


MEETING DATE:	14 March 2013	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY
AGENDA ITEM NUMBER:	Item 8.5	
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JOB TITLE:	Business Intelligence Manager	
DEPARTMENT:	Business Intelligence – NY&HCSU	

NHS NORTH LINCOLNSHIRE PERFORMANCE REPORT DECEMBER 2012 POSITION

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

1. PURPOSE OF THE REPORT:			
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.			
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: <i>(will be populated following agreement with Council of Members)</i>			
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
3. IMPACT ON RISK ASSURANCE FRAMEWORK:			
	Yes	No	x

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
Yes		No	x
5. LEGAL IMPLICATIONS:			
Yes	x	No	
CCG's are accountable for the delivery of its statutory and local priorities.			
6. RESOURCE IMPLICATIONS:			
Yes		No	x
7. EQUALITY IMPACT ASSESSMENT:			
Yes		No	x
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:			
Yes		No	x
9. RECOMMENDATIONS:			
CCG Committee/Governing Body are asked:-			
<ul style="list-style-type: none"> 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

March 2013

2012/13 December Position

Adding Life to Years and Years to Life

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Adding Life to Years and Years to Life

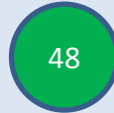
NLCCG Integrated Reporting Dashboard

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

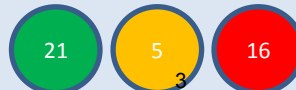
QUALITY



UNWARRANTED VARIATION



BEST OUTCOMES



PATIENT EXPERIENCE



INEQUALITIES



Important Information

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.

<p>New Indicators/Exceptions</p>	<p>New exception's have been raised for:</p> <ul style="list-style-type: none"> - Number of cases of Clostridium Difficile - Cat A response times within 8 mins - RED 2 - Total time spent in A&E department - 95th centile - Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected - Mental Health Crisis Resolution Team - Number of Episodes
<p>Indicators Removed</p>	
<p>Indicators Amended/Proposal</p>	
<p>Any Other Issues/Comments</p>	<p>MRSA - Although this report which shows the position as at December is recorded as Green, we are now aware of 2 further cases of MRSA, 1 in January and 1 in February both at Castle Hill Hospital. This will move the indicator to a Red position and exception reports will be raised in the subequent reports and details provided on each additional case.</p>

CCG KEY PERFORMANCE INDICATORS

No.	Measure	Definition <i>Click on Definition name for Guidance</i>										YTD Position	Annual Target	RAG	
			April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	Nov Month 8	Dec Month 9				
1	Reducing the incidence of healthcare associated infections	Number of cases of MRSA	Trajectory	1	0	0	1	0	0	1	0	0	3	4	Green
			Actual	1	1	0	1	0	0	0	0	0	3	3	
			Variance	0	1	0	0	0	0	1	0	0	0	1	
			of which: Trust Acquired	0	0	0	1	0	0	0	0	0	1	n/a	
			of which: Community Acquired	1	1	0	0	0	0	0	0	0	2	n/a	
		Number of cases of Clostridium Difficile	Trajectory	4	4	3	2	2	2	1	1	1	20	23	RED
			Actual	1	3	3	1	2	3	2	2	4	21	21	
			Variance	3	1	0	1	0	1	1	1	3	1	2	
			of which: Trust Acquired	1	3	2	1	2	2	1	0	4	16	n/a	
			of which: Community Acquired	0	0	1	0	0	1	1	2	0	5	n/a	
2	Ambulance Improved health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance	Cat A response within 8 mins - RED 1	Trajectory	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	RED
			Actual (EMAS)	80.7%	77.5%	77.6%	70.6%	70.2%	70.7%	71.0%	66.1%	64.7%	71.8%	71.8%	
			Variance	5.7%	2.5%	2.6%	4.4%	4.8%	4.3%	4.0%	8.9%	10.4%	3.2%	3.2%	
		Cat A response times within 8 mins - RED 2	Actual (NHS NL)	76.0%	76.0%	73.0%	65.0%	76.0%	73.1%	80.0%	73.0%	66.0%	72.6%	72.6%	RED
			Trajectory	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	
			Actual (EMAS)	74.9%	73.2%	75.3%	75.6%	76.1%	76.2%	75.2%	73.1%	66.8%	73.8%	73.8%	
		Cat A response within 19 mins - RED 1	Variance	0.1%	1.8%	0.3%	0.6%	1.1%	1.2%	0.2%	1.9%	8.2%	1.2%	1.2%	RED
			Actual (NHS NL)	78.0%	79.0%	80.0%	83.0%	81.0%	79.3%	81.0%	79.0%	76.0%	79.5%	79.5%	
			Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
			Actual (EMAS)	97.9%	96.2%	96.4%	96.5%	95.4%	96.6%	97.4%	94.5%	94.5%	96.1%	96.1%	Green
			Variance	2.9%	1.2%	1.4%	1.5%	0.4%	1.6%	2.4%	0.5%	0.5%	1.1%	1.1%	
			Actual (NHS NL)	99.0%	92.0%	96.0%	97.0%	95.0%	98.5%	97.0%	95.0%	92.0%	95.5%	95.5%	

