


<b>Date:</b>	14th February 2019
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	8.1
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> (Name, Title)	Chloe Nicholson, Quality and Experience Manager.  Louise Tilley, Senior Finance Manager.  Emma Munday, Performance & Information Manager.
<b>GB Lead:</b> (Name, Title)	Clare E. Linley, Director of Nursing and Quality.  Emma Sayner Chief Finance Officer.
<b>Director approval</b> (Name)	Clare E. Linley, Director of Nursing & Quality.
<b>Director Signature</b> <b>(MUST BE SIGNED)</b>	

<b>Report Title</b>
Integrated Quality, Performance and Finance Report.
<b>Decisions to be made</b>
Members are asked to: <ul style="list-style-type: none"> <li>Review the content of this report.</li> <li>Determine the level of confidence with regard to assurance on quality, performance and finance.</li> </ul>

<b>Link to a Strategic Objective?</b>	<input checked="" type="checkbox"/>	This report supports the CCG in delivering its statutory duties, as defined by the NHS Constitution.
<b>Link to a Strategic Risk</b>	<input checked="" type="checkbox"/>	Delivery of statutory functions.

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

<b>Executive Summary (Question, Options, Recommendations):</b>
The integrated Quality Performance & Finance (QP&F) 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 December 2018)**

#### **YTD Performance**

At Month 9 the CCG has reported a Year to Date overspend of £1,409k which is £191k less than plan. The main areas driving this overspend are Acute Services, offset by under spends in Prescribing, Mental Health and Running Costs.

The Year to Date QIPP achievement at Month 9 was £5.911m against a target of £4.498m.

#### **Forecast Position**

At Month 9 the CCG is forecasting a £2.6m over-spend which is in line with the original planned over-spend of £4m less Commissioner Support Fund (CSF) of £1.4m received to date.

The forecast QIPP achievement at Month 9 was £7.310m against a target of £5.997m.

### **Performance and Quality**

#### **1. Improvements to the integrated QP&F report**

As part of the staged improvements being made to the QP&F report during quarter 3 and quarter 4 2018/19 additional information has been provided in the following:

- EMAS National Ambulance Clinical Quality Indicators at section 3
- Detail relating to Maternity services at section 4.1.3
- Quality data relating to Community services at section 4.1.4


#### **2. Performance against constitutional standards**

The CCG is currently meeting 15 of the 31 constitutional standards. Since the previous report the CCG is meeting one more constitutional standard, this is the Cancer 62 day Consultant Upgrade standard.

Tables 1 and 2 below provide an overview of CCG performance against constitutional standards (using latest data available).

Table 1 - The CCG is pleased to maintain performance in the following standards:

<b>Table 1: Performance has been maintained and the required standard has been met in the following:</b>	
--	--

<ul style="list-style-type: none"><li>➤ Cancer 2 Week Waits</li><li>➤ Cancer 31 Day Subsequent Waits – Anti Drug Regimens</li><li>➤ Cancer 32 Day Subsequent Waits – Radiotherapy</li><li>➤ Mixed Sex Accommodation</li><li>➤ Operations Cancelled for the 2<sup>nd</sup> time</li><li>➤ IAPT 18 Week Waits</li><li>➤ IAPT 6 Week Waits</li></ul>	
---	---

- Early Intervention 2 week waits
- Clostridium Difficile
- Ambulance Category 4 90<sup>th</sup> Centile

Table 2 - Improved performance has been identified in the following standards:

**Table 2: Performance has improved and the required standard has been met in the following:**

- 12 Hour Trolley Waits
- Cancer 62 Day Referral To Treatment Times – Screening service
- Cancer 62 Day Referral To Treatment Times – Consultant upgrade
- IAPT Recovery Rate



Performance challenges remain across a range of indicators including the following:

- 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 December 2018. In December 18 the CCG reported the same number of breaches against the 52 weeks waiting time standard as the previous month, the majority of these breaches took place at NLaG.
- NLaG failed to achieve the A&E 4 Hour waiting time improvement trajectory in December 2018 and overall performance deteriorated compared to the previous month. There were no 12 hour trolley wait breaches reported to the CCG in December 18.
- Performance against the 31 day Cancer Diagnosis first definitive treatment and subsequent treatments in Surgery continued to fall below required levels in November 18. Performance against the 31 day Cancer Diagnosis subsequent treatments in Radiotherapy achieved required levels in November 18.
- Performance against the 62 Day Cancer waiting times continues to underachieve in the urgent GP referral standard. The CCG achieved the required standard for screening service and Consultant update standards in November 18.
- Diagnostic 6 Week waiting times remains an area of significant concern, specifically in relation to MRI performance, with CCG level performance reducing further in December 18.
- Mental Health performance remained below required levels in receiving psychological therapies in November 18 with improvement in IAPT performance.
- One case of MRSA was reported in December 18 in relation to a North Lincolnshire patient.

Where performance falls below required standards the CCG is closely monitoring the impact on safety, experience and effectiveness.

### 3. Quality impact

- **Improvements identified in the CQC 2018 Maternity Survey at NLaG.**

In January 2019 the CQC published the results from the Maternity survey that was undertaken in 2018. The latest survey identified improvement in each section of the survey compared to the findings from the survey undertaken in 2017, these sections are Labour and birth; Staff; Care in hospital after the birth.

- **Quality concerns**

The main quality concerns currently affecting North Lincolnshire relate to East Midlands Ambulance Service (EMAS) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG). A summary of these concerns is provided below with further details provided in Section 3 and Section 4 of this report.

**1. Quality impact of delayed ambulance response at EMAS.**

Concerns continue to be raised by members practices of the CCG with regards to the quality impact of delayed ambulance response in North Lincolnshire. The CCG is currently unable to make a full assessment of the impact of these delays as GP Practice level quality and performance data is not currently available.

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

The CCG remains concerned with the number of SI's reported by the Trust where lack of robust systems and processes and lack of operational oversight have apparently contributed to the incident.

Since the previous Governing Body meeting the Trust has reported the following SI's in this regard:

- one SI relating to delay in sending outpatient letters due to issues with the Trust's process for typing clinical correspondence.
- ten pressure ulcer SI's reported by NLaG Community Services between 1 December 2018 and 31 January 2019 relating to North Lincolnshire patients

**3. Lack of assurance on progress made against CQC actions at NLaG.**

The CCG remains concerned with the continued lack of assurance provided by the Trust in relation to progress made against the CQC must do and should do actions at operational level.

This data remains outstanding. The CCG has submitted a formal request to the NLaG Quality Review Meeting (QRM) to receive this information at the QRM in December 18. The Trust has assured the CCG that an update on operational progress will be submitted to the QRM on 21<sup>st</sup> February 2019.

<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Review the content of this report.</li> <li>2. Identify areas of risk for escalation to the Governing Body.</li> <li>3. Determine the level of confidence with regard to assurance on quality, performance and finance.</li> </ol>	
<b>Report history</b>	This report has not been received by any other CCG Committee.	
<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The report highlights areas of concern and pressure in relation to sustainability of services and the CCG.
<b>Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>The report supports the Quality/Performance section of the CCG Assurance Map, in particular Performance reporting – Financial and Quality.</p> <p>It provides management level assurance to the CCG to enable them to provide second line assurance to the Members.</p> <p>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.</p>
<b>Legal</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	This report covers the NHS Constitution and NHS Standard Contract with providers.
<b>Finance</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Ongoing Financial sustainability impacted.

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

# **INTEGRATED QUALITY, PERFORMANCE & FINANCE REPORT**

**FEBRUARY 2019**

## 1. Introduction

- 1.1 This is the integrated report for the Governing Body on 14<sup>th</sup> February 2019. 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.

## 2. Financial Position (as at 31st December 2018)

### Achievement of Financial Duties

Based on information available up to 31 December 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 9 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 9 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 9 the CCG is forecasting growth in Mental Health spend in excess of 2.80%

### Financial Performance

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

	Year to Date (£000's)			Full Year (£000's)		
	Budget	Actual	Var	Budget	Actual	Var
Acute Services	88,716	91,624	(2,908)	118,270	120,023	(1,753)
Mental Health Services	16,904	15,263	1,640	22,538	21,518	1,020
Community Health services	17,049	17,082	(33)	22,732	22,951	(219)
Continuing Healthcare and Funded Nursing Care	13,176	13,179	(3)	17,569	17,628	(59)
Primary Care Services	28,109	26,922	1,187	37,479	36,475	1,004
Other Programme Services	7,716	7,736	(20)	15,848	15,842	6
Running Costs	2,803	2,476	327	3,831	3,831	0
Contingency	0	0	0	1,150	1,150	0
Planned In Year Deficit	(1,600)	0	(1,600)	(2,600)	0	(2,600)
<b>IN YEAR TOTAL</b>	<b>172,873</b>	<b>174,282</b>	<b>(1,409)</b>	<b>236,818</b>	<b>239,418</b>	<b>(2,600)</b>
Balance of Prior Year Deficit	(7,592)	0	(7,592)	(10,123)	0	(10,123)
<b>CUMULATIVE POSITION</b>	<b>165,281</b>	<b>174,282</b>	<b>(9,001)</b>	<b>226,695</b>	<b>239,418</b>	<b>(12,723)</b>

## Summary Financial Position

At Month 9 the CCG is reporting a YTD overspend of £1,409k which is £191k 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 9 the CCG has continued to over trade across the majority of its Acute Contracts.

The latest contract monitors show an increase in activity at our main Independent Sector Providers. Referrals to these providers have shown an increasing trend over recent months which is reflected in the financial forecast for these contracts.

### Northern Lincolnshire and Goole Hospitals NHS FT (NLaG)

North Lincolnshire CCG, North East Lincolnshire CCG and NLAG continue to meet on a weekly basis.

