

GOVERNING BODY MEETING

Date of Meeting:	No meeting in June	Agenda item:	
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Title of Report:	SLCCG Monthly Governing Body Report June 2018
Report Author and Title:	Ramesh Prema – Performance Manager (Optum)
Appendices:	Appendix 1 Cancer Breaches

1.	Purpose of the Report (including link to objectives)
<p>This report provides an overview of performance for April 2018. It is based on national guidance and covers indicators within Everyone Counts guidance.</p>	

2.	Recommendations
<p>The Governing Body members are asked to:</p> <p>Note current performance. The report provides a dashboard and reports indicators by exception, with additional detail and improvement narrative provided where performance is below expected levels.</p>	

3.	Executive Summary
<p>This month's report is based on performance data from April 2018.</p>	
<p>1. Urgent care</p> <ul style="list-style-type: none"> • A&E: Performance at CCG level and across all providers improved in April but remains significantly below the standard. Issues impacting on performance at NWAFT continue at PCH and Hinchingsbrooke. (For more detail see page 5). • EMAS: Performance in April improved but remains below the standard, across all indicators for EMAS and Lincolnshire (best performance since Nov 17), however the Lincolnshire division is not expected to achieve the ARP standards by the end of 2018/19. • NHS 111 - performance improved in April and remains significantly below the target. Call volumes remain significantly higher than this time last year. • Pre-Ambulance handovers: Lincolnshire continues to see some of the longest pre hospital handover delays, with Lincolnshire being the worst county across the region. However during April there has been significant improvement, driven by vast improvements seen at both Lincoln County and Boston Pilgrim. 	
<p>2. Planned Care</p> <ul style="list-style-type: none"> • RTT Incompletes: Performance was below the standard at CCG level and for SLCCG patients at NWAFT, ULHT and QEH. Performance deteriorated further at ULHT; NWAFT performance improved marginally. • Impact from cancellations over the winter period, vacancies and validation issues remain a concern. • NWAFT key areas of concern: Cardiology, ENT, Gastroenterology, Ophthalmology and T&O. • Diagnostics: At CCG level performance deteriorated further and was below the standard for the thirteenth consecutive month. Performance was below the standard for SLCCG patients at NWAFT, ULHT and QEH. • Performance deteriorated further in April at NWFT across three key areas; Cardiology, Endoscopy and Diagnostic Imaging, which have all got improvement plans in place but continue to be under pressure. • No mixed sex accommodation breaches were reported in April. • Seven HCAs (C-diff) were reported in April and one MRSA breach. • DTOC: The number of DTOCs (bed days) decreased in April at NWAFT and ULHT for Lincolnshire. 	

3. Cancer Care

- At CCG level there were five indicators that did not meet the standard in April 2018: Cancer 2 week wait/breast symptomatic; 31 day surgery; Cancer 62 day/Screening.
- The deterioration in Cancer performance at CCG level is linked to the decline in performance at NWAFT across a number of indicators.
- Cancer 62 day – performance was below the standard at CCG level, there were twelve patients who breached the standard. 62 day standard: there have been delays in diagnostics; CT, colonoscopy, MRI and biopsy and Complex diagnostic pathways. 2ww target in May is at risk due to breast capacity at Hinchingsbrooke following reduced service provision on site due to vacancies.
- As at March 2018 there were three SLCCG patients who had breached the 104 day standard at NWAFT. Due to data access issues CCG/ Provider data is not available and the cancer tables by CCG/Provider have been removed from this report. For an update on the CCG position please see Appendix 1.

4. Mental Health

- IAPT: Based on the latest published data, all standards were met in February 2018, LPFT are predicting performance for IAPT Recovery, 6 and 18 week wait times will be achieved in April 2018.
- Published data for April 2018 will be available in July 2018.
- EIP: There were ten patients on the Early Intervention in Psychosis (EIP) pathway in April, four were seen within two weeks.
- Care Programme Approach (CPA), 7 day follow up performance for Quarter 4 was just below the standard.
- CYPED (Children and Young Peoples Eating Disorder): Performance was below the standard in quarter four.
- There were four patients on the routine referral pathway three were seen within four weeks.
- Dementia diagnosis performance was 61.00% and remains below the standard (66.70%).

4. Management of Conflicts of Interest

n/a

5. Finance, QIPP and Resource Implications

n/a

6. Legal/NHS Constitution Considerations

n/a

7. Analysis of Risk including Assessments

This section should identify known or potential risks and how these are being mitigated, including conflicts of interest.

Please state if the risk is on the CCG Risk Register.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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8. Outline engagement – clinical, stakeholder and public/patient

n/a

9. Outcome of Impact Assessments

n/a

10. Assurance Departments/Organisations who will be affected have been consulted

Insert details of the departments you have worked with or consulted during the process:

Finance	
Commissioning	
Contracting	x
Medicines Optimisation	
Clinical Leads	
Quality	
Safeguarding	
Other	

11. Report previously presented at:

n/a.

12. For further information or for any enquiries relating to this report, please contact

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South Lincolnshire CCG – Monthly Performance and Quality Report, June 2018 (April 2018 data).

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The Governing Body Report provides assurance to the CCG on the achievement of its constitutional and governance standards.

This report focuses on achievement of the monthly reported standards.

The report organises the standards into healthcare system groupings i.e. Urgent Care, Planned Care, Cancer Care and Mental Health in order to enable ease of commentary, oversight and assurance on system problems.

Executive Summary

	Performance	Actions
Urgent Care	<ul style="list-style-type: none"> A&E: Performance at CCG level and across all providers improved in April but remains significantly below the standard. Issues impacting on performance at NWAFT continue at PCH and Hinchingsbrooke. (For more detail see page 5). EMAS: Performance in April improved but remains below the standard, across all indicators for EMAS and Lincolnshire (best performance since Nov 17), however the Lincolnshire division is not expected to achieve the ARP standards by the end of 2018/19. NHS 111 - performance improved in April and remains significantly below the target. Call volumes remain significantly higher than this time last year. Pre-Ambulance handovers: Lincolnshire continues to see some of the longest pre hospital handover delays, with Lincolnshire being the worst county across the region. However during April there has been significant improvement, driven by vast improvements seen at both Lincoln County and Boston Pilgrim. 	<ul style="list-style-type: none"> A&E: A Contract Performance Notice (CPN) is in place at NWAFT and ULHT. NWAFT is focusing on: Re-aligning staffing in the ED; maximising ACU utilisation; MAU - review and re-design, discharge pathways (for further details on actions please see page 5). EMAS: Meetings with EMAS and ULHT led by NHS Improvement are continuing. Areas of focus include: Pre-Hospital Handover Process and Direct Access. NHS 111: An improvement plan is in place. EMAS: Meetings with EMAS and ULHT led by NHS Improvement are continuing. Pre-Handovers Handover delays is now a standing item on the A&E delivery Board agenda.
Planned Care	<ul style="list-style-type: none"> RTT Incompletes: Performance was below the standard at CCG level and for SLCCG patients at NWAFT, ULHT and QEH. Performance deteriorated further at ULHT; NWAFT performance improved marginally. Impact from cancellations over the winter period, vacancies and validation issues remain a concern. NWAFT key areas of concern: Cardiology, ENT, Gastroenterology, Ophthalmology and T&O. Diagnostics: At CCG level performance deteriorated further and was below the standard for the thirteenth consecutive month. Performance was below the standard for SLCCG patients at NWAFT, ULHT and QEH. Performance deteriorated further in April at NWAFT across three key areas; Cardiology, Endoscopy and Diagnostic Imaging, which have all got improvement plans in place but continue to be under pressure. No mixed sex accommodation breaches were reported in April. Seven HCAs (C-diff) were reported in April and one MRSA breach. DTOC: The number of DTOCs (bed days) decreased in April at NWAFT and ULHT for Lincolnshire. 	<ul style="list-style-type: none"> RTT - Improvement plans are in place for failing specialties at NWAFT, ULHT and QEH, (for detailed actions see page 9). NWAFT actions: ongoing recruitment to permanent staff; locum cover where possible; Task and Finish group in place for Hinchingsbrooke data quality; reviewing long pathways and actions being taken to address within specialities; movement from inpatient activity to outpatients or day cases where possible to offset limited bed capacity. Diagnostics - Actions are in place at NWAFT, ULHT and QEH (see page 10). CPN issued in May for Diagnostic performance at NWAFT, due to 6 consecutive months of under - performance. DTOC: Actions are in place at NWAFT and ULHT (see page 14).
Cancer Care	<ul style="list-style-type: none"> At CCG level there were five indicators that did not meet the standard in April 2018: Cancer 2 week wait/ breast symptomatic; 31 day surgery; Cancer 62 day/Screening. The deterioration in Cancer performance at CCG level is linked to the decline in performance at NWAFT across a number of indicators. Cancer 62 day – performance was below the standard at CCG level, there were twelve patients who breached the standard. 62 day standard: there have been delays in diagnostics; CT, colonoscopy, MRI and biopsy and Complex diagnostic pathways. 2ww target in May is at risk due to breast capacity at Hinchingsbrooke following reduced service provision on site due to vacancies. As at March 2018 there were three SLCCG patients who had breached the 104 day standard at NWAFT. Due to data access issues CCG/ Provider data is not available and the cancer tables by CCG/Provider have been removed from this report. For an update on the CCG position please see Appendix 1. 	<ul style="list-style-type: none"> Action plans are in place at ULHT and a contract notice was issued at NWAFT for Cancer 62 day waits in August 2017. Actions to address performance at NWAFT are focusing on: Imaging Capacity, Prostrate Pathway, Endoscopy delays and the Colorectal Pathway. ULHT has several plans in place for Cancer 62/104 day waits focusing on improving the patient pathway, increasing capacity, diagnostics and backlog clearance. The target date for recovery of 62 day waits is June 2018. There is a significant focus at NWAFT and ULHT on reducing 104 day waits. Both Trusts are driving improvement in cancer pathways via the Cancer Action Plan.
Mental Health Care	<ul style="list-style-type: none"> IAPT: Based on the latest published data, all standards were met in February 2018, LPFT are predicting performance for IAPT Recovery, 6 and 18 week wait times will be achieved in April 2018. Published data for April 2018 will be available in July 2018. EIP: There were ten patients on the Early Intervention in Psychosis (EIP) pathway in April, four were seen within two weeks. Care Programme Approach (CPA), 7 day follow up performance for Quarter 4 was just below the standard. CYPED (Children and Young Peoples Eating Disorder): Performance was below the standard in quarter four. There were four patients on the routine referral pathway three were seen within four weeks. Dementia diagnosis performance was 61.00% and remains below the standard (66.70%). 	<ul style="list-style-type: none"> EIP: A Contract Variation has been signed to commit additional recurrent funding to expand EIP services up to 2020/21 in line with the requirements of the Five Year Forward View for Mental Health. Dementia: actions include a review of diagnosis by practice. Four practices have carried out DQT searches, this has resulted in a number of patients being added to the Dementia register. The CCG is looking to get more practices to run searches and review data in the coming months. The CCG are committed to attending the Joint CCG Dementia workshop. The CCG hopes that this will highlight areas of disparity and where improvements need to be made across the CCG area and Lincolnshire.

Due to changes in Cancer waits data reporting introduced by NHS Digital from May 2018, cancer data is not available for March for the CCG at provider level. For CCG level performance see page 15 and Appendix 1; for a summary of provider performance for April see page 15. NHSD have informed DSCROs that data may not be available for a few more months until NHSD work on the processing.

NHS 111 - Answered Calls (within 60 seconds)	95%	82.21%
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Planned Care Indicators

Description	Target	YTD
Number of 52 week Referral to Treatment Pathways (CCG)	0	0
RTT - Incomplete Pathways (CCG)	92%	89.32%
RTT - Admitted Pathways (CCG)	90%	70.71%
RTT - Non-Admitted Pathways (CCG)	95%	87.29%
Diagnostic Test Waiting Time <6 wks (CCG)	99%	96.72%
Healthcare acquired infection (HCAI) measure (Clostridium difficile infections) (CCG)	2.8	7
Healthcare acquired infection (HCAI) measure (MRSA) (CCG)	0.0	1
Mixed Sex Accommodation (MSA) Breaches (CCG)	0.0	0

Cancer Care Indicators

Description	Target	YTD
Cancer 2 Week Wait - % of patients seen within two weeks of an urgent GP referral for suspected cancer (CCG)	93%	93.21%
Cancer 2 Week Wait - % of patients seen within two weeks of an urgent referral for breast symptoms (CCG)	93%	90.44%
Cancer 31 Day Waits - % of patients receiving first definitive treatment within 31 days of a cancer diagnosis (CCG)	96%	97.20%
Cancer 31 Day Waits - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is an anti cancer drug regimen (CCG)	98%	100.00%
Cancer 31 Day Waits - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course (CCG)	94%	97.69%
Cancer 31 Day Waits - % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery (CCG)	94%	95.73%
Cancer 62 Day Waits - % of patient receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service (CCG)	90%	79.03%
Cancer 62 Day Waits - % of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer (CCG)	85%	80.00%
Cancer 62 Day Waits - % of patients receiving first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status (CCG)		92.31%

Mental Health Care Indicators

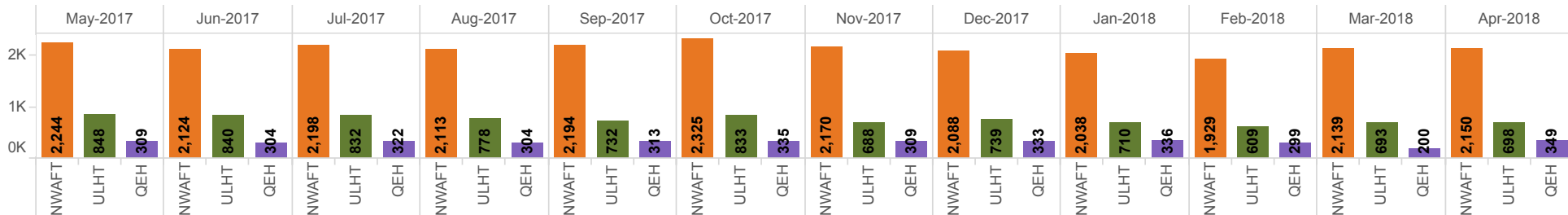
Description	Target	YTD
IAPT Access (CCG)	15%	17.49%
IAPT Recovery - Proportion of people that enter treatment against the level of need in the general population (CCG)	50%	50.89%
Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment (CCG)	75%	83.69%
Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment (CCG)	95%	98.36%
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG)	95%	94.32%
CYP Eating Disorders - % of Routine Referrals Starting Care Package within 4 Weeks (CCG by Provider)	95%	94.12%
Early Intervention in Psychosis - Patients treated within 2 weeks (CCG)	50%	40.00%
Estimated diagnosis rate for people with dementia (CCG) for Apr-2018	66.7%	61.0%