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	Nov Month 8	Dec Month 9	YTD Position	Annual Target	Traffic Light		
2/cont.	Ambulance Quality/cont..	Cat A response within 19 mins - RED 2	Trajectory	95%	95%	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%	92.7%	89.4%	93.4%	93.4%			
			Variance	0.3%	1.2%	0.1%	1.1%	0.9%	1.1%	1.0%	2.3%	5.6%	1.6%	1.6%			
			Actual (NHS NL)	95.0%	93.0%	94.0%	96.0%	94.0%	95.0%	95.0%	95.0%	95.0%	90.0%	94.0%	94.0%		
			Trajectory	23	23	23	23	23	23	23	23	23	23	23	23		Green
			Actual	21.3	21.7	20.5	21	21	19.7	19.9	19.8	19.0	19	19			
Variance	1.7	1.3	2.5	2	2	3.3	3.1	3.2	4.0	4.0	4.0						
		RTT - admitted % within 18 Weeks (Snapshot)	Trajectory	18.3	18.3	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	15.7	14.8	14.8	14.8			
			Variance	4.0	4.0	3.3	3.0	3.3	2.6	2.7	2.6	3.5	3.5	3.5			
		RTT - non-admitted % within 18 weeks (Snapshot)	Trajectory	28.0	28.0	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	16.3	16.7	16.7	16.7			
			Variance	11.3	16.6	10.8	10.9	10.8	11.0	11.3	11.7	11.3	11.3	11.3			
		RTT - incomplete % within 18 weeks (Snapshot)	Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Green	
			Actual	91%	92%	92%	91%	90%	92%	92%	93%	94%	94%	94%			
			Variance	1%	2%	2%	1%	0%	2%	2%	3%	4%	4%	4%			
		RTT - admitted % < 18 weeks (snapshot)	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Green	
			Actual	98%	99%	98%	98%	98%	98%	98%	97%	98%	98%	98%			
			Variance	3%	4%	3%	3%	3%	3%	3%	2%	3%	3%	3%			
		RTT - Non-admitted % <18 Weeks (Snapshot)	Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	Green	
			Actual	0	0	0	0	0	0	0	0	0	0	0			
			Variance	0	0	0	0	0	0	0	0	0	0	0			
4	Mixed Sex Accommodation Breaches	Number of unjustified breaches	Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	Green	
			Actual	0	0	0	0	0	0	0	0	0	0	0			
			Variance	0	0	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>											YTD Position	Annual Target	Traffic Light		
			April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	Nov Month 8	Dec Month 9						
5	A&E Quality	4 Hour Waits (NLG SGH)	Trajectory	95%	95%	95%	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%	96.5%	91.6%	95.4%	95.4%			
			Variance	0.4%	2.9%	0.8%	0.4%	1.1%	0.3%	0.4%	1.5%	3.4%	0.4%	0.4%			
		Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)	Trajectory	5%	5%	5%	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%	2.8%	2.9%	2.9%	2.9%			
			Variance	1.5%	1.5%	1.5%	1.8%	1.6%	1.8%	1.9%	2.2%	2.1%	2.1%	2.1%			
		Total time spent in A&E department - 95th centile	Trajectory	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	<240 Mins	RED
			Actual	240	237	237	239	238	239	239	238	286	286	286			
			Variance	0	3	3	1	2	1	1	2	46	46	46			
		Left department without being seen rate	Trajectory	<5%	<5%	<5%	<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%	2.4%	3.3%	3.3%	3.3%			
			Variance	1.6%	2.6%	2.3%	1.7%	2.0%	2.4%	2.4%	2.6%	1.7%	1.7%	1.7%			
		Time to initial assessment - 95th centile	Trajectory	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	<15mins	Amber
			Actual	33	34	39	36	14	15	14	14	16	16	16			
			Variance	18	19	24	21	1	0	1	1	1	1	1			
		Time to treatment in department - median	Trajectory	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	<60mins	Green
			Actual	44	39	42	43	42	41	41	41	45	45	45			
			Variance	16	21	18	17	18	19	19	19	15	15	15			
6	Maintaining Cancer Waiting Standards to improve outcomes	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	Trajectory	93%	93%	93%	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%	98.3%	98.7%	98.5%	98.5%			
			Variance	4.6%	5.8%	5.4%	6.4%	5.9%	5.0%	5.3%	5.3%	5.7%	5.5%	5.5%			
		Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	Trajectory	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	RED
			Actual	89.2%	95.1%	96.9%	95.7%	98.0%	94.0%	98.7%	90.5%	73.0%	92.7%	92.7%			
			Variance	3.8%	2.1%	3.9%	2.7%	5.0%	1.0%	5.7%	2.5%	20.0%	0.3%	0.3%			

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	Nov Month 8	Dec Month 9	YTD Position	Annual Target	Traffic Light	
6/Cont.	Maintaining Cancer Waiting Standards/Cont.	Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	Trajectory	85%	85%	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%	95.1%	90.6%	90.2%	90.2%		
			Variance	2.9%	8.8%	4.7%	1.5%	1.0%	5.1%	5.0%	10.1%	5.6%	5.2%	5.2%		
		Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Trajectory	90%	90%	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%	100.0%	100.0%	100%	100%		
			Variance	10%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10%	10%		
		Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	Trajectory	90%	90%	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%	100.0%	100.0%	86.7%	86.7%		
			Variance	23.3%	10.0%	90.0%	10.0%	NO DATA	10.0%	10.0%	10.0%	10.0%	3.3%	4.3%		
7	Non Elective First Finished Consultant Episodes (FFCEs)	Number of Non-elective FFCEs	Trajectory	1493	1504	1472	1520	1471	1471	1539	1465	1551	13486	18001	Green	
			Actual	1474	1415	1462	1546	1393	1368	1515	1438	1499	13110	13110		
			Variance	19	89	10	26	78	103	24	27	52	376	4891		
	Nos Waiting on incomplete Referral To Treatment (RTT) pathway	Numbers Waiting on incomplete RTT pathway	Trajectory	6663	6663	6663	6663	6663	6663	6663	6663	6663	6663	6663	6663	RED
			Actual	7911	8165	8166	8344	8295	8222	8175	7678	7552	7552	7552		
			Variance	1248	1502	1503	1681	1632	1559	1512	1015	889	889	889		
8	Improving Outcomes for People who have had a Stroke	Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	Trajectory			80%				80%			80%	80%	Amber	
			Actual			78%				84%			75%	79%		79%
			Variance			2%				4%			5%	1%		1%
		Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Trajectory			60%				60%			60%	60%	Green	
			Actual			74%				66%			75%	72%		72%
			Variance			14%				6%			15%	12%		12%

CCG KEY PERFORMANCE INDICATORS..5

No.	Measure	Definition <i>Click on Definition name for Guidance</i>										YTD Position	Annual Target	Traffic Light		
			April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	Nov Month 8	Dec Month 9					
9	Smoking	Number of smoking quitters	Trajectory	87	174	262	357	453	549	661	773	886	886	886	RED	
			Actual	50	96	140	203	242	299	370	430	449	449	449		
			Variance	37	78	122	154	211	250	291	343	437	437	437		
		% of 4-week smoking quitters that have attended NHS Stop Smoking Services	Trajectory	100%	100%	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%	53.6%	16.8%	16.8%	16.8%		
			Variance	42.5%	47.1%	50.0%	33.7%	59.4%	40.6%	36.6%	46.4%	83.2%	83.2%	83.2%		
		Smoking In Pregnancy	Trajectory			15.0%				15.0%			15.0%	15.0%	15.0%	RED
			Actual			19%				16%			16%	17.0%	17.0%	
			Variance			4%				1%			1%	2.0%	2.0%	
10	Maintaining Cancer Waiting Time 31 Day Standards	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	Trajectory	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	Green	
			Actual	100%	100%	100%	100%	100%	100%	98.5%	98.8%	98.3%	99.5%	99.5%		
			Variance	4%	4%	4%	4%	4%	4%	2.5%	2.8%	2.3%	3.5%	3.5%		
		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	Trajectory	94%	94%	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%	92.3%	100.0%	98.6%	98.6%		
			Variance	6.0%	0.7%	6.0%	6.0%	6.0%	6.0%	6.0%	1.7%	6.0%	4.6%	4.6%		
		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	Trajectory	98%	98%	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%	100.0%	100.0%		
			Variance	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%		
		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	Trajectory	94%	94%	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%	100.0%	89.0%	98.2%	98.2%		
			Variance	6.0%	6.0%	6.0%	6.0%	2.0%	6.0%	4.0%	6.0%	5.0%	4.2%	4.2%		

