


<b>MEETING DATE:</b>	10 January 2013	  <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.6	
<b>AUTHOR:</b>	Deborah Pollard	
<b>JOB TITLE:</b>	Relationship Manager	
<b>DEPARTMENT:</b>	Clinical Commissioning Group	

## NHS NORTH LINCOLNSHIRE OCTOBER PERFORMANCE REPORT

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	N/A
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  Public

<b>1. PURPOSE OF THE REPORT:</b>			
To inform CCG Members of the Performance of NHS North Lincolnshire against the Performance Indicators in the NHS Operational Plan and NHS Outcomes Framework 2012/13.			
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: <i>(will be populated following agreement with Council of Members)</i></b>			
Continue to improve the quality of services			X
Reduce unwarranted variations in services			X
Deliver the best outcomes for every patient			X
Improve patient experience			X
Reduce the inequalities gap in North Lincolnshire			X
<b>3. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>			
	Yes	No	X

**4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes		No	X
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**5. LEGAL IMPLICATIONS:**

Yes	X	No	
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CCG's are accountable for the delivery of its statutory and local priorities.

**6. RESOURCE IMPLICATIONS:**

Yes		No	x
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**7. EQUALITY IMPACT ASSESSMENT:**

Yes		No	x
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**8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes		No	x
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**9. RECOMMENDATIONS:**

CCG Committee are asked:-

- To receive and note the report and be assured that areas of underperformance are being addressed at a local level to meet agreed targets and commitments.



## **NHS North Lincolnshire Performance Report**

December 2012

2012/13 October Position

Adding Life to Years and Years to Life

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Adding Life to Years and Years to Life

# NLCCG Integrated Reporting Dashboard

Numbers in Traffic Lights indicate no of corresponding Indicators with those RAG Ratings

## PERFORMANCE:

Hyperlinks to:  
Performance Indicators  
Benchmarking Reports

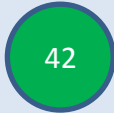
**In Development**



## QUALITY:

Hyperlinks to:  
Quality Reports  
Quality Indicators  
Quality Benchmarking Report

**In Development**



## FINANCE:

Hyperlinks to:  
Corporate Indicators  
Financial Reports

**In Development**



## CORPORATE:

Hyperlinks to:  
Contractual KPI Report  
Corporate Indicators  
Trading Report

**In Development**

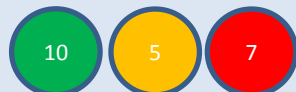


## STRATEGIC AIMS

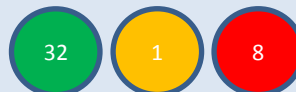
### QUALITY



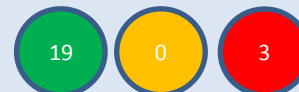
### UNWARRANTED VARIATION



### BEST OUTCOMES



### PATIENT EXPERIENCE



### INEQUALITIES



The following page gives notification of any amendments or proposals to the CCG contained within this reports and its indicators. Please read and consider, and if there are any issues or questions contact a member of the North Lincolnshire Business Intelligence Team.

<b>New Indicators</b>	None
<b>Indicators Removed</b>	<p><b>Indicator 35 - Teenage Pregnancy Rates:</b>                  On advice from the public health intelligence team, the target for this indicator has been removed. This was due to inconsistent technical definitions in the plan v's the actual. The CCG does not have an agreed plan for this indicator.</p>
<b>Indicators Amended/Proposal</b>	<p><b>Indicator 32 - Diagnostic over 6 week Waits:</b>                  National guidance monitors this target against a tolerance of 1% of the total waiting list. Octobers position is shown as 6 breaches over a target of 0. Representing a performance at 0.29%.</p> <p><b>This amendment has now been made, as per prior notification in the M6 report.</b></p>

## CCG KEY PERFORMANCE INDICATORS

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	RAG
1	Reducing the incidence of healthcare associated infections	<a href="#">Number of cases of MRSA</a>	Trajectory	1	0	0	1	0	0	1	3	4	Green
			Actual	1	1	0	1	0	0	0	3	3	
			Variance	0	1	0	0	0	0	1	0	1	
			<i>of which: Trust Acquired</i>	0	0	0	1	0	0	0	1	n/a	
			<i>of which: Community Acquired</i>	1	1	0	0	0	0	0	2	n/a	
		<a href="#">Number of cases of Clostridium Difficile</a>	Trajectory	4	4	3	2	2	2	1	18	23	Green
			Actual	1	3	3	1	2	3	2	15	15	
			Variance	3	1	0	1	0	1	1	7	8	
			<i>of which: Trust Acquired</i>	1	3	2	1	2	2	1	12	n/a	
			<i>of which: Community Acquired</i>	0	0	1	0	0	1	1	3	n/a	
2	Ambulance Improved health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance	<a href="#">Cat A response within 8 mins - RED 1</a>	Trajectory	75%	75%	75%	75%	75%	75%	75%	75%	75%	Amber
			Actual (EMAS)	80.7%	77.5%	77.6%	70.6%	70.2%	70.7%	71.0%	74.1%	74.1%	
			Variance	5.7%	2.5%	2.6%	4.4%	4.8%	4.3%	4.0%	0.9%	0.9%	
			Actual (NHS NL)	76.0%	76.0%	73.0%	65.0%	76.0%	73.1%	80.0%	73.9%	1.1%	
		<a href="#">Cat A response times within 8 mins - RED 2</a>	Trajectory	75%	75%	75%	75%	75%	75%	75%	75%	75%	Green
			Actual (EMAS)	74.9%	73.2%	75.3%	75.6%	76.1%	76.2%	75.2%	75.2%	75.2%	
			Variance	0.1%	1.8%	0.3%	0.6%	1.1%	1.2%	0.2%	0.2%	0.2%	
			Actual (NHS NL)	78.0%	79.0%	80.0%	83.0%	81.0%	79.3%	81.0%	80.2%	80.2%	
		<a href="#">Cat A response within 19 mins - RED 1</a>	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	Green
			Actual (EMAS)	97.9%	96.2%	96.4%	96.5%	95.4%	96.6%	97.4%	96.6%	96.6%	
			Variance	2.9%	1.2%	1.4%	1.5%	0.4%	1.6%	2.4%	1.6%	1.6%	
			Actual (NHS NL)	99.0%	92.0%	96.0%	97.0%	95.0%	98.5%	97.0%	96.2%	96.2%	

**CCG KEY PERFORMANCE INDICATORS..2**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light	
2/cont.	Ambulance Quality/cont..	<a href="#">Cat A response within 19 mins - RED 2</a>	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	Red	
			Actual (EMAS)	94.7%	93.8%	95.1%	93.9%	94.1%	93.9%	94.0%	94.2%	94.2%		
			Variance	0.3%	1.2%	0.1%	1.1%	0.9%	1.1%	1.0%	0.8%	0.8%		
			Actual (NHS NL)	95.0%	93.0%	94.0%	96.0%	94.0%	95.0%	95.0%	94.6%	94.6%		
3	Referral To Treatment Waits (95th percentile measure)	<a href="#">RTT - admitted % within 18 Weeks (Snapshot)</a>	Trajectory	23	23	23	23	23	23	23	23	23	Green	
			Actual	21.3	21.7	20.5	21	21	19.7	19.9	19.9	19.9		
			Variance	1.7	1.3	2.5	2	2	3.3	3.1	3.1	3.1		
		<a href="#">RTT - non-admitted % within 18 weeks (Snapshot)</a>	Trajectory	18.3	18.3	18.3	18.3	18.3	18.3	18.3	18.3	18.3	18.3	Green
			Actual	14.3	14.3	15.0	15.3	15.0	15.7	15.6	15.6	15.6		
			Variance	4.0	4.0	3.3	3.0	3.3	2.6	2.7	2.7	2.7		
		<a href="#">RTT - incomplete % within 18 weeks (Snapshot)</a>	Trajectory	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	Green
			Actual	16.7	16.6	17.2	17.1	17.2	17.0	16.7	16.7	16.7		
			Variance	11.3	16.6	10.8	10.9	10.8	11.0	11.3	11.3	11.3		
		<a href="#">RTT - admitted % &lt; 18 weeks (snapshot)</a>	Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Green
			Actual	91%	92%	92%	91%	90%	92%	92%	92%	92%		
			Variance	1%	2%	2%	1%	0%	2%	2%	2%	2%		
		<a href="#">RTT - Non-admitted % &lt;18 Weeks (Snapshot)</a>	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Green
			Actual	98%	99%	98%	98%	98%	98%	98%	98%	98%		
			Variance	3%	4%	3%	3%	3%	3%	3%	3%	3%		
		4	Mixed Sex Accommodation Breaches	<a href="#">Number of unjustified breaches</a>	Trajectory	0	0	0	0	0	0	0	0	0
Actual	0				0	0	0	0	0	0	0	0		
Variance	0				0	0	0	0	0	0	0	0		