Urgent Care A&E Activity Counts and System Issues

Provider Name
■ NWAFT ■ ULHT ■ QEH

	Performance	Actions
NWAFT	<ul style="list-style-type: none"> There was a significant improvement in performance during April with 82.27% being achieved compared to 71.50% in March. Key Concerns: Recruitment slow leaving risk of poor skill mix and heavy reliance on agency staff to fill gaps in rotas. Patient flow on both sites is not optimal. High levels of DTOCs, stranded patient and medical outliers at both main acute sites causing difficulty in creating flow. CCG Ambulance Handover RAP is to remain open and management of queues is not fully embedded or staffed in the departments yet. High risk TIA impacted through reduced Stroke Co-ordinator availability on month. 	<p>Actions taken this month at PCH:</p> <ul style="list-style-type: none"> Increased capacity in Discharge Lounge to facilitate discharge process • Golden Patient list produced for discharge lounge each evening • Daily breach analysis to identify common themes and improve patient flow • Increased appropriate patient numbers to GP stream • Middle Grade rota expanded with two overnight doctors now in place • Improved ambulance handover flow through the introduction of internal protocol • Additional Medical Consultant on weekends to facilitate discharging. <p>Actions taken this month at Hinchingsbrooke:</p> <ul style="list-style-type: none"> Advert out to create 24/7 band 7 sister and strengthen band 6 support within ED. Band 7 to start full time, through bank initially, week commencing 23rd April • Continued focus on increasing band 6/7 support through successful recruitment • Significantly enhanced medical cover including up to 2 middle grades overnight and consultant presence 08:00-24:00 and additional consultant during the day • ED reception now in place 24/7 • Focus on ED trackers.
ULHT	<ul style="list-style-type: none"> ULHT performance in April was 70.23%, however this exceeds the improvement trajectory target of 69.69% and the further expansion of GP streaming to include xray diagnostics in May may help to improve this achievement. The closure of the walk-in centre lead to continued increases in attendances at the Lincoln site. Primary care streaming performance remained below the target of 35% despite changes to the protocol, including LCHS staff at reception providing the streaming function. The notable increase in attendances observed at Lincoln County Hospital in March, following the closure of the Walk in Centre continued in April. Average numbers for March were 214, increasing to 224 in April with only a handful of days seeing less than the 200 mark. 	<p>Ambulance Handovers and Conveyance</p> <ul style="list-style-type: none"> Fully implement Straight to Community Hospital Pathways. Reduce care home conveyance with better care planning for patients. <p>Streaming to services co-locating or outside of the Emergency Department</p> <ul style="list-style-type: none"> Switch streaming nurses to LCHS and increase PHB streaming to 16%. Switch streaming nurses to LCHS and increase LCH streaming to 20%. <p>Pilgrim and Lincoln Emergency Department Staffing and Emergency Department Processes</p> <ul style="list-style-type: none"> The trust had some success in March in improving the medical rota's appointing 2 consultants and 2 middle grade doctors to Lincoln County Hospital. <p>Admission areas and flow management</p> <ul style="list-style-type: none"> Complete job planning to ensure all ward rounds start at 08:00 Drive the 10x10 discharges, Red 2 Green <p>Large Scale Trust Bed Re-configuration</p>
QEH	<ul style="list-style-type: none"> A&E performance for the 4 hour national standard in April was 81.29% compared to 79.26% in March but remains below the agreed trajectory. Overcrowding - this has been particularly evident when patients are 'bedded' in the Department overnight leading to no capacity within Major areas which in turn limits the ability to off load patients arriving by ambulance. It remains a challenge to reinstate the RAB bays on MAU on a daily basis, this results in medically GP expected patient being diverted to A&E and can challenge and already overcrowded department. 	<ul style="list-style-type: none"> There has been a system wide agreement following an EEAST safety summit, that Trusts will put in place plans to allow ambulance crews to leave A&E departments within 30 minutes of arrival. Employment of QEH's own paramedic from 10:00 to 22:00 to facilitate rapid ambulance turnaround. Streaming to specialty – the criteria has been agreed for wards to accept direct admissions from A&E rather than through MAU. This will help prevent MAU becoming a bottleneck. Daily focus on establishing Rapid Assessment Beds (RAB) on MAU to ensure GP referrals to MAU can be accommodated without diverting via A&E (unless clinically necessary). Issues that have been raised by the CQC in relation to Mental Health room, resus equipment and paediatric nurse cover are being addressed but will continue to need monitoring and further actions.

Number of A&E Attendances by Provider for NHS SOUTH LINCOLNSHIRE CCG





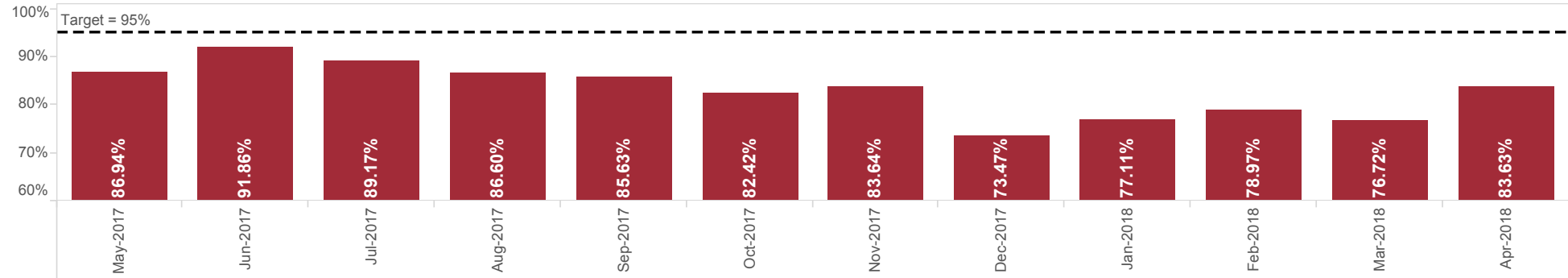
A&E Performance

Information

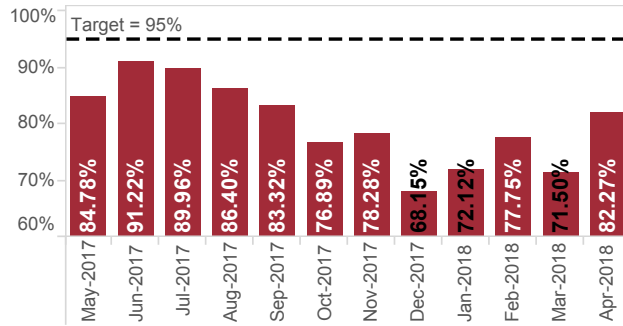
Data Source:

<4 hr wait & Attendances (CCG) - SUS PbR AE Extract
 AE trolley waits & <4 hr wait (Provider) - Unify Monthly A&E Sitrep

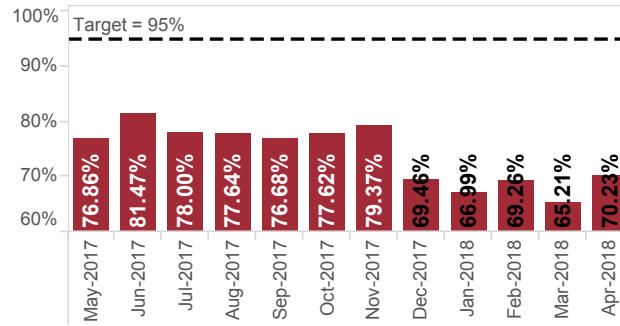
% of people who spend 4 hours or less in A&E (SUS) -South Lincolnshire CCG



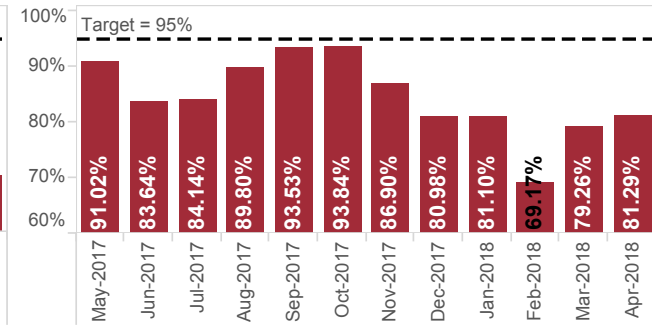
% of people who spend 4 hours or less in A&E - NWAFT (previously PSHFT)



% of people who spend 4 hours or less in A&E - ULHT



% of people who spend 4 hours or less in A&E -QEH



• NWAFT performance improved in April (82.27%), but remains below the April trajectory and standard.

• ULHT performance was 70.23% in April an improvement on the March 2018 position: 65.21%.

• Performance for:

- Lincoln County Hospital was 69.60% in line with the trajectory.
- Pilgrim 62.73% against the 69.69% trajectory and
- Grantham 91.17%, against the 69.69% trajectory.

• QEH performance (81.29%) remains significantly below the standard, performance however improved slightly in April.

Urgent Care Other System Issues

	Performance	Actions																																																																								
EMAS	<ul style="list-style-type: none"> There were improvements across all national standards during April compared to previous months, with some significant improvements in hours lost through pre hospital handover delays. The contract agreement for 2018/19 sets out quarterly county performance trajectories for each standard to be achieved from quarter two onwards. Following discussions with regulators it was agreed that EMAS would not be in a position to deliver national performance standards from September 2018, but the agreement is for them to achieve national performance standards, quarterly at a county level, from April 2019. It is commissioner's expectation that there will be no deterioration in performance at a Clinical Commissioning Group (CCG) level. Once the monthly trajectories become available, they will be incorporated into the report. Commissioners have agreed additional funding, up to £9.086m in 2018/19, to support delivery of the performance trajectories and standards. The funding will be used to recruit c.300WTE additional front line staff, along with vehicles and additional voluntary and private ambulance provision. Monitoring of performance will take place at each of the County Contract Meetings (CCM) with formal sign-off at the Partnership Board. Lincolnshire continues to see some of the longest pre hospital handover delays and are the worst county across the region. However during April and May 2018 there has been significant improvement, with the average pre hospital handover time reducing from 37 minutes and 12 seconds in March 2018 to 28 minutes and 58 seconds in April 2018, and 25 minutes 20 seconds during May 2018. This is driven by vast improvements seen at both Lincoln County Hospital and Boston Pilgrim. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="background-color: #0070C0; color: white;">Apr-18</th> <th colspan="2" style="background-color: #800080; color: white;">Category 1</th> <th colspan="2" style="background-color: #FF0000; color: white;">Category 2</th> <th colspan="2" style="background-color: #FFA500; color: white;">Category 3</th> <th style="background-color: #008000; color: white;">Category 4</th> </tr> <tr> <th></th> <th style="background-color: #0070C0; color: white;">Mean</th> <th style="background-color: #0070C0; color: white;">90th centile</th> <th style="background-color: #FF0000; color: white;">Mean</th> <th style="background-color: #FF0000; color: white;">90th centile</th> <th style="background-color: #FFA500; color: white;">Mean</th> <th style="background-color: #FFA500; color: white;">90th centile</th> <th style="background-color: #008000; color: white;">90th centile</th> </tr> </thead> <tbody> <tr> <td style="background-color: #0070C0; color: white;">National standard</td> <td style="background-color: #0070C0; color: white;">00:07:00</td> <td style="background-color: #0070C0; color: white;">00:15:00</td> <td style="background-color: #FF0000; color: white;">00:18:00</td> <td style="background-color: #FF0000; color: white;">00:40:00</td> <td style="background-color: #FFA500; color: white;">02:00:00</td> <td style="background-color: #FFA500; color: white;">02:00:00</td> <td style="background-color: #008000; color: white;">03:00:00</td> </tr> <tr> <td style="background-color: #0070C0; color: white;">EMAS</td> <td style="background-color: #0070C0; color: white;">00:08:38</td> <td style="background-color: #0070C0; color: white;">00:15:42</td> <td style="background-color: #FF0000; color: white;">00:31:57</td> <td style="background-color: #FF0000; color: white;">01:08:06</td> <td style="background-color: #FFA500; color: white;">01:07:21</td> <td style="background-color: #FFA500; 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color: white;">01:32:41</td> <td style="background-color: #FFA500; color: white;">01:24:26</td> <td style="background-color: #FFA500; color: white;">03:15:46</td> <td style="background-color: #008000; color: white;">02:18:21</td> </tr> <tr> <td style="background-color: #0070C0; color: white;">LWCCG</td> <td style="background-color: #0070C0; color: white;">00:08:39</td> <td style="background-color: #0070C0; color: white;">00:15:48</td> <td style="background-color: #FF0000; color: white;">00:30:56</td> <td style="background-color: #FF0000; color: white;">01:08:26</td> <td style="background-color: #FFA500; color: white;">00:59:18</td> <td style="background-color: #FFA500; color: white;">02:13:37</td> <td style="background-color: #008000; color: white;">02:24:45</td> </tr> </tbody> </table> <p>Measures are based on the mean and/or 90th percentile. - The mean time relates to the average time it took the ambulance service to respond to the total number of patients within that category, the 90th percentile gives the time by which 90% of patients received a response.</p>	Apr-18	Category 1		Category 2		Category 3		Category 4		Mean	90th centile	Mean	90th centile	Mean	90th centile	90th centile	National standard	00:07:00	00:15:00	00:18:00	00:40:00	02:00:00	02:00:00	03:00:00	EMAS	00:08:38	00:15:42	00:31:57	01:08:06	01:07:21	02:41:18	02:01:15	Lincolnshire	00:09:45	00:18:50	00:36:31	01:18:28	01:11:11	02:47:46	02:24:06	SWLCCG	00:10:38	00:21:32	00:40:53	01:25:55	01:20:06	03:25:29	01:32:58	SLCCG	00:12:54	00:22:04	00:44:31	01:36:26	01:25:56	03:13:15	03:44:18	LECCG	00:11:17	00:22:01	00:44:02	01:32:41	01:24:26	03:15:46	02:18:21	LWCCG	00:08:39	00:15:48	00:30:56	01:08:26	00:59:18	02:13:37	02:24:45	<p>Regional Deep Dive Due to continued poor performance a number of deep dive meetings have taken place, chaired by the Regional Director from NHSE. The focus of the meetings has been on: performance; demand; capacity planning; and handover delays.</p> <p>There are a number of actions required of both EMAS and Commissioners:</p> <p>a) Agree the capacity required to deliver national performance standards. This has been covered in the 2018/19 contract settlement and there is agreement to undertake phase two of the contract finance review to understand the cost of delivering national performance at a county level in 2019/20 and beyond taking all aspects of service and system efficiencies into account.</p> <p>b) Demand Management initiatives to support a reduction in demand into the ambulance service. Commissioners across the region have supplied information regarding demand management schemes in place. These will now be reviewed to identify where any region wide protocols could be adopted.</p> <p>c) Handover Delays were a key feature of both meetings, with representation from the Chief Executives from Lincoln and Leicester being present at the initial meeting. The key actions from the second meeting were:</p> <ul style="list-style-type: none"> The development of a letter to be sent to all acute trust Chief Executives outlining the requirement to ensure pre-clinical handovers are completed within 15 minutes. To review the handover protocol, developed by the East of England Ambulance Service (EEAS), for introduction across all acute trusts in the East Midlands region once agreed.
Apr-18	Category 1		Category 2		Category 3		Category 4																																																																			
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NHS 111	<ul style="list-style-type: none"> Calls answered within 60 seconds did not achieve the target in April 2018 (81.51%), an improvement on March's performance (74.98%). Calls answered within 60 seconds has never been achieved and isn't being achieved nationally. Exceedingly higher call volumes than last year due to the media campaign promoting 111 use (by NHS England) in the central and London regions of NHS England. 5-counties (Derbyshire, Lincolnshire, Northamptonshire, Leicestershire, Nottinghamshire) received 20,400 more than contracted (+19.7%). 	<p>An Improvement Plan is in place focusing on:</p> <ul style="list-style-type: none"> Average time to answer Average talk time Average pathway length Starters and leavers Rota staffing 																																																																								
Ambulance Pre-Handovers	<ul style="list-style-type: none"> Lincolnshire continues to see some of the longest pre hospital handover delays, with Lincolnshire being the worst county across the region. However during April there has been significant improvement, with the average pre hospital handover time reducing from 37 minutes and 12 seconds in March 2018 to 28 minutes and 58 seconds in April 2018. This is driven by vast improvements seen at both Lincoln County and Boston Pilgrim. 	<p>For detailed actions see EMAS above.</p>																																																																								