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	Nov Month 8	Dec Month 9	YTD Position	Annual Target	Traffic Light		
11	Referral to Treatment waits (median wait measures)	RTT - admitted median in weeks (Snapshot)	Trajectory	11.1	11.1	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	8.2	7.9	7.9	7.9		7.9	
			Variance	3.3	2.1	3.4	2.9	2.9	2.8	3.0	2.9	3.2	3.2	3.2		3.2	
		RTT - non-admitted median in weeks (snapshot)	Trajectory	6.6	6.6	6.6	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	3.9	3.9	3.9	3.9		
			Variance	3.3	3.2	2.8	2.8	2.8	2.2	2.5	2.5	2.7	2.7	2.7	2.7		
		RTT - incomplete median in weeks (Snapshot)	Trajectory	7.2	7.2	7.2	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	5.3	5.3	5.3	5.3		
			Variance	2.1	2.5	1.7	2.4	1.8	2.1	2.5	2.5	1.9	1.9	1.9	1.9		
12	Daycase Rate	Proportion of elective FCEs which are for daycases	Trajectory	76%	76%	76%	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%	78.4%	79.9%	79.3%	79.3%	79.3%		
			Variance	3.4%	3.9%	3.2%	3.2%	3.9%	2.5%	2.9%	2.4%	3.9%	3.9%	3.9%	3.9%		
13	Delayed Transfers of Care (Acute)	Delayed Transfers of Care (Acute) - Prov measure is no delays as a proportion of a count of activity or beds.	Trajectory	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	Amber	
			Actual	3.5%	2.6%	1.7%	3.0%	3.6%	4.0%	4.2%	2.8%	3.4%	3.1%	3.1%	3.1%		
			Variance	0.5%	0.4%	1.3%	0.0%	0.6%	1.0%	1.2%	0.2%	0.4%	0.1%	0.1%	0.1%		
			Actual SGH Site	1.2%	1.6%	1.1%	1.3%	1.9%	2.3%	2.3%	1.3%	1.8%	1.6%	1.6%	1.6%		
			Actual DPOW Site	5.5%	3.4%	2.1%	4.7%	5.2%	5.5%	5.9%	4.2%	4.7%	4.5%	4.5%	4.5%		
14	GP written referrals to hospital	No of GP written referrals	Trajectory	2153	2039	2436	2379	2209	2379	2323	2436	2039	20393	27309	RED		
			Actual	2342	2871	2171	2627	2364	2346	2683	2513	2028	21945	21945			
			Variance	189	832	265	248	155	33	360	77	11	1552	5364			
15	Other referrals for a first outpatient appointment	No of other referrals	Trajectory	1813	1718	2052	2004	1861	2004	1956	2052	1718	17178	22998	RED		
			Actual	1859	2237	1964	2227	2518	2098	2313	2168	1605	18989	18989			
			Variance	46	519	188	223	657	94	357	116	113	1811	4009			
16	First outpatient attendances following GP referral	No 1st outpatient attendances after GP referral	Trajectory	1800	1704	2035	1988	1846	1988	1941	2035	1704	17041	22816	RED		
			Actual	1864	2213	1946	2062	2001	1897	2535	2312	1762	18592	18592			
			Variance	64	509	89	74	155	91	594	277	58	1551	4224			