**CCG KEY PERFORMANCE INDICATORS..3**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light		
5	A&E Quality	<a href="#">4 Hour Waits (NLG SGH)</a>	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	Green		
			Actual	94.6%	97.9%	95.8%	95.4%	96.1%	95.3%	95.4%	95.8%	95.8%			
			Variance	0.4%	2.9%	0.8%	0.4%	1.1%	0.3%	0.4%	0.8%	0.8%			
		<a href="#">Unplanned re-attendance rate - Unplanned re-attendance at A&amp;E within 7 days of original attendance (including if referred back by another health professional)</a>	Trajectory	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	Green	
			Actual	3.5%	3.5%	3.5%	3.2%	3.4%	3.2%	3.1%	3.1%	3.1%			
			Variance	1.5%	1.5%	1.5%	1.8%	1.6%	1.8%	1.9%	1.9%	1.9%			
		<a href="#">Total time spent in A&amp;E department - 95th centile (Previously recorded was the % waits &lt;4hrs, this was incorrect)</a>	Trajectory	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	Green
			Actual	240	237	237	239	238	239	239	239	239			
			Variance	0	3	3	1	2	1	1	1	1			
		<a href="#">Left department without being seen rate</a>	Trajectory	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Green	
			Actual	3.4%	2.4%	2.7%	3.3%	3.0%	2.6%	2.6%	2.6%	2.6%			
			Variance	1.6%	2.6%	2.3%	1.7%	2.0%	2.4%	2.4%	2.4%	2.4%			
		<a href="#">Time to initial assessment - 95th centile</a>	Trajectory	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	Green	
			Actual	33	34	39	36	14	15	14	14	14			
			Variance	18	19	24	21	1	0	1	1	1			
		<a href="#">Time to treatment in department - median</a>	Trajectory	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	Green	
			Actual	44	39	42	43	42	41	41	41	41			
			Variance	16	21	18	17	18	19	19	19	19			
6	Maintaining Cancer Waiting Standards to improve outcomes	<a href="#">Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer</a>	Trajectory	93%	93%	93%	93%	93%	93%	93%	93%	93%	Green		
			Actual	97.6%	98.8%	98.4%	99.4%	98.9%	98.0%	98.3%	98.5%	98.5%			
			Variance	4.6%	5.8%	5.4%	6.4%	5.9%	5.0%	5.3%	5.5%	5.5%			
		<a href="#">Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected</a>	Trajectory	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	Green	
			Actual	89.2%	95.1%	96.9%	95.7%	98.0%	94.0%	98.7%	96.0%	96.0%			
			Variance	3.8%	2.1%	3.9%	2.7%	5.0%	1.0%	5.7%	3.0%	3.0%			

**CCG KEY PERFORMANCE INDICATORS..4**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light	
6/Cont.	Maintaining Cancer Waiting Standards/Cont.	<a href="#">Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer</a>	Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	Green	
			Actual	87.9%	93.8%	89.7%	86.5%	84.0%	90.1%	90.0%	89.2%	89.2%		
			Variance	2.9%	8.8%	4.7%	1.5%	1.0%	5.1%	5.0%	4.2%	4.2%		
		<a href="#">Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service</a>	Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Green
			Actual	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%		
			Variance	10%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10%	10%		
		<a href="#">Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status</a>	Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Red
			Actual	66.7%	100.0%	0.0%	100.0%	NO DATA	100.0%	100.0%	83.8%	83.8%		
			Variance	23.3%	10.0%	90.0%	10.0%	NO DATA	10.0%	10.0%	6.2%	6.2%		
7	Non Elective First Finished Consultant Episodes (FFCEs)	<a href="#">Number of Non-elective FFCEs</a>	Trajectory	1493	1504	1472	1520	1471	1471	1539	10470	18001	Amber	
			Actual	1474	1415	1462	1546	1393	1368	1515	10173	10173		
			Variance	19	89	10	26	78	103	24	297	7828		
	Nos Waiting on incomplete Referral To Treatment (RTT) pathway	<a href="#">Numbers Waiting on incomplete RTT pathway</a>	Trajectory	6663	6663	6663	6663	6663	6663	6663	6663	6663	Red	
			Actual	7911	8165	8166	8344	8295	8222	8175	8175	8175		
			Variance	1248	1502	1503	1681	1632	1559	1512	1512	1512		
8	Improving Outcomes for People who have had a Stroke	<a href="#">Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit</a>	Trajectory			80%			80%		80%	80%	Green	
			Actual			78%			84%		81%	81%		
			Variance			2%			4%		1%	1%		
		<a href="#">Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours</a>	Trajectory			60%			60%		60%	60%	Green	
			Actual			74%			66%		70%	70%		
			Variance			14%			6%		10%	10%		

**CCG KEY PERFORMANCE INDICATORS..5**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light	
9	Smoking	<a href="#">Number of smoking quitters</a>	Trajectory	87	174	262	357	453	549	661	661	1250	Red	
			Actual	50	96	140	203	242	299	370	370	370		
			Variance	37	78	122	154	211	250	291	291	880		
		<a href="#">% of 4-week smoking quitters that have attended NHS Stop Smoking Services</a>	Trajectory	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Red
			Actual	57.5%	52.9%	50.0%	66.3%	40.6%	59.4%	63.4%	63.4%	63.4%		
			Variance	42.5%	47.1%	50.0%	33.7%	59.4%	40.6%	36.6%	36.6%	36.6%		
		Smoking In Pregnancy	Trajectory			15.0%				15.0%		15.0%	15.0%	Red
			Actual			19%				16%		17.6%	17.6%	
			Variance			4%				1%		2.6%	2.6%	
10	Maintaining Cancer Waiting Time 31 Day Standards	<a href="#">Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis</a>	Trajectory	96%	96%	96%	96%	96%	96%	96%	96%	96%	Green	
			Actual	100%	100%	100%	100%	100%	100%	98.5%	99.8%	99.8%		
			Variance	4%	4%	4%	4%	4%	4%	2.5%	3.8%	3.8%		
		<a href="#">Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery</a>	Trajectory	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	Green
			Actual	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	99.1%	99.1%		
			Variance	6.0%	0.7%	6.0%	6.0%	6.0%	6.0%	6.0%	5.1%	5.1%		
		<a href="#">Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime</a>	Trajectory	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	Green
			Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
			Variance	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%		
		<a href="#">Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course</a>	Trajectory	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	Green
			Actual	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	98.0%	98.8%	98.8%		
			Variance	6.0%	6.0%	6.0%	6.0%	2.0%	6.0%	4.0%	4.8%	4.8%		

**CCG KEY PERFORMANCE INDICATORS..6**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light	
11	Referral to Treatment waits (median wait measures)	<a href="#">RTT - admitted median in weeks (Snapshot)</a>	Trajectory	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11	Green	
			Actual	7.8	8.0	7.7	8.2	8.2	8.3	8.1	8.1	8.1		
			Variance	3.3	2.1	3.4	2.9	2.9	2.8	3.0	3.0	3.0		
		<a href="#">RTT - non-admitted median in weeks (snapshot)</a>	Trajectory	6.6	6.6	6.6	6.6	6.6	6.6	6.6	6.6	6.6	6.6	Green
			Actual	3.3	3.4	3.8	3.8	3.8	4.4	4.1	4.1	4.1		
			Variance	3.3	3.2	2.8	2.8	2.8	2.2	2.5	2.5	2.5		
		<a href="#">RTT - incomplete median in weeks (Snapshot)</a>	Trajectory	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	Green
			Actual	5.1	4.7	5.5	4.8	5.4	5.1	4.7	4.7	4.7		
			Variance	2.1	2.5	1.7	2.4	1.8	2.1	2.5	2.5	2.5		
12	Daycase Rate	<a href="#">Proportion of elective FFCEs which are for daycases</a>	Trajectory	76%	76%	76%	76%	76%	76%	76%	76%	76%	Green	
			Actual	79.7%	79.9%	78.0%	79.2%	79.9%	78.5%	78.9%	79.3%	79.3%		
			Variance	3.4%	3.9%	3.2%	3.2%	3.9%	2.5%	2.9%	3.3%	3.3%		
13	Delayed Transfers of Care (Acute)	<a href="#">Delayed Transfers of Care (Acute) - Prov measure is no delays as a proportion of a count of activity or beds.</a>	Trajectory	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	Red	
			Actual	3.5%	2.6%	1.7%	3.0%	3.6%	4.0%	4.2%	4.2%	4.2%		
			Variance	0.5%	0.4%	1.3%	0.0%	0.6%	1.0%	1.2%	1.2%	1.2%		
14	GP written referrals to hospital	<a href="#">No of GP written referrals</a>	Trajectory	2153	2039	2436	2379	2209	2379	2323	15918	27309	Red	
			Actual	2342	2871	2171	2627	2364	2346	2683	17404	17404		
			Variance	189	832	265	248	155	33	360	1486	9905		
15	Other referrals for a first outpatient appointment	<a href="#">No of other referrals</a>	Trajectory	1813	1718	2052	2004	1861	2004	1956	11452	22998	Red	
			Actual	1859	2237	1964	2227	2518	2098	2313	15216	15216		
			Variance	46	519	188	223	657	94	357	3764	7782		
16	First outpatient attendances following GP referral	<a href="#">No 1st outpatient attendances after GP referral</a>	Trajectory	1800	1704	2035	1988	1846	1988	1941	13302	22816	Red	
			Actual	1864	2213	1946	2062	2001	1897	2535	14518	14518		
			Variance	64	509	89	74	155	91	594	1216	8298		