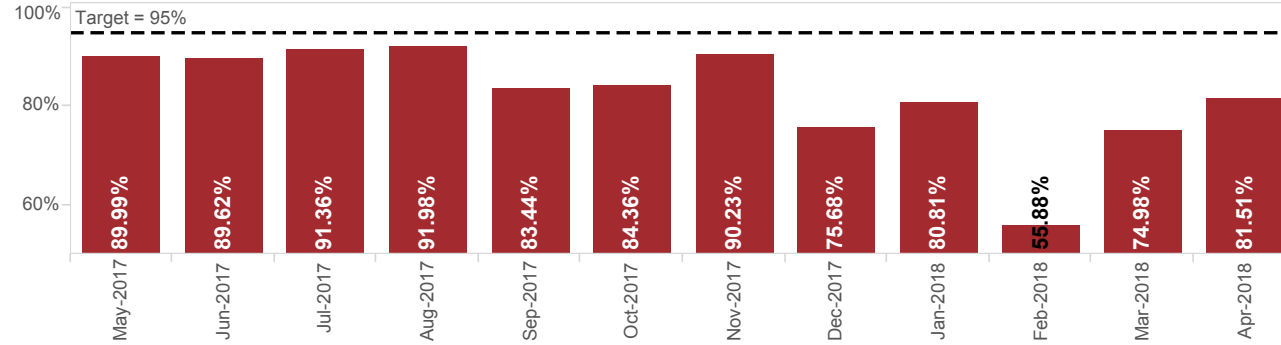


NHS 111 & Ambulance Pre-Handover Performance

Information

Data Source:
 NHS 111 - Lincolnshire
 Handover - EMAS Files

% of calls answered within 60 seconds - LINCOLNSHIRE NHS 111

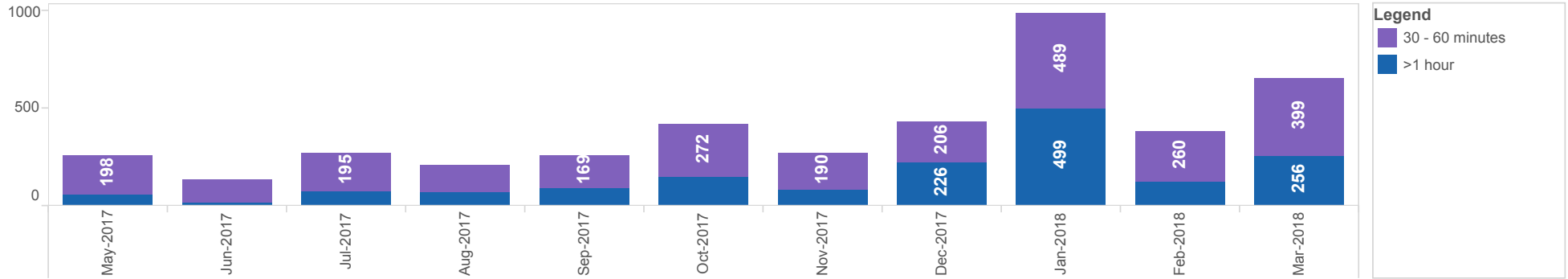


- Calls answered within 60 seconds did not achieve the target in April 2018 (81.51%), there was however an improvement on the March position. Performance remains significantly below the 95% target.
- DHU performed better than the England average for calls answered within 60secs on 12-out-of-30 days.

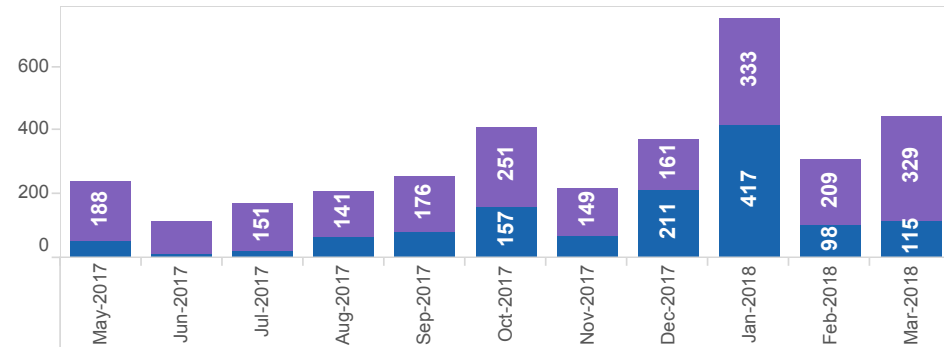
Pre-handover performance data for April 2018:

The data files for April have had to be re-run by EMAS, and Hardwick CCG are waiting to receive this. This has been chased and an update will be provided next month. Performance however is expected to have improved significantly in April at Peterborough City and Boston Pilgrim.

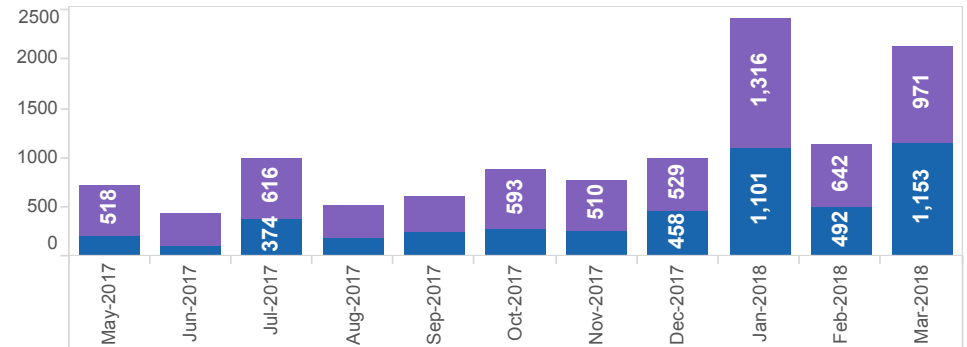
Ambulance pre-handover times - Number of handover delays of greater than 30 minutes and 60 minutes (CCG)



Ambulance pre-handover times - PETERBOROUGH CITY HOSPITAL



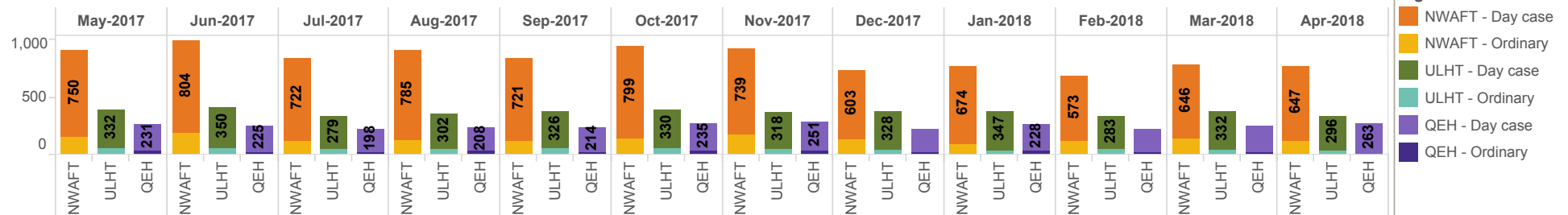
Ambulance pre-handover times - BOSTON PILGRIM HOSPITAL



Planned Care Elective Activity Counts and System Issues

	Performance	Actions
NWAFT	<p>RTT: The Trust has seen a marginal improvement in the Incompletes RTT metric on both sites in April (89.58%). Plans have been put in place within the divisions for improved validation and capacity and demand. There continues to be a number of factors impacting across specialties but key causes and ongoing risks are:</p> <ul style="list-style-type: none"> • Impact from lost activity in January and February, impacting on others on the waiting list. • Validation on both sites due to vacancies and for Hinchingsbrooke a limited structure remains an issue. • Capacity issues in key specialties. • Vacancies in specialties which are difficult to cover with locum doctors. <p>Diagnostics: Performance deteriorated further in April across three key areas; Cardiology, Endoscopy and Diagnostic Imaging, which have all got improvement plans in place but continue to be under pressure. All areas have been asked for realistic recovery trajectories.</p>	<ul style="list-style-type: none"> • Task and Finish group in place for Hinchingsbrooke data quality which continues to look at validation and pathway management. • Ongoing recruitment to permanent staff. • Locum cover in place where possible and additional sessions being put on to increase capacity and cover gaps. • Action plans have been devised by all failing specialties. • Escalating delays with tertiary centres internally and with the provider. • Reviewing long pathways and actions being taken to address within specialties. <p>Diagnostics: CPN issued in May. Additional sessions continue to be put on in Cardiology and sought as required in diagnostic imaging.</p> <ul style="list-style-type: none"> • Cardiology long term action plan being progressed. • Endoscopy continue to put weekend lists and additional lists during the week.
ULHT	<ul style="list-style-type: none"> • RTT: Performance for SLCCG patients at ULHT was 87.94%, an improvement on the previous month. • ULHT's performance has not achieved the 92.00% standard for the last 22 months. The three areas with highest 18 week+ incomplete numbers are: ENT, General Surgery and T&O. Performance for 9 specialties were below the standard (see page 10). ENT continues to be the most challenged specialty with T&O and General Surgery also having deteriorated due to higher than normal annual levels of elective cancellations during winter and bad weather periods. - ENT, 1341 patients over 18 weeks, the specialty has 151 patients waiting over 40 weeks, leading to increasing numbers of 52 week breaches. - General Surgery – accounted for c.11% of the Trusts 18 week+ incompletes at the end of March. • Diagnostics: Performance was below the standard for SLCCG patients at ULHT (97.41%), of the 541 patients who had a diagnostic test at ULHT, 15 patients waited greater than 6 weeks. 	<ul style="list-style-type: none"> • Plans are in place for the Theatres and Outpatients Improvement Programme to deliver improved efficiency in 18/19 which are anticipated to enable reduction of the incomplete backlog at Trust level. • The Trust 'switched off' paper referrals within seven specialties during April as part of the eRS roll out programme. • In line with national planning guidance the Trust is planning to maintain performance at March 2018 levels through to March 2019. • Since December the Outpatient Improvement Programme has focused on increasing productivity within outpatient clinics. • Outsourcing has been completed within General Surgery, Ophthalmology, ENT, Urology, Cardiology, Gastroenterology, Gynaecology, Haematology and Dermatology. The Neurology Service opened as a Referral Assessment Service on 16th April 2018.
QEH	<ul style="list-style-type: none"> • For SLCCG patients at Queen Elizabeth Hospital (QEH), the RTT standard was not achieved (82.48%). Trust performance was also below the standard. WNCCG issued a CPN in November. The standard has not been met for the CCG since April 2017. The key challenges contributing to poor performance have been the shortage of elective beds, which have been used to accommodate surgical emergency patients and support flow through ED, • Several specialties did not achieve the incomplete target at CCG level (see page 10). <p>Diagnostics: Performance was below the standard for SLCCG patients at QEHKL (95.71%), of the 233 patients who had a diagnostic test at QEH, ten waited greater than 6 weeks.</p>	<ul style="list-style-type: none"> • The operational teams have revised the RTT recovery trajectory and have submitted a plan to commissioners demonstrating that the 92% target will be achieved at Trust level by September 2018. • Detailed plans have been drawn up at specialty level and will be monitored via the weekly tracker and review meetings to ensure operational grip is maintained. • Cardiology: New triage system agreed with consultants, additional clinics, cardiology service review. • ENT: Locum in place, fourth consultant to be recruited.

Number of Elective Admissions by Provider for NHS SOUTH LINCOLNSHIRE CCG





RTT Performance - CCG

Information

Data Source:
Unify RTT Commissioner

18 Wk Performance, current month (CCG)

Performance	Target	NWAFT Apr-2018	ULHT Apr-2018	QEH Apr-2018
Incomplete	92%	89.58%	87.94%	82.48%
Admitted	90%	64.02%	56.82%	80.52%
Non-Admitted	95%	87.58%	86.16%	74.74%

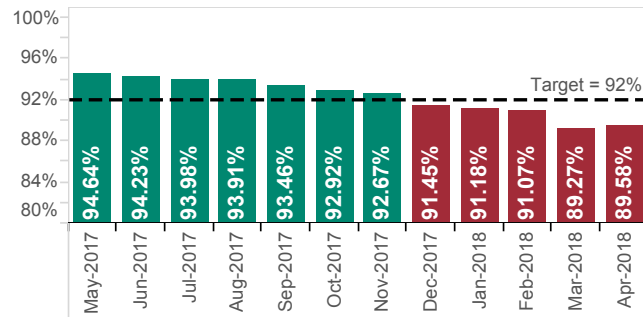
18 Wk Performance, current month (CCG - All Providers)

Performance	Target	Apr-2018
Incomplete	92%	89.32%
Admitted	90%	70.71%
Non-Admitted	95%	87.29%

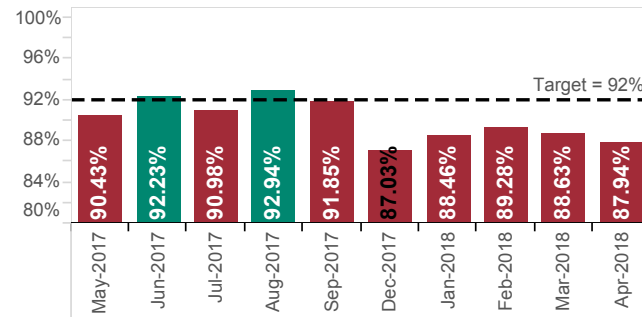
Number of 52 week or over Referral to Treatment Incomplete Pathways, current month (CCG)

- CCG performance was 89.32% in April. The standard was not achieved for SLCCG patients at NWAFT: (89.58%), ULHT: (87.94%) or QEH: (82.48%).
- No 52 week breaches were reported for the CCG this month.
- No published data was available for ULHT in October and November 2017, due to data quality issues.