CCG KEY PERFORMANCE INDICATORS..7

No.	Measure	Definition <i>Click on Definition name for Guidance</i>										YTD Position	Annual Target	Traffic Light		
			April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	Nov Month 8	Dec Month 9					
17	All first outpatient attendances	No of first outpatient attendances	Trajectory	3775	3577	4272	4173	3875	4173	4074	4272	3577	35768	47889	Amber	
			Actual	3703	4403	3767	4208	3934	4035	5037	4574	3660	37321	37321		
			Variance	72	826	505	35	59	138	963	302	83	1553	10568		
18	Elective FFCEs	No of elective FFCEs – Ordinary Admissions	Trajectory	497	469	561	547	508	547	534	561	469	4693	6283	Green	
			Actual	426	495	430	501	476	474	533	555	397	4287	3890		
			Variance	71	26	131	46	32	73	1	6	72	406	2393		
	Elective FFCEs	No of elective FFCEs - Daycase	Trajectory	1472	1394	1666	1627	1511	1627	1588	1666	1394	13945	18670	RED	
			Actual	1672	1963	1639	1903	1887	1729	1993	2018	1576	16380	16380		
			Variance	200	569	27	276	376	102	405	352	182	2435	2290		
	Elective FFCEs	No of elective FFCEs (ordinary FFCEs & daycase FFCEs combined)	Trajectory	1969	1863	2227	2174	2019	2174	2122	2227	1863	18638	24953	RED	
			Actual	2098	2458	2069	2404	2363	2203	2526	2573	1973	20667	18694		
			Variance	129	595	158	230	344	29	404	346	110	2029	6259		
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%	90%	90%	Green	
			Actual	91.7%	92.9%	93.9%	93.8%	92.9%	93.0%	94.8%	94.8%	93.5%	93.5%	93.5%		
			Variance	1.7%	2.9%	3.9%	3.8%	2.9%	3.0%	4.8%	4.8%	3.5%	3.5%	3.5%		
20	A&E attendances	Number of attendances at A&E departments (type 1) - Cumulative	Trajectory	4681	9619	14315	19167	23633	28165	32861	37221	41650	41650	55125	Amber	
			Actual	4582	9459	14430	19494	24458	29195	33948	38442	43055	43055	43055		
			Variance	99	160	115	327	825	1030	1087	1221	1405	1405	12070		
		Number of attendances at A&E departments (total) - Cumulative	Trajectory	4740	9740	14495	19409	23930	28520	33275	37689	42174	42174	55819	Amber	
			Actual	4658	9623	14683	19833	24916	29716	34548	39141	43807	43807	43807		
			Variance	82	117	188	424	986	1196	1273	1452	1633	1633	12012		
21	% deaths at home (including care homes)	Number of registered deaths at home/number of registered deaths	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>										YTD Position	Annual Target	Traffic Light		
			April Month 1	May Month 2	June Month 3	July Month 4	Aug Month 5	Sept Month 6	Oct Month 7	Nov Month 8	Dec Month 9					
22	Access to NHS dentistry	Current 24 month measure	Trajectory	85485	85485	85485	85485	85485	85485	85485	85485	85485	85485	85485	RED	
			Actual	82889	83114	82931	83029	83187	83480	83392	83645	83823	83823	83823		
			Variance	2596	2371	2554	2456	2298	2005	2093	1840	1662	1662	1662		
23	Health Visitor Numbers	Number of Health Visitors	Trajectory	28.71	28.71	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	29.67		
			Variance	0.82	0.82	0.82	0.22	0.77	0.24	0.96	0.96	0.96	0.96	0.96		
24	People with Long Term Conditions feeling independent and in control of their condition	% of people with LTCs who said they had had enough support from local services/organisations	Trajectory							55.0%			55%	55%	Green	
			Actual							69.9%			69.9%	69.9%		
			Variance							14.9%			14.9%	14.9%		
25	Breastfeeding at 6-8 weeks	Prevalence of breastfeeding at 6-8 wks after birth (also coverage?)	Trajectory			38.0%				38.0%			38.0%	38.0%	RED	
			Actual			32.5%				33.3%			37.7%	34.4%		34.4%
			Variance			5.5%				4.7%			0.3%	3.6%		3.6%
	Breastfeeding at 6-8 weeks	Coverage of breastfeeding at 6-8 weeks after birth.	Trajectory			95.1%				95.1%			95.1%	95.1%	Green	
			Actual			91.6%				99.1%			99.3%	96.6%		96.6%
			Variance			3.5%				4.0%			4.2%	1.5%		1.5%
26	Maternity 12 weeks	% women who have seen a midwife by 12 weeks and 6 days of pregnancy	Trajectory			90%				90%			90%	90%	RED	
			Actual			89.6%				86.5%			89.7%	88.6%		88.6%
			Variance			0.4%				3.5%			0.3%	1.4%		4.4%
27	Breast screening	Extension of Breast Screening Programme to Women aged 47-49 and 71-73	Trajectory												Green	
			Actual			26.7%				38.1%			37.9%	37.9%		37.9%
			Variance													
	Bowel screening	Extension of bowel screening programme to men and women aged 70 up to 75th birthday	Trajectory												Green	
			Actual			89.0%				93.6%			95.4%	95.4%		95.4%
			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	Nov Month 8	Dec Month 9	YTD Position	Annual Target	Traffic Light	
27/Cont.	Cervical screening test results	All women to receive results of cervical screening tests within 2 weeks	Trajectory	98%	98%	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%	99.5%	98.9%	98.4%	98.4%		
			Variance	1.4%	0.0%	1.1%	1.3%	0.6%	1.0%	1.3%	1.5%	0.9%	0.4%	0.4%		
	Diabetic retinopathy screening	% of eligible people offered screening for the early detection (and treatment if needed) of diabetic retinopathy in the previous 12 months	Trajectory			95%				95%			95%	95%	Green	
			Actual			95.2%				88.7%			98.3%	98.3%		
			Variance			0.2%				6.3%			3.3%	3.3%		
28	Coverage of NHS Health Checks	% people ages 40-74 who have received a health check	Trajectory			3.5%			7.0%			10.5%	10.5%	14.0%	RED	
			Actual			1.2%			2.8%			4.3%	4.3%			
			Variance			2.3%			4.2%			6.2%	6.2%	9.7%		
	Coverage of NHS Health Checks	% people ages 40-74 who have been offered a health check	Trajectory			5.0%			10.0%			15.0%	15.0%	20.0%	RED	
			Actual			2.3%			4.9%			8.5%	8.5%			
			Variance			2.7%			5.1%			6.5%	6.5%	11.5%		
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	14	16	16	22	Green	
			Actual	3	7	13	18	22	28	32	35	39	39			
			Variance	1	3	8	11	13	17	20	21	23	23	17		
	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	191	215	215	287	RED	
			Actual	38	84	122	134	146	163	176	190	201	201			
			Variance	14	36	50	38	26	15	9	1	14	14	86		
	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%	95%	95%	Green
			Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.0%	100.0%	98.4%	98.4%	
			Variance	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	3.0%	5.0%	3.4%	340.0%	

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	Nov Month 8	Dec Month 9	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			4.5%			4.5%			4.6%	13.6%	18.2%	Green		
			Actual			4.3%			4.6%			6.7%	15.5%	15.5%			
			Variance			0.2%			0.1%			2.1%	1.9%	2.7%			
		Number of people who have depression &/or anxiety disorders who receive psychological therapy.	Trajectory				500				502			503	1505	2009	Green
			Actual				578				613			901	2092	2092	
			Variance				78				111			398	587	83	
		Number of people who have completed treatment and are moving to recovery	Trajectory				130				135			140	405	550	Green
			Actual				190				368			188	746	746	
			Variance				60				233			48	341	196	
		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	540	720	RED
			Actual				150				242			130	522	522	
			Variance				30				62			50	18	198	
Proportion of people who complete treatment who are moving to recovery	Trajectory				72.2%				75.0%			77.8%	77.8%	80.6%	RED		
	Actual				61.5%				66.3%			58.6%	64.6%	64.6%			
	Variance				10.7%				8.7%			19.2%	13.2%	16.0%			
31	Delayed Transfers of Care (Mental Health)	Delayed Transfers of Care (Mental Health) - Commissioner measure is no of delays per 100,000 population. 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	7.5	7.5	7.5	Green		
			Actual	0	0.6	0	0	0	0	0	0	0	0	0		0.6	0.6
			Variance	7.5	6.9	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5		6.9	6.9
32	Diagnostic Waits	% waiting 6 weeks or more	Trajectory	<1%	<1%	<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%	0.43%	0.29%	0.29%			
			Variance	0.54%	0.86%	0.82%	0.91%	0.68%	0.76%	0.71%	0.71%	0.57%	0.71%	0.71%			
	Diagnostic Waits	Diagnostic Waits (15 Key Diagnostic Tests) - No waiting 6 weeks or more at the end of the month	Trajectory												Green		
			Actual	9	3	4	2	7	5	6	6	8	8	8			
			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	Nov Month 8	Dec Month 9	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	78.4	Green	
			Actual			◆			◆				◆	◆		
			Variance			◆			◆				◆	◆		
		Females (75 years)	Trajectory				82.3			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	9.8	Green	
			Actual			◆			◆				◆	◆		
			Variance			◆			◆				◆	◆		
		Females	Trajectory				7.3			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	40.60	41.98	41.98	41.98		
			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	1990	1990	Amber	
			Actual	1921	1934	1935	1951	1960	1951	1966	2003	2009	2009	2009		
			Variance	69	56	55	39	30	39	24	13	19	19	19		