**CCG KEY PERFORMANCE INDICATORS..7**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light
17	All first outpatient attendances	<a href="#">No of first outpatient attendances</a>	Trajectory	3775	3577	4272	4173	3875	4173	4074	27919	47889	Amber
			Actual	3703	4403	3767	4208	3934	4035	5037	29087	24050	
			Variance	72	826	505	35	59	138	963	1168	23839	
18	Elective FFCEs	<a href="#">No of elective FFCEs – Ordinary Admissions</a>	Trajectory	497	469	561	547	508	547	534	3663	6283	Green
			Actual	426	495	430	501	476	474	533	3335	3335	
			Variance	71	26	131	46	32	73	1	328	2948	
	Elective FFCEs	<a href="#">No of elective FFCEs - Daycase</a>	Trajectory	1472	1394	1666	1627	1511	1627	1588	10885	18670	Red
			Actual	1672	1963	1639	1903	1887	1729	1993	12786	12786	
			Variance	200	569	27	276	376	102	405	1901	5884	
	Elective FFCEs	<a href="#">No of elective FFCEs (ordinary FFCEs &amp; daycase FFCEs combined)</a>	Trajectory	1969	1863	2227	2174	2019	2174	2122	14548	24953	Red
			Actual	2098	2458	2069	2404	2363	2203	2526	16121	16121	
			Variance	129	595	158	230	344	29	404	1573	8832	
19	VTE Risk Assessment	% of all adult inpatients who have had a VTE risk assessment	Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	Green
			Actual	91.7%	92.9%	93.9%	93.8%	92.9%	93.0%	94.8%	93.3%	93.3%	
			Variance	1.7%	2.9%	3.9%	3.8%	2.9%	3.0%	4.8%	3.0%	3.0%	
20	A&E attendances	<a href="#">Number of attendances at A&amp;E departments in a month (type 1)</a>	Trajectory	4681	9619	14315	19167	23633	28165	32861	32861	55125	Amber
			Actual	4582	9459	14430	19494	24458	29195	33948	33948	33948	
			Variance	99	160	115	327	825	1030	1087	1087	21177	
		<a href="#">Number of attendances at A&amp;E departments in a month (total)</a>	Trajectory	4740	9740	14495	19409	23930	28520	33275	33275	55819	Amber
			Actual	4658	9623	14683	19833	24916	29716	34548	34548	34548	
			Variance	82	117	188	424	986	1196	1273	1273	21271	
21	% deaths at home (including care homes)	<a href="#">Number of registered deaths at home/number of registered deaths</a>	Trajectory			37.0%					37.0%	37.0%	Green
			Actual			42.0%					42.0%	42.0%	
			Variance			5.0%					5.0%	5.0%	

**CCG KEY PERFORMANCE INDICATORS..8**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light	
22	Access to NHS dentistry	<a href="#">Current 24 month measure</a>	Trajectory	85485	85485	85485	85485	85485	85485	85485	85485	85485	Red	
			Actual	82889	83114	82931	83029	83187	83480	83392	83392	83392		Red
			Variance	2596	2371	2554	2456	2298	2005	2093	2093	2093		2093
23	Health Visitor Numbers	<a href="#">Number of Health Visitors</a>	Trajectory	28.71	28.71	28.71	28.71	28.71	28.71	28.71	28.71	28.71	Green	
			Actual	27.89	27.89	27.89	28.49	27.94	28.47	29.67	29.67	29.67		29.67
			Variance	0.82	0.82	0.82	0.22	0.77	0.24	0.96	0.96	0.96		0.96
24	People with Long Term Conditions feeling independent and in control of their condition	<a href="#">% of people with LTCs who said they had had enough support from local services/organisations</a>	Trajectory						55.0%		55%	55%	Green	
			Actual						69.9%		0.699	0.699		0.699
			Variance						14.9%		0.149	0.149		0.149
25	Breastfeeding at 6-8 weeks	<a href="#">Prevalence of breastfeeding at 6-8 wks after birth (also coverage?)</a>	Trajectory			38.0%			38.0%		38.0%	38.0%	Red	
			Actual			32.5%			33.3%		32.9%	32.9%		32.9%
			Variance			5.5%			4.7%		5.1%	5.1%		5.1%
	Breastfeeding at 6-8 weeks	<a href="#">Coverage of breastfeeding at 6-8 weeks after birth.</a>	Trajectory			95.1%			95.1%		95.1%	95.1%	Green	
			Actual			91.6%			99.1%		95.4%	95.4%		95.4%
			Variance			3.5%			4.0%		0.3%	0.3%		0.3%
26	Maternity 12 weeks	<a href="#">% women who have seen a midwife by 12 weeks and 6 days of pregnancy</a>	Trajectory			90%			90%		90%	90%	Red	
			Actual			89.6%			86.5%		88.1%	88.1%		88.1%
			Variance			0.4%			3.5%		1.9%	1.9%		1.9%
27	Breast screening	<a href="#">Extension of Breast Screening Programme to Women aged 47-49 and 71-73</a>	Trajectory								33%	33%	Green	
			Actual			26.7%			38.1%		38.1%	38.1%		38.1%
			Variance								3.2%	3.2%		3.2%
	Bowel screening	<a href="#">Extension of bowel screening programme to men and women aged 70 up to 75th birthday</a>	Trajectory											Green
			Actual			89.0%			93.6%		93.6%	93.6%	93.6%	
			Variance											

**CCG KEY PERFORMANCE INDICATORS..9**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light	
27/Cont.	Cervical screening test results	<a href="#">All women to receive results of cervical screening tests within 2 weeks</a>	Trajectory	98%	98%	98%	98%	98%	98%	98%	98%	98%	Green	
			Actual	96.6%	98.0%	96.9%	99.3%	98.6%	99.0%	99.3%	98.4%	98.4%		
			Variance	1.4%	0.0%	1.1%	1.3%	0.6%	1.0%	1.3%	0.4%	0.4%		
	Diabetic retinopathy screening	<a href="#">% of eligible people offered screening for the early detection (and treatment if needed) of diabetic retinopathy in the previous 12 months</a>	Trajectory			95%				95%		95%	95%	Red
			Actual			95.2%				88.7%		88.7%	88.7%	
			Variance			0.2%				6.3%		6.3%	6.3%	
28	Coverage of NHS Health Checks	<a href="#">% people ages 40-74 who have received a health check</a>	Trajectory			3.5%				7.0%		7.0%	14.0%	Red
			Actual			1.2%				2.8%		2.8%	2.8%	
			Variance			2.3%				4.2%		4.2%	11.2%	
	Coverage of NHS Health Checks	<a href="#">% people ages 40-74 who have been offered a health check</a>	Trajectory			5.0%				10.0%		10.0%	20.0%	Red
			Actual			2.3%				4.9%		4.9%	4.9%	
			Variance			2.7%				5.1%		5.1%	15.1%	
29	Mental Health Measure EI	The number of new cases of psychosis served by early intervention teams year to date	Trajectory	2	4	5	7	9	11	12	12	22	Green	
			Actual	3	7	13	18	22	28	32	32	32		
			Variance	1	3	8	11	13	17	20	20	10		
	Mental Health measures CR/HT	Commissioner measure is number of episodes, provider measure is %of inpt admissions that have been gate kept by CR/HT	Trajectory	24	48	72	96	120	148	167	167	287	Green	
			Actual	38	84	122	134	146	163	176	176	176		
			Variance	14	36	50	38	26	15	9	9	111		
	Mental health measures - CPA	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter.	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Green
			Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
			Variance	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%		

**CCG KEY PERFORMANCE INDICATORS..10**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light
30	Mental health measures - IAPT	Proportion of people who have depression &/or anxiety disorders who receive psychological therapy.	Trajectory			3.7%			3.7%		3.7%	14.9%	Green
			Actual			4.3%			4.6%		4.6%	4.6%	
			Variance			0.6%			0.9%		0.9%	10.3%	
		Number of people who have depression &/or anxiety disorders who receive psychological therapy.	Trajectory			500			502		500	2009	Green
			Actual			578			613		613	613	
			Variance			78			111		111	1396	
		Number of people who have completed treatment and are moving to recovery	Trajectory			130			135		130	550	Green
			Actual			190			368		368	368	
			Variance			60			233		233	182	
		The number of people who have completed treatment minus the number of people who have completed treatment not at clinical caseness at initial assessment	Trajectory			180			180		180	720	Red
			Actual			150			242		242	242	
			Variance			30			62		62	478	
		Proportion of people who complete treatment who are moving to recovery	Trajectory			72.2%			75.0%		75.0%	80.6%	Red Data Query
			Actual			61.5%			66.3%		64.6%	64.6%	
			Variance			10.7%			8.7%		10.4%	16.0%	
		31	Delayed Transfers of Care (Mental Health)	Delayed Transfers of Care (Mental Health) - <b>Commissioner measure is no of delays per 100,000 population.</b> Provider measure is no delays as a proportion of a count of activity or beds.	Trajectory	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Actual	0				0.6	0	0	0	0	0	0.6	0.6	
Variance	7.5				6.9	7.5	7.5	7.5	7.5	7.5	6.9	6.9	
32	Diagnostic Waits	<a href="#">% waiting 6 weeks or more</a>	Trajectory	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	Green
			Actual	0.46%	0.14%	0.18%	0.09%	0.32%	0.24%	0.29%	0.29%	0.29%	
			Variance	0.54%	0.86%	0.82%	0.91%	0.68%	0.76%	0.71%	0.71%	0.71%	
	Diagnostic Waits	<a href="#">Diagnostic Waits (15 Key Diagnostic Tests) - No waiting 6 weeks or more at the end of the month</a>	Trajectory										Green
			Actual	9	3	4	2	7	5	6	6	6	
			Variance										



**CCG KEY PERFORMANCE INDICATORS..11**

No.	Measure	Definition <i>Click on Definition name for Guidance</i>		April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	YTD Position	Annual Target	Traffic Light		
33	Life Expectancy NHS Outcomes Framework 1b Guidance to be attached	Males (75 years)	Trajectory			78.4					78.4	78.4	Green		
			Actual			◆					◆	◆			
			Variance			◆					◆	◆			
		Females (75 years)	Trajectory				82.3						82.3	82.3	Green
			Actual				◆					◆	◆		
			Variance				◆					◆	◆		
34	Life Expectancy - gap (in yrs) between the 20% most and 20% least deprived areas of NLPCT NHS Outcomes Framework Guidance to be attached	Males	Trajectory			9.8					9.8	9.8	Green		
			Actual			◆					◆	◆			
			Variance			◆					◆	◆			
		Females	Trajectory				7.3						7.3	7.3	Green
			Actual				◆					◆	◆		
			Variance				◆					◆	◆		
35	Teenage Pregnancy Public Health Outcomes Framework Guidance to be attached	Teenage Pregnancy Rates	Trajectory										Green		
			Actual	49.62	46.15	41.98	39.56	40.94	38.17	39.56	39.56	39.56			
			Variance												
36	Alcohol Related Harm Public Health Outcomes Framework Guidance to be attached	Alcohol Related Harm - ESR per 100,000 population (Rolling 12 months)	Trajectory	1990	1990	1990	1990	1990	1990	1990	1990	1990	Amber		
			Actual	1972	1984	1986	2002	2012	2002	2018	2018	2018			
			Variance	18	6	14	12	22	12	28	28	28			