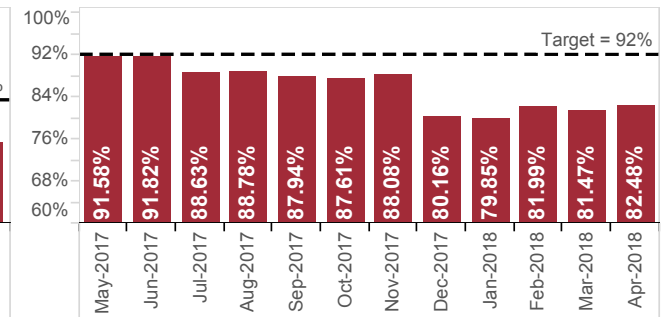
18 Wk Incomplete Performance (CCG) - NWAFT



18 Wk Incomplete Performance (CCG) - ULHT



18 Wk Incomplete Performance (CCG) - QEH



Specialties that achieved or not achieved the 18 Wk Incomplete Target (CCG) - NWAFT

Specialty	Apr-2018	
	Achieved	Not achieved
Cardiology		84.73%
Dermatology	97.27%	
ENT		90.62%
Gastroenterology		84.57%
General Surgery		91.69%
Geriatric Medicine	94.85%	
Gynaecology	99.12%	
Neurology		91.39%
Neurosurgery	100.00%	
Ophthalmology		86.66%
Other	93.99%	
Plastic Surgery		72.88%
Rheumatology	92.15%	
Thoracic Medicine		87.44%
Trauma & Ortho.		85.36%
Urology		90.65%

Specialties that achieved or not achieved the 18 Wk Incomplete Target (CCG) - ULHT

Specialty	Apr-2018	
	Achieved	Not achieved
Cardiology	96.83%	
Dermatology	98.53%	
ENT		80.83%
Gastroenterology		86.60%
General Medicine		83.33%
General Surgery		82.65%
Geriatric Medicine	93.75%	
Gynaecology		88.99%
Neurology	100.00%	
Ophthalmology		91.39%
Other		90.85%
Rheumatology		74.00%
Thoracic Medicine	92.00%	
Trauma & Ortho.		77.58%
Urology	93.75%	

Specialties that achieved or not achieved the 18 Wk Incomplete Target (CCG) - QEH

Specialty	Apr-2018	
	Achieved	Not achieved
Cardiology		85.48%
Dermatology	98.75%	
ENT		75.00%
Gastroenterology		89.47%
General Medicine	94.12%	
General Surgery		83.33%
Geriatric Medicine		62.50%
Gynaecology		88.89%
Neurology		66.67%
Ophthalmology	94.20%	
Other		88.70%
Rheumatology		90.00%
Trauma & Ortho.		76.36%
Urology		57.33%

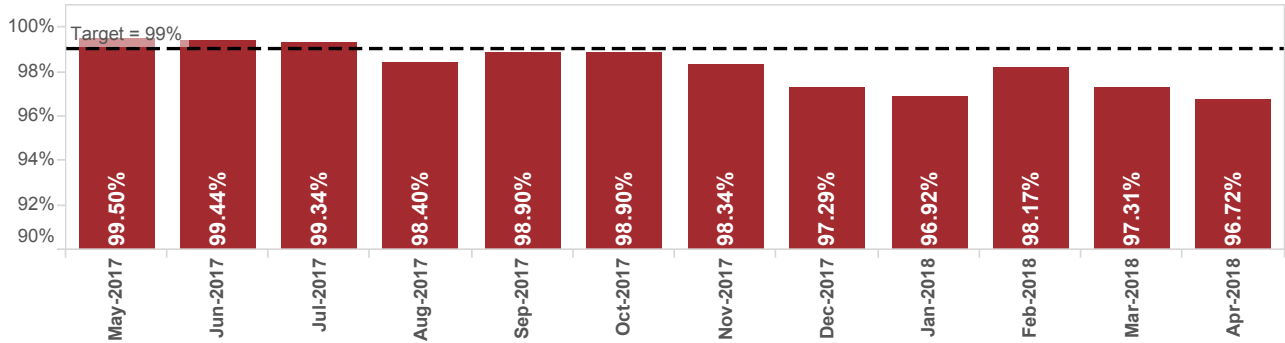


Diagnostic Waits Performance

Information

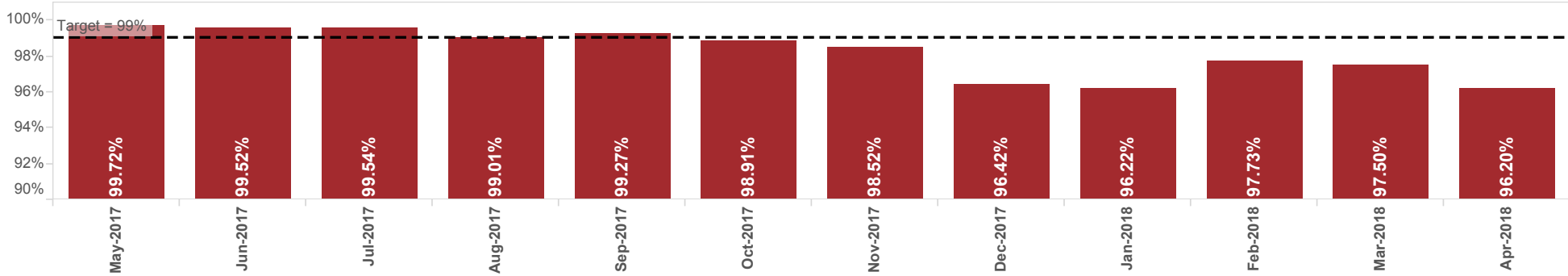
Data Source:
Diagnostics - Unify Diagnostics

Diagnostic Test Waiting Time <6 wks (CCG)

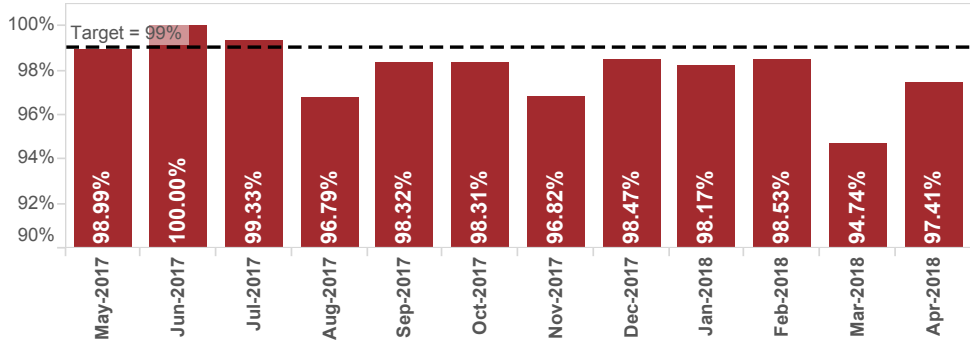


- Diagnostic performance was below the standard at CCG level in April (96.72%).
- None of the providers met the diagnostic standard for SLCCG patients in April: NWAFT (96.20%), ULHT (97.41%) and QEH (95.71%).
- 79 SLCCG patients waited greater than six weeks for a diagnostic test, NWAFT (59), QEHL (10), ULHT(6), other (4). The breaches at NWAFT were in Non Obstetric Ultrasound (21), Echo (16), Colonoscopy (8) and other (14).
- The majority of the breaches at QEHKL were in Echocardiography (8).

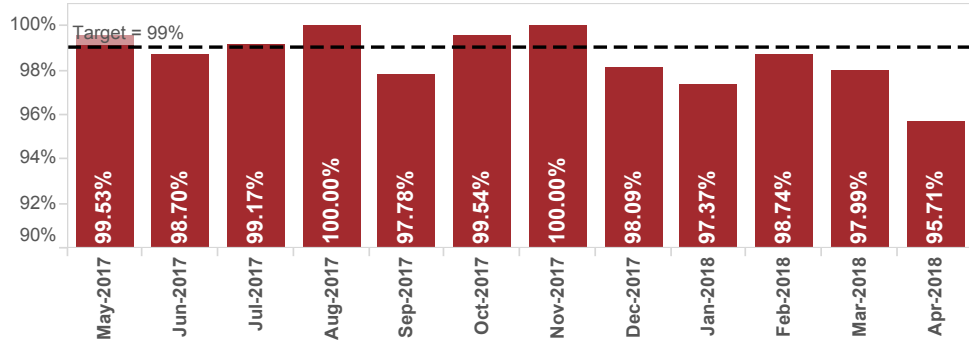
Diagnostic Test Waiting Time <6 wks (CCG) - NWAFT



Diagnostic Test Waiting Time <6 wks (CCG) - ULHT



Diagnostic Test Waiting Time <6 wks (CCG) - QEH



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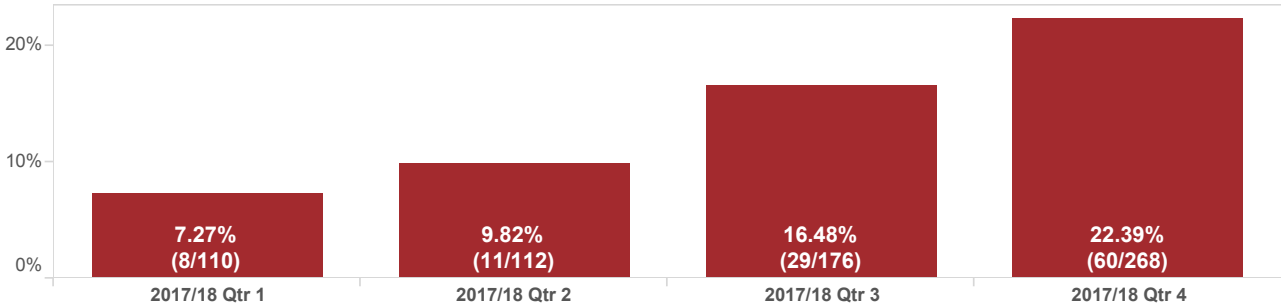


Cancelled Operations Performance

Information

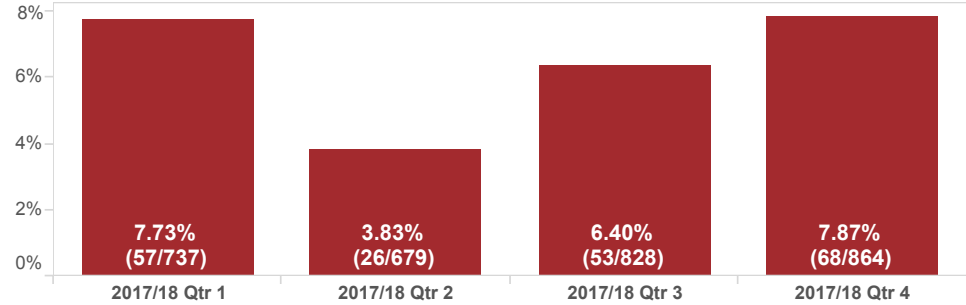
Data Source:
 Cancelled Ops Qtrly - Unify Provider QMCO
 Cancelled Ops Mthly - Unify Mthly Provider sitrep

% of patients cancelled for non-clinical reasons not re-admitted within 28 day - NWAFT

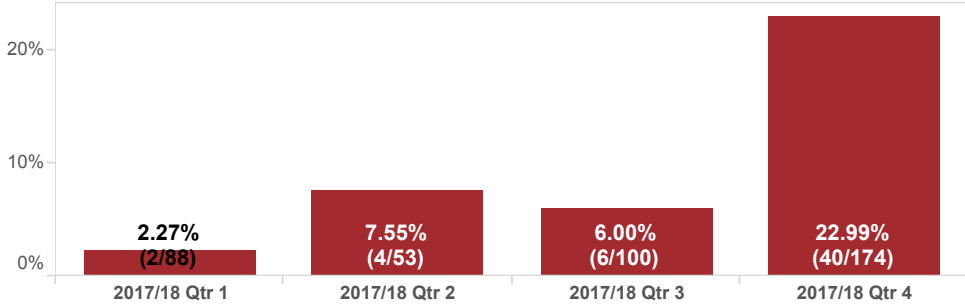


- Cancelled Operations: Performance deteriorated further in Qtr4 at ULHT (7.87%), NWAFT (22.39%) and QEH (22.99%).
- No Urgent operations were cancelled for a second time over the last 12 months at ULHT, NWAFT or QEH.
- Based on the latest data for April 2018, at NWAFT there were 14 operations cancelled for a second time where the patient was not re-admitted after 28 days, 13 at PCH and 1 at Hinchingbrooke.
- At ULHT there were 21 cancellations in April; 11 at Lincoln and 10 at Pilgrim.
- 2018/19 quarter 1 data will be available in August 2018.