Aligned activity plans for 2019/20 were submitted on 14<sup>th</sup> January and an agreed set of principles have been agreed in advance of the draft finance plan submission on 12<sup>th</sup> February.

### Mental Health Services

The values reported for Month 9 include £1.2m income in relation to the favourable in-year arbitration outcome for a high cost Learning Disability Placement.

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 £1,162k under spent at Month 9.



This comprises a YTD underspend on PMD prescribing costs of £846k based on Month 7 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 £327k on running costs, mainly as a result of vacant posts within the establishment. 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. Higher than planned levels of activity in the CCG's smaller acute contracts continues, and with the increase in referrals to Independent Sector Providers the financial pressure for quarter 4 of 2018/19 could increase.
2. North Lincolnshire CCG has agreed an indicative forecast out-turn position with NLAG for 2018/19, however the contract will continue to trade out under payment by results. High levels of inaccuracies within the NLAG contract monitoring information continue to delay the CCG receiving timely information.
3. 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 £236,818k for both 'Programme' and 'Running' costs. This has increased by £93k in December, £46k received for GPFV Practice Nurse Measures Bids, £17k received for CCG WiFi Maintenance and £30k received for Mental health Winter Pressures.

### **Working Balance Management**

#### Cash:

The closing cash for December was £42k which was below the 1.25% target of £222k.

#### Better Payment Practice Code

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

##### a. Non NHS

The Non NHS performance for December was 100% on the value and number of invoices, whilst the YTD position is 99.92% achievement on the value and 99.84% on number.

b. NHS

The NHS performance for December was 100% on the value and number of invoices, whilst the YTD position is 99.99% achievement on the value and 99.94% on number.

## QIPP

The CCG's QIPP performance at 31 December 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	1,561	2,100	539	135%	2,081	2,695	614	130%
Mental Health and Learning Disabilities	1,050	1,721	670	164%	1,400	1,920	519	137%
Continuing Healthcare	1,425	1,322	-103	93%	1,900	1,772	-128	93%
Prescribing	462	768	306	166%	616	923	307	150%
<b>Total</b>	<b>4,498</b>	<b>5,911</b>	<b>1,413</b>	<b>131%</b>	<b>5,997</b>	<b>7,310</b>	<b>1,313</b>	<b>122%</b>

At Month 9 the CCG has reported a YTD achievement of £5.911m (131%) of QIPP savings against the year to date plan of £4.498m and is forecasting £7.310m QIPP savings by 31 March 2019.

The YTD actual achievement of £1.721m for Mental Health and Learning Disabilities includes £1.2m as a result of an arbitration decision during 2018/19.

### 3. CCG Quality and Performance Summary

This section provides an overview of CCG performance against constitutional standards and operational performance indicators 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. Since the previous report the CCG has not received updated information from Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) in relation to the following:

- serious incidents
- incidents
- complaints
- PALS contacts

As a result of this the CCG is challenged in making an assessment of quality impact in relation to the constitutional standards contained in section 3 of this report. The CCG has utilised all information available at the time of writing to provide an overview of the quality impact of performance where possible. The CCG has raised this reporting gap with the Trust via the contract meeting process.

With regards to performance and quality the CCG is currently meeting 15 of the 31 constitutional standards.

Since the previous reporting period:

- Performance has been maintained and the required standard has been met in the following constitutional standards:
  - Cancer 2 Week Waits
  - Cancer 31 Day Subsequent Waits – Anti Drug Regimens
  - Cancer 31 Day Subsequent Waits – Radiotherapy
  - Mixed Sex Accommodation
  - Operations Cancelled for the 2nd time
  - IAPT 18 Week Waits
  - IAPT 6 Week Waits
  - Early Intervention 2 Week Waits
  - Ambulance Category 4
- Performance has improved and the required standard has been met in the following constitutional standards:
  - 12 Hour Trolley Waits
  - Cancer 62 Day Referral to Treatment Times – Screening Service
  - Cancer 62 Day Referral to Treatment Times – Consultant Upgrade
  - Clostridium Difficile
  - IAPT Recovery Rates
- The CCG is failing to meet the required standards in the following constitutional standards:
  - 4 Hour A&E Waiting Times
  - 18 Week Referral to Treatment Times
  - 52 Week Waiting Times
  - Cancer 31 Day Subsequent Waits – Surgery
  - Cancer 62 Day Referral to Treatment Times
  - 6 Week Diagnostic Waiting Times
  - Ambulance Category 1 mean waiting time and 90% centile
  - Ambulance Category 2 mean waiting time and 90% centile
  - Ambulance Category 3
  - IAPT Entering Treatment
  - Mental Health CPA Follow Up
- Performance has deteriorated against the following constitutional standards since the last reporting period:
  - Cancer 2 Week Waits: Breast Symptom
  - Cancer 31 Day Diagnosis to first definitive Treatment
  - MRSA
- This paper provides an exception report
  - where the required standard is not being met, and;
  - where there has been a deterioration in performance since the last report

### 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 31st December 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%	86.6%	86.7%	84.7%			
	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	1	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%	86.4%	86.8%	85.1%			
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

3.1.1 Trust level performance against the A&E 4 hour waiting time target deteriorated to 85.1% in December 18 (86.8% in November 18) against the national target of 95% and the local A&E improvement trajectory of 90%.

3.1.2 A&E performance at the Trust's Scunthorpe General Hospital site reduced from 87.4% to 85.6% in December 2018 and performance at Diana Princes of Wales Hospital reduced to 84.5%, against the national target of 95% and the local improvement trajectory of 90%.

At the NLaG Quality Review Meeting on 17<sup>th</sup> January 19 the Trust confirmed that they will not deliver the National threshold of 95% for A&E in 2018/19.

3.1.3 Latest A&E reporting data reflects that the majority of A&E delays are due to lack of available bed at Scunthorpe Hospital and Grimsby Hospital, delays in diagnostic services and delays with on-going treatment.

3.1.4 In response to the performance challenges in A&E the Trust is focusing on reducing the number of super stranded patients (patients that have been in the Trust longer than 21 days) through the following:

- Implementation of the NHS Improvement SAFER patient flow bundle
- Increasing the number of senior clinical decision makers at the front of Scunthorpe hospital and Grimsby hospital for longer periods of time to improve the flow of patients

3.1.5 During December 18 two incidents were reported on the CCG Incident App regarding North Lincolnshire residents in A&E. One of these incidents related to clinical assessment in A&E, the other incident related to implementation of care or ongoing monitoring/review. Both of these incidents were reported by GPs. No harm has been identified.

In January 19 two further incidents were reported on the Incident App relating to North Lincolnshire residents in A&E; one incident related to clinical assessment in A&E and one related to implementation of care or ongoing monitoring/review. Both incidents were reported by GPs. The CCG awaits a response on the investigation for this incident.

3.1.6 The NLaG response rate for the A&E Friends and Family Test (FFT) at Scunthorpe Hospital remained low in November 18 at 6.1% (6.8% in October 18) against the England average of

12.2%. The percentage of responses that were positive also fell below required levels in November 18 achieving at 74% against the England average of 87%.

In response to the reduced FFT position the Trust is undertaking a focused work in its A&E and Outpatient departments to improve FFT response rates using SMS technology. Updates on progress with this work are provided by the Trust via the NLaG Quality Review Meeting.

- 3.1.7 Based on published data available to the CCG, the Trust has not identified any specific concerns or issues regarding patients experience of A&E (as at 30 Nov 18, latest data available).

The CCG did not receive any complaints or concerns relating to A&E services in December 2018 or in January 2019.

### 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 31<sup>st</sup> December 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%	74.95%	76.14%	75.49%			
	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	11,642	11,689	11,353			
	Den.	15,389	15,816	16,147	16,009	15,622	15,403	15,533	15,351	15,039			
Number of >52 week Referral to Treatment in Incomplete Pathways	Actual	183	171	171	155	165	165	116	68	68			
	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 reduced to 75.49% in December 18 (76.14% in November 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. Significant pressures remain in the following services provided by NLaG: Ear Nose and Throat (ENT), Trauma & Orthopaedics, Ophthalmology and Gastroenterology. These pressures are largely due to on-going capacity and staffing constraints within these specialties.

Whilst performance in these specialties remains significantly challenging improvements have been identified in the management and implementation of recovery plans in these areas. Clinical engagement and leadership of these recovery plans has also improved which has led to improved co-ordination of recovery actions and increased Board level scrutiny and oversight of action taken by the Trust to reduce waiting times.

- 3.2.3 The Trust holds an RTT Patient Tracking List meeting on a weekly basis. This meeting focuses on progress in delivery of improvement plans and improvement trajectories across the 8 priority specialties. Progress against the recovery plans is also reviewed by the Planned Care Board.

- 3.2.4 The number of North Lincolnshire patients waiting over 52 weeks for an appointment remained at 68 in December 18 (68 in November 18). The majority of the breaches reported for North Lincolnshire patients took place at NLaG (67 out of 68 breaches).

Table 1 below provides a breakdown of 52 week breaches and RTT 18 week performance position reported at NLaG at specialty level relating to North Lincolnshire patients, as at 31<sup>st</sup> December.

Table 1: 52 week breaches reported at NLaG in December 18 by specialty

Specialty	52 week Breaches (NLCCG)		18 week RTT Performance (against 92% standard)	
	No. breaches in Dec 18	Reduced/increased since prev month	Performance in Dec 18	Improved/deteriorated since prev month
ENT	30	Reduced	58.36%	Improved
General Surgery	25	Reduced	63.40%	Deteriorated
Ophthalmology	4	Reduced	73.19%	Deteriorated
Other (inc Pain)	8	Reduced	67.64%	Deteriorated
<b>Total</b>	<b>67</b>			

- 3.2.4 NLaG reported 144 breaches against the 52 week waiting time standard in December 18; this was above the agreed improvement trajectory of 140 for December 18. However, this is an improvement on the previous position of 169 breaches (November 18) and reflects the lowest number of breaches reported by the Trust during 2018/19.

