive response	Sep 18	Not defined	93%	Improvement	
			Complaints	Sep 18		19	Deterioration	
			Mixed Sex Accommodation	Sep 18	Nil	Nil	Remains the same	
			Access & Flow	Sep 18	No concerns	Concerns identified	Deterioration	
	EMAS	Good	Friends & Family Test - Response rate	Sep 18	Not defined	<1%	Deterioration	
			Friends & Family Test - Positive response	Sep 18	Not defined	86%	Improvement	
			Complaints	Sep 18	Not defined	6	Improvement	
			Access & Flow	Sep 18	National ARP	Non-compliant with Cat 2 - 4	Deterioration	
	St Hugh's hospital	Good	FFT response (inpatients)	Sep 18	90%	95.3% positive	Improvement	
			FFT response (Outpatients)	Sep 18	90%	100% positive	Improvement	
			Complaints	Sep 18	Not defined	3	Increase	
			Mixed Sex Accommodation	Sep 18	Nil	Nil	Remains the same	
			Access & Flow	Sep 18	Nil concerns	No concerns	Improvement	

	Spire hospital	Good	Friends & Family Test	Sep 18	Not recorded	29.7% response & 99% recommend	Improvement	
			Complaints	Sep-18	Not defined	2	Deterioration	
			Mixed Sex Accommodation	Sep-18	Nil	Nil	Remains the same	
			Access & Flow	Sep-18	No concerns	No concerns	Remains the same	

6.2 Appendix 2 - 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