% of patients cancelled for non-clinical reasons not re-admitted within 28 day - ULHT



% of patients cancelled for non-clinical reasons not re-admitted within 28 day - QEH



Urgent operations cancelled for a second time

	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov-2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Apr-2018
NWAFT	0	0	0	0	0	0	0	0	0	0	0	0
ULHT	0	0	0	0	0	0	0	0	0	0	0	0
QEH	0	0	0	0	0	0	0	0	0	0	0	0

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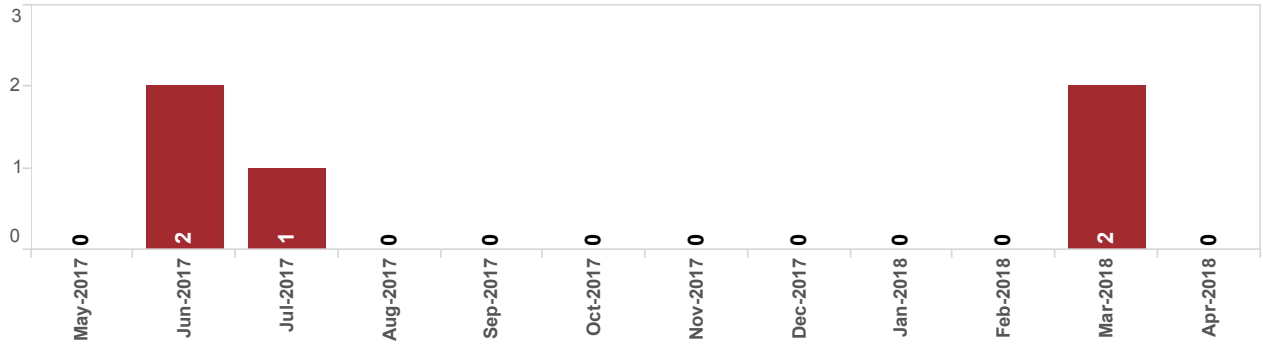


MSA & HCAI Performance

Information

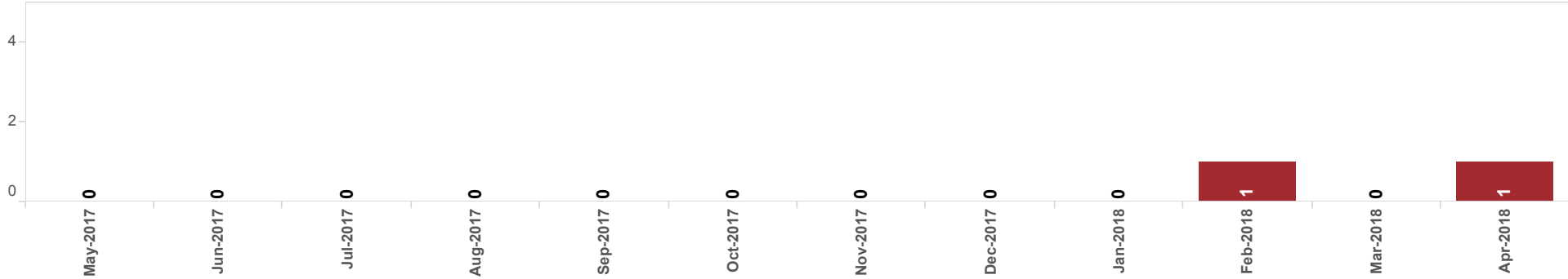
Data Source:
 MSA - Unify MSA Provider
 HCAI - NHS Improvement

Mixed Sex Accommodation (MSA) Breaches (CCG)

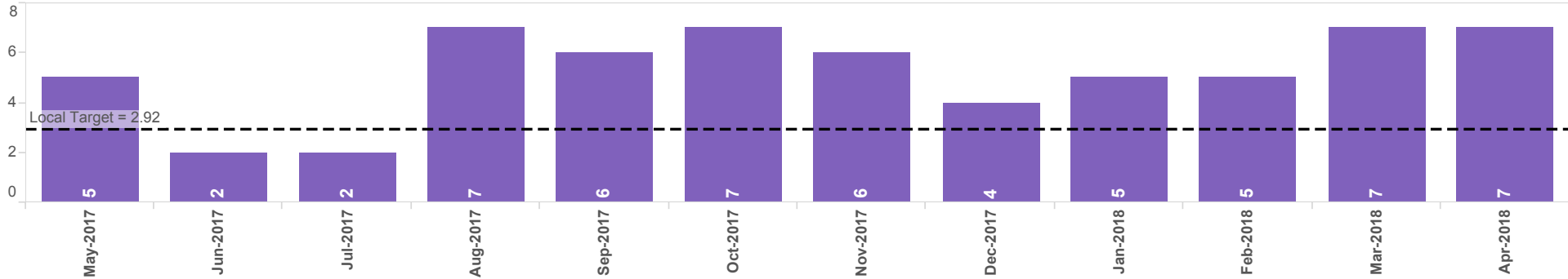


- There were no MSA breaches in April 2018.
- One MRSA breach was reported in April 2018. The breach in February was attributed to the CCG. An investigation has been undertaken and lessons have been shared.
- Seven HCAIs (C-diff) were reported in April. Clostridium difficile is a concern due to the unexplained rise in cases reported nationally both in the acute setting and in the community. National specialists are working to identify why this might be the case and all of the previous assumptions such as overuse of antibiotics have been largely discounted due to the decreased use of antibiotics in recent years.

Healthcare acquired infection (HCAI) measure (MRSA) (CCG)



Healthcare acquired infection (HCAI) measure (Clostridium difficile infections) (CCG)



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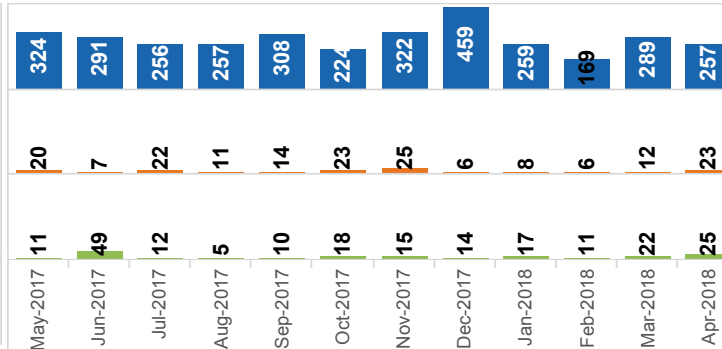
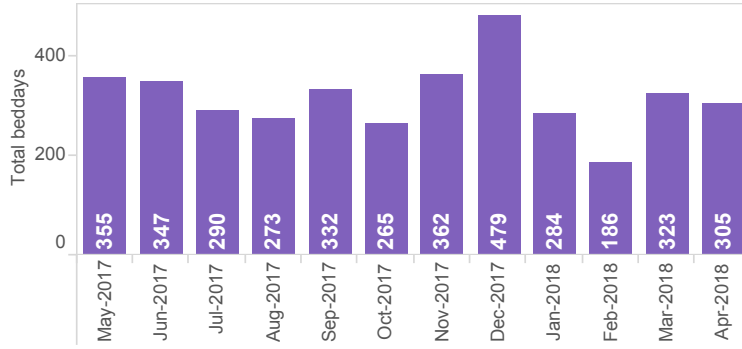


DToC Performance

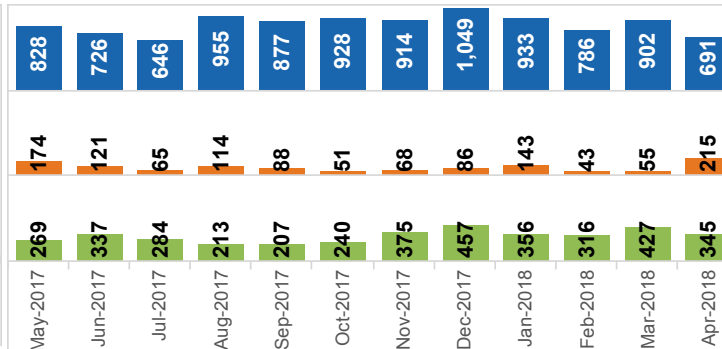
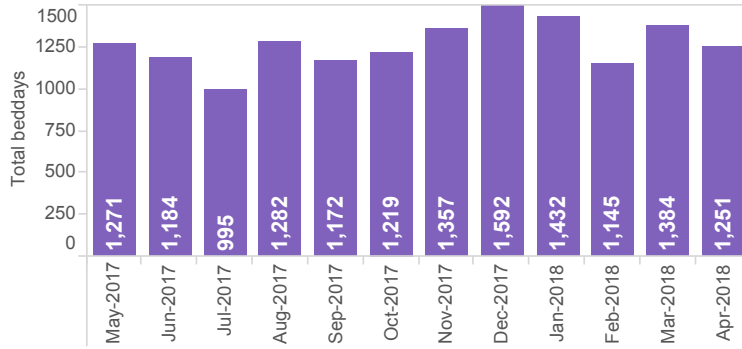
Information

Data Source:
DToC - Unify DToC Provider

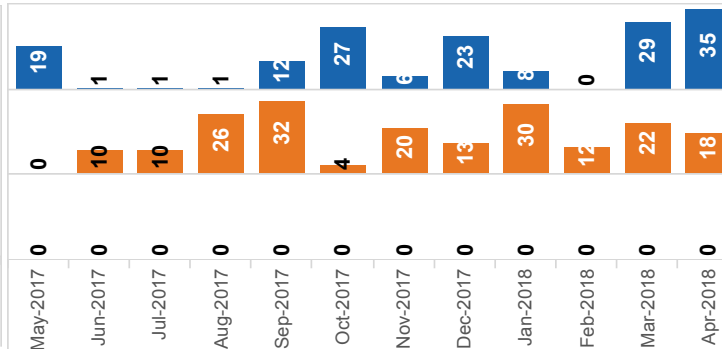
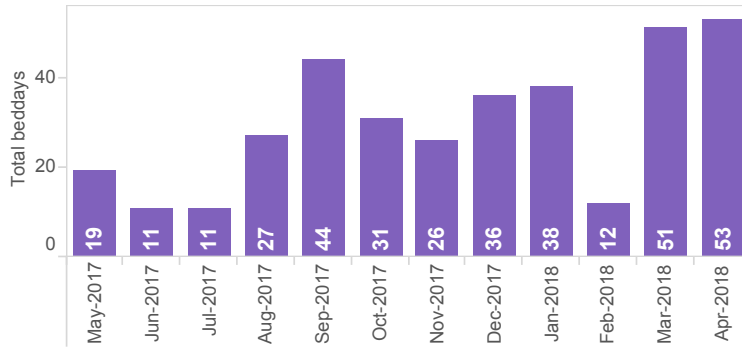
Delayed Transfers of Care for Lincolnshire local authority (Bed Days) - NWAFT



Delayed Transfers of Care for Lincolnshire local authority (Bed Days) - ULHT



Delayed Transfers of Care for Lincolnshire local authority (Bed Days) - QEH



Note: Information relates to total Lincolnshire DToCs at each provider and is not specific to each CCG. Health delays include delays for all health partners and 'family' delays, e.g. all self-funding delays and any delays resulting from disagreement with decisions/pathways.

NWAFT: DToC's decreased in April 2018, to 305 mainly due to a decrease in NHS Bed Days.

- Medical Assessment Unit with full occupancy each day, medical patients needing admission beds, skilled staffing gaps across key service areas.

Actions:

- Devised new short-term intensive recovery action plan.
- Continue to optimise diversionary activity towards ACU.
- Golden Patient – 10 patients ready for discharge by 10am each day.

* Joint Beddays - delay attributable to both the NHS and Local Authority.

ULHT: DToC's decreased in April to 1,251, there was however a significant increase in Social Care Beddays (215).

- LCH have recently introduced a simple discharge tracker to help with discharges overall and to assist with prioritisation of DToC's.
- An electronic bed management system was introduced at LCH at the end of October and early indications are that this is assisting with flow, capacity and discharges (including weekend discharges).
- Administration arrangements are being reviewed to support Boston and Grantham Hospitals.
- Two weekday activities supporting discharge are Red2Green and 10 discharges by 10am on all sites.

QEH: DToC performance was similar to March, there was however an increase in NHS Beddays and a reduction in Social Care Beddays.

Legend

- NHS Beddays : Acute
- Social Care Beddays : Acute
- Joint Beddays : Acute

Cancer Care System Issues

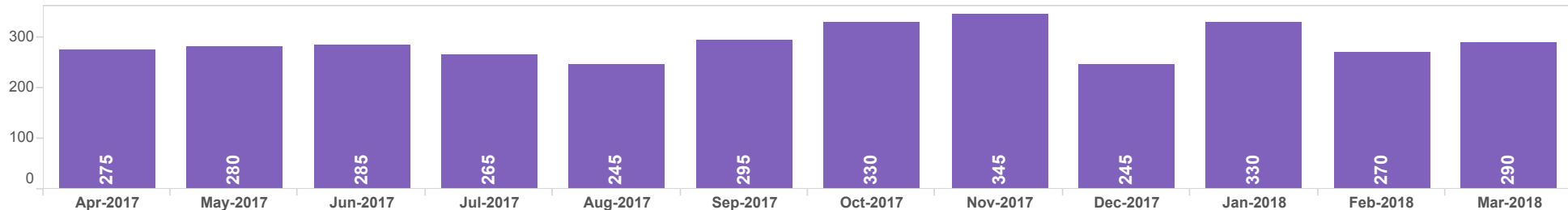
	Performance	Actions
NWAFT	<p>NWAFT (Trust Performance): The following Cancer standards were not met in April 2018:</p> <ul style="list-style-type: none"> • 2 week wait GP referral - 92.30% • 31 day waits - 95.60% • 62 day standard GP referral - 82.60% • 62 day standard GP referral - 60.09% <p>2ww standard for April 2018 is below the standard due to delays in straight to test for colorectal at the PCH site. A recovery plan is in place for this. At Hinchingsbrooke there has been capacity issues in Urology due to clinical gaps on the rota.</p> <p>Risks : 2ww target in May is at risk due to breast capacity at Hinchingsbrooke following a very reduced service provision on site due to vacancies. A plan is in place to ensure patients are seen at PCH temporarily whilst over May the clinics are re-established with locum cover. The national incident relating to patients being missed by the breast screening services will significantly impact the breast screening service over the coming months.</p> <p>62 day standard: Delays for diagnostics; CT, colonoscopy, MRI and biopsy and Complex diagnostic pathways.</p>	<ul style="list-style-type: none"> • Action plans agreed for high priority areas • Dedicated RTT meeting held with focus on cancer • Action plans agreed and signed off at RTT meeting <p>Actions taken in May:</p> <ul style="list-style-type: none"> • Daily escalation of 2ww capacity issues and additional capacity being identified • Awaiting outcome of allocation of Transformation Funding to enable community services to commence and repatriation of template biopsies. • 2ww Breast: The teams are working with Public Health England on a plan to manage impact and risks. <p>Cancer 62 day standard:</p> <ul style="list-style-type: none"> • Colorectal Physician Associate to commence • Action plans presented to RTT meeting • Weekly endoscopy working group continues
ULHT	<p>ULHT (Trust performance):</p> <p>The following indicators were all below the standard at ULHT:</p> <ul style="list-style-type: none"> • 2 week wait - GP referral 77.60% • 2 week wait - breast 4.79% • 31 day waits - Surgery 71.43% • 62 day standard GP referral 78.01% <p>2 week wait - 14 day waits were polling at 23 days at the end of May and there was a current backlog of 175 patients waiting to be booked. May performance for the Trust has been predicted at 5.6% and June is forecast at 40.6%. A request has gone out to the CCGs in the South of the county to use alternative providers.</p> <ul style="list-style-type: none"> • 62 day Consultant Upgrade 80.90% - No national standard 	<ul style="list-style-type: none"> • With extra clinics being held and Kings Lynn offering extra capacity for breast patients, the breast service are now polling within the 14 day standard and are at 13 days. • Options continue to be developed to move Prostate Cancer Follow Up's out of secondary care. • Introduction of straight to CT for Lung 2ww appointments commenced 2nd January 2018. No issues to date – This is now business as usual. • Plans being worked up on second phase of Demand and Capacity work, exploring opportunities for external support (additional funds have been secured from Macmillan to support this along with a number of additional posts) KPMG meeting with CCGs and ULH plan to commence early April. • East Midlands Cancer Alliance was successful in a bid and will receive money this financial year. East midland's 5 STP's will receive a share of £8.2m for 18/19 over Four quarters. Lincolnshire is expected to receive £1m. The focus is on early diagnosis, prostate, lung, FIT and LWABC. Lincolnshire West CCG is formulating the bid with East midlands Cancer network.
QEH	<p>All standards were achieved at QEH (Trust performance) except Cancer 62 day GP referral - 72.8%</p> <p>Significant focus has been applied to the 62 Day Cancer PTL with a view to reducing the number of patients waiting over 62 days by ensuring patients in the 43-62 day cohort have treatment dates within target. As backlog clearance occurs, full recovery is expected.</p>	<p>The Cancer Team has implemented a number of improvements that should lead to an increase in the 62 day compliance, as follows:</p> <ul style="list-style-type: none"> • Strengthened the PTL (includes action sheet and responsible named individuals clearly shown). • Implemented a new escalation process. • Monthly meetings with the informatics team. • Informatics team are now providing forecast compliance with the 62 day wait. • The new lung timed pathway w • Work continues on clinical pathways in Lung, Colorectal, Upper GI and Urology through both the QEH Macmillan Transformation Programme and the Norfolk & Waveney STP Cancer Programme.