<b>No. 2</b>	Cat A 19 Min	
<b>Target</b>	95%	
<b>Actual</b>	94.2%	
<b>Indicator Lead</b>	Tim Fowler	
<b>Variance</b>	0.8%	
<b>Comments</b>	<p>NHSNL's achievement for this target is measured for the whole of the EMAS area. EMAS have continued to struggle throughout the financial year to meet the A19 target, largely due underperformance in the County of Lincolnshire. Performance against this indicator for the NHSNL area has hovered throughout the year around the 95% level and was 95.03% for the year to date to 5 November. The lead commissioner (Erewash CCG) has recently discussed and agreed with EMAS a package of non-recurrent in year support which will enable EMAS to put in place funded actions to fully achieve the A19 target by 31 March 2013. NHSNL has been asked to contribute funding to the package of non-recurrent support.</p>	

<b>No. 6</b>	Cancer Waits - decision to upgrade
<b>Target</b>	90%
<b>Actual</b>	83.8%
<b>Indicator Lead</b>	Tim Fowler
<b>Variance</b>	6.2%
<b>Comments</b>	<p>There was one patient that breached this target in April 2012 and one patient that breached the target in June 2012. The number of patients that are upgraded are very low and therefore a single breach will result a significant under-achievement of the target. Northern Lincolnshire and Goole Hospitals have not reported any breaches of this target in the year to date. Work is continuing through the lead commissioners for providers where breaches have occurred to provide assurance that the reason for the breaches have been addressed and will not recur.</p>

<b>No. 7</b>	Nos Waiting on Incomplete RTT Pathway
<b>Target</b>	6663
<b>Actual</b>	8175
<b>Indicator Lead</b>	Tim Fowler
<b>Variance</b>	1512
<b>Comments</b>	<p>The increase in the number of patients waiting on incomplete pathways has largely resulted from an increase in the number of patients waiting for their first appointment or treatment at Northern Lincolnshire and Goole Hospitals. In turn, this is due to a planned change by the hospital to extend the time from referral at which patients are seen, whilst still delivering commitments of the 18 week target, so that the hospital is better able to provide capacity to meet peaks in demand in other areas (e.g. A&amp;E, emergency admissions) using the same workforce resource.</p>

<b>No. 9</b>	Smoking Quits	
<b>Target</b>	No of quits 661	% attending SSS = 100%
<b>Actual</b>	No of quits 370	% attending SSS = 63.4%
<b>Indicator Lead</b>	Public Health	
<b>Variance</b>	No of quits 291	% attending SSS = 36.6%
<b>Comments</b>	<p>Despite the development of an action plan to improve performance against target the contracted stop smoking service is not achieving sufficient quits to meet the target. There has been a small increase which can be attributed to this action plan and to the support of other organisations but this has not been sufficient. It is unlikely that the target will be met during this commissioning cycle. The next contract monitoring meeting will examine this issue at its next meeting early in the new year.</p>	

<b>No. 9</b>	Smoking in Pregnancy	
<b>Target</b>	15%	
<b>Actual</b>	16%	
<b>Indicator Lead</b>	Public Health	
<b>Variance</b>	1%	
<b>Comments</b>	<p>Although performance remains above target it demonstrates a reduction in smoking at time of delivery due to a number of actions. These will be sustained with an eventual goal of achieving the target. These actions include introducing an improved method of referral, including use of CO monitors, by maternity services and improved ways of supporting pregnant women who indicate a desire to quit to successfully do so. It is likely that these actions will begin to yield results in subsequent quarters.</p>	

<b>No. 13</b>	Delayed Transfers of Care (Acute)
<b>Target</b>	3%
<b>Actual</b>	4.2%
<b>Indicator Lead</b>	Tim Fowler
<b>Variance</b>	1.2%
<b>Comments</b>	<p>This figure represents the trust wide performance at NLAG. It is worth noting that the local position at Scunthorpe is 2.3%.</p> <p>Further detail is being requested from the trust.</p>

<b>No. 14</b>	GP Written Referrals to Hospital	
<b>Target</b>	15918	
<b>Actual</b>	17404	
<b>Indicator Lead</b>	Tim Fowler	
<b>Variance</b>	1486	
<b>Comments</b>	GP written referrals are higher than the year to date plan by 9.3%. However, against the same period last year there has only been a small rise in the number of GP referrals and this variance therefore points either to issues of construction of the plan, or non-delivery of assumed reductions in referrals linked to non-delivered or delayed QIPP schemes. This is being investigated.	



<b>No. 15</b>	Other Referrals	
<b>Target</b>	11452	
<b>Actual</b>	15216	
<b>Indicator Lead</b>	Tim Fowler	
<b>Variance</b>	3764	
<b>Comments</b>	The increase in other referrals is largely driven by increases in referrals from General Dental Practitioners and for patients who are referred after attending A&E. The increase in GDP referrals is being investigated. The increase in referrals from A&E is likely to be linked to the increase over year to date plan in A&E attendances (plus 1,643 attendances).	

<b>No. 16</b>	No of 1st Outpatient Appointments after GP Referral
<b>Target</b>	13302
<b>Actual</b>	14518
<b>Indicator Lead</b>	Tim Fowler
<b>Variance</b>	1216
<b>Comments</b>	<p>The higher than planned level of 1st outpatient appointments is largely accounted for the over-trade in 1st outpatient activity at Northern Lincolnshire and Goole Hospitals. This overtrade links to the higher than planned levels of referrals which is as stated previously is likely to be due to issues with the construction of the plan or non delivery or delayed delivery of QIPP schemes.</p>

<b>No. 18</b>	No of elective FFCEs – Daycase	
<b>Target</b>	10885	
<b>Actual</b>	12786	
<b>Indicator Lead</b>	Tim Fowler	
<b>Variance</b>	1901	
<b>Comments</b>	<p>The FFCE variance is higher than might be indicated by the spell-based (chargeable) trading position which shows a significantly lower level of overtrade (+2.8% over plan for daycase and ordinary spells against 10.8% for FFCEs. It is suspected that there may issues in the construction of the plan and recording of FFCE activity and this is being investigated. However, the higher than target level of day case FFCEs may in part be caused by the higher than planned level of referrals and 1st outpatient appointments, together with conversions to procedures from the relatively high level of outpatient referrals made in the last two months of 2011/12.</p>	

<b>No. 18</b>	No of elective FFCEs – Ordinary	
<b>Target</b>	14548	
<b>Actual</b>	16121	
<b>Indicator Lead</b>	Tim Fowler	
<b>Variance</b>	1573	
<b>Comments</b>	<p>The FFCE variance is higher than might be indicated by the spell-based (chargeable) trading position which shows a significantly lower level of overtrade (+2.8% over plan for daycase and ordinary spells against 10.8% for FFCEs. It is suspected that there may issues in the construction of the plan and recording of FFCE activity and this is being investigated. However, the higher than target level of day case FFCEs may in part be caused by the higher than planned level of referrals and 1st outpatient appointments, together with conversions to procedures from the relatively high level of outpatient referrals made in the last two months of 2011/12.</p>	

<b>No. 22</b>	Access to Dentistry	
<b>Target</b>	85485	
<b>Actual</b>	83392	
<b>Indicator Lead</b>	Tim Fowler	
<b>Variance</b>	2093	
<b>Comments</b>	<p>Work continues via the Contracting Department to maintain the improvements seen in this target throughout 11/12. Following a review of performance against dental budgets £200k has been identified as potentially being available within the dental ring-fence to buy additional capacity which reduce the variance in 2012/13 and support achievement of this target for future years. We are awaiting final confirmation from the LAT on this investment. NHSNL has also invested money into a local dental practice to enable the practice to become accredited as a training practice and this should provide further capacity in 2013/14 to treat approximately 1000 patients.</p>	

<b>No. 25</b>	Breastfeeding Prevalence	
<b>Target</b>	38%	
<b>Actual</b>	32.9%	
<b>Indicator Lead</b>	Public Health	
<b>Variance</b>	5.1%	
<b>Comments</b>	<p>Work to establish robust data collation and data flows via the Community Providers is on-going and improvement has been seen since quarter 1. We are working towards stage 2 of UNICEF Baby Friendly which looks at staff knowledge around breastfeeding. Therefore we are running 7 Breastfeeding management courses in the New Year which should increase staff knowledge and skills. Consequently it should increase the support available to pregnant and breastfeeding women and thus help to increase breastfeeding rates. The Breastfeeding Peer Supporters (BFPS) provide information to women antenatal, they also support new mums with positioning and attachment on ward 26, phone them 48 hours after discharge to see how they are, again at 10 days and then at 4 weeks. If any of the women are having difficulties they carry out home visits. They also support breastfeeding cafes in the community with help from the volunteer BABES.</p>	

<b>No. 26</b>	Maternity 12 weeks	
<b>Target</b>	90%	
<b>Actual</b>	88.1%	
<b>Indicator Lead</b>	Pauline Dumble	
<b>Variance</b>	1.9%	
<b>Comments</b>	<p>Improvements in reaching the target are being made. The midwives are working hard to encourage/reach all women. Discrepancies have been found in data collation undertaken by NLaG (Provider). This is being progressed through both Maternity Matters and the Contract and Quality Group. NLG are reporting via the Contractual KPI that they are meeting (this excludes late bookers and removal ins) but reporting via the IPMR (which includes late bookers and removal ins) as per above. Failure to meet the target is related to a number of factors which need addressing but include data quality/reporting. CYP and Maternity commissioner has refreshed Early Access action plan and contacting have established with NLaG the need to change to national not local data collection parameters. Work is progressing to understand why women choose not to book early and how to encourage them.</p>	