The Trust confirmed at the NLaG Quality Review Meeting on 17<sup>th</sup> January 19 that they are on track to meet the 52 week improvement target (nil breaches) by 31<sup>st</sup> March 19.

- 3.2.5 The majority of the breaches that were reported in December 18 fell within the Surgery and Critical Care Division.

The specialties with the highest number of 52 week breaches in December 18 were as follows:

- Colorectal
- Ear Nose and Throat
- General Surgery
- Gastroenterology
- Pain Management

- 3.2.6 Since the previous report the Trust has identified additional capacity to reduce the waiting list in these areas. Additional capacity has been identified through the following:

- Increased care provision within the community where it is more appropriate for the patient
- Pathways established for Urology Clinical Nurse Specialist clinics and virtual clinics
- Additional theatre capacity at Goole Hospital creating 120 additional procedures per month
- Further use of independent sector

In addition to the above, the Trust has appointed a Project Manager to oversee management of the waiting list, this post will focusing on the longest waiting patients. The positive impact of this post has already been seen through the improved oversight and co-ordination of 52 week breaches and the reduced number of breaches reported in November 18 and December 18.

3.2.7 During January 19, NLaG reported two serious incidents (SI) relating to treatment delay in Ophthalmology services for North Lincolnshire patients.

One of these SI's related to current service provision and one was a retrospective incident that was identified via the Trust's clinical harm review process.

3.2.8 In December 18, 11 incidents were reported by GPs on the CCG Incident App relating to NLaG services under the category of Access/Appointment/Admission for North Lincolnshire patients.

From these incidents the following themes were identified:

- 3 incidents related to discharge letters being received by GP Practices prior to patient discharge
- 4 incidents related to transfer of work from secondary care to primary care.

The remaining incidents related to a variety of reasons and no common themes were identified.

3.2.9 In January 19, 15 incidents were reported by GPs on the CCG Incident App relating to NLaG services under the categories of Implementation of Care or Ongoing Monitoring; Access, Appointment, Admission, Transfer, Discharge; and Clinical Assessment for North Lincolnshire patients.

From these incidents the following theme was identified:

- 8 incidents were reported on the CCG Incident App relating to the transfer of work from secondary care to primary care

The CCG is working in collaboration with the Local Medical Committee, North East Lincolnshire CCG and NLaG to review the interface between primary and secondary care to identify and address inappropriate transfer of work. The CCG is also implementing a 'reporting fortnight' from 25th Feb to gather evidence via the CCG Incident App and develop an implementation plan to improve the system. It is hoped that this will resolve these issues.

3.2.10 At the NLaG Quality Review Meeting on 17<sup>th</sup> January 19 the Trust raised concern with regards to the high number of complaints and PALS concerns that remain open across all Trust services, the majority of which relate to long waiting times and poor communication from the Trust, and the increasing capacity challenges identified in the Trust's Complaints Department.

In response to these concerns the Trust updated the CCG(s) on improvement action taken including the following:

- Agreed increased capacity to the Trust's Complaints Team
- Complaints Team now co-located with divisional teams to improve engagement
- Comprehensive review of Trust's complaints process underway
- Additional complaint investigators and reviewers currently being trained
- Trust agreed internal monthly target for closing complaints.

Further update on progress with the improvement actions will be provided to the CCG(s) at the NLaG Quality Review Meeting on 21st February 19.

3.2.11 During December 2018 the CCG received one MP query relating to long waiting times at NLaG. This patient was dissatisfied with the length of time taken by the Trust to investigate and respond to their concerns and requested support from the CCG in gaining feedback from the Trust. The CCG is liaising with NLaG to supporting this request.

### 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<sup>th</sup> November 18, 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
All Cancer 2 week waits	Actual	95.5%	95.1%	93.6%	95.8%	96.7%	99.2%	97.9%	97.9%				
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	551	540	615	544	585	514	596	502				
	Den.	577	568	657	568	605	518	609	513				
Breast Cancer 2 week waits	Actual	89.2%	86.2%	72.2%	81.8%	84.0%	88.5%	97.1%	88.9%				
	Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Num.	33	25	26	36	21	23	34	32				
	Den.	37	29	36	44	25	26	35	36				

3.3.1 CCG level performance against the Cancer 2 Week Wait standard remained strong in November 18 achieving 97.9% against the national target of 93%.

3.3.2 CCG level performance against the Breast Cancer symptoms 2 week waiting time standard deteriorated to 88.9% in November 18 (compared to 97.1% in October 18) against the national standard of 93%.

This reduced performance position related to 4 North Lincolnshire patients exceeding the 2 week waiting time in November 18; all four breaches were due to patient choice.

### 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 30<sup>th</sup> November 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%	97.0%	94.6%				
	Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
	Num.	87	92	102	104	91	88	97	88				
	Den.	89	95	105	107	92	93	100	93				
Cancer 31 day waits: subsequent cancer treatments-surgery	Actual	95.2%	100.0%	92.9%	91.7%	95.8%	87.0%	92.0%	90.5%				
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	20	11	13	22	23	20	23	19				
	Den.	21	11	14	24	24	23	25	21				
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	Actual	100%	100%	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	26	32				
	Den.	21	24	17	27	27	26	26	32				
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	Actual	93.1%	100.0%	95%	100%	100%	94%	97%	100%				
	Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Num.	27	24	18	13	32	33	32	32				
	Den.	29	24	19	13	32	35	33	32				



3.4.1 CCG level performance against the 31 day Cancer Diagnosis to Treatment waiting time standard achieved required levels in November 18 (latest data available) with the exception of patients waiting for first definitive treatment and subsequent treatment in surgery which failed to meet the standard required.

In total 5 North Lincolnshire residents waited over 31 days for 1st definitive treatment in November 18 and 2 patients for subsequent treatment in surgery. All of these breaches related to inadequate elective capacity for treatment in an admitted care setting (patient unable to be scheduled for treatment within standard time).

### 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 30<sup>th</sup> November 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%	70.8%	67.5%				
	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Num.	29	40	41	34	34	28	34	27				
	Den.	41	59	56	55	47	41	48	40				
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%	85.7%	90.0%				
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	1	1	6	3	9	8	6	9				
	Den.	1	2	6	6	12	8	7	10				
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	Actual	66.7%	Nil Return	100.0%	Nil Return	66.7%	50.0%	40.0%	100.0%				
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	2	0	2	0	2	1	2	2				
	Den.	3	0	2	0	3	2	5	2				

3.5.1 The CCG commissioned providers failed to achieve the required level of performance against the 62 Day Cancer GP Referral standard in November 18 achieving 67.5% against the national standard of 85%.

The majority of these delays relate to complex or delayed diagnostic pathways, patient choice, capacity issues or other reasons not specified.

The CCG met the 62 Day Cancer screening standard in November 18 achieving 90% against the national standard of 90%.

3.5.2 In response to performance challenges in meeting the 62 days referral standard the Trust has developed improvement plans in the following pathways:

- Colorectal
- Lung
- Upper Gastrointestinal
- Urology

These improvement plans include the following:

- Further scrutiny of 2 week wait referrals to reduce un-necessary diagnostic requests and ensure the patient is in the right place first time.
- Implementation of Best Practice Treatment pathways (faster diagnosis pathways) for Colorectal, Lung and Prostate Cancer.
- Further capacity and demand work undertaken across pathways to inform pathway redesign. E.g. Outpatients, diagnostics and theatres.
- Funding provided to the Trust from the Cancer Alliance to support the following posts:
  - 1 x Band 7 Project Manager
  - 3 x Band 4 Cancer Care co-ordinators to support the Living With and Beyond Cancer work stream
  - 1 x Inter Provider Transfer Cancer Tracker to improve communication and smoother transfer of patients between NLaG and tertiary centres.

3.5.3 During December 18 and January 19 there were no SI's reported in cancer services for North Lincolnshire patients.

The CCG did not identify any incidents relating to cancer services for North Lincolnshire patients in December 18 and January 19.

3.5.4 The Trust did not identify any concerns or issues relating to patients experience of cancer services in November 18 (latest published data available).

The CCG did not receive any complaints or PALS concerns relating to local cancer services in December 18 or January 19.

### 3.6 Diagnostic 6 Week Waiting Time Standard

The table below reflects CCG performance against the national diagnostic waiting time standard of no more than 1% of patients should wait in excess of 6 weeks for an appointment, as at 31<sup>st</sup> December 18 (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
Diagnostic test waiting times	Actual	14.95%	19.64%	13.22%	10.62%	13.06%	11.07%	7.16%	4.87%	11.71%			
	Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
	Num.	896	1161	755	579	673	611	424	294	670			
	Den.	5994	5911	5712	5451	5154	5521	5920	6033	5724			

3.6.1 CCG performance against the national diagnostic test waiting time standard remained below the required levels in December 18 achieving 11.71% against a target of 1% (latest data available). This is deterioration from the November 18 position of 4.87%.

3.6.2 Of the 670 diagnostic breaches reported for North Lincolnshire residents in December 18, 644 related to NLaG, 25 related to Hull and East Yorkshire NHS Hospitals Trust (HEY) and 1 related to provider organisations in other areas.

3.6.3 The pressures in diagnostic services at NLaG and HEY largely relate to ageing equipment (specifically MRI and CT scanners) and limited number of mobile scanners.

In response to these pressures NLaG has sourced a second CT scanner (to be situated at Scunthorpe Hospital) which will be operational by 31<sup>st</sup> March 2019. The Trust has also procured replacement Endoscopy washers and scopes for equipment that is currently out of service. It is anticipated that the Trust will be back to optimum capacity by 31<sup>st</sup> March 19.