For CCG performance see Appendix 1

Mental Health Care IAPT Referrals and System Issues

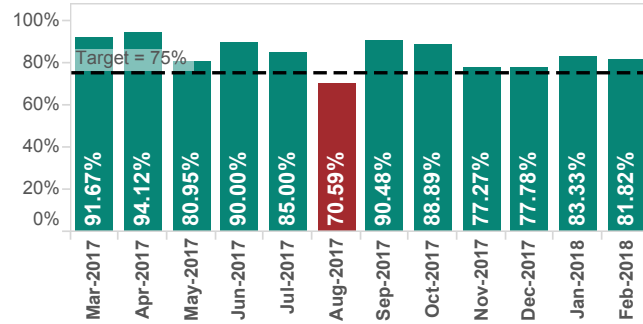
	Performance	Actions
SLCCG	<p>IAPT:</p> <ul style="list-style-type: none"> All IAPT indicators achieved the standard in February 2018. IAPT: March 2017 – February 2018 data is based on validated data from NHS Digital. Based on the latest un-published data LPFT are predicting Access: 18.8%, against the 15.00% standard and Recovery 60.08%, against the 50.00% standard in April. 6 and 18 week wait performance is also predicted to meet the required targets in April 2018 for the CCG. LPFT are predicting the Access (Roll Out) and the Recovery standard will be achieved at the Trust in April 2018. <p>CPA:</p> <ul style="list-style-type: none"> CPA: Achievement in quarter four was 92.31% for SLCCG. There were 13 patients on the CPA pathway. 12 were followed up within seven days of discharge from hospital. <p>EIP:</p> <ul style="list-style-type: none"> EIP: There were ten patients on the EIP pathway in April 2018, four were seen within two weeks. <p>CYPED:</p> <ul style="list-style-type: none"> CYPED performance for the CCG was 75% in quarter four, there were four patients who were on the Routine Referral pathway three had started a care package within four weeks. 	<p>IAPT:</p> <ul style="list-style-type: none"> IAPT: The Five Year Forward View for Mental Health has assigned a challenge to increase access to evidence based psychological therapies for an additional 600,000 adults (Nationally) with anxiety and depression each year by 2020/21. CCG's have received £205k for 2018/19 in the allocation towards the expansion of IAPT services. 2017/18 funding was secured to support the DWP's programme information management requirements and initiate the recruitment and training of additional employment advisers by LPFT. Commissioners are waiting to hear from the DWP what the allocation for 2018/19 will be so that LPFT can continue and build on this recruitment. <p>EIP:</p> <ul style="list-style-type: none"> EIP: "Implementing the Five Year Forward View for Mental Health" highlights an increasing trajectory for access to NICE Compliant EIP services which will be annually assessed by the College Centre for Quality Improvement (CCQI): <ul style="list-style-type: none"> 50.00% for 2016/2017 53.00% for 2018/2019 56.00% for 2019/2020 60.00% for 2020/2021 LPFT submitted a business case to formally bid for additional recurrent funding from commissioners to provide a county wide Early Intervention that will meet the required quality standards. The business case has been agreed by the four Lincolnshire CCGs and commissioners are now working on a service specification for the re-designed service model.

Number of IAPT Referrals for NHS SOUTH LINCOLNSHIRE CCG

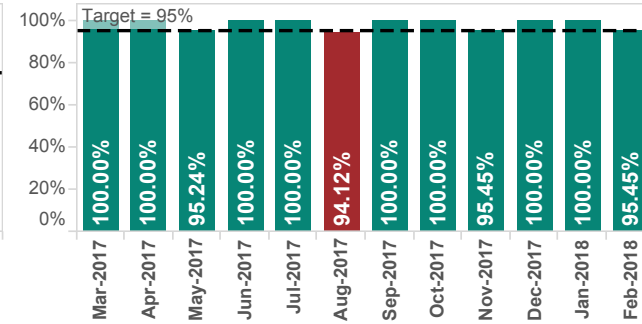


IAPT Performance

IAPT Waits: Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment (CCG)



IAPT Waits: Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment (CCG)

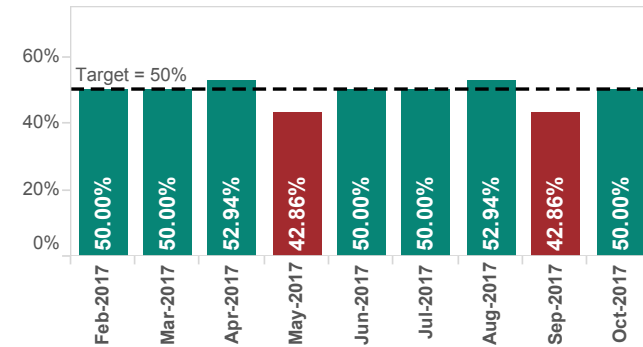


- March 2017 – February 2018 data is based on validated data from NHS Digital. Based on the latest published data for February all targets were met.
- Access Performance having dipped in April and May 2017 exceeded the Contractual Standard (15.00%) from June - February 2018.

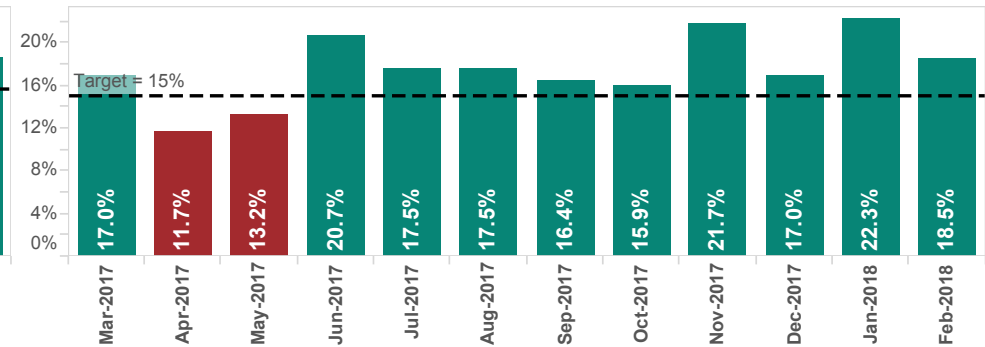
Predicted performance for April 2018:

- For the CCG, LPFT are predicting Access: 18.80%, against the 15.00% standard and Recovery: 45.5%, against the 50.00% standard in April 2018.
- 6 and 18 week wait performance is also predicted to meet the required targets in April 2018 for the CCG.

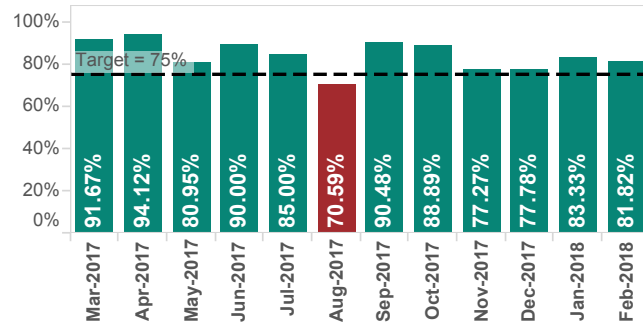
IAPT Recovery (CCG)



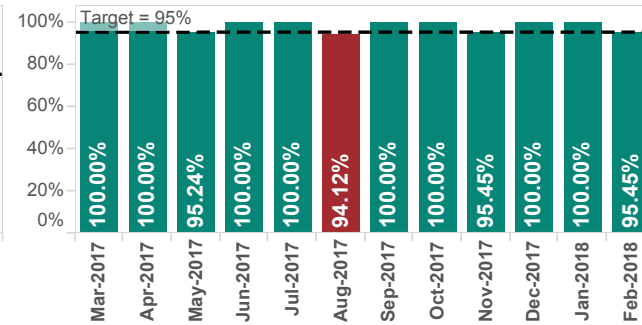
IAPT Access (CCG)



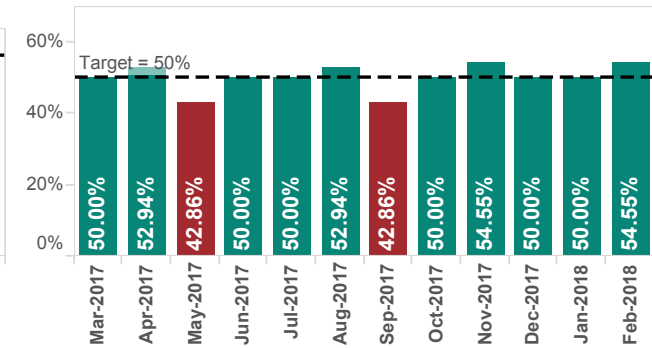
IAPT Waits: Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment (CCG) - LPFT



IAPT Waits: Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment (CCG) - LPFT



IAPT Recovery (CCG) - LPFT



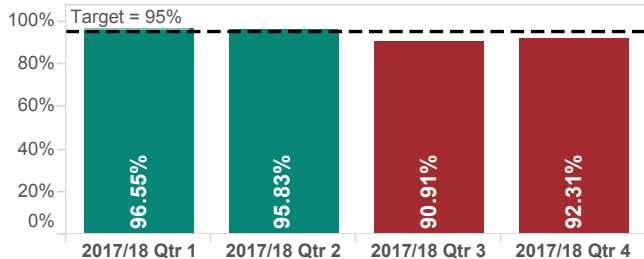


CPA & EIP Performance

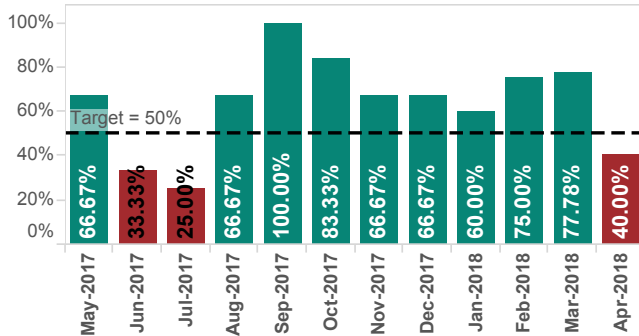
Information

Data Source:
 CPA - Unify,
 EIP - Unify

Care Programme Approach: % of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG)

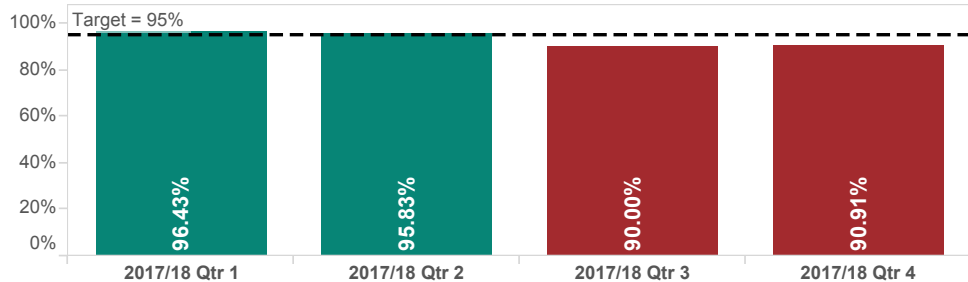


Early Intervention in Psychosis: Patients treated within 2 weeks (CCG)

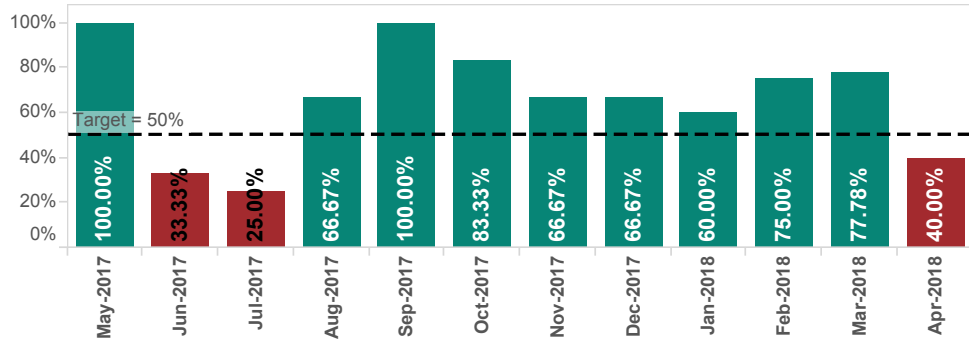


- CPA: Achievement in quarter four was 92.31% for the CCG. There were 13 patients on the CPA pathway, 12 were followed up within seven days of discharge from hospital.
- There were ten patients on the EIP pathway in April at SLCCG, four were seen within two weeks (40%).
- Where there is 0% for performance, this means there were no SLCCG patients on the pathway at that provider.

