

GOVERNING BODY MEETING

Date of Meeting:	No meeting in April	Agenda item:	
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Title of Report:	SLCCG Monthly Governing Body Report March 2018
Report Author and Title:	Ramesh Prema – Performance Manager (Optum)
Appendices:	n/a

1.	Purpose of the Report (including link to objectives)
<p>This report provides an overview of performance for February 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 February 2018.</p> <p>1. Urgent care</p> <ul style="list-style-type: none"> • A&E: Performance at CCG level and across all providers (except QEH) improved in February but remains significantly below the standard. QEH performance was at its lowest level for the year. Issues impacting on performance at NWAFT continue at PCH and Hinchingsbrooke. • EMAS: Performance for February remains below the standard, across all indicators for EMAS, the Lincolnshire division and South Lincolnshire CCG against the new Ambulance Response Programme (ARP) standards. • NHS 111 - performance deteriorated in February and remains significantly below the target. • Pre-Ambulance handovers: Performance at CCG level, Peterborough City and Boston Pilgrim Hospitals remains a concern for delays greater than 30 and 60 minutes; the position in February 2018 saw an improvement but remains higher than this time last year. Lincolnshire continues to be the worst across the region, seeing some of the longest average pre hospital handover times and lost hours. <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 NWAFT in February. • NWAFT key areas of concern: Cardiology, ENT, Gastroenterology, Ophthalmology and Trauma and Orthopaedics; further decline in month due to a number of factors including losing of inpatient elective activity due to urgent care pressures and the National Directive to cancel inpatient elective activity. • Diagnostics: At CCG level Diagnostic performance deteriorated further and was below the standard for the twelfth consecutive month. Performance was below the standard for SLCCG patients at NWAFT, ULHT and QEH. • No mixed sex accommodation breaches were reported in February. Year to date three breaches have been reported, all at QEH. Five HCAs (C-diff) were reported in February and year to date 59 breaches. • DTOC: The number of DTOCs fell in January at NWAFT and ULHT for Lincolnshire, but remains high. <p>3. Cancer Care</p> <ul style="list-style-type: none"> • At CCG level two indicators were not met in February 2018: Cancer 2 week wait breast symptomatic 	

and Cancer 62 day screening. Cancer 62 day – (GP Referral); the standard was achieved for the first time since June 2017 at CCG level. The standard was also achieved for all patients at the three key providers.

- Cancer 62 day – (Screening) performance was below the standard at CCG level, there were two patients who breached the standard at NWAFT and one at ULHT.
- As at January 2018 there were four patients who had breached the 104 day standard at NWAFT, all at Peterborough City Hospital. All patients have appointments to discuss ongoing treatment planning.
- As at Jan 2018 there were 4 SLCCG patients who had waited more than 104 days for treatment at NWAFT.

4. Mental Health

- IAPT: Based on the latest published data, all standards were met in December 2017, LPFT are predicting performance for IAPT Access, Recovery, 6 and 18 week wait times will be achieved in February 2018. Published data for February 2018 will be available in May 2018.
- EIP: There were four patients on the Early Intervention in Psychosis (EIP) pathway in February, three were seen within two weeks.
- Care Programme Approach (CPA), 7 day follow up performance for Quarter 3 was just below the standard.
- CYPED (Children and Young Peoples Eating Disorder): Performance achieved the standard for the fourth consecutive quarter. There were four patients on the routine referral pathway all were seen within four weeks.
- Dementia diagnosis performance was 61.80% 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	<input type="checkbox"/>
Commissioning	<input type="checkbox"/>
Contracting	x
Medicines Optimisation	<input type="checkbox"/>
Clinical Leads	<input type="checkbox"/>
Quality	<input type="checkbox"/>
Safeguarding	<input type="checkbox"/>