<b>No. 27</b>	Diabetic Eye Screening(DES) -Offered
<b>Target</b>	95%
<b>Actual</b>	88.7%
<b>Indicator Lead</b>	Rose LeBrun
<b>Variance</b>	6.3%
<b>Comments</b>	<p>The Diabetic Eye screening Programme provided by HEY have experienced significant problems with data and computer software changes, some of which are national issues. Large scale data cleansing exercises have been undertaken, however there is slippage against targets for invitation to screen. The DES programme board (led by Hull PCT) have an action plan in place and are overseeing its implementation. The latest data for the Diabetic Eye screening Programme is showing an improvement on the numbers invited to be screened within a 12 month period. There are however on-going issues with the use of a centralised venue for Scunthorpe people. A piece of work also needs to be undertaken to audit GP registers and compare with the DES call/recall.</p>



<b>No. 28</b>	NHS Health Checks offered	
<b>Target</b>	10%	
<b>Actual</b>	4.9%	
<b>Indicator Lead</b>	Becky Reynolds	
<b>Variance</b>	5.10%	
<b>Comments</b>	<p>NHS Health Checks continue to be offered in the 14 practices signed up to the LES; and through the opportunistic outreach Health Checks service in community venues, actively promoted by the community public health improvement facilitators. However, the Health Checks programme coordinator has moved on to a new post outside the Health Checks programme. This coordinator role will be filled in an acting capacity until the end of March 2013 by an existing member of the Health Checks team. We are seeking to temporarily fill the vacancy this acting up role creates, but capacity to support the delivery of the NHS Health Checks through practices and the outreach service will be slightly limited until this takes place.</p>	

<b>No. 28</b>	NHS Health Checks received	
<b>Target</b>	7%	
<b>Actual</b>	2.8%	
<b>Indicator Lead</b>	Becky Reynolds	
<b>Variance</b>	4.2%	
<b>Comments</b>	<p>NHS Health Checks continue to be offered in the 14 practices signed up to the LES; and through the opportunistic outreach Health Checks service in community venues, actively promoted by the community public health improvement facilitators. However, the Health Checks programme coordinator has moved on to a new post outside the Health Checks programme. This coordinator role will be filled in an acting capacity until the end of March 2013 by an existing member of the Health Checks team. We are seeking to temporarily fill the vacancy this acting up role creates, but capacity to support the delivery of the NHS Health Checks through practices and the outreach service will be slightly limited until this takes place.</p>	

<b>No. 30</b>	Mental Health - Not at Clinical Caseness
<b>Target</b>	180
<b>Actual</b>	242
<b>Indicator Lead</b>	Keith Baulcombe
<b>Variance</b>	62
<b>Comments</b>	There appear to be data quality issues in this return which make analysis difficult. This area requires further investigation

<b>No. 30</b>	Mental Health - Moving to Recovery
<b>Target</b>	75%
<b>Actual</b>	64.6%
<b>Indicator Lead</b>	Keith Baulcombe
<b>Variance</b>	10.4%
<b>Comments</b>	This trajectory has improved from Q1 to Q2. Service performance is still well above national recovery targets and would rate as sector leading at its current level.

Year to Date: April to September 2012

Name	GP code	Practice population size (Sept '12)	2012/13 crude rate per 1000 practice population size									
			GP/GDP Referrals *2012-13 Q1 position	Other Referrals *2012-13 Q1 position	Outpatient 1st (referral source GP)	Outpatient Follow-up (referral source GP)	Inpatient Elective Admissions (inpatient)	Inpatient Elective Admissions (daycase)	Inpatient Non-Elective Admissions (zero LOS)	Inpatient Non-Elective Admissions (one day LOS)	SGH A&E attendances (discharged or left dept before or without treatment)	SGH A&E attendances (admitted to hospital bed)
Dr Falk and Partners	B81043	14602	51.7	31.8	62.0	68.8	12.3	48.1	9.2	8.9	50.9	20.0
Dr Fraser and Partners	B81065	12344	39.1	41.4	49.5	118.0	11.3	68.9	8.3	8.7	119.4	34.0
Dr Webster and Partners	B81007	9828	41.5	44.2	46.7	132.0	19.6	71.7	9.6	8.5	100.4	30.4
Dr Jaggs-Fowler and Partners	B81005	16889	47.1	37.0	59.7	132.1	14.5	61.2	8.6	9.9	45.2	17.2
Dr Muraleedharan and Partner	B81647	2623	31.9	35.9	32.0	90.0	13.7	46.1	9.1	8.8	51.1	14.1
Dr Vora	B81628	2894	46.2	36.1	55.6	127.9	12.8	68.4	7.6	6.6	46.3	15.2
Dr Burscough and Partners	B81109	12355	40.7	37.1	52.0	124.1	14.2	64.6	8.5	8.7	75.9	29.6
Dr Whitaker and Partners	B81063	6532	37.9	31.3	41.9	120.3	11.0	57.6	8.3	7.3	72.1	25.3
Dr Padley And Partners	B81099	5604	44.7	40.8	54.8	116.0	14.1	62.6	8.6	8.6	68.2	25.2
Dr Melrose and Partners	B81064	8599	41.4	42.8	53.4	139.8	12.4	64.4	10.1	8.8	130.0	33.1
The Birches	B81617	7183	42.8	47.5	52.3	111.0	9.0	46.8	8.8	8.9	143.7	31.6
Drs Rajkumar and Kurien-George	B81090	4101	39.0	52.6	45.4	117.5	9.3	48.3	11.2	8.5	122.9	36.1
Dr Kennedy and Partners	B81026	17154	34.0	45.7	43.8	107.5	13.5	54.9	9.9	11.4	151.2	40.5
Dr Dwyer and Partners	B81113	5728	33.8	47.8	34.4	95.3	11.0	54.6	12.2	10.8	137.7	46.1
Drs Shambhu and Ugargol	B81098	3924	44.0	36.6	57.6	135.6	12.5	46.4	9.2	13.0	147.8	38.5
Dr Hayes	Now inc in B81617											
Dr Hall and Partners	B81118	4863	36.2	44.5	42.2	84.3	10.7	51.6	10.3	11.3	136.3	33.7
Dr Lees and Partners	B81045	12234	44.2	42.6	55.8	133.7	12.9	62.4	11.0	10.5	126.2	40.3
Dr Balasanthiran	B81686	2783	51.3	52.3	56.8	144.1	14.0	65.8	11.1	13.3	127.6	44.2
Dr Newman and Partners	B81022	15220	48.1	46.4	57.0	135.0	13.5	66.8	10.4	12.2	111.0	37.0
Market Hill	Y02787	3042	53.7	57.0	51.3	74.0	6.6	35.8	16.4	13.8	211.4	39.4

**Key**

**Internal Ranking**

	High Utilisation
	Average Utilisation
	Low Utilisation

**NL LSP Strategic Areas**

	Axholme
	Barton & Winterton
	Brigg & Wolds
	Scunthorpe North
	Scunthorpe South

**Notes**

Crude rate per 1000 population are derived indicator to enable simple comparison across different population sizes. Indicators are not standardised to take into age/sex/deprivation.

Providers: Northern Lincolnshire & Goole Hospitals NHS Foundation Trust  
Hull and East Yorkshire Hospitals NHS Trust  
Doncaster and Bassetlaw Hospitals NHS Foundation Trust  
United Lincolnshire Hospitals NHS Trust

Information Sources: Referrals Data - NLaG, HEY, D&B & ULH  
SUS Data - Inpatients, Outpatients and AAE for NLaG, HEY, D&B & ULH