3.6.4 No incidents were reported to the CCG Incident App relating to diagnostic services in December 2018 and January 2019.

3.6.5 During November 18 the Trust did not identify any specific concerns or issues regarding patients experience of diagnostic services (as at 30 Nov 18, latest data available).

The CCG did not receive any formal complaints or PALS concerns relating to local diagnostic services in December 18 and January 19.

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

3.7.1 Ambulance response times are measured against the Ambulance Response Programme (ARP) standards. Reporting under the ARP means that there is no longer a performance 'hit' or 'miss' based on the speed of response, performance measures are now based on the mean and/or 90th percentile.

The ARP performance standards are summarised in the table below:

Category of call	The average (mean) will be less than	9 out of 10 will arrive in less than (90 <sup>th</sup> percentile)
Category One (C1) - Life Threatening For people with a life-threatening injury or illness	7 minutes	15 minutes
Category Two (C2) - Emergency For emergency calls	18 minutes	40 minutes
Category Three (C3) – Urgent For urgent calls. In some instances the patient may be treated by ambulance staff in their own home	40 minutes	120 minutes
Category Four (C4) - Less Urgent For less urgent calls. In some instances patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. C4 responses now exclude calls from Healthcare Professionals (HCPs) as these calls will be reported separately by EMAS.	2 hours	180 minutes

3.7.2 Table 1 below provides an overview of latest EMAS performance against the national ARP performance standards at CCG level (using latest data available).

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

Table 1 – 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: <b>Category 1</b> - 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	00:08:05	00:08:29	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	00:14:37	00:16:40	00:15:12			
	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: <b>Category 2</b> - 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	00:32:30	00:29:45	00:31:47			
	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	01:09:39	01:05:11	01:09:02			
	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: <b>Category 3</b> - 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	03:10:46	03:13:49	02:27:55			
	Target	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00
Ambulance clinical quality: <b>Category 4</b> - 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	03:54:37	02:40:30	01:11:08			
	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

3.7.3 EMAS did not achieve the mean standard or the 90<sup>th</sup> centile tolerance for Category 1 calls or Category 2 calls, or the 2 hour response time standard for Category 3 calls in North Lincolnshire in December 2018.

EMAS did meet the 3 hour response time standard for Category 4 calls in North Lincolnshire in December 18 achieving 1 hour 11 minutes (compared to 2 hours 40 minutes in November 18).

3.7.4 In response to delayed ambulance response times to Category 1, 2 and 3 calls during 2018/19, NHS Improvement (NHSI) led a deep dive review of the Trust's performance on 23<sup>rd</sup> January 19 to establish where further efficiencies and improvements can be made. NHSI will continue to undertake deep dive reviews of the Trust's performance and their improvement actions on a monthly basis.

NHS Hardwick CCG as the lead commissioner for the EMAS contract attended the review on 23<sup>rd</sup> January and will provide feedback to CCGs on the outcome of the review via the County Commissioning Meeting (CCM) in February 19.

### 3.7.5 Local ambulance performance and quality data

CCG level data is not currently available for the full range of quality and performance indicators being reported at a Lincolnshire Division level. The information provided in paragraphs 3.7.5 to 3.7.13 reflects the Trust wide position and the CCG position where the data is available.

### 3.7.6 Post clinical handover of patients

EMAS continues to report high number of breaches against the post clinical handover turn around standard of 15 minutes across the Trust's entire footprint. Post clinical handover data is currently not available at CCG level. This standard relates to the time taken by EMAS ambulance crews to depart from hospital following patient transfer.

The Trust reported 2,800 breaches of the 15 minute standard across its footprint in November 18 where turnaround times fell between 30 – 60 minutes. This is a reduction on the previous month (2,942 in October 18) and is the lowest number of breaches reported during 2018/19.

EMAS reported 204 breaches of this standard where turnaround exceeded 60 minutes across the Trust. This is an increase on the previous month (184 in October 18) and reflects the highest number of breaches since April 18. Turnaround times that exceed 60 minutes attract a greater financial penalty.

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 handovers between ambulance & A&E must take place within 15 mins (30-60 minute handover time)	Actual	3309	3569	3405	3317	3174	3143	2942	2800				
	Target	0	0	0	0	0	0	0	0	0	0	0	0
All handovers between ambulance & A&E must take place within 15 mins (none more than 60 mins)	Actual	257	180	198	201	166	177	184	204				
	Target	0	0	0	0	0	0	0	0	0	0	0	0

3.7.6 The Trust is implementing a revised governance structure to support Board level oversight of performance and quality. This new structure will be divided into the following categories:

- Quality and compliance
- Workforce and recruitment
- Planning and performance
- Finance
- Transformation

The impact of the revised governance arrangements will be reviewed via the monthly EMAS County Commissioning Meeting.

3.7.7 Response rates to the Friends and Family Test (FFT) remain low with 22 responses received by EMAS in November 18 out of approximately 16,000 patients. Of the 22 patients that responded, 100% said they would recommend EMAS to their family and friends.

3.7.8 The Trust reported one serious incident (SI) relating to the Lincolnshire Division in December 18. This SI did not relate to a North Lincolnshire patient.

There were no SI's reported via the CCG Incident App relating to EMAS services affecting North Lincolnshire patients in December 18 or January 19.

3.7.9 In December 18 there were no incidents reported by GPs on the CCG Incident App relating to EMAS.

In January 2019, 1 incident was reported on the CCG Incident App relating to delayed ambulance response by EMAS.

During December 18, the Trust identified an increase in the number of incidents reported by the Lincolnshire Division relating to delayed ambulance response. CCG level performance and quality data relating to delayed ambulance response is not currently available to the CCG. In response to this the CCG has submitted a formal request to the Trust to access this data; we await the receipt of this data.

In the meantime, the Trust is addressing the impact of delayed response by facilitating locality workshops with paramedic teams to review themes and trends identified through incident reporting process and to learn lessons.

3.7.10 In response to the concerns raised by GPs in North Lincolnshire in relation to delayed ambulance response times, the CCG Quality Team is working in collaboration with EMAS to undertake a deep dive review of quality and performance data to further understand the impact of these delays. EMAS performance and quality data will be utilised to support this review.

The CCG Executive Team Meeting receives regular updates on the Trust's performance and the quality impact of performance.

The outcome from the deep dive review will be submitted to the CCG Executive Team and to the QP&F Committee in March 2019.

### 3.7.11 **National Ambulance Clinical Quality Indicators**

This section provides an overview of EMAS performance against the National Ambulance Clinical Quality Indicators (ACQI). The ACQIs were established by NHS England in 2011 to review and monitor clinical outcomes for ambulance services.

An update on the Trust's performance against the ACQIs for quarter 2 2018/19 (latest published data available) is provided below.

During quarter 2 2018/19 the national ACQIs were amended to include the following:

- cardiac arrest survival measure
- post- return of spontaneous circulation (ROSC) care bundle

The information provided below reflects EMAS performance during quarter 2 2018/19 (latest data available) against the amended ACQIs across the Trust's entire footprint.

During quarter 2 2018/19 EMAS achieved the national standards in the following indicators:

- Cardiac Arrest – Survival to discharge (STD)
- STEMI care bundle
- STEMI timeliness (call to needle)
- Stroke diagnostic bundle

During quarter 2 EMAS did not achieve the national standards in the following indicators:

- Cardiac Arrest – Post-ROSC care bundle
- Cardiac Arrest – Return of spontaneous circulation (ROSC)
- Stroke timeliness (call to door)

The Trust has not identified any clinical harm caused to patients due to non-achievement of the above indicators.

3.7.12 The Trust did not receive any formal complaints relating to the Lincolnshire Division in December 18 (latest data available).

In December 18, EMAS Lincolnshire Division received 20 PALS contacts and 12 compliments. From the data provided by the Trust the CCG is unclear whether any of these PALS contacts or compliments related to North Lincolnshire residents as this data is not currently available at

CCG level. The CCG has submitted a request to the Trust to confirm the number of contacts that relate to North Lincolnshire.

The CCG did not receive any complaints or PALS contacts relating to EMAS during December 18 and January 19.

### 3.8 Mental Health standards

3.8.1 Table 1 contains CCG performance against the various measures relating to Mental Health including Improving Access to Psychological Therapies (IAPT), Care Programme Approach and Early Intervention waiting times.

The Trust's performance in relation to the percentage of people who have depression or anxiety disorders who receive psychological therapies reduced in November 18. This is due to several appointments having to be cancelled because of reduced staff capacity within the IAPT service.

The Trust has not identified any negative impact on the quality of the IAPT service as a result of these capacity constraints.

Table 1: RDaSH performance against place based mental health 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%	1.4%	1.1%	1.0%				
	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	193	149	140				
	Den.	13460	13460	13460	13460	13461	13461	13461	13461				
% of people who are moving to recovery	Actual	60.0%	64.3%	50.0%	50.0%	51.6%	44.6%	48.0%	51.4%				
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	81	101	60	87	80	75	85	57				
	Den.	135	157	120	174	155	168	177	111				
% 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 Psychosis)	Actual	NIL Return	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	100.00%	100.00%			
	Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Num.	0	2	4	1	2	6	7	4	4			
	Den.	0	2	4	1	2	7	7	4	4			
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%	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	193	149	140				
	Den.	135	160	122	176	156	193	149	140				
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	Actual	96.30%	96.25%	96.72%	94.89%	96.15%	98.45%	95.30%	89.29%				
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Num.	130	154	118	167	150	190	142	125				
	Den.	135	160	122	176	156	193	149	140				

3.8.2 In January 2019, Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) reported two SIs in relation to North Lincolnshire patients. One SI was reported under the category of unexpected/potentially avoidable death and one was reported under the category of

of apparent/actual/suspected self-inflicted harm. Both of these SI's are currently being reviewed through the SI process.