Other	
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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, April 2018 (Feb 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 (except QEH) improved in February but remains significantly below the standard. QEH performance was at its lowest level for the year. Issues impacting on performance at NWAFT continue at PCH and Hinchingsbrooke. (For more detail see page 5.) EMAS: Performance for February remains below the standard, across all indicators for EMAS, the Lincolnshire division and South Lincolnshire CCG against the new Ambulance Response Programme (ARP) standards. NHS 111 - performance deteriorated in February and remains significantly below the target. Pre-Ambulance handovers: Performance at CCG level, Peterborough City and Boston Pilgrim Hospitals remains a concern for delays greater than 30 and 60 minutes, the position in February 2018 saw an improvement but remains higher than this time last year. Lincolnshire continues to be the worst across the region, seeing some of the longest average pre hospital handover times and lost hours. 	<ul style="list-style-type: none"> A&E: A Contract Performance Notice (CPN) is in place at NWAFT and ULHT. NWAFT are 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 NWAFT in February. NWAFT key areas of concern: Cardiology, ENT, Gastroenterology, Ophthalmology and Trauma and Orthopaedics; further decline in month due to a number of factors including losing of inpatient elective activity due to urgent care pressures and the National Directive to cancel inpatient elective activity. Diagnostics: At CCG level Diagnostic performance deteriorated further and was below the standard for the twelfth consecutive month. Performance was below the standard for SLCCG patients at NWAFT, ULHT and QEH. No mixed sex accommodation breaches were reported in February. Year to date three breaches have been reported, all at QEH. Five HCAIs (C-diff) were reported in February and year to date 59 breaches. DTOC: The number of DTOCs fell in January at NWAFT and ULHT for Lincolnshire, but remains high. 	<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 10). 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 (for further details see page 10). DTOC: Actions are in place at NWAFT and ULHT (see page 15).
Cancer Care	<ul style="list-style-type: none"> At CCG level two indicators were not met in February 2018: Cancer 2 week wait breast symptomatic and Cancer 62 day screening. Cancer 62 day – (GP Referral); the standard was achieved for the first time since June 2017 at CCG level. The standard was also achieved for all patients at the three key providers. Cancer 62 day – (Screening) performance was below the standard at CCG level, there were two patients who breached the standard at NWAFT and one at ULHT. As at January 2018 there were four patients who had breached the 104 day standard at NWAFT, all at Peterborough City Hospital. All patients have appointments to discuss ongoing treatment planning. 	<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 December 2017, LPFT are predicting performance for IAPT Access, Recovery, 6 and 18 week wait times will be achieved in February 2018. Published data for February 2018 will be available in May 2018. EIP: There were four patients on the Early Intervention in Psychosis (EIP) pathway in February, three were seen within two weeks. Care Programme Approach (CPA), 7 day follow up performance for Quarter 3 was just below the standard. CYPED (Children and Young Peoples Eating Disorder): Performance achieved the standard for the fourth consecutive quarter. There were four patients on the routine referral pathway all were seen within four weeks. Dementia diagnosis performance was 61.80% 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.



2017/18 YTD Performance

Urgent Care Indicators

Description	Target	YTD
A&E Waiting Time - % of people who spend 4 hours or less in A&E (CCG - SUS)	95%	84.44%
Ambulance Clinical Quality - Category A 19 minute transportation time (CCG)	95%	66.61%
Ambulance Clinical Quality - Category A (Red 1) 8 minute response time (CCG)	75%	64.36%
Ambulance Clinical Quality - Category A (Red 2) 8 minute response time (CCG)	75%	46.00%
NHS 111 - Answered Calls (within 60 seconds)	95%	84.14%

Planned Care Indicators

Description	Target	YTD
Number of 52 week Referral to Treatment Pathways (CCG)	0	1
RTT - Incomplete Pathways (CCG)	92%	92.41%
RTT - Admitted Pathways (CCG)	90%	81.26%
RTT - Non-Admitted Pathways (CCG)	95%	90.71%
Diagnostic Test Waiting Time <6 wks (CCG)	99%	98.56%
Healthcare acquired infection (HCAI) measure (Clostridium difficile infections) (CCG)	31.2	59
Healthcare acquired infection (HCAI) measure (MRSA) (CCG)	0.0	1
Mixed Sex Accommodation (MSA) Breaches (CCG)	0.0	3