No. 1	Number of cases of Clostridium Difficile
Target	20
Actual	21
Indicator Lead	Karen Rhodes
Variance	1
Comments	<p>The plan for 12/13 is 23 cases and as at 26th February 2013 there have been 24 cases. 5 of these were recorded as community acquired and 19 Hospital acquired based on the DH criteria. These are monitored via the Quality Working Group and via an Action Plan based on each individual case and overarching provider and commissioner action plans.</p>

No. 2	Red 1 8 Mins	
Target	75%	
Actual	71.8%	
Indicator Lead	Tim Fowler	
Variance	3.2%	
Comments	<p>Target and actual performance is measured on the performance achieved for EMAS as a whole. For information purposes the NHS NL position is 72.6%.</p> <p>EMAS have continued to receive close scrutiny of their performance against this target by the lead commissioner and their host Area Team. However despite actions being taken it is unlikely that EMAS will achieve this target for the year to 31 March. If EMAS fail to meet the combined Red 1 and Red 2 8 minute targets commissioners will enact financial penalty of £2.57m. EMAS have requested additional funding from CCGs in order to develop capacity to achieve this target on a sustainable basis and this is being discussed between EMAS and the lead and other commissioners as part of the 2013/14 contract discussions.</p>	

No. 2	Red 2 8 Mins	
Target	75%	
Actual	73.8%	
Indicator Lead	Tim Fowler	
Variance	1.2%	
Comments	<p>Target and actual performance is measured on the performance achieved for EMAS as a whole. For information purposes the NHS NL position is 79.5%.</p> <p>EMAS have continued to receive close scrutiny of their performance against this target by the lead commissioner and their host Area Team. However despite actions being taken it is unlikely that EMAS will achieve this target for the year to 31 March. If EMAS fail to meet the combined Red 1 and Red 2 8 minute targets commissioners will enact financial penalty of £2.57m. EMAS have requested additional funding from CCGs in order to develop capacity to achieve this target on a sustainable basis and this is being discussed between EMAS and the lead and other commissioners as part of the 2013/14 contract discussions.</p>	

No. 2	Red 2 19 Mins	
Target	95%	
Actual	93.4%	
Indicator Lead	Tim Fowler	
Variance	1.6%	
Comments	<p>Target and actual performance is measured on the performance achieved for EMAS as a whole.</p> <p>EMAS have continued to receive close scrutiny of their performance against this target by the lead commissioner and their host Area Team. However despite actions being taken EMAS have confirmed that they will not achieve this target for the year to 31 March, and commissioners are therefore enact a penalty against EMAS of £2.57m trust-wide. EMAS have requested additional funding from CCGs in order to develop capacity to achieve this target on a sustainable basis and this is being discussed between EMAS and the lead and other commissioners as part of the 2013/14 contract discussions.</p>	

No. 5	Total time spent in A&E department - 95th centile
Target	<240 Mins
Actual	46
Indicator Lead	Tim Fowler
Variance	286
Comments	<p>The worse than target performance against this measure is indicative of the general poor performance in A&E at Northern Lincolnshire and Goole Hospitals. There has been further deterioration in A&E performance in January and February and action plans are now in place for both A&E Departments and are supported by weekly progress meetings attended by commissioners. There is a high risk that even with the actions that are in place a level of performance will not be achieved in the reaming 6 weeks of the year make a sufficient impact to assure delivery of the target for the full year. Based on current and projected performance their is a high risk that the full year target will not be achieved.</p>

No. 6	Cancer Waits - decision to upgrade
Target	90%
Actual	86.7%
Indicator Lead	Tim Fowler
Variance	3.3%
Comments	<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.</p>

No. 6	Cancer Waits - Breast Symptoms
Target	93%
Actual	92.7%
Indicator Lead	Tim Fowler
Variance	0.3%
Comments	<p>This is a new Exception in December 2013.</p> <p>In month there were 13 breaches of this target (35/48 patients seen within 14 days). 1 patient was recorded with a reason of "Delay in referral between unit and appointment". The other 12 all had the reason of "Patient cancelled 1st Offer within standard".</p> <p>These details have been passed to the commissioning lead for discussion with the provider trust.</p>

No. 7	Nos Waiting on Incomplete RTT Pathway
Target	6663
Actual	7552
Indicator Lead	Tim Fowler
Variance	889
Comments	<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 can flex capacity to support peaks in demand in other areas (e.g. A&E, emergency admissions) using the same workforce resource.</p>

No. 9	Smoking Quits	
Target	No of quits 886	% attending SSS = 100%
Actual	No of quits 449	% attending SSS = 16.8%
Indicator Lead	Public Health	
Variance	No of quits 437	% attending SSS = 83.2%
Comments	<p>This comment is as the previous month, the commissioning lead has stated there is nothing further to add this month. Due to the transfer of Public Health functions to the Local Authority commissioning of this service will move to the Local Authority. Negotiations have continued with the Smoking Cessation Service Contract to drive up performance and the CCG will continue to have input in this service on transfer.</p>	

No. 9	Smoking in Pregnancy	
Target	15%	
Actual	16%	
Indicator Lead	Public Health	
Variance	1%	
Comments	<p>This comment is as the previous month, the commissioning lead has stated there is nothing further to add this month.</p> <p>Although performance remains above target it demonstrates a reduction in smoking at time of delivery due to a number of actions that will be sustained with the eventual goal of achieving the target.</p>	

No. 14	GP Written Referrals to Hospital
Target	20393
Actual	21945
Indicator Lead	Tim Fowler
Variance	1552
Comments	<p>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.</p>

No. 15	Other Referrals	
Target	17178	
Actual	18989	
Indicator Lead	Tim Fowler	
Variance	1811	
Comments	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 2,371 attendances / 5.6%).	