As at 1st November 2012

QMAS DATA			Coronary / Ischaemic Heart Disease		Asthma	Congestive Heart Failure			Convulsions & Epilepsy		COPD		Diabetes			Hyper-tension
Name	GP code	Practice population size (Jun 12)	CHD 8 (Achieved %)	CHD 6 (Achieved %)	A 9 (Achieved %)	HF 2 (Achieved %)	HF 3 (Achieved %)	HF 4 (Achieved %)	EP 6 (Achieved %)	EP 8 (Achieved %)	COPD 15 (Achieved %)	COPD 13 (Achieved %)	DM 30 (Achieved %)	DM 31 (Achieved %)	DM 26 (Achieved %)	BP 5 (Achieved %)
Dr Falk and Partners	B81043	14614	63.10	77.43	28.36	90.00	82.98	72.73	54.26	43.01	100.00	56.25	76.74	58.37	53.12	51.96
Dr Fraser and Partners	B81065	12371	54.30	76.52	10.65	90.32	88.57	52.38	48.04	39.08	81.25	32.66	70.19	41.99	57.08	53.27
Dr Webster and Partners	B81007	9844	68.05	89.72	20.09	92.86	73.17	82.35	80.00	72.86	85.71	74.10	88.91	69.69	63.71	50.76
Dr Jaggs-Fowler and Partners	B81005	16869	63.00	82.70	36.07	95.65	76.60	77.19	73.02	56.03	58.06	63.72	87.76	74.04	66.22	40.69
Dr Muraleedharan and Partner	B81647	2560	65.31	95.19	40.91	75.00	100.00	75.00	62.50	43.48	71.43	67.92	92.65	85.07	57.85	64.25
Dr Vora	B81628	2901	80.90	92.22	50.00	100.00	80.00	50.00	62.50	53.33	88.89	92.00	86.06	80.98	75.46	59.69
Dr Burscough and Partners	B81109	12419	67.12	82.92	58.21	89.66	80.49	65.22	66.02	41.75	100.00	79.39	80.21	60.45	61.36	41.98
Dr Whitaker and Partners	B81063	6507	53.82	71.80	29.95	76.00	78.26	85.71	56.41	41.03	57.89	61.96	71.55	45.54	46.99	38.63
Dr Padley And Partners	B81099	5604	58.85	79.21	12.87	60.00	61.54	83.33	62.12	42.11	30.00	54.02	68.91	58.65	49.06	47.38
Dr Melrose and Partners	B81064	8663	71.60	88.21	38.36	79.49	75.47	82.14	67.50	41.56	66.67	60.76	90.79	82.51	61.41	63.05
Good Hope	B81617	7112	61.90	82.10	47.55	90.00	73.68	72.73	65.38	37.50	52.17	62.11	89.21	75.15	60.91	53.21
Drs Rajkumar and Kurien-George	B81090	4096	80.85	91.62	80.68	96.30	76.47	80.00	91.18	83.33	70.00	86.54	92.69	87.21	58.72	84.60
Dr Kennedy and Partners	B81026	17172	57.05	85.61	40.69	87.88	73.17	80.00	76.79	54.66	67.74	48.45	85.67	71.94	56.71	62.37
Dr Dwyer and Partners	B81113	5723	53.25	71.25	39.27	93.33	77.42	73.68	70.21	37.78	91.67	52.54	72.12	53.54	52.78	52.58
Drs Shambhu and Ugargol	B81098	3978	42.28	75.17	34.70	94.12	50.00	100.00	68.18	66.67	11.11	55.67	80.75	69.19	47.28	49.05
Dr Hall and Partners	B81118	4818	62.23	90.29	74.71	92.00	76.92	94.12	85.71	66.67	37.50	80.26	89.13	65.94	51.53	57.65
Dr Lees and Partners	B81045	12245	60.89	87.88	52.85	87.76	73.08	78.12	57.69	41.57	47.92	60.42	82.79	62.90	54.83	55.83
Dr Balasanthiran	B81686	2827	39.72	73.94	73.43	100.00	61.54	83.33	52.17	34.78	88.89	70.13	71.10	45.09	45.35	42.48
Dr Newman and Partners	B81022	15288	52.59	74.02	29.85	100.00	83.08	69.77	45.22	32.14	100.00	59.71	77.04	49.09	62.96	43.10
Market Hill	Y02787	2688	59.18	86.21	10.93	66.67	40.00	100.00	81.82	27.78	60.00	47.17	86.67	75.00	49.21	52.81

Key



Thresholds

CHD 8	CHD 6	A 6	HF 2	HF 3	HF 4	EP 6	EP 8	COPD 15	COPD 13	DM 30	DM 31	DM 26	BP 5
>= 70%	>= 70%	>= 71%	>= 90%	>= 80%	>= 60%	>= 90%	>= 70%	>= 80%	>= 90%	>= 60%	>= 60%	>= 50%	>= 70%
>= 40%	>= 40%	>= 40%	>= 40%	>= 40%	>= 40%	>= 40%	>= 40%	>= 40%	>= 50%	>= 40%	>= 40%	>= 40%	>= 40%
< 40%	< 40%	< 40%	< 40%	< 40%	< 40%	< 40%	< 40%	< 40%	< 50%	< 40%	< 40%	< 40%	< 40%

Notes

NL LSP Strategic Areas

Axholme
Barton & Winterton
Brigg & Wolds
Scunthorpe North
Scunthorpe South

		Lipid Regulating Drugs		Proton Pump Inhibitors	Non Steroidal Anti-Inflammatory Drugs	Antibiotics		Antipsychotic drugs	Hypnotics	Opioid Analgesics	Diabetes
		% simvastatin and Pravastatin items of all lipid regulating drugs	Ezetimibe Items per 1,000 patients	% Rabeprazole and Esomeprazole of all PPI items	ADQ per patients aged over 65	% Quinolone items of all antibacterial drugs	Antibacterial Drugs Items per STAR-PU	Antipsychotic drugs items per patients over 65 years	ADQ per STAR-PU	Buprenorphine and fentanyl patches Items per 1,000 patients	Diagnostic agents Items per 1,000 patients
Dr Falk and Partners	B81043	55%	27.43	8.41%	13.33	1.60%	0.304	0.05	0.68	23.60	45.22
Dr Fraser and Partners	B81065	67%	6.95	2.19%	15.39	2.63%	0.267	0.09	1.18	17.45	37.08
Dr Jaggs-Fowler and Partners	B81005	60%	23.66	4.34%	8.38	1.85%	0.339	0.12	0.68	12.69	43.35
Dr Muraleedharan	B81647	73%	16.31	6.65%	16.40	2.23%	0.320	0.39	1.36	4.66	40.78
Dr Webster and Partners	B81007	70%	11.97	5.21%	8.73	2.44%	0.317	0.12	0.64	14.91	37.74
Dr Whitaker and Partners	B81063	65%	10.91	3.84%	11.06	2.05%	0.225	0.11	0.64	18.75	33.20
Dr Padley and Partners	B81099	57%	11.59	7.54%	20.67	4.63%	0.318	0.14	1.64	20.86	45.83
Dr Burscough and Partners	B81109	65%	6.08	1.69%	18.30	2.51%	0.291	0.28	0.64	10.80	48.40
Dr Vora	B81628	61%	13.44	0.83%	16.96	3.85%	0.360	0.26	0.94	15.51	27.91
Market Hill 8 to 8 centre	Y02787	70%	4.08	3.33%	60.04	1.10%	1.010	1.14	1.10	6.68	23.37
Drs Shambhu and Ugargol	B81098	74%	14.34	5.43%	45.15	4.18%	0.386	0.21	2.20	36.49	38.75
Dr P Basu	B81617	77%	13.21	1.11%	20.44	1.34%	0.222	0.25	2.57	15.88	39.22
Dr Melrose and Partners	B81064	72%	44.12	3.13%	9.94	3.06%	0.248	0.17	0.93	12.36	43.31
Dr Balasanthiran	B81686	82%	49.17	4.20%	27.62	9.05%	0.393	0.13	3.83	70.75	58.01
Dr Lees and Partners	B81045	72%	14.20	2.86%	9.75	1.74%	0.253	0.19	0.55	9.63	40.82
Dr Newman and Partners	B81022	74%	15.96	4.17%	12.79	3.03%	0.321	0.11	1.13	15.11	41.21
Dr Dwyer and Partners	B81113	76%	20.05	1.66%	18.62	4.08%	0.290	0.19	2.20	16.91	44.97
Dr Kennedy and Partners	B81026	72%	10.60	2.84%	15.45	2.15%	0.286	0.22	2.48	12.87	44.25
Drs Rajkumar and Kurien-George	B81090	75%	15.63	0.61%	16.03	3.59%	0.402	0.10	1.43	17.83	52.26
Dr Hall and Partners	B81118	94%	0.00	0.11%	8.21	2.59%	0.180	0.10	0.28	4.77	32.59
PCT average											
SHA											
NHS											

**Key**

NL LSP Strategic Areas

Axholme	
Barton & Winterton	
Brigg & Wolds	
Scunthorpe North	
Scunthorpe South	

This report uses data provided by NHSBSA Prescription Services. Quarter 2 2012/13