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

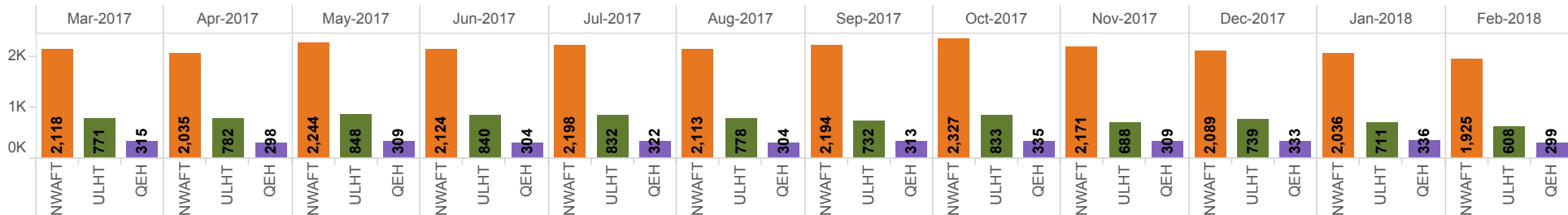
Description	Target	YTD
IAPT Access (CCG)	15%	16.82%
IAPT Recovery - Proportion of people that enter treatment against the level of need in the general population (CCG)	50%	49.57%
Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment (CCG)	75%	83.90%
Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment (CCG)	95%	98.31%
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG)	95%	94.67%
CYP Eating Disorders - % of Routine Referrals Starting Care Package within 4 Weeks (CCG by Provider)	95%	100.00%
Early Intervention in Psychosis - Patients treated within 2 weeks (CCG)	50%	65.31%
Estimated diagnosis rate for people with dementia (CCG) for Feb-2018	66.7%	61.8%

Urgent Care A&E Activity Counts and System Issues

Provider Name
■ NWAFT ■ ULHT ■ QEH

	Performance	Actions
NWAFT	<ul style="list-style-type: none"> A&E performance in February was 77.75% at Trust level, and remains below the standard and trajectory. PCH: <ul style="list-style-type: none"> High levels of DTOCs, stranded patients causing difficulty in patient flow. Lack of uptake from agency doctors in ED and medicine. Senior nursing resignations in PCH ED to impact Mid-March onwards remains a risk. Availability of nursing and medical staffing to fill gaps in rotas Hinchingbrooke: <ul style="list-style-type: none"> Escalation beds open on ACU which is limiting ACU flow and capacity. Increase in ambulance attendances by 30%. EEAST crews attending ED and unaware of pathways on arrival to ED. ED refurbishment led to reduced majors capacity. 	<ul style="list-style-type: none"> Implement a robust GP stream model into minors and reduce minors breaches. Realign ED staffing to match demand review and update pathways. Maximise Ambulatory Care Unit utilisation Review and redesign current MAU assessment and pathways to short-stay Design and implement discharge pathways for „top admitting“ conditions Maximise discharge lounge utilisation Daily discharge target set and performance from wards being tracked Reinforce and embed sustainable Red to Green process across all site wards System DTOC Improvement Plan Plan „B, based on integrated discharge teams at end acute site and across community services. Implemented Stranded Patient task force successfully and follow on actions in place. Twice weekly check and challenge sessions on Stranded Patients with multi-agency presence.
ULHT	<ul style="list-style-type: none"> ULHT performance against the 4 hour target for February was 69.26%, the Trust’s trajectory for February was 90.00%, An A&E trajectory for 18/19 has been agreed that is realistic; clinical directorates are finalising their action plans to align with this performance. Daily performance is still far too variable, with poor achievement particularly following weekends. The single greatest issue impacting on performance in February was bed capacity and overall inpatient occupancy at PHB and LCH sites. Throughout the month there were extreme fluctuations, positive and negative as a result of the surge week, improvements in discharges and reduction in admissions, but also because of the adverse weather in the last part of the month. 	<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% by end of April. Switch streaming nurses to LCHS and increase LCH streaming to 20% by end of April <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 January was 69.17% compared to 81.10% in January, and remains significantly below the standard. Concerns Limited onward flow remains the biggest contributor to breaches. Bedded patients in the Department in the morning has also led to capacity issues within the Department which has caused delays for patients to be seen and treated. Average attendances continue to rise. 	<ul style="list-style-type: none"> The Rapid Assessment Bays (RAB) create extra capacity and a focussed approach for the assessment and treatment of both GP and ED referred patients. When the RAB system has been in operation there has been a noticeable improvement in patient flow. This initiative needs to be maintained as the benefits out way the potential negatives. Patient Flow Navigator. This is a newly developed post which aims to give additional administrative support to the ED co-ordinator and act as a ‘breach buster’. Emergency Department Data Set – focus on the EDD through the point prevalence process is giving focus to discharge which creates further capacity. Primary care streaming commenced from the end of December.