- 3.8.3 During December 18 (latest data available) RDaSH reported 37 incidents in relation to services provided in the North Lincolnshire Care Group. This is a decrease of 13 incidents from the previous month and is a reduction on the same period in 2017.

In December 18, RDaSH reported 4 incidents regarding the use of restraint in North Lincolnshire; this is below the average position of 9 incidents per month and is a reduction on the previous month (6 incidents reported in November 18). Since December 2017 Adult Mental Health Services in North Lincolnshire reported more restraints than the other clinical service provided by the Trust in North Lincolnshire, with 83 incidents in total. This is due to the nature of the needs and conditions that patients have whilst accessing this service.

During December 18 and January 19 there were no incidents reported by GP's on the CCG Incident App relating to mental health services provided by EMAS.

- 3.8.4 Since the previous report the Trust has identified an increase in the number of unclosed incidents within the North Lincolnshire Care Group due to delays in the Trust's internal investigation of these incidents.

In response to this the Trust is undertaking a review of open incidents to identify any obstacles to completion prioritising the oldest incidents. The outcome from this review will be submitted to the RDaSH Quality and Performance (Q&P) Meeting in February 2019.

- 3.8.5 In December 18 (latest published data available) RDaSH received one new complaint and 4 PALS contacts relating to mental health services provided in North Lincolnshire. Two complaints relating to North Lincolnshire patients were reopened by the Trust in December 18; the Trust is working with the complainant to resolve their concerns.

The Trust continues to report challenges in completing complaint investigations due to staff capacity issues. In response to this the Trust's Nursing and Quality Team is undertaking a review of their complaints process to ensure that all available efficiencies are being made. Further update on the outcome from this review will be provided at the RDaSH Q&P Meeting in February 19.

- 3.8.6 During December 18 or January 19 the CCG did not receive any new complaints or PALS concerns relating to local mental health services.

- 3.8.7 During November 18 (latest data available) RDaSH received 184 responses to the Friends and Family Test (FFT) out of a possible 19,470. This reflects that FFT response rates remain low. Of the 150 responses received 94% would recommend the Trust.

- 3.8.8 In January 18, the Trust reported one safety alert that was due to expire on 25<sup>th</sup> January 19. This alert related to the provision of resources to support safer care for patients at risk of autonomic dysreflexia. The Trust has implemented actions to progress this position; no risks have been identified by the Trust in relation to this alert.



### 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	0	1			
	Target	0	0	0	0	0	0	0	0	0	0	0	0
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile).	Actual	7	3	1	3	1	2	3	1	1			
	Target	3	2	3	3	2	3	2	3	3			

3.9.1 The CCG has a zero tolerance of Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia cases for 2018/19. During December 18 Scunthorpe General Hospital reported 1 MRSA bacteraemia case in relation to a North Lincolnshire resident which was deemed to be community acquired due to the timeline of events.

The Post Infection Review (PIR) tool has been completed to review whether anything could have been done differently of which no new areas of learning were identified.

3.9.2 There have been 22 cases of Clostridium Difficile (C.Diff) reported in 2018/19 (as at 31<sup>st</sup> December 18) in relation to North Lincolnshire patients, against the year to date trajectory of 24. This reflects that the CCG is currently meeting the trajectory in relation to C.Diff performance.

Of the 21 C.Diff cases reported in 18/19 6 were deemed to be hospital acquired and 15 cases were acquired in the community.

3.9.3 The CCG has not identified any complaints, concerns or incidents in relation to infection prevention and control in December 18 or January 19.

## 4. Overview of the CCG's Main Providers

This section of the report provides an overview of the CCG's main providers. Information contained in this section includes areas of quality performance that 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 relate to the standards contained within the standard NHS contract.

### 4.1 Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

#### 4.1.1 Care Quality Commission inspection: Quality Risk Profile of NLaG services

The Quality Risk Profile (QRP) methodology was developed by NHS England in 2017 to support commissioners in identifying quality risks within provider services. The QRP provides a consistent approach to the assessment of risk by applying standard quality indicators which the service/provider is measured against.

In December 18 the CCG(s) led a Quality Risk Profile (QRP) of NLaG services in response to the CQC's findings from their latest inspection. The latest QRP identified improvement on the previous QRP which was undertaken in October 2017.

The QRP undertaken in October 17 identified that the majority of indicators (74%) were rated as high risk or very high risk. The QRP undertaken in December 18 identified that the percentage of indicators that are rated as high risk or very high risk has reduced from 74% in

2017 to 60% in 2018. This could be indicative of the improvement actions undertaken by the Trust in 2018/19.

The latest QRP highlights that 17 indicators that were rated as very high risk in December 18 were also rated as very high risk in October 17.

In January 2019 the final version of the QRP was considered by the System Improvement Board Patient Safety Group. The updated QRP will be used to focus improvement and assurance activity across the local health system.

Operational assurance on progress made by the Trust against the CQC Must Do and Should Do actions to be provided to the NLaG QRM on 21st February 2019.

#### **4.1.2 Serious Incidents (SI's)**

The CCG remains concerned with the theme identified from recent SI's and incidents suggesting a lack of system oversight and lack of organisational learning (at operational level) across the Trust.

Since October 2018 the Trust has reported four SI's relating to system failures across Trust services. These SI's were reported to the Governing Body in December 18 and are summarised as follows:

- SI relating to cervical screening letters
- SI relating to delayed discharge summaries
- SI relating to clock stopping whilst on a waiting list
- SI relating to long waiting times in Ophthalmology services

In addition to the above in November 18 NLaG reported 11 pressure ulcer SI's meeting SI criteria dating back as far as April 2018. These SI's were also included in this report to the Governing Body in December 18.

In December 18 and January 19 the Trust has reported further SI's indicating lack of system oversight, these SI's are summarised below.

- **Pressure Ulcer SIs in Community Services**

Between 1 December 2018 and 31 January 2019 NLaG Community Services reported 10 Pressure Ulcer SIs relating to North Lincolnshire patients.

These SI's are currently being reviewed by the CCG SI process.

- **SI relating to Dictate IT clinic letters**

In January 2019 NLaG reported an SI relating to the Trust's Dictate IT system for typing clinical correspondence and delays in sending outpatient clinical letters. This SI affects all CCGs and is currently being investigated by the CCG SI process.

- **Quality of SI reports**

The CCG has identified a positive improvement in the quality of the pressure ulcer SI reports submitted to the CCG during January 19.

Since the previous report the CCG Quality Team has seen an improvement in the content and quality of some of the 72 hour reports that are submitted to the CCG by providers following the initial STEIS notification. These improvements mainly relate to SI's identified within paediatric services and maternity services.

### 4.1.3 Maternity services

Information provided in this section was introduced to this report in January 2019 and has been included as part of the stepped changes in the reporting arrangements to the QP&F Committee.

#### • Local Quality Standards

The table below provides details of the Trust's performance against the maternity measures contained within the local quality schedule (Schedule 4C) of the NLaG contract for 2018/19.

To date during 2018/19 (as at 31<sup>st</sup> October 18, latest published data available) NLaG has not achieved the required standard for the percentage of women referred to smoking cessation services and had stopped smoking at the time of delivery.

#### Maternity

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
Maternity - women recorded as smoking by 12 weeks & 6 days referred to smoking cessation	Actual	100%	100%	100%	100%	100%	100%	100%	100%				
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Maternity - percentage of women that were referred to the smoking cessation services stopped at the time of delivery.	Actual	13%	7%	10%	4%	7%	6%	11%					
	Target	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%
Maternity patients that initiate breastfeeding within 6 hours of delivery (excludes any transfers to NICU)	Actual	58.3%	55.8%	58.4%	57.4%	55.8%	55.0%	61.2%					
	Target	59.6%	59.6%	59.6%	59.6%	59.6%	59.6%	59.6%	59.6%	59.6%	59.6%	59.6%	59.6%
Maternity - women who have seen a midwife by 12 weeks and 6 days	Actual	97.3%	96.4%	96.5%	96.6%	97.5%	97.0%	97.6%	97.6%				
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Rate for stillbirths at or below national benchmark rate (rolling 12 month per 1000 births)	Actual	3.0	3.2	3.3	3.4	3.6	3.8	3.8	3.4				
	Target	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7

#### • Smoking cessation

The percentage of women that were referred to smoking cessation during pregnancy and stopped smoking at the time of delivery continued to fall below required levels in October 18 (latest data available) at 11% against the required national NHS England standard of 17%. This is further deterioration on the previous month (6% in September 18).

The CCG continues to work in collaboration with Public Health North Lincolnshire to support improvements in smoking cessation during pregnancy. For example:

- Development of a local Tobacco Control Strategy which incorporates reduction in smoking during pregnancy
- CCG investment in the Baby Clear initiative within NLaG

#### • Breastfeeding initiation

Breastfeeding initiation rates at NLaG improved in October 18 (latest data available) achieving the required standard at 61.2% against the standard of 59.6%. This is an improvement on the previous month (55% in September 18).

#### • Serious Incident

In January 2019 NLaG reported one SI relating to a diagnostic incident in maternity services for a North Lincolnshire patient. This SI is currently being investigated by the SI process.

#### • CQC Maternity Survey Results 2018

On 29 January 2019 the CQC published the results from the Maternity survey that was undertaken in NLaG during the summer of 2018. A questionnaire was sent to all women who gave birth in NLaG maternity services in February 2018; responses were received from 92 patients.

The survey asked women about their experiences of care across the pregnancy pathway from antenatal care, labour and birth, and postnatal care.