No. 16	No of 1st Outpatient Appointments after GP Referral
Target	17041
Actual	18592
Indicator Lead	Tim Fowler
Variance	1551
Comments	<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 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>

No. 18	No of elective FFCEs – Daycase	
Target	13945	
Actual	16380	
Indicator Lead	Tim Fowler	
Variance	2435	
Comments	<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 (+3.2% over plan for daycase and ordinary spells against 12.7% for FFCEs. There are issues in the construction of the plan and recording of FFCE activity. 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>	

No. 18	No of elective FFCEs – Ordinary	
Target	18638	
Actual	20667	
Indicator Lead	Tim Fowler	
Variance	2029	
Comments	<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 (+3.2% over plan for daycase and ordinary spells against 12.7% for FFCEs. There are issues in the construction of the plan and recording of FFCE activity. 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>	

No. 22	Access to Dentistry	
Target	85485	
Actual	83823	
Indicator Lead	Tim Fowler	
Variance	1662	
Comments	<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 to reduce the variance in 2012/13 and support achievement of this target for future years. 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>	

No. 25	Breastfeeding Prevalence	
Target	38%	
Actual	34.4%	
Indicator Lead	Public Health	
Variance	3.6%	
Comments	<p>This comment is as the previous month, the commissioning lead has stated there is nothing further to add this month. 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.</p> <p>The Breastfeeding Peer Supporters (BFPS) provide information to women antenatally, 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>	

No. 26	Maternity 12 weeks	
Target	90%	
Actual	88.6%	
Indicator Lead	Pauline Dumble	
Variance	1.4%	
Comments	<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. Public Health are planning to find out why women book late, the proposal is going to the ethics committee for approval.</p> <p>This has been raised with NLaG and we are waiting for the service manager to come back to us with a justification as to why NLaG think they need to have exclusions above the threshold.</p>	

No. 28	NHS Health Checks offered	
Target	15%	
Actual	8.5%	
Indicator Lead	Becky Reynolds	
Variance	6.5%	
Comments	<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> <p>No further update has been provided by the Indicator Lead for this new December report.</p>	

No. 28	NHS Health Checks received	
Target	10.5%	
Actual	4.3%	
Indicator Lead	Becky Reynolds	
Variance	6.2%	
Comments	<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>	

No. 22	Mental Health Crisis Team - Number of episodes
Target	215
Actual	201
Indicator Lead	Keith Baulcombe
Variance	14
Comments	<p>This exception is new in December 2013.</p> <p>Details have been passed to the commissioner lead to progress details with the provider trust.</p>

No. 30	Mental Health - No at Clinical Caseness
Target	180
Actual	130
Indicator Lead	Keith Baulcombe
Variance	50
Comments	The trust have confirmed an action plan is being developed to plan recovery against this area. They have agreed once finalised with the service this will be shared with the commissioner.

No. 30	Mental Health - Moving to Recovery
Target	77.8%
Actual	58.6%
Indicator Lead	Keith Baulcombe
Variance	19.2%
Comments	The trust have confirmed an action plan is being developed to plan recovery against this area. They have agreed once finalised with the service this will be shared with the commissioner.

Year to Date: April to December 2012

Name	GP code	Practice population size (Sep '12)	2012/13 crude rate per 1000 practice population size									
			GP/GDP Referrals	Other Referrals	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	14603	154.6	101.8	94.4	102.8	19.5	74.9	13.1	12.3	73.4	30.4
Dr Fraser and Partners	B81065	12349	121.4	127.3	75.6	165.4	16.8	101.5	13.7	13.2	173.3	52.0
Dr Webster and Partners	B81007	9833	103.6	136.8	67.2	190.6	26.8	105.7	14.3	13.4	142.9	45.5
Dr Jaggs-Fowler and Partners	B81005	16889	138.9	112.0	88.1	196.5	21.9	93.1	12.9	14.5	67.1	25.4
Dr Muraleedharan and Partner	B81647	2624	90.7	99.1	50.7	133.4	17.9	76.2	13.0	9.9	73.2	22.9
Dr Vora	B81628	2894	136.8	107.8	80.9	193.2	20.4	107.5	10.4	10.7	68.4	22.1
Dr Burscough and Partners	B81109	12362	129.4	121.5	78.8	183.9	19.8	95.2	13.9	14.2	111.7	48.9
Dr Whitaker and Partners	B81063	6533	124.9	102.0	71.8	178.6	18.4	88.6	12.2	12.2	108.7	41.6
Dr Padley And Partners	B81099	5606	137.6	131.2	84.9	167.9	19.8	93.1	12.1	12.7	94.9	38.7
Dr Melrose and Partners	B81064	8602	125.1	138.4	77.5	201.5	19.3	93.7	15.3	13.6	183.8	53.0
The Birches	B81617	7179	122.9	148.0	80.0	156.8	14.8	72.2	14.5	15.2	214.1	52.1
Drs Rajkumar and Kurien-George	B81090	4103	112.7	145.8	70.9	177.7	15.8	79.5	16.8	13.9	180.4	52.6
Dr Kennedy and Partners	B81026	17153	104.0	144.3	65.2	158.6	20.2	85.5	15.6	16.7	215.9	60.7
Dr Dwyer and Partners	B81113	5728	87.5	148.7	51.5	142.5	18.7	78.0	16.9	17.1	205.5	70.0
Drs Shambhu and Ugargol	B81098	3925	110.3	137.9	77.5	183.7	21.9	73.4	12.7	18.3	208.7	56.1
Dr Hayes	Now inc in B81617											
Dr Hall and Partners	B81118	4864	102.4	146.8	60.9	132.2	18.7	81.2	16.2	17.1	199.8	54.7
Dr Lees and Partners	B81045	12225	139.1	138.6	84.4	198.0	19.3	93.9	15.6	17.5	186.4	60.3
Dr Balasanthiran	B81686	2787	151.6	155.6	89.3	212.4	17.6	94.4	12.9	16.9	182.3	64.6
Dr Newman and Partners	B81022	15225	141.5	146.7	86.6	197.6	21.9	103.6	15.9	19.4	157.4	57.4
Market Hill	Y02787	3042	152.5	162.4	81.2	114.7	11.8	50.6	27.9	22.0	320.5	64.1