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





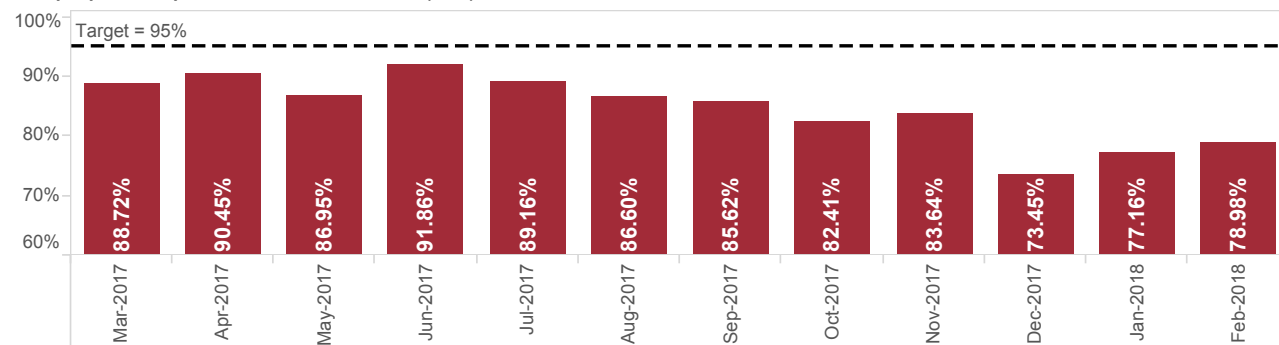
A&E Performance

Information

Data Source:

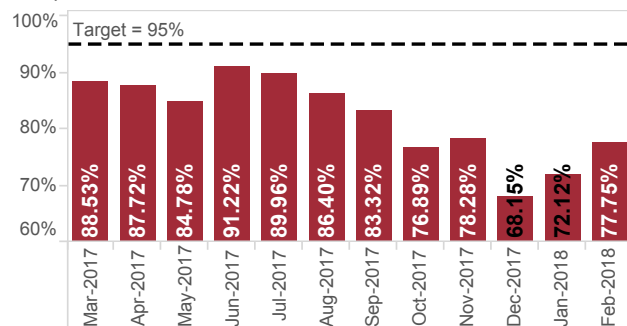
<4 hr wait & Attendances (CCG) - SUS PbR AE Extract
 AE trolley waits & <4 hr wait (Provider) - Unify Monthly A&E Sitrep