Primary Care Dashboard High Level Outcomes

High Level Outcomes																	
Name	Registered patient population (March 11)	% patients under 5 2011	% patients aged 75+ 2011	Urban/Rural	IMD score 2010	Child poverty rate % (IDACI 2010)	Pensioner poverty rate % (IDAOP 2010)	Life expectancy at birth 2008-10 (Yrs) Male	Life expectancy at birth 2008-10 (Yrs) Female	Smoking at delivery 2010/11	Breast feeding at birth 2010/11	% LTC patients who smoke 2010/11	Obesity 16+	Ratio of actual to expected to registered patients with CHD 2010/11*	Unplanned hospital admission rates (all causes) per 1000 (DSR) 2010/11	Cancer mortality <75 yrs per 100k (persons) 2004-10 DSR	CVD mortality <75 yrs per 100k (persons) 2004-10, DSR
Dr Falk and Partners	14,554	4.45%	8.67%	Rural	13.09	10.4%	13.6%	80.4	84.9	23%	64%	12%	16.1%	0.94	77.8	103.83	51.86
Dr Fraser and Partners	12,304	5.26%	8.19%	Rural	20.26	16.8%	18.2%	79.7	81.1	12%	63%	16%	10.9%	0.96	82.8	126.09	77.75
Dr Webster and Partners	9,853	4.88%	9.09%	Rural	14.63	13.1%	15.8%	81.3	86.8	17%	65%	12%	14.8%	0.80	80.6	97.33	56.54
Dr Jaggs-Fowler and Partners	16,971	5.34%	8.10%	Rural	18.70	17.4%	15.9%	79.4	83.5	11%	66%	15%	9.6%	0.79	71.3	117.64	64.88
Dr Muralledharan & Partner	2,420	5.66%	6.98%	Rural	18.84	17.1%	15.8%	78.6	89.7	21%	79%	21%	12.9%	0.87	78.6	120.69	76.78
Dr Vora	2,861	4.23%	7.58%	Rural	15.10	13.9%	15.2%	74.2	82.1	7%	85%	14%	15.7%	0.63	66.6	112.12	47.48
Dr Burscough and Partners	12,313	4.62%	9.62%	Rural	14.99	13.3%	16.0%	79.0	82.0	13%	67%	15%	13.5%	0.92	81.6	114.25	64.44
Dr Whitaker and Partners	6,500	4.48%	9.66%	Rural	14.78	13.1%	15.5%	77.7	80.3	13%	79%	14%	6.8%	0.77	68.8	106.7	68.53
Dr Padley and Partners	5,636	5.71%	6.82%	Rural	13.05	11.3%	13.8%	78.9	81.0	9%	68%	16%	7.1%	0.93	87.4	92.52	90.57
Dr Melrose and Partners	8,819	6.22%	9.48%	Urban	27.22	23.4%	21.0%	79.1	83.5	17%	63%	16%	13.5%	0.86	88.6	125.73	59.09
Good Hope Medical Centre	3,766	8.87%	3.98%	Urban	37.54	31.7%	28.3%	90.8	79.0	12%	77%	25%	12.7%	0.73	94.4	139.43	109.05
Rajkumar & Kurien-George	4,181	6.08%	7.99%	Urban	31.10	27.1%	23.7%	77.1	81.7	22%	42%	19%	11.8%	0.81	101.5	114.4	116.04
Market Hill	1,146	10.67%	2.45%	Urban	39.79			no data	no data	no data	38%	31%	no data	no data	182.4	no data	no data
Dr Kennedy and Partners	17,337	6.11%	7.14%	Urban	31.00	26.2%	23.7%	76.0	79.8	27%	49%	22%	16.9%	0.94	100.4	140.78	96.49
Dr Dwyer and Partners	5,745	5.57%	7.83%	Urban	31.11	26.5%	23.3%	76.5	78.6	28%	51%	22%	14.1%	0.92	103.9	152.1	143.59
Drs Shambhu and Ugargol	4,155	6.11%	5.58%	Urban	30.83	26.8%	22.9%	74.6	80.8	21%	32%	28%	13.8%	0.74	114.6	133.79	123.84
Dr Hayes & Partners	2,876	8.84%	7.31%	Urban	30.47	25.5%	22.9%	79.7	82.8	24%	56%	25%	15.0%	0.94	107.8	143.93	109.94
Dr Hall and Partners	4,759	7.62%	6.88%	Urban	35.92	32.1%	25.0%	77.1	80.3	32%	40%	22%	12.9%	0.67	90.5	110.78	79.60
Dr Lees and Partners	12,301	6.40%	9.30%	Urban	27.10	22.8%	20.4%	78.4	80.6	17%	54%	21%	16.4%	0.88	94.9	130.75	67.92
Dr Balasanthiran	3,022	6.25%	10.23%	Urban	27.40	22.7%	20.9%	77.1	82.1	34%	55%	17%	19.5%	0.75	101.7	136.28	59.00
Dr Newman and Partners	15,288	5.34%	9.26%	Urban	19.30	15.5%	15.3%	80.3	82.9	18%	66%	13%	11.3%	1.00	95.6	100.43	61.37
PCT average	166987	5.9%	8.0%		21.75	20.3%	19.4%	78.7	82.1	19%	59%	17%	13.0%	0.80	88.60	117.4	73.80

**Key**

**NL Community Planning Areas**

- Axholme
- Barton & Winterton
- Brigg & Wolds
- Scunthorpe North
- Scunthorpe South

\* Where <1 is less than expected and >1 more than expected.

**IMD 2010 Score**

The IMD (index of Multiple Deprivation) score is a composite measure of deprivation which is employed by national and regional government to rank PCTs, local authorities and smaller geographic areas according to their relative levels of deprivation. It includes measures of income, employment, crime, housing, health and disability, education, environment and access to services. This indicator is reported every three years by the Department for Communities and Local Government.

**Health warnings**

Some of these differences are not statistically significant



NORTHERN LINCOLNSHIRE AND GOOLE KPI SUMMARY

<b>CANCER - 62 Day Waits</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
1	62 DAY WAIT URGENT GP REFERRAL TO TREATMENT	Monthly	85.0%	90.4%	93.9%	96.3%	93.5%	90.3%	89.8%	89.4%	89.7%	92.10%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
2	62 DAY WAIT CONSULTANT SCREENING SERVICE	Monthly	90.0%	100.0%	88.9%	100.0%	95.5%	100%	100%	100%	100%	100%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
3	62 DAY WAIT FOLLOWING CONSULTANT DECISION TO UPGRADE PATIENT PRIORITY	Monthly	85.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
<b>CANCER - 31 Day Waits</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
4	31 DAY DIAGNOSIS TO TREATMENT	Monthly	96.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
5	31 DAY SUBSEQUENT TREATMENT SURGERY	Monthly	94.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
6	31 DAY SUBSEQUENT TREATMENT DRUGS	Monthly	98.00%	100.00%	100.00%	100.00%	100.00%	100%	100%	100%	100%	100%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
<b>CANCER - 2 Week Waits</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
27	2 WEEK WAIT REFERRAL TO CONSULTATION	Monthly	93.0%	97.7%	99.3%	99.4%	98.8%	98.70%	99.50%	98.90%	99%	99.20%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
28	2 WEEK WAIT BREAST SYMPTOMATIC	Monthly	93.0%	94.6%	97.2%	97.6%	96.4%	96.30%	94.50%	94.20%	95.10%	97.90%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
<b>STROKE</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
8	TIA - HIGH RISK OF STROKE ASSESSED AND TREATED IN 24 HOURS	Monthly	60.0%	87.1%	85.3%	85.2%	85.9%	64.50%	90.30%	80.80%	78.40%	80.80%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
9	STROKE PATIENTS DIAGNOSED AF AND ANTI-COAGULATED OR PLANNED	Monthly	60.0%	87.5%	87.5%	62.5%	79.2%	100%	100%	100%	100%	100%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
Penalty applied												
10	PATIENTS ADMITTED TO STROKE WARD WITHIN 4 HOURS	Monthly	90.0%	54.8%	62.2%	75.0%	62.6%	84.6%	82.4%	78.6%	81.70%	87.80%
	Action Plan Requested							✓				
	Action Plan Approved								✓			
	Month Performance to be back on track											
Penalty applied											1	
11	PATIENTS SCANNED WITHIN 1 HOUR	Monthly	50.0%	15.8%	16.7%	21.4%	17.6%	26.9%	36.8%	36.80%	32.80%	64.30%
	Action Plan Requested							✓				
	Action Plan Approved								✓			
	Month Performance to be back on track											
Penalty applied												
12	PATIENTS SCANNED WITHIN 24 HOURS	Monthly	100.0%	95.6%	97.5%	100.0%	97.5%	95.7%	97.10%	93.30%	95.30%	100%
	Action Plan Requested								✓			
	Action Plan Approved									✓		
	Month Performance to be back on track											
Penalty applied												
13	DISCHARGED WITH COPY OF JOINT CARE PLAN	Monthly	85.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											

	Penalty applied													
14	6 MONTH REVIEW FOLLOWING DISCHARGE	Monthly	95.0%	0.0%	0.0%	0.0%	0.0%	0%	0%	0%	0%	0%	0.00%	
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
15	STROKE-SKILLED EARLY SUPPORTED DISCHARGE TEAM PRESENT	Months 1,6,12	YES / NO	Y			Y			Y	Y			
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
16	% SUPPORTED TO LEAVE HOSPITAL EARLY	Monthly	40.0%	45.2%	55.6%	33.3%	46.1%	63.6%	53.80%	37.50%	51.40%	65.50%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
<b>AMBULATORY CARE</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October		
17	% AMBULATORY CARE SENSITIVE CONDITIONS ADMITTED AS EMERGENCY	TBC	TBC				51.45%	56.54%	56.54%	45.45%	53.18%	57.76%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
18	UNPLANNED ADMIT RATE: ASTHMA, DIABETES, EPILEPSY U19s	TBC	TBC				31.32%	37.32%	16.73%	38.61%	30.89%	33.46%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
19	EMERGENCY ADMITS SHOULD NOT USUALLY REQUIRE HOSPITAL CARE	TBC	TBC				1.04	0.99	0.84	0.81	0.88	0.98		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
<b>PATIENT EXPERIENCE</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October		
20	SURVEY: OVERALL PATIENT EXPERIENCE SCORE	TBC	TBC	See notes				See notes						
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
<b>REFERRAL TO TREATMENT</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October		
21	ADMITTED % WITHIN 18 WEEKS	Monthly	90.0%	92.0%	93.5%	92.6%	92.6%	93.2%	92.0%	92.60%	92.60%	93.40%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
22	NON-ADMITTED % WITHIN 18 WEEKS	Monthly	95.0%	98.0%	98.6%	98.5%	98.5%	98.5%	98.0%	98.30%	98.30%	98.00%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
23	INCOMPLETE % WITHIN 18 WEEKS	Monthly	92.0%	97.1%	97.6%	97.2%	97.2%	97.3%	97.2%	97.30%	97.30%	97.40%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
24	AUDIOLOGY WAITS	Monthly	95.0%	99.6%	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
<b>DIAGNOSTIC WAITS</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October		
25	% WAITING 6+ WEEKS	Monthly	1.0%	0.8%	0.3%	0.3%	0.5%	0.2%	0.6%	0.8%	0.6%	0.80%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
<b>A&amp;E</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October		
	% OF PATIENTS SEEN WITHIN 4 HOURS - ALL	Monthly	95.0%	95.2%	97.8%	97.2%	96.7%	96.4%	96.8%	96.30%	96.40%	96.80%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
	% OF PATIENTS SEEN WITHIN 4 HOURS - SGH	Monthly	95.0%	94.6%	97.9%	95.8%	96.1%	95.3%	96.1%	95.30%	95.30%	95.40%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													