Table 1: Summary of the survey questions, score and comparison with other Acute Trusts:

Survey question	Score (out of 10)	Comparison with other Acute Trusts
Labour and birth	9.2	About the same
Advice at the start of labour	9.4	About the same
Moving during labour	8.4	About the same
Skin to skin contact	9.5	About the same
Partner involvement	9.5	About the same
Staff	9.2	About the same
Staff introduction	9.3	About the same
Being left alone	8.5	About the same
Raising concerns	9.2	Better
Attention during labour	9.4	Better
Clear communication	9.6	About the same
Involvement in decisions	9.0	About the same
Respect and dignity	9.4	About the same
Confidence and trust	9.3	About the same
Care in hospital after the birth	8.0	About the same
Length of hospital stay	7.8	About the same
Delay in discharge	5.7	About the same
Reasonable response time after birth	8.2	About the same
Information and explanations	8.3	About the same
Kind and understanding care	8.9	About the same
Partner length of stay	7.9	About the same
Partner who was involved in care being able to stay with them as much as they wanted		
Cleanliness of room or ward	9.5	About the same

Overall the survey results reflect an improving position. Questions that attracted a low score such as delay in discharge will be raised at the NLaG Quality Review Meeting on 21<sup>st</sup> February 19 for review.

The full survey report can be accessed via the link below:

<https://www.cqc.org.uk/provider/RJL/survey/5>

#### 4.1.4 Community services

- Response rates to the Friends and Family Test in Community services remains low at 1.7% (November 18). Of the responses submitted in November 18, 99.2% were positive.
- Patient Safety Thermometer data for Community services in November 18 (latest published data) reflects that 91.8% of care was harm free.
- The CCG is establishing a new performance and Quality meeting for community services.

#### **4.1.5 Staffing**

In November 18 the Trust wide vacancy position reduced to 6.47% against the Trust target of <7%. This is an improvement on the position in November 17 when the Trust reported 9.14% vacancy and the Trust now falls within the agreed standard and is the lowest vacancy position reported in 2 years.

These improvements are largely due to targeted recruitment campaigns and talent acquisition undertaken by the Trust.

- **Medical and Dental vacancy position**

The Medical & Dental vacancy position increased slightly in month to 16.89% which is above the target of <15%, this reflects an increase of 2.6% since the previous month.

- **Nursing vacancy position**

The Registered Nursing vacancy position remains slightly outside of target at 7.41% against the target of 6%.

- **Unregistered Nursing vacancy position**

The Unregistered Nursing vacancy rate increased to 3.83% in November 18.

- **Staff training**

The Trust level overall percentage of compliance with staff training deteriorated in November 18 (latest data available) to 76% against the Trust internal target of 85%. This is largely due to increased clinical demand on staff during winter months. The Trust is reviewing method of delivering its mandatory and statutory training schedule to support staff in completing training.

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

##### **4.2.2 Child and adolescent mental health services (CAMHS)**

RDaSH continues to report long waiting times in the following RDaSH services:

- Consultation and Advice pathway for generic CAMHS referrals
- Autism spectrum disorder (ASD) / Attention deficit hyperactivity disorder (ADHD) diagnostic pathway

In response to these concerns the CCG in collaboration with the Trust is undertaking a deep dive review of quality to further understand the quality impact of long waiting times. Further detail on the outcome from this review will be provided in this report in March 2019.

#### **4.3 East Midlands Ambulance Service (EMAS)**

##### **4.3.1 EMAS continue to report staffing issues across the Lincolnshire Division, with significant pressure reported in the South and East areas of the Lincolnshire County.**

The Trust has implemented several initiatives to improve staffing levels including widening recruitment campaign, joint development with Lincoln University and revising its Workforce Strategy, however the beneficial impact of these initiatives has not yet been identified in North Lincolnshire.

The CCG is working closely with the Trust to review the impact of these staffing pressures on North Lincolnshire from a quality and performance perspective.

#### **4.4 Hull and East Yorkshire Hospitals NHS Trust (HEY)**

- 4.4.1 During December 18, 92% of patients at HEY received harm free care before or since admission to hospital, this is a reduction on the previous month (93.5% harm free care in November 18).

The Trust continues to work with local service providers to improve management of patient harms E.g. catheter management and pressure ulcers, prior to admission to hospital.

In December 18, the Trust reported that 98% of patients received no new harms since being admitted into hospital.

#### **4.5 St Hugh's Hospital**

- 4.5.1 During quarter 3 and quarter 4 2018/19 the CCG(s) has been working in collaboration with NLaG and St Hugh's to transfer long waiting from the Trust's pain service to St Hugh's Hospital as part of a waiting list reduction initiative.

As a result of this 21 North Lincolnshire patients breached the 52 week waiting time standard in November 18 it is possible that more breaches will occur as further patients are transferred from NLaG to St Hugh's.

This will have a significant impact on the RTT position at St Hugh's. To date the CCG has not identified any evidence that these patients have been harmed as a result of these long waits.

#### **4.6 Spire Hull and East Riding Hospital**

- 4.6.1 No significant concerns or issues have been identified in relation to Spire Hospital since the previous report.

### **5. Primary Care Update**

North Lincolnshire Primary Care Scorecard – Quarter 3 (October 2018 – December 18, 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 Secondary Care Utilisation Scorecard is provided below, for information.

Practice No.	Practice Name	Practice List Size Jan 19	List size increase / decrease (from previous month)	GP Friends & Family % Patients would recommend Nov 18	GP Friends & Family % Patients would not recommend Nov 18	Annual GP Patient Survey % Patients would recommend 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 Dec 18	Patient OnLine - Patients enabled to electronically order repeat prescriptions - Dec 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	Q3 2018/19
881045	Ashby Turn PC Partners	12660	0.06%	94.54%	4.20%	78.48%	86%	17.70%	17.70%	545.2	May 2016 - Good		5			1	1							
881118	West Common Lane Teaching Practice	7957	-0.08%	91.36%	7.41%	73.76%	86%	17.54%	17.43%	546.3	Feb 2016 - Good		106	22			1	1						
881113	Cedar Medical Practice	7320	0.12%	93.19%	5.53%	89.62%	93%	12.65%	12.64%	547.3	Feb 2016 - Good		3		1	1								
881026	Ancora Medical Practice	19752	0.32%	No Data	No Data	81.01%	92%	29.92%	29.91%	545.4	November 2015 - Good		12	9				1		4 - 3 x Query around IFR referral & decision, 1 x Unhappy with waiting times for appointments				
881022	Cambridge Avenue Medical Centre	13949	0.04%	No Data	No Data	75.14%	81%	28.57%	28.43%	554.5	June 2016 - Good		12	4				1		2 - 1 x Pt wanted to understand diagnosis as they had been given conflicting information from different clinicians. 1 x Pt called regarding the wait time for an appointment for pain injections at SGH.				1
881099	Kirton Lindsey Surgery	10124	0.16%	No Data	No Data	77.42%	92%	20.66%	20.65%	551.3	May 2016 - Good		7	2				3	1					
881648	The Killingholme Surgery	1448	0.28%	No Data	No Data	83.08%	91%	14.06%	14.20%	553.0	Oct 2017 - Good	1	14											
881109	Riverside Surgery (Brigg)	12819	-0.08%	No Data	No Data	83.43%	84%	24.39%	22.62%	527.6	March 2016 - Good		7	1					1				1	
881647	West Town Surgery (Barton on Humber)	3060	-0.03%	No Data	No Data	78.50%	86%	19.21%	19.24%	558.1	August 2016 - Good		5		1								1	
881628	The Medical Centre (Barnetby)	2980	0.13%	No Data	No Data	90.31%	96%	15.15%	15.02%	553.2	Jan 2017 - Good		2	3										
881007	Winterton Medical Practice	9792	-0.08%	94.62%	2.69%	90.36%	90%	12.72%	12.72%	550.2	April 2015 - Good		41		8					1 - Pt unhappy with wait times to see GP				
881005	Central Surgery (Barton on Humber)	16839	0.10%	No Data	No Data	62.55%	68%	23.05%	23.05%	549.0	Nov 2017 - Good		5			1				1 - Query around IFR referral and decision				
881063	Bridge Street Surgery (Brigg)	6365	0.05%	No Data	No Data	99.41%	95%	50.08%	49.92%	558.5	Jan 2017 - Good		17	1			1							
881617	The Birches Medical Practice	8872	0.17%	87.85%	8.41%	64.93%	72%	6.12%	6.11%	551.1	April 2016 - Good		13	1	2	2			3	1				
Y02787	Market Hill	6193	0.65%	No Data	No Data	60.01%	79%	21.50%	21.50%	529.6	April 2018 - Requires improvement		11		1			2	1					
881064	Church Lane Medical Centre	8977	0.01%	92.36%	3.64%	81.45%	88%	22.63%	22.59%	511.2	May 2015 - Good		22		4					2 - Query around IFR referral and decision				
881090	The Oswald Road Medical Centre	4524	-0.09%	90.80%	3.45%	71.10%	89%	18.86%	18.82%	555.4	June 2015 - Good		16		2								1	
881043	South Axholme Practice	14910	-0.07%	94.36%	4.31%	80.23%	87%	15.38%	15.37%	516.2	May 2018 - Good	1	9										1	
881065	Trent View Medical Practice	11501	-0.10%	87.05%	6.70%	59.92%	73%	11.48%	11.47%	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 Dec 2018	Under 65 at Risk as at Dec 2018	Flu Pregnant Women at Risk as at Dec 2018	Flu Pregnant Women NOT at Risk as at Dec 2018	Flu - HCW Oct 18	Pneumo 65+ & Over as at 31/03/2018	MenACWY 18-20 yr olds at 31/03/2018	Cervical QOF Dec 2016	Breast Round 8 2011-2014	Breast Round 9 2014-2017
881045	Ashby Turn PC Partners	71.6%	46.8%	71.4%	40.0%	78.1%	51%	46%	74%	67%	68%
881118	West Common Lane Teaching Practice	77.0%	55.6%	100%	45.3%	55.6%	75%	42%	72%	67%	70%
881113	Cedar Medical Practice	67.3%	42.2%	85.7%	40.6%	55.6%	74%	47%	73%	69%	59%
881026	Ancora Medical Practice	66.1%	52.0%	37.5%	42.9%	0%	70%	50%	73%	69%	67%
881022	Cambridge Avenue Medical Centre	70.8%	43.8%	85.7%	47.1%	71.1%	61%	56%	81%	62%	79%
881099	Kirton Lindsey Surgery	67.1%	43.3%	0.0%	46.7%	70.0%	66%	52%	80%	70%	78%
881648	The Killingholme Surgery	65.9%	47.8%	100%	27.3%	100%	75%	41%	78%	63%	62%
881109	Riverside Surgery (Brigg)	68.8%	43.9%	55.6%	59.0%	0%	67%	46%	80%	77%	78%
881647	West Town Surgery (Barton on Humber)	68.5%	49.5%	50.0%	60.0%	0%	69%	65%	80%	73%	74%
881628	The Medical Centre (Barnetby)	70.0%	49.2%	0.0%	50.0%	0%	64%	28%	88%	71%	77%
881007	Winterton Medical Practice	74.4%	50.0%	0.0%	50.0%	38.6%	74%	64%	77%	73%	78%
881005	Central Surgery (Barton on Humber)	71.3%	46.5%	55.6%	51.5%	7.3%	65%	54%	78%	77%	75%
881063	Bridge Street Surgery (Brigg)	70.2%	50.3%	100%	60.9%	31.6%	37%	38%	78%	75%	74%
881617	The Birches Medical Practice	71.0%	54.7%	55.6%	36.7%	0%	78%	11%	70%	59%	60%
Y02787	Market Hill	49.2%	37.9%	50.0%	37.6%	0%	38%	15%	59%	37%	50%
881064	Church Lane Medical Centre	73.0%	50.0%	80.0%	43.1%	70.4%	67%	48%	75%	74%	77%
881090	The Oswald Road Medical Centre	72.4%	50.0%	33.3%	53.3%	35.7%	71%	58%	73%	72%	72%
881043	South Axholme Practice	0%	0%	0.0%	0.0%	71.9%	64%	69%	82%	74%	76%
881065	Trent View Medical Practice	68.7%	37.3%	80.0%	44.6%	0.0%	54%	42%	75%	70%	74%