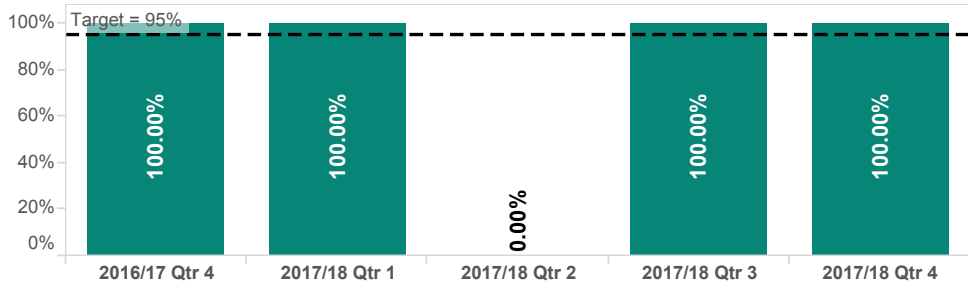
Care Programme Approach: % of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG) - LPFT



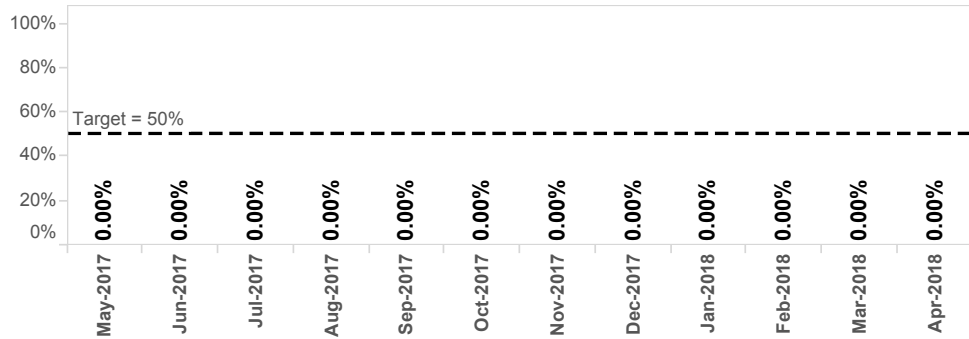
Early Intervention in Psychosis: Patients treated within 2 weeks (CCG) - LPFT



Care Programme Approach: % of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG) - C&PFT



Early Intervention in Psychosis: Patients treated within 2 weeks (CCG) - C&PFT

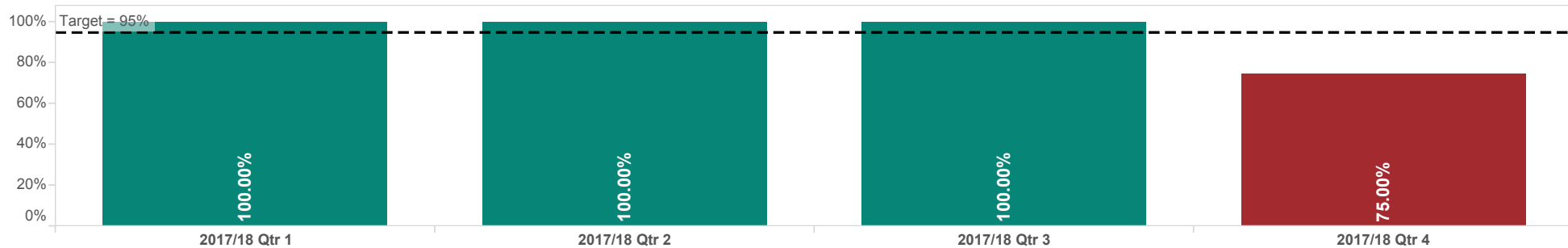


- CYPED performance for the CCG was 75% in quarter four, there were four patients who were on the Routine Referral pathway three had started a care package within four weeks.
- Urgent Referrals there was one patient on the pathway who started a care package within one week - 100% achievement against the 50% standard).
- Where there is 0% for performance, this means there were no SLCCG patients on the pathway at any provider.

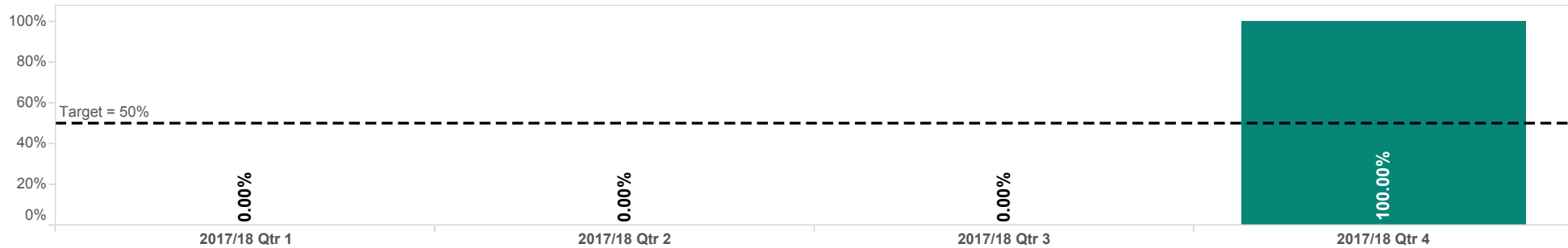
Note: Data collection and analysis continues to be an issue with published data through Unify, the data published through the MHSDS and local data analysed through contract management, not showing exactly the same picture. Further work will be undertaken to look at the data. Lincolnshire County Council will be attending a Regional Workshop on 21st March organised by the EMCN.

The East Midlands Clinical Network and the National Intensive Support Team (IST) are committed to supporting services to achieve the Access and Waiting Time Standards, Eating Disorders and submissions to the National Mental Health Services Data Set (MHSDS). In order to facilitate this they are hosting a Children and Young People's Mental Health Data Quality Workshop bringing together experts in this field in order to provide guidance and clarity of CYP MH MHSDS submissions and ensure that national returns match and reflect local understanding at both provider and commissioner level.

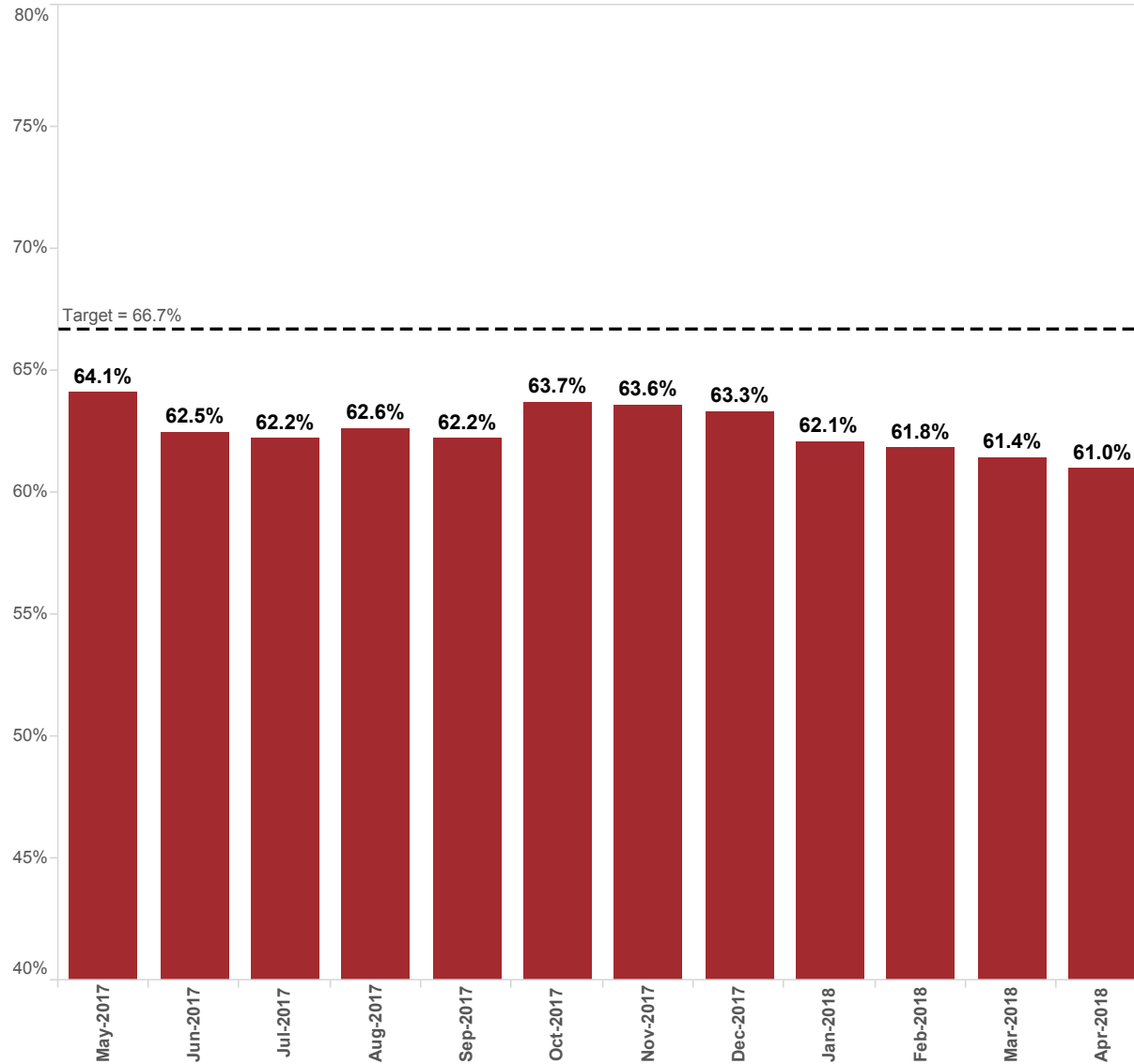
Children & Young People with an Eating Disorders: % of Routine Referrals Starting Care Package within 4 Weeks (CCG)



Children & Young People with an Eating Disorders: % of Urgent Referrals Starting Care Package within 1 Week (CCG)



Dementia: Estimated diagnosis rate for people with dementia (CCG)



The Estimated diagnosis rate for people with dementia was below the 66.70% target with April performance of 61.00%.

The CCG has failed to achieve the 66.70% dementia diagnosis rate target since April 2017 when there was a change to the calculation methodology. Since April 2017, the calculation does not apply prevalence estimates to ONS resident population estimates; they will instead be applied to the registered population from GP lists. This change had a negative impact on CCG performance of 3.7% in April 2017 taking performance below the 66.7% target and the CCG has not achieved the diagnosis rate target since.

Data Quality Toolkit searches have been used by the GP practices to perform checks on their patient records. These searches identified patients for review which has led to a small number of patients to be added to the dementia register. The DQT is in the process of being circulated to the remaining GP practices and was a task recommended by NHSE that could see a positive impact on performance.

A query has been raised with NWAFT to ensure that dementia diagnoses are clearly stated on discharge letters. Feedback from SLCCG GP's was that they had experienced patients being discharged with a dementia diagnosis but it was not clear whether these patients have been added to the dementia register.

The CCG has had two visits from the Alzheimer's Society Roadshow in Peterborough and Stamford. The Alzheimer's Society Roadshow allows dementia experts to be available to our local population and sign posts the public to suitable local services.

The Dementia Officers Club meetings are attended by the four Lincolnshire CCG's along with partner organisations including LPFT and LCC. This forum has been important in the development of the Lincolnshire Dementia Strategy. The East Midlands Clinical Network's Dementia leads also attend this forum as an opportunity to share good practice to the Lincolnshire CCG's.

Glossary

NHSE - National Health Service England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

NHSI - National Health Service Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

EMAS - East Midlands Ambulance Service provides emergency 999 care and telephone clinical assessment services.

IR35 - IR35 is also known as 'intermediaries legislation'. It's a set of rules that affect your tax and National Insurance contributions if you're contracted to work for a client through an intermediary. You may need to follow IR35 if you work for a client through an intermediary

SAFER - A set of simple rules for adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients

ECIP - The Emergency Care Improvement Programme (ECIP) is a clinically led programme that offers intensive practical help and support to 40 urgent and emergency care systems across England leading to safer, faster and better care for patients.

RAIT - Rapid Assessment and Intervention Team - RAIT is a multi-disciplinary team of physiotherapists, occupational therapists, nurses, speech and language therapists, and rehabilitation assistants. They will work with patients and together agree on their personal goals to help achieve them within a carefully planned therapeutic programme. This may last from a single visit to a maximum of six weeks, and reviewed at regular intervals.

IFTs - Inter Facility Transfers - The transfer of patients between hospitals/sites.

Ordinary (admission) - A patient not admitted electively, and any patient admitted electively with the expectation that they will remain in hospital for at least one night, including a patient admitted with this intention who leaves hospital for any reason without staying overnight. A patient admitted electively with the intent of not staying overnight, but who does not return home as scheduled, should be counted as an ordinary admission

Day case (admission) - A patient admitted electively during the course of a day with the intention of receiving care who does not require the use of a Hospital Bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an ordinary admission

NWAFT - North West Anglia Foundation Trust

ULHT - United Lincolnshire Hospital Trust

QEH - Queen Elizabeth Hospital

NUH - Nottingham University Hospital

LPFT - Lincolnshire Partnership NHS Foundation Trust

C&PFT - Cambridgeshire and Peterborough NHS Foundation Trust

ED - Emergency Department

EMAS - East Midlands Ambulance Service

Category 1 is for calls about people with life-threatening injuries and illnesses, These will be responded to in an average time of seven minutes.

Category 2 is for emergency calls, these will be responded to in an average time of 18 minutes.

Category 3 is for urgent calls, in some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times before 120 minutes.

Category 4 is for less urgent calls, in some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes.

ASI - Appointment Slot Issue - These ASI reports provide detailed information on all Appointment Slot Issues (ASIs)

Appendix 1 - Cancer Breaches (All Providers - SLCCG)

Cancer Wait Indicators - April 2018	Target	Patients Seen	Patients seen within target	Breaches	% achieved
Cancer 2WW	93%	518	475	43	91.70%
Cancer 2WW Breast Symptoms	93%	32	28	4	87.50%
Cancer 31 Day	96%	85	84	1	98.82%
Cancer 31 Day - Drugs	98%	17	17	0	100.00%
Cancer 31 Day - Radiotherapy	94%	27	27	0	100.00%
Cancer 31 Day - Surgery	94%	16	13	3	81.25%
Cancer 62 Day	85%	53	41	12	77.36%
Cancer 62 Day - Screening	90%	2	0	2	0.00%
Cancer 62 Day - Upgrade	n/a	7	6	1	85.71%

Due to the development of the new cancer waiting system information on the nature of the breaches is currently unavailable.

Cancer 104 day: 3 patients breached the 104 day standard, all breaches are summarised below:

Mar-18

Reporting Month	Site First Seen	Final Place of treatment	Treatment Group	Days on Pathway	Reason for Delay	Impact on the patient
Mar-18	PCH	PCH	Breast Screening	121	Treatment delayed for medical reasons	Harm Unlikely
Mar-18	PCH	PCH	Bowl Screening	126	Healthcare provider initiated delay to diagnostic test or treatment planning	Harm Possible
Mar-18	PCH	CUH	Urology	126	Healthcare provider initiated delay to diagnostic test or treatment planning	Harm unlikely

PCH Peterborough City Hospital

CUH Cambridge University Hospital

GOVERNING BODY MEETING

Date of Meeting:	<i>Email update in June</i>	Agenda item:	
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Title of Report:	Financial Monitoring Report - Month 2 (May 2018)
Report Author and Title:	Debbie Hocknell, Deputy Chief Finance Officer
Appendices:	Appendix A – Financial Monitoring Report Month 2

1. Purpose of the Report (including link to objectives)

To inform the Governing Body of the financial position of South Lincolnshire Clinical Commissioning Group (CCG) as at Month 2 (May 2018). The information in this report is consistent with the returns to NHS England.