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 March 2013

QMAS DATA			Coronary / Ischaemic Heart Disease		Asthma	Congestive Heart Failure			Convulsions & Epilepsy		COPD		Diabetes			Hyper-tension
Name	GP code	Practice population size (Sept 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	14603	76.81	88.66	40.30	93.51	87.50	83.87	71.11	59.55	95.83	77.42	85.11	65.71	61.42	67.12
Dr Fraser and Partners	B81065	12349	70.45	84.60	68.53	96.67	93.94	65.00	94.85	82.19	90.48	86.27	76.76	51.06	66.21	73.71
Dr Webster and Partners	B81007	9833	79.51	90.53	65.83	100.00	80.95	88.89	95.24	94.92	96.55	90.91	89.43	70.30	67.89	77.08
Dr Jaggs-Fowler and Partners	B81005	16889	76.11	88.10	72.17	100.00	87.78	94.44	90.98	76.92	89.61	77.26	91.50	79.02	73.35	67.46
Dr Muraleedharan and Partner	B81647	2624	86.46	94.39	83.71	91.67	100.00	87.50	96.43	74.07	90.91	93.10	93.62	86.23	71.65	90.83
Dr Vora	B81628	2894	94.25	98.89	85.23	100.00	100.00	100.00	100.00	92.86	90.00	96.00	94.25	89.47	79.53	92.00
Dr Burscough and Partners	B81109	12362	78.51	91.93	74.33	90.32	88.64	67.86	82.83	53.54	90.91	93.39	88.64	63.10	70.99	69.18
Dr Whitaker and Partners	B81063	6533	75.81	87.45	70.79	96.00	86.36	87.50	91.43	69.70	85.71	85.71	88.98	64.22	62.50	72.45
Dr Padley And Partners	B81099	5606	76.68	93.21	72.52	93.33	100.00	100.00	84.85	65.31	37.50	82.72	85.82	80.68	55.56	76.18
Dr Melrose and Partners	B81064	8602	80.20	91.37	75.65	90.91	84.78	81.48	94.94	65.75	85.00	89.61	92.02	84.08	64.47	83.64
Good Hope	B81617	7179	71.66	89.76	79.04	83.33	88.24	76.92	90.57	63.64	85.71	91.30	93.37	79.59	65.85	80.35
Drs Rajkumar and Kurien-George	B81090	4103	83.42	95.81	94.72	92.86	88.24	75.00	97.14	88.46	83.33	97.17	96.02	92.92	61.01	92.64
Dr Kennedy and Partners	B81026	17153	72.80	91.79	69.65	93.44	77.92	82.98	88.82	68.12	83.33	77.14	90.73	78.02	59.17	80.75
Dr Dwyer and Partners	B81113	5728	71.15	88.39	74.08	96.67	84.38	80.95	97.87	62.79	83.33	89.83	85.07	65.12	63.33	80.98
Drs Shambhu and Ugargol	B81098	3925	60.00	87.84	78.61	94.12	100.00	100.00	80.00	73.68	87.50	87.23	91.19	75.96	53.26	70.05
Dr Hall and Partners	B81118	4864	77.95	89.71	78.08	91.67	96.00	89.47	97.22	83.33	27.27	83.95	92.64	73.21	56.14	85.25
Dr Lees and Partners	B81045	12225	73.50	89.85	70.75	90.00	80.85	92.86	73.27	55.42	56.25	76.24	86.02	66.80	64.87	79.96
Dr Balasanthiran	B81686	2787	60.87	75.71	86.52	90.00	58.33	83.33	82.61	52.17	72.73	89.19	70.24	50.60	55.03	63.89
Dr Newman and Partners	B81022	15225	71.56	86.91	69.48	100.00	81.97	66.67	91.89	72.38	100.00	84.35	84.09	58.63	68.70	73.73
Market Hill	Y02787	3042	65.96	90.00	32.62	66.67	80.00	100.00	91.67	38.89	61.54	63.16	91.36	77.63	52.38	74.74

* As at 1st January 2013

Key

Thresholds



CHD 8	CHD 6	A 9	HF 2	HF 3	HF 4	EP 6	EP 8	COPD 15	COPD 13	DM 30	DM 31	DM 26	BP 5
>= 70%	>= 75%	>= 70%	>= 90%	>= 80%	>= 65%	>= 90%	>= 70%	>= 80%	>= 90%	>= 71%	>= 65%	>= 50%	>= 80%
>= 45%	>= 40%	>= 45%	>= 50%	>= 45%	>= 40%	>= 50%	>= 45%	>= 45%	>= 50%	>= 45%	>= 40%	>= 40%	>= 45%
< 45%	< 40%	< 45%	< 50%	< 45%	< 40%	< 50%	< 45%	< 45%	< 50%	< 45%	< 40%	< 40%	< 45%

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	53%	26.57	8.19%	12.80	1.76%	0.338	0.06	0.61	17.60	42.87
Dr Fraser and Partners	B81065	61%	7.67	2.19%	13.81	2.42%	0.296	0.10	1.17	20.58	36.07
Dr Jaggs-Fowler and Partners	B81005	59%	23.86	4.22%	8.48	2.32%	0.379	0.13	0.64	9.95	43.93
Dr Muraleedharan	B81647	69%	14.83	6.98%	15.07	1.70%	0.370	0.33	1.23	7.61	42.22
Dr Webster and Partners	B81007	68%	11.86	5.37%	7.93	3.07%	0.334	0.11	0.68	15.30	39.32
Dr Whitaker and Partners	B81063	64%	9.95	3.98%	10.79	2.82%	0.268	0.11	0.67	18.98	32.91
Dr Padley and Partners	B81099	57%	12.84	7.61%	20.65	4.55%	0.337	0.16	1.61	20.32	42.43
Dr Burscough and Partners	B81109	66%	6.53	1.61%	18.14	2.14%	0.329	0.30	0.62	9.35	52.25
Dr Vora	B81628	59%	13.82	0.58%	16.52	2.91%	0.434	0.22	1.05	16.93	38.01
Market Hill 8 to 8 centre	Y02787	72%	3.94	2.98%	64.13	0.99%	1.134	1.31	1.99	9.20	28.60
Drs Shambhu and Ugargol	B81098	73%	15.04	5.56%	46.27	4.94%	0.486	0.14	2.35	34.91	33.89
Dr P Basu	B81617	70%	14.48	1.07%	19.55	0.69%	0.274	0.27	2.58	15.45	36.06
Dr Melrose and Partners	B81064	70%	45.47	2.86%	10.43	2.98%	0.284	0.18	0.92	14.19	42.10
Dr Balasanthiran	B81686	82%	52.46	3.92%	28.85	10.21%	0.458	0.14	3.72	78.69	51.02
Dr Lees and Partners	B81045	67%	15.04	2.89%	9.45	1.74%	0.279	0.19	0.55	9.32	41.93
Dr Newman and Partners	B81022	71%	16.75	4.50%	12.00	2.27%	0.389	0.11	1.16	13.73	39.55
Dr Dwyer and Partners	B81113	75%	19.29	1.99%	16.69	1.71%	0.335	0.17	1.99	18.43	39.63
Dr Kennedy and Partners	B81026	70%	10.43	2.80%	14.39	1.33%	0.333	0.26	2.53	13.99	43.31
Drs Rajkumar and Kurien-George	B81090	72%	14.63	0.65%	16.18	2.16%	0.459	0.11	1.38	20.24	56.33
Dr Hall and Partners	B81118	91%	0.00	0.10%	8.78	1.45%	0.186	0.11	0.29	4.11	35.37

Key

NL LSP Strategic Areas

Axholme
Barton & Winterton
Brigg & Wolds
Scunthorpe North
Scunthorpe South

This report uses data provided by NHSBSA Prescription Services. Quarter 3 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