NHS North Lincolnshire CCG - Primary Care Reporting  
Secondary Care Utilisation Scorecard - Q3

	Crude rate per 1000 registered practice population (as at 31st December 2018) *											
	GP Referrals - (All Specialties) Q2 SEE NOTE	Other Referrals (All Specialties) Q2 SEE NOTE	e-Referral Utilisation % (Sept '18) ** Q2 SEE NOTE	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	51.6	103.2%	73.6	143.8	67.1	39.7%	24.7	73.5	23.5	3.8	45.4
West Common Lane Teaching Practice	33.7	50.7	98.9%	57.6	119.9	53.4	34.9%	21.9	78.3	22.6	5.2	40.5
The Killingholme Surgery	43.7	43.0	100.0%	67.0	120.9	44.2	34.0%	18.0	54.6	14.5	2.8	31.8
The Birches Medical Practice	41.6	55.2	100.0%	63.0	106.5	58.0	39.9%	23.6	95.2	22.3	5.3	31.0
Riverside Surgery (Brigg)	46.6	42.4	100.0%	62.0	139.6	62.5	32.7%	25.4	64.0	25.5	3.4	47.7
Cedar Medical Practice	37.0	53.1	100.0%	65.0	138.5	59.2	33.6%	30.7	90.0	29.8	6.3	41.9
Ancora Medical Practice	35.8	54.5	103.6%	66.1	133.2	57.5	37.5%	28.8	80.4	26.8	5.5	40.4
Cambridge Avenue Medical Centre	53.9	51.6	110.9%	82.9	158.8	80.8	37.9%	22.2	75.8	24.1	7.2	53.3
Market Hill	34.7	43.6	100.0%	44.7	68.5	37.9	34.3%	19.4	99.0	16.6	1.9	19.9
Church Lane Medical Centre	43.2	50.1	103.4%	75.4	149.6	64.7	35.3%	24.6	73.2	25.4	5.2	42.3
West Town Surgery (Barton on Humber)	44.2	35.4	100.0%	60.8	117.6	43.5	41.4%	18.3	51.6	13.7	2.3	42.5
Kirton Lindsey Surgery	43.6	57.0	150.6%	71.7	145.6	59.4	34.0%	17.4	75.0	19.5	6.1	47.2
The Oswald Road Medical Centre	56.3	53.9	100.0%	83.1	157.2	68.5	37.5%	27.6	78.9	24.1	6.2	40.5
South Axholme Practice	50.3	38.2	100.9%	71.6	138.8	62.8	33.0%	18.0	57.6	19.7	5.2	39.8
Trent View Medical Practice	50.7	50.4	101.9%	77.6	151.3	70.5	33.6%	21.3	78.6	23.1	4.8	50.3
The Medical Centre (Barnetby)	38.8	45.5	102.6%	66.4	158.4	53.4	39.9%	15.1	59.4	22.5	8.1	40.9
Winterton Medical Practice	47.6	46.9	100.0%	67.6	150.7	65.8	34.3%	21.1	67.8	21.3	5.3	47.5
Central Surgery (Barton on Humber)	51.5	43.5	98.9%	62.1	137.3	59.4	38.1%	20.0	49.4	16.6	4.7	39.7
Bridge Street Surgery (Brigg)	54.5	40.5	106.4%	84.8	154.4	68.7	32.2%	29.1	62.1	32.1	5.3	46.0
South Network	42.4	52.1	82.9%	70.4	140.9	63.7	36.9%	24.6	78.3	24.5	5.7	44.9
East Network	48.6	42.7	82.1%	66.1	142.0	60.8	35.4%	22.1	58.6	21.6	4.6	43.8
West Network	46.6	46.5	84.2%	70.0	131.6	61.6	35.1%	21.6	77.0	21.8	4.9	38.8
CCG Average	45.0	47.7	-	68.6	136.4	59.9	36.9%	22.5	71.8	22.3	5.0	41.5

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

ALL REFERRAL DATA STILL AS AT Q2 - DUE TO ISSUES WITH THE DATA.

Key				
Care Network	RAG	Red	Amber	Green
South Network	E-Referral Utilisation	< 80%	-	>= 80%
East Network	GP Referrals			
West Network	Other Referrals			
	Outpatient First Appointments			
	Outpatient Follow-up Appointments			
	Outpatient Procedure Appointments	2 standard deviations above /below average	1 standard deviations above /below average	Within average range
	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			

## 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 sections; these are safety, effectiveness and experience. Each provider is RAG rated according to their performance.

**Diagram 1 – CCG's main providers**



## 2. The RAG Rating Key

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

RAG Rating Key:	
Red	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
Yellow	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;
Green	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
<b>Northern Lincolnshire &amp; Goole NHS Foundation Trust</b>	Requires Improvement	Latest report published on 12 September 2018. Safe - Requires improvement Effective - Requires improvement Caring - Good Responsive - Requires improvement Well-led - Inadequate
<b>Hull and East Yorkshire Hospitals NHS Trust</b>	Requires Improvement	Latest report published on 1 June 2018. Safe - Requires improvement Effective - Good Caring - Good Responsive - Requires improvement Well-led - Good
<b>East Midlands Ambulance Service NHS Trust</b>	Requires Improvement	Latest report published on 13 June 2017. Safe - Requires improvement Effective - Requires improvement Caring - Good Responsive - Good Well-led - Requires improvement
<b>Rotherham Doncaster and South Humber NHS Foundation Trust</b>	Good	Latest report published on 28 June 2017. Safe - Requires improvement Effective - Good Caring - Good Responsive - Good Well-led - Good
<b>HMT St Hugh's Hospital</b>	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
<b>Spire Hull and East Riding Hospital</b>	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	Dec -18	21 lapses in care	19 (5 lapses in care)	Deterioration	
			No. of MRSA cases	Dec -18	Nil	0	Remains the same	
			Patient Safety Thermometer	Nov -18	97%	New: 97.6%; All: 94.1%	Improvement	
			Staffing - Vacancy rate (Medical)	Nov -18	<15%	16.9%	Deterioration	
			Staffing - Vacancy rate (Registered Nurses)	Nov -18	<6%	7.4%	Improvement	
			Staffing - Vacancy rates (Unregistered Nurses)	Oct -18	<2%	3.8%	Deterioration	
			Duty of Candour incidents (% reported in line with Trust policy)	Nov -18	Nil	100%	Improvement	
			Early Warning Score	Oct -18	Not available	78%	Improvement	
			Safer Surgery checklists	Sep -18	95%	96.1%	Remains the same	
	HEY	Requires improvement	No. of C.Difficile cases	Nov-18	53	4 (lapse in care)	Deterioration	
			No. of MRSA cases	Nov-18	Nil	1	Deterioration	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
			Patient Safety Thermometer	Dec - 18	Not defined	New 98% All: 92%	Deterioration	
			Staffing Vacancy	Oct-18	Not defined	RN: 10.9%	Improvement	
			Incident management	Dec-18	No concerns	No concerns	Improvement	
			Safer Surgery checklists	Q2 18/19	100%	100%	Remains the same	
	RDASH	Requires improvement	No. of C.Difficile cases	Nov -18		Nil	Improvement	
			No. of MRSA cases	Nov -18		Nil	Remains same	
			Patient Safety Thermometer	Nov -18	95	New: 97.3% All: 95.1%	Improvement	
			Staffing	Nov-18	Nil concerns	Concerns	Deterioration	
			Duty of Candour incidents	Nov-18	Nil	Nil	Improvement	
			Reducing Restrictive Interventions (use of restraint)	Dec 18	Not defined	4	Deterioration	
			Incident management	Nov-18	Not defined	No concerns	Deterioration	
	EMAS	Requires improvement	Hand hygiene	Q2 17/18	100%	80%	Improvement	
			Deep cleans	Dec -18	100%	93%	Deterioration	
			Staffing	Dec-18	No concerns	Concerns identified	Remains the same	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
			Incident management	Dec -18	No concerns	Some concerns	Remains the same	
	St Hugh's hospital	Requires Improvement	No. of C.Difficile cases	Oct -18	Not defined	Nil	Remains the same	
			No. of MRSA cases	Oct -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	Oct -18	No concerns	No concerns identified	Improvement	
			Safer Surgery checklists	Oct -18	100%	100%	Improvement	
	Spire hospital	Good	No. of C.Difficile cases	Dec 18	Nil	Nil	Remains the same	
			No. of MRSA cases	Dec 18	Nil	Nil	Remains the same	
			Patient Safety Thermometer	Nov 18	97%	All & New: 100%	Improvement	
			National Early Warning Score (NEWS)	Dec 18	100%	93%	Deterioration	
			Staffing	Dec 18	No concerns	No concerns	Improvement	
			Incident management	Dec 18	No concerns	No concerns	Remains the same	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
			Safer Surgery checklists	Dec 18	100%	98%	Improvement	
Effective	NLAG	Requires improvement	Audit	Nov -18	No concerns	No Concerns	Improvement	
			NICE compliance	Nov-18	95%	93.6%	Deterioration	
			CAS	Oct -18	100%	alerts outstanding	Improvement	
			Mortality position	Jun-18	100	SHMI: 113; HSMR: 113	Improvement	
			Accreditation	Nov -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	Oct-18	Not defined	No sig concerns	Improvement	
			CAS	Oct -18	100%	100%	Remains the same	
			Mortality position	Nov 18	95	HSMR 82.6 (SHMI: 95.8)	Improvement	
			Accreditation	Oct -18	No concerns	No concerns	Remains the same	



CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
			Nutrition & Hydration	Oct -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	Nov 18	Not defined	One overdue	Deterioration	
			Accreditation	Nov 18		No concerns	Remains the same	
			Nutrition & Hydration	Not recorded	Not recorded	Not recorded	N/A	N/A
	EMAS	Requires improvement	Audit	Oct 18	No concerns	No concerns	Improvement	
			AQI compliance	Dec 18	Not defined	Some concerns	Improvement	
			CAS	Oct 18	100%	100%	Remains the same	
			Accreditation / Standards	Dec 18	No concerns	No concerns	Remains the same	
	St Hugh's hospital	Requires Improvement	Audit	Oct 18	95%	82%	Deterioration	
			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	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
			Nutrition & Hydration	Oct 18	No concerns	No concerns	Remains the same	
	Spire hospital	Good	Audit	Dec 18	No concerns	No concerns	Improvement	
			NICE compliance	Dec 18	100%	100%	Remains the same	
			CAS	Dec 18	100%	100%	Remains the same	
			Accreditation	Dec 18	100%	100%	Remains the same	
Caring	NLAG	Good	Pressure ulcers	Nov 18	Not defined	29 (3 x grade 3; nil x grade 4)	Improvement	
			Falls	Nov 18	Not defined	130 (2 x moderate harm)	Improvement	
	HEY	Good	Pressure ulcers	Oct 18	Not defined	6 (lapse in care)	Improvement	
			Falls	Oct 18	Reduction on 16/17	0.13	Improvement	
			Care of the deteriorating patient	Dec 18	Not defined	Concerns identified	Improvement	
	RDASH	Good	Falls (North Lincs)	Nov 18	Not defined	Nil	Improvement	
			Pressure ulcers (Trustwide)	Nov 18	Nil	Nil	Remains the same	
	EMAS	Good	Regulator feedback	Dec-18	No concerns	Concerns identified	Deterioration	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
	Spire hospital	Good	Falls	Dec-18	<0.2%	1	Deterioration	
			Pressure ulcers	Dec -18	Nil	Nil	Remains the same	
	St Hugh's hospital	Good	Falls	Oct 18	Not confirmed	Nil	Improvement	
			Pressure ulcers	Oct 18	Nil	Nil	Remains the same	
Well-led	NLAG	Inadequate	Risk Management	Nov -18	No concerns	No significant identified	Improvement	
			Culture	Dec -18	No concerns	Concerns identified	Remains the same	
			Staff training	Nov-18	85%	76%	Deterioration	
			Governance	Nov-18	No concerns	Concerns identified	Remains the same	
			Equality & diversity	Dec-18	Fully assured	No concerns	Improvement	
	HEY	Good	Risk Management	Dec 18	No concerns	No concerns	Improvement	
			Culture	Dec 18	No concerns	No concerns	Improvement	
			Staff training	Dec 18	90%	91%	Improvement	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
			Governance	Dec 18	No concerns	No significant concerns	Improvement	
			Equality & diversity	Dec 18	Not defined	No significant concerns	Remains the same	
	RDASH	Good	Risk Management	Nov 18	No concerns	No significant concerns	Improvement	
			Culture	Nov 18	Not recorded	No concerns identified	Improvement	
			Staff training	Nov 18	No concerns	No concerns	Remains the same	
			Governance	Nov 18	No concerns	No concerns	Remains the same	
			Equality & diversity	Nov 18	No concerns	No concerns	Improvement	
	EMAS	Requires improvement	Risk Management	Dec 18	Nil concerns	No sig concerns	Improvement	
			Culture	Dec 18	Nil concerns	No concerns	Improvement	
			Staffing	Dec 18	Nil concerns	Concerns identified	Deterioration	
			Governance	Dec 18	Nil concerns	Concerns identified	Deterioration	
			Equality & diversity	Dec 18	Nil concerns	o concerns	Improvement	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
	St Hugh's hospital	Requires Improvement	Risk Management	Oct 18	Nil concerns	No Concerns	Improvement	
			Culture	Oct 18	Nil concerns	No concerns	Remains the same	
			Staff training	Oct 18	Not recorded	No concerns	Improvement	
			Governance	Oct 18	Nil concerns	No concerns	Improvement	
			Equality & diversity	Oct 18	Nil concerns	No concerns identified	Remains the same	
	Spire hospital	Good	Risk Management	Dec -18	Nil concerns	No concerns identified	Remains the same	
			Culture	Dec -18	Nil concerns	No concerns identified	Remains the same	
			Staff training	Dec -18	85%	WRAP training 78.12%	Remains the same	
			Governance	Dec -18	No concerns	No concerns identified	Improvement	
			Equality & diversity	Dec -18	Nil concerns	No concerns identified	Remains the same	
Responsive	NL&G	Requires improvement	Friends & Family Test - Response Rate	Oct 18	Not defined	A&E: 6.1%; Inpatients: 9.3%	Deterioration	
			Friends & Family Test - Positive response	Oct 18	Not defined	A&E: 74%; Inpatients: 97.6%	Deterioration	
			Complaints	Nov 18	Not defined	42	Improvement	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
			Mixed Sex Accommodation	Dec 18	Nil	14	Deterioration	
			Access & Flow	Dec 18	92%	18 week RTT - 72.68%; A&E: 86.3%	Deterioration	
	HEY	Requires improvement	Friends & Family Test - Response rate	Nov-18	Not defined	A&E: 18.2%; Inpatient: 57%	Improvement	
			Friends & Family Test - Positive response	Nov-18	Not defined	A&E – 82%; Inpatient: 99%	Deterioration	
			Complaints	Dec -18	Not defined	37	Improvement	
			Mixed Sex Accommodation	Dec-18	Nil	Nil	Remains the same	
			Access & Flow	Dec-18	No concerns	RTT 81.99%; A&E 76.37%	Deterioration	
	RDASH	Good	Friends & Family Test - Response rate	Nov 18	Not defined	>1%	Remains the same	
			Friends & Family Test - Positive response	Nov 18	Not defined	94%	Improvement	
			Complaints	Dec 18		Nil	Improvement	
			Mixed Sex Accommodation	Dec 18	Nil	Nil	Remains the same	
			Access & Flow	Dec 18	No concerns	Concerns identified	Remains the same	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
	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 (North Lincs)	Dec 18	Not defined	Nil	Improvement	
			Access & Flow	Dec 18	National ARP	Non-compliant with Cat 2 and 3	Deterioration	
	St Hugh's hospital	Good	FFT response (inpatients)	Oct 18	9%	100% positive	Improvement	
			FFT response (Outpatients)	Oct 18	1.9%	99% positive	Improvement	
			Complaints	Oct 18	Not defined	1	Improvement	
			Mixed Sex Accommodation	Oct 18	Nil	Nil	Remains the same	
			Access & Flow	Oct 18	Nil concerns	No concerns	Improvement	
	Spire hospital	Good	Friends & Family Test	Oct 18	Not recorded	26% response & 97% recommend	Deterioration	
			Complaints	Dec-18	Not defined	0	Improvement	
			Mixed Sex Accommodation	Dec-18	Nil	Nil	Remains the same	

CQC domain	Provider	Latest CQC rating	Quality indicator	Latest Reporting Period	Target/ Tolerance	Actual	Direction of travel	Current RAG rating
			Access & Flow	Dec-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