2. Recommendations

The Governing Body is requested to note the financial position of the CCG as at the end of May 2018.

3. Executive Summary

a. Introduction

South Lincolnshire CCG reported position for Month 2 shows a delivery of core financial targets. The CCG is reporting a forecasted breakeven position.

There are some key points to note within the financial position as follows:

b. Allocation Summary

The total resources available to the CCG for the 2018/19 financial year are £233.863m. This includes £3.493m to fund the running costs of the CCG.

Summary	Recurrent	Non- Recurrent	Total
Allocation in Month 1	233,476	387	233,863
2017/18 Brought Forward Surplus	-	5	5
Allocation as at Month 2	233,476	392	233,868

c. Financial Performance Report - Appendix A Table 1

Appendix A provides detailed information of expenditure to date against the resources available. The table below shows the summarised version of expenditure by Programme.

	1 April '18 to 31st May 18			Forecast Outturn			% FOT	% FOT
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	May Variance	Apr Variance
Allocation	(39,068)	(39,068)	0	(233,863)	(233,863)	0	0%	0%
Acute	19,354	18,859	495	115,052	115,702	-650	-1%	0%
Mental Health	3,437	3,570	-133	20,258	20,258	0	0%	0%
Community Health	3,540	3,788	-248	20,746	20,567	179	1%	0%
Continuing Healthcare	2,122	2,143	-21	12,294	11,420	874	7%	0%
Prescribing	4,743	4,747	-4	29,455	29,458	-3	0%	0%
Co-Commissioning	3,930	3,728	202	23,450	23,331	119	1%	0%
Primary Care	694	730	-36	4,034	4,133	-99	-2%	0%
Other- excluding Reserves	666	598	68	3,911	4,391	-480	-12%	0%
Reserves (0.5% Contingency)	0	0	0	1,170	1,170	0	0%	0%
Total Programme	38,486	38,163	323	230,370	230,430	(60)	0%	0%
Running Costs	582	582	0	3,493	3,433	60	2%	0%
Total Expenditure	39,068	38,745	323	233,863	233,863	(0)	0%	0%

At the end of May, the CCG are showing an under-spend against budget. This is mostly driven by benefits across acute and co-commissioning. In terms of the forecast, it is assumed that acute will overspend for the year, together with Other budgets, driven by a higher than planned level of AQP. This is compensated by improvements against budget forecasted mainly within continuing healthcare. It should also be noted that the plan does rely on the delivery of QIPP programme, which is noted in 3d.

Acute - Month 1 data will not be available until the 20th working day of May (at the earliest) and the final data for month 12 last year has not been received for all providers, therefore we have not been able to use data to ascertain the month 1 position. As the plan has been set at estimated outturn plus national growth, this has been assumed as the position for month 1.

Contract Challenges - The table below shows the current position with regard to contract challenges, of which the latest known position relates to month 12 activity from last year.

Month 12	Raised £'000s	Accepted £'000s	Closed £'000s	Disputed £'000s	To be	Response	Current	Transacted £'000s
					Reviewed £'000s	Outstanding £'000s	Month Response Outstanding £'000s	
Challenges	303	0	183	39	0	0	81	0
Proc of Low Clinical Value	37	3	1	1	0	32	0	0

Mental Health - The main driver of the year to date variance is the contract with Lincolnshire Partnership Foundation Trust, which is due to a small under accrual at year end. However, the expenditure is forecast to achieve plan by the end of the year. The CCG has planned to achieve the Mental Health Investment Standard (MHIS). Further detail will be shared in future reports.

Community Health Services - There is an expectation that QIPP will deliver savings on the major contract with LCHS. This will compensate for the overspend in other areas. Part of the forecast overspend is an investment in community services linked to a reduction in acute activity and therefore a QIPP within the acute programme.

Continuing Healthcare – The year to date expenditure is broadly in line with budget and the forecast is to generate a saving against plan through the delivery of the QIPP plan.

Prescribing – There are no significant variations from plan either in the year to date or forecast outturn position.

Co-commissioning - Co-Commissioning is slightly under budget as at the end of May with savings on other GP services compensating for overspends in other areas.

Other Programme Services - The main issue relates to Any Qualified Provider (AQP) expenditure, that is over budget at the end of May and forecasting to be over budget at the end of the year. This expenditure includes services such as MRI scans, MSK services and podiatry. There are some services that have been tendered recently such as hearing aid tests, where costs appear to be increasing as the service is taken out of the main provider contracts and waiting lists are reduced.

Reserves – The planned contingency has not been forecasted to be required to ensure that the statutory duty to break even will be achieved.

Running Costs - This is used to pay for commissioning supporting services (Optum and Arden GEM), CCG payroll including non-executive members, and also non pay expenditure, such as printing and travel. The forecast position shows an expected in-year saving against the original allocation attributable to QIPP schemes and unexpected vacancies.

d. Quality, Innovation, Productivity and Prevention (QIPP)

The CCG's QIPP plan totals £9.232m for 2018/19. The below table identifies the latest reported position.

	1 April '18 to 31 May '18			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
South	623	1,224	601	9,232	9,232	0

e. Financial Risks

The below table shows the financial risks included in the Month 2 return. This shows the risks as fully mitigated.

Risk Analysis	South Lincolnshire CCG	
	Risk	Mitigation
	£'000s	£'000s
Acute Services	-303	0
Mental Health services	-100	0
Community Health Services	-272	0
Continuing HealthCare Services	-146	0
Prescribing	-299	
Primary Care Services	0	0
Primary Care Co-Commissioning	0	0
Other Programme Services	-50	1,170
Running Costs		
Total	-1,170	1,170

f. Cash Management

The CCG is required to stay within a Maximum Cash Drawdown (MCD) for the financial year. This total is firstly identified by NHS England on behalf of CCGs. There will be an opportunity during the financial year to review the total CCG cash requirement and update the MCD.

The CCG is required to stay within 1.25% of the monthly cash drawdown value at the end of each month. At the end of Month 2 there was £19k in the bank and therefore this key target has been achieved.

Cash Book Statement	Cumulative	Apr-18 £'000's	May-18 £'000's
Opening Cash Balance	159	159	1,333
Cash Drawdown	34,300	17,300	17,000
Payments	-34,440	16,126	18,314
Closing balance	19	1,333	19
Target 1.25% Drawdown		216	213
Target Achieved		No	Yes

g. Statement of Finance Position

The full balance sheet showing the CCG's assets and liabilities is as detailed below.

	South	
	Actual as at May 2018 £000	Actual as at Mar 2018 £000
Current Assets		
Cash	19	159
Accounts Receivable	2,609	4,234
Total Current Assets	2,628	4,393
Current Liabilities		
Accounts Payable	17,276	17,704
Accrued Liabilities	-59	132
Total Taxpayers Equity		
Retained earnings included in year	-14,589	-13,443
Total Equity & Liabilities	2,628	4,393

There has been minimal movement in balances since the end of the year, and there are no issues to note.

h. Better Payment Practice Code (BPPC)

The target is to pay at least 95% of all NHS and non-NHS trade creditors within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. The CCG are achieving this target as detailed below. The cumulative position will be reported in the Annual Accounts for 2018-19.

	South	
	May-18	Year to Date
NHS Invoices		
% of invoices paid within 30 days (number)	100.0%	99.3%
% of invoices paid within 30 days (£)	100.0%	100.0%
Non NHS Invoices		
% of invoices paid within 30 days (number)	99.1%	99.2%
% of invoices paid within 30 days (£)	99.9%	99.9%
All Invoices		
% of invoices paid within 30 days (number)	99.3%	99.2%
% of invoices paid within 30 days (£)	100.0%	100.0%

i. Memorandum: Better Care Fund

Better Care Fund expenditure appears in different Programmes across the finance report. The table below shows a summary position of Better Care Fund expenditure:

South Lincolnshire CCG	1 April '18 to 31 May '18			Forecast Outturn			% FOT May	% FOT Apr
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Variance	Variance
Better Care Fund								
Lincolnshire Partnership Foundation Trust	838	838	0	10,058	10,058	0	0%	0%
Lincolnshire Community Health Services - Transitional Care	415	415	0	2,492	2,492	0	0%	0%
Section 75 - Learning Disabilities	326	326	0	3,909	3,904	5	0%	0%
Section 75 - CAMHS	116	116	0	1,395	1,380	15	1%	0%
Section 75 - Proactive	158	158	0	2,503	2,771	-268	0%	0%
Section 75 - ICES	54	54	0	642	635	7	0%	0%
Better Care Fund Total	1,907	1,907	0	20,999	21,240	-241	-1%	0%

j. Conclusions

The CCG is reporting a small underspend as at the end of May. All of the variances are relatively small with benefits in acute and co-commissioning being nearly offset by overspends in the other programmes. However, given the immaterial size of the under-spends, this small variance has not been forecast as the end of year position for 2018/19. The final end of year position is reliant on the delivery of QIPP.

4. Management of Conflicts of Interest

None.

5. Finance, QIPP and Resource Implications

See Appendices.

6. Legal/NHS Constitution Considerations

Insufficient consideration of accounting principles causes a potential risk to the CCG Accounts for possible audit qualification.

7. Analysis of Risk including Assessments

The risk of the CCG not achieving its duty to breakeven is noted on the CCG risk register and is scored at the highest score – 25.

Please state if the risk is on the CCG Risk Register.

Yes	X	No	
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8. Outline engagement – clinical, stakeholder and public/patient

None.

9. Outcome of Impact Assessments
Not applicable.

10. Assurance Departments/Organisations who will be affected have been consulted																
Insert details of the departments you have worked with or consulted during the process:																
<table border="1"><tr><td>Finance</td><td>X</td></tr><tr><td>Commissioning</td><td>X</td></tr><tr><td>Contracting</td><td>X</td></tr><tr><td>Medicines Optimisation</td><td>X</td></tr><tr><td>Clinical Leads</td><td>X</td></tr><tr><td>Quality</td><td>X</td></tr><tr><td>Safeguarding</td><td>X</td></tr><tr><td>Other</td><td>X</td></tr></table>	Finance	X	Commissioning	X	Contracting	X	Medicines Optimisation	X	Clinical Leads	X	Quality	X	Safeguarding	X	Other	X
Finance	X															
Commissioning	X															
Contracting	X															
Medicines Optimisation	X															
Clinical Leads	X															
Quality	X															
Safeguarding	X															
Other	X															

11. Report previously presented at:
Not applicable.

12. For further information or for any enquiries relating to this report, please contact
Contact Name: Debbie Hocknell Debbie.hocknell@southlincolnshireccg.nhs.uk

Appendix A - South Lincolnshire CCG
Financial Monitoring Report
May 2018 Month 2

	1 April '18 to 31st May '18			Forecast Outturn		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Acute NHS						
North West Anglia NHS Foundation Trust	9,772	9,296	476	59,862	58,204	1,658
United Lincolnshire Hospitals NHS Trust	3,866	4,060	-194	23,787	24,250	-463
Acute NHS - Others	3,339	3,142	198	18,689	19,172	-483
Acute Non NHS						
Ramsay HealthCare	928	803	125	4,715	5,391	-676
Acute Non NHS	87	111	-23	429	496	-67
Acute - Ambulance	799	839	-40	4,793	4,914	-121
Acute Non contract activity & Others	563	608	-46	2,777	3,274	-497
Acute Total	19,354	18,859	495	115,052	115,702	-650
Mental Health						
Lincolnshire Partnership Foundation Trust	1,678	1,779	-101	10,068	10,030	38
Section 75 - Learning Disabilities	651	637	15	3,909	3,904	5
Section 75 - CAMHS	233	230	2	1,395	1,380	15
Mental Health	875	924	-49	4,886	4,943	-57
Mental Health Total	3,437	3,570	-133	20,258	20,258	0
Community health services						
Lincolnshire Community Health Services	2,373	2,219	154	14,239	13,998	241
Section 75 - Proactive	499	861	-361	2,503	2,771	-268
Section 75 - ICES	107	106	1	642	635	7
St Barnabas	90	113	-23	537	538	0
Community	471	490	-19	2,825	2,625	200
Community Health Services Total	3,540	3,788	-248	20,746	20,567	179
Continuing Healthcare						
Continuing Healthcare Fully Funded	1,594	1,632	-38	9,126	8,408	718
Continuing Healthcare Joint Funded	108	119	-11	645	711	-66
Continuing Healthcare Childrens	74	61	13	445	359	86
Continuing Healthcare Funded Nursing Car	282	266	16	1,697	1,566	131
Support Costs/Provisions	64	65	-1	381	377	4
Continuing Healthcare Total	2,122	2,143	-21	12,294	11,420	874
Prescribing	4,875	4,867	8	30,413	30,416	-3
Prescribing Recharges	-56	-51	-5	-488	-488	0
Prescribing Retained Income	-76	-69	-7	-470	-470	0
Prescribing Total	4,743	4,747	-4	29,455	29,458	-3
Co-Commissioning						
Premises Cost Reimbursement	356	370	-14	2,135	2,218	-83
Dispensing/Prescribing Drs	98	100	-2	584	600	-16
Enhanced Services	1,758	1,810	-52	10,550	10,863	-313
General Practice - GMS	594	608	-14	3,563	3,648	-85
General Practice - PMS	720	617	103	4,320	3,701	619
Other GP Services	404	416	-12	2,298	2,494	-196
QOF	0	-193	193	0	-193	193
Co Commissioning- prior Year	0	0	0	0	0	0
Co-Commissioning Total	3,930	3,728	202	23,450	23,331	119
Other Primary Care						
Enhanced Services	210	188	22	1,134	1,062	72
Central Drugs	104	101	3	623	623	0
Other Primary Care	380	440	-60	2,277	2,447	-170
Other Primary Care Total	694	730	-36	4,034	4,133	-99
Non Emergency Patient Transport	176	187	-11	971	1,066	-95
AQP	302	400	-98	1,812	2,203	-391
Other	188	11	177	1,128	1,122	6
Other Programme Services Total	666	598	68	3,911	4,391	-480
0.5% Contingency	0	0	0	1,170	1,170	0
Reserves Total	0	0	0	1,170	1,170	0
Running Costs Total	582	582	0	3,493	3,433	60
Total	39,069	38,746	323	233,863	233,863	0