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

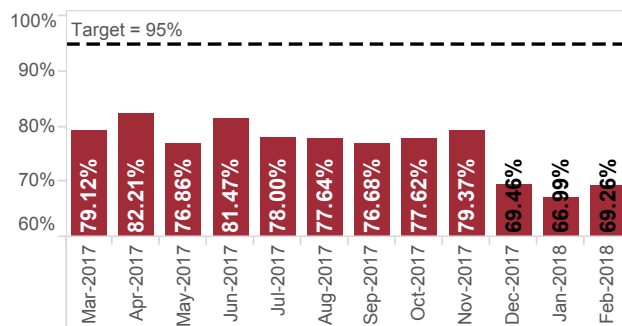


- CCG performance improved from 77.16% to 78.98%, performance remains significantly below the standard.
- NWAFT performance improved in February (77.75%), but remains below the February trajectory and standard.
- ULHT performance against the 4 hour target for February was 69.25%, improving from 66.99% in January. The Trust's trajectory for February was 90.00%, the Trust was 20.75% behind trajectory.
- Performance for Lincoln County Hospital was 70.09%, 18.91% below trajectory (89.00%), Pilgrim Hospital 58.06%, 30.94% below trajectory (89.00%) and Grantham 93.49%, 2.51% below trajectory (96.00%).
- QEHL performance (69.17%) was significantly below the standard and January 2018 performance.

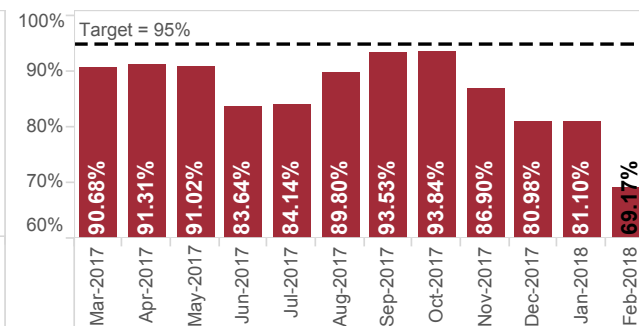
% of people who spend 4 hours or less in A&E - NWAFT (previously PSHFT)



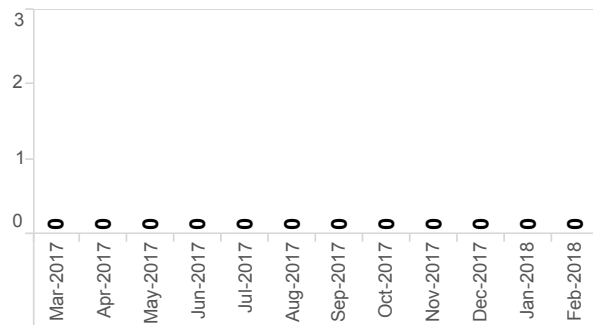
% of people who spend 4 hours or less in A&E - ULHT



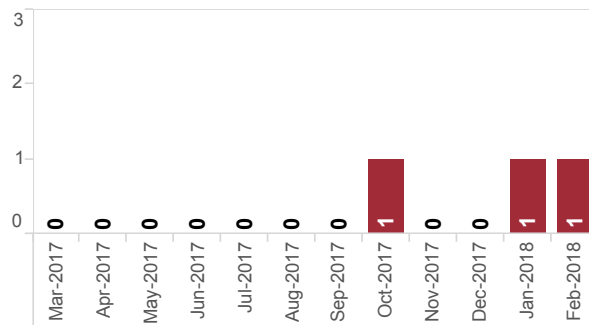
% of people who spend 4 hours or less in A&E -QEHL



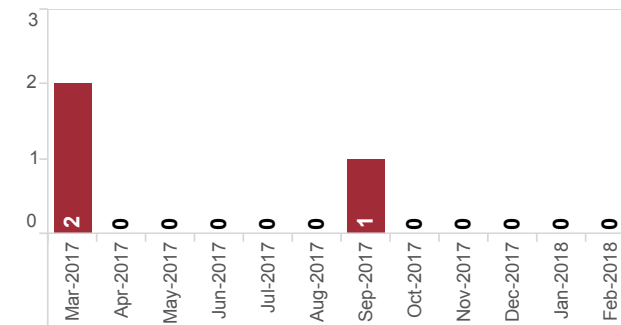
Number of patients who have waited over 12 hours in A&E from decision to admit to admission - NWAFT (previously PSHFT)



Number of patients who have waited over 12 hours in A&E from decision to admit to admission - ULHT



Number