CANCER - 62 Day Waits		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
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%	95.70%	94.80%	94.30%
	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%	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%	100%	Nil	100%
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track Penalty applied														
CANCER - 31 Day Waits		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
4	31 DAY DIAGNOSIS TO TREATMENT	Monthly	96.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	99.20%	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%	100%	100%	97.9%
	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%	100%	100%	100%
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track Penalty applied														
CANCER - 2 Week Waits		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
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%	98.10%	98.5%	98.5%
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track Penalty applied														
				Breach = 2% of the Actual Outturn Value of the service line revenue				Breach = 2% of the Actual Outturn Value of the service line revenue				Breach = 2% of the Actual Outturn Value of the service line revenue			
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%	92.90%	83.00%	92.4%
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track Penalty applied														
				Breach = 2% of the Actual Outturn Value of the service line revenue				Breach = 2% of the Actual Outturn Value of the service line revenue				Breach = 2% of the Actual Outturn Value of the service line revenue			
STROKE		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
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%	84%	91.3%	85.1%
	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%	80%	33.3%	76.2%
	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%	77.80%	68.30%	78.6%
	Action Plan Requested							✓							
	Action Plan Approved								✓						
	Month Performance to be back on track Penalty applied											1	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%	27.30%	42.1%	45.5%
	Action Plan Requested							✓							
	Action Plan Approved								✓						
	Month Performance to be back on track Penalty applied												1		
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%	97.50%	95.5%	97.8%
	Action Plan Requested														
	Action Plan Approved								✓						
	Month Performance to be back on track Penalty applied												1		
13	DISCHARGED WITH COPY OF JOINT CARE PLAN	Monthly	85.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	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%	0.00%	0.00%	0.00%	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%	34.60%	100%	55.7%	
	Action Plan Requested												✓			
	Action Plan Approved															
	Month Performance to be back on track															
	Penalty applied															
AMBULATORY CARE		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3	
17	% AMBULATORY CARE SENSITIVE CONDITIONS ADMITTED AS EMERGENCY	TBC	TBC				51.45%	56.54%	56.54%	45.45%	53.18%	57.76%	80.38%	77.02%	72.84%	
	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%	37.32%	20.59%	30.03%	
	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	1.17	1.34	1.19	
	Action Plan Requested															
	Action Plan Approved															
	Month Performance to be back on track															
	Penalty applied															
PATIENT EXPERIENCE		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3	
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															
REFERRAL TO TREATMENT		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3	
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%	93.30%	94.50%	94.50%	
	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%	97.90%	98.70%	98.70%	
	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%	97.60%	97.40%	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%	100%	100%	100%	
	Action Plan Requested															
	Action Plan Approved															
	Month Performance to be back on track															
	Penalty applied															
DIAGNOSTIC WAITS		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3	
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%	0.10%	0.4%	0.5%	
	Action Plan Requested															
	Action Plan Approved															
	Month Performance to be back on track															
	Penalty applied															
26	A&E		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
	% 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%	97%	92.8%	96.8%	
	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%	96.50%	91.60%	95.40%	
	Action Plan Requested															
	Action Plan Approved															
	Month Performance to be back on track															
	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%	96.50%	91.80%	97.20%	
	Action Plan Requested															
	Action Plan Approved															
	Month Performance to be back on track															
	Penalty applied															
	% OF PATIENTS SEEN WITHIN 4 HOURS - GDH	Monthly	95.0%	99.7%	99.4%	99.7%	99.6%	96.4%	96.8%	99.60%	99.40%	99.90%	99.60%	99.60%	99.90%	
	Action Plan Requested															
	Action Plan Approved															
	Month Performance to be back on track															
Penalty applied																
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%	2.80%	2.90%	2.90%	
	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	3.97	4.77	4.77	
	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%	2.40%	3.30%	3.30%	
	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	14	16	16
	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	41	45	45
	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														
	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							
	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			
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
38	MATERNITY % WOMEN WHO'VE SEEN A MIDWIFE BY 12 WEEKS AND 6 DAYS	Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
		Monthly	90.0%	95.7%	95.8%	94.3%	95.3%	91.3%	92.3%	94.1%	92.7%	92%	92.40%	92.70%	92.4%
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
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%	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				Review of mandatory training records of a sample of midwives by commissioners in February each year			
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
39	INFECTIONS NUMBER OF HOSPITAL ACQUIRED MRSA INFECTIONS	Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
		Monthly	3	0	0	1	1	1	0	0	2	0	0	0	2
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
40	NUMBER OF HOSPITAL ACQUIRED CDIIF INFECTIONS	Monthly	34	3	4	2	9	1	2	3	15	3	1	5	24
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
41	CANCELLED OPERATIONS READMISSION WITHIN 28 DAYS	Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
		Monthly	0	0	0	0	0	0	0	0	0	0	0	1	1
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
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%	0.60%	0.80%	0.75%
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
43	CHOOSE & BOOK AVAILABILITY % OF SLOT ISSUES PER DBS BOOKING	Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
		Monthly	1.5%	13.4%	19.1%	19.1%	18.8%	16.9%	21.50%	11%	16%	16.60%	20.20%	16.10%	19.4%
	Action Plan Requested			No Specific Consequence				No Specific Consequence				No Specific Consequence			
	Action Plan Approved														
	Month Performance to be back on track														
Penalty applied															

DISCHARGE COMMUNICATION		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
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	See notes		
	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	See notes		
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
MIXED SEX ACCOMODATION		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
46	FAILURE TO AGREE MSA PLAN BY STD CONTRACT SIGNED DATE	Monthly	YES / NO	YES	YES	YES	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	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	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	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	YES	YES	YES
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
DELAYED TRANSFERS OF CARE		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
49	DTOCs TO BE MINIMISED	Monthly	<3%	3.5%	2.6%	1.7%	2.5%	3%	3.60%	4%	3.50%	4.20%	2.80%	3.40%	3.40%
	Action Plan Requested			No specific consequence				No specific consequence				No specific consequence			
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
DATA QUALITY		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
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 data arrangements within contract			
	Action Plan Requested			No specific consequence				No specific consequence				No specific consequence			
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
VTE RISK ASSESSMENT		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
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%	94.76%	93.46%	94.82%
	Action Plan Requested														
	Action Plan Approved														
	Month Performance to be back on track														
	Penalty applied														
MORTALITY		Frequency	Threshold	April	May	June	Q1	July	August	Sept	Q2	October	November	December	Q3
55	% COMPLIANCE WITH WHO SAFER SURGERY CHECKLIST	Commiss'r Audit	>97%	Comes into force in Q3				Comes into force in Q3				Not reported	Not reported	Not reported	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			No specific consequence				No specific consequence				No specific consequence			
	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

Term	Description
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
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