26	Penalty applied												
	% OF PATIENTS SEEN WITHIN 4 HOURS - DPOW	Monthly	95.0%	94.2%	97.0%	97.8%	96.4%	96.4%	96.8%	96.20%	96.40%	97.20%	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
29	UNPLANNED RE-ATTENDANCE RATE WITHIN 7 DAYS	Monthly	<5%	3.5%	3.5%	3.5%	3.5%	3.2%	3.4%	3.2%	3.2%	3.10%	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
30	TOTAL TIME SPENT IN A&E; 95TH PERCENTILE	Monthly	<4HRS	4	3.95	3.95	3.95	3.98	3.97	3.98	3.98	3.98	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
31	LEFT DEPARTMENT WITHOUT BEING SEEN	Monthly	<5%	3.4%	2.4%	2.7%	2.7%	3.3%	3.0%	2.6%	2.6%	2.60%	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
32	TIME TO INITIAL ASSESSMENT; 95TH PERCENTILE	Monthly	<15MINS	33	34	39	39	36	14	15	15	14	
	Action Plan Requested							✓		✓			
	Action Plan Approved								☒				
	Month Performance to be back on track												
	Penalty applied												
33	TIME TO TREATMENT MEDIAN	Monthly	<60MINS	44	39	42	42	43	42	41	41	41	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
34	% CELLULITIS AND DVT ATTENDANCES THAT ARE ADMITTED	Quarterly	PRESENT	See notes				See notes				See notes	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
35	CELLULITIS AND DVT ADMISSIONS PER HEAD POPULATION	Quarterly	TBC	See notes				See notes				0.03%	
	Action Plan Requested											Not reported	
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
36	HIGH RISK CATEGORY PATIENTS SEEN BY EMERGENCY MEDICINE CONSULTANT	Quarterly	TBC	See notes				See notes				Not reported	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
37	A&E SERVICE EXPERIENCE	Quarterly	PRESENT	See notes				See notes				See notes	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
52A	HANDOVER PLAN ACTIONS ACHIEVED BY MILESTONE TIMESCALES	Monthly	YES / NO	See note				See note				See note	
	Action Plan Requested			No specific consequence				No specific consequence				No specific consequence	
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
52B	MAXIMUM 20 MINS HANDOVER TIME	Monthly	<20MINS	Comes into force 1st July 2012						19:55	19:55	20:00	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
	Penalty applied												
38	<b>MATERNITY</b>	Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	
	% WOMEN WHO'VE SEEN A MIDWIFE BY 12 WEEKS AND 6 DAYS	Monthly	90.0%	95.7%	95.8%	94.3%	95.3%	91.3%	92.3%	94.1%	92.7%	92%	
	Action Plan Requested												
	Action Plan Approved												
	Month Performance to be back on track												
Penalty applied													

57	ADVISE AND REFER PREGNANT SMOKERS AT BOOKING IN	Monthly	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
58	INTERVENTIONS FOR SMOKING IN PREGNANCY TRAINING	Monthly	100.0%	Review of mandatory training records of a sample of midwives by commissioners in February each year				Review of mandatory training records of a sample of midwives by commissioners in February each year				mandatory training records of
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
<b>INFECTIONS</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
39	NUMBER OF HOSPITAL ACQUIRED MRSA INFECTIONS	Monthly	3	0	0	1	1	1	0	0	2	0
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
40	NUMBER OF HOSPITAL ACQUIRED CDIFF INFECTIONS	Monthly	34	3	4	2	9	1	2	3	15	3
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
<b>CANCELLED OPERATIONS</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
41	READMISSION WITHIN 28 DAYS	Monthly	0	0	0	0	0	0	0	0	0	0
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
42	CANCELLATION OF ELECTIVE OP FOR NON-CLINICAL CARE REASONS	Monthly	1%	1.10%	0.60%	0.50%	0.80%	0.50%	0.30%	0.80%	0.50%	0.70%
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
<b>CHOOSE &amp; BOOK AVAILABILITY</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
43	% OF SLOT ISSUES PER DBS BOOKING	Monthly	1.5%	13.4%	19.1%	19.1%	18.8%	16.9%	21.50%	11%	16%	16.60%
	Action Plan Requested			No Specific Consequence				No Specific Consequence				No Specific Consequence
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
<b>DISCHARGE COMMUNICATION</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
44	% ADMIT DISCHARGE LETTERS REC'D BY REFERRER IN 24 HRS	Monthly	90.0%	57.0%	64.1%	62.9%	61.4%	68%	68.90%	Not reported	Not reported	Not reported
	Action Plan Requested							✓	✓			
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
45	% ADMIT DISCHARGE LETTERS REC'D BY PATIENT ON DISCHARGE	Monthly	0.9	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
<b>MIXED SEX ACCOMODATION</b>		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
46	FAILURE TO AGREE MSA PLAN BY STD CONTRACT SIGNED DATE	Monthly	YES / NO	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
47	BREACH OF AN EMSA PLAN MILESTONE	Monthly	YES / NO	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
48	SLEEPING ACCOMODATION BREACH	Monthly	0	0	0	0	0	0	0	0	0	0
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											
50	FAILURE TO PUBLISH DECLARATION PURSUANT TO CLAUSE 30.1	As Occurs	YES / NO	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Action Plan Requested											
	Action Plan Approved											
	Month Performance to be back on track											
	Penalty applied											

51	FAILURE TO PUBLISH DECLARATION PURSUANT TO CLAUSE 30.3	As Occurs	YES / NO	YES	YES	YES	YES	YES	YES	YES	YES	YES		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
<b>DELAYED TRANSFERS OF CARE</b>				Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
49	DTOCs TO BE MINIMISED	Monthly	<3%	3.5%	2.6%	1.7%	2.5%	3%	3.60%	4%	3.50%	4.20%		
	Action Plan Requested			No specific consequence										
	Action Plan Approved			No specific consequence										
	Month Performance to be back on track			No specific consequence										
	Penalty applied			No specific consequence										
<b>DATA QUALITY</b>				Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
53	% SUS DATA ALTERED BETWEEN 5 OP DAYS AND INCLUSION PT	Monthly	NONE	Covered by local data arrangements within contract				Covered by local data arrangements within contract				Covered by local		
	Action Plan Requested			No specific consequence										
	Action Plan Approved			No specific consequence										
	Month Performance to be back on track			No specific consequence										
	Penalty applied			No specific consequence										
<b>VTE RISK ASSESSMENT</b>				Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
54	NO OF PATIENTS HAVING VTE RISK ASSESSMENT	Monthly	>90%	Comes into force 1st July 2012				93.13%	92.90%	92.87%	92.97%	94.84%		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
<b>MORTALITY</b>				Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October
55	% COMPLIANCE WITH WHO SAFER SURGERY CHECKLIST	Commiss'r Audit	>97%	Comes into force in Q3				Comes into force in Q3				Not reported		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													
56	% COMPLIANCE WITH SURGICAL SITE BEST PRACTICE BUNDLE	Monthly	>97%	See notes				See notes				See notes		
	Action Plan Requested													
	Action Plan Approved													
	Month Performance to be back on track													
	Penalty applied													

Term	Description
A&E	Accident & Emergency
A&E Type 1	A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients
ACE	Angiotensin Converting Enzyme
ACS	Ambulatory Care Sensitive Conditions
ADQ	Average Daily Quantity
Ambulance RED1	Life threatening requiring Defibrillation
Ambulance RED2	Immediately life threatening
BMI	Body Mass Index
BNF	British National Formulary
CDI	Clostridium Difficile
C Diff	Clostridium Difficile
CAMHS	Child & Adolescent Mental Health Services
CEC	Clinical Executive Committee
CHD	Coronary Heart Disease
CPA	Care Programme Approach
CQUINs	Commissioning for Quality & Innovation
CR/HT	Crisis Resolution/Home Treatment
CVD	Cardiovascular Disease
D&B	Doncaster & Bassetlaw Hospitals NHS Foundation Trust
DOH	Department of Health
DSR	Direct Standardised Rate
(DTaP/IPV/Hib)	Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b
EMAS	East Midlands Ambulance Service
ESR	European Standardised Rate
FFCE'S	First Finished Consultant Episodes
FTE'S	Full Time Equivalent
G&A	General & Acute
GP	General Practitioner
GDP	General Dental Practitioner
GUM	Genito-Urinary Medicine
HCAI	Healthcare Associated Infection
HEY	Hull & East Yorkshire Hospitals NHS Trust
Hib/MenC	Haemophilus influenza type b (Hib), meningitis C (MenC)
HPV	Human Papilloma Virus
HSMR	Hospital Standardisation Mortality Rate
IAPT	Improving Access to Psychological Therapies
IMD	Index of Multiple Deprivation
LAA	Local Area Agreement
LOS	Length of Stay
LSP	Local Service Provider
LTC	Long Term Conditions
MMR	Measles, Mumps & Rubella
MRSA	Methicillin Resistant Staphylococcus Aureus
MSA	Mixed Sex Accommodation
NI	National Indicator
NLaG	Northern Lincolnshire & Goole Hospitals Foundation Trust
NL&GHFT	Northern Lincolnshire & Goole Hospitals Foundation Trust
NLPCT	North Lincolnshire Primary Care Trust
NHS	National Health Service

Term	Description
NHSBSA	NHS Business Service Authority
NSAIDs	Non-Steroidal Anti-Inflammatory Drugs
ONS	Office for National Statistics
OOH	Out of Hours
QOF	Quality and Outcomes Framework
QTR	Quarter
PALS	Patient Advice & Liaison Service
PCT	Primary Care Trust
PCV	Pneumococcal infection
PPIs	Proton Pump Inhibitors
PU's	Prescribing Units
Pts	Patients
RAG	Red, Amber, Green classification
RTT	Referral To Treatment
SGH	Scunthorpe General Hospital
SHA	Strategic Health Authority
SSSS	Stop Smoking Services
STAR-PU's	Specific therapeutic group age-sex prescribing units
SUIs	Serious Untoward Incidents
TIA	Transient Ischaemic Attack
ULH	United Lincolnshire Hospitals NHS Trust
VHIU	Very High Intensity User
VSMR	Vital Sign Monitoring Return
VTE	Venous Thromboembolism
WCC	World Class Commissioning
WTE	Whole Time Equivalent
YTD	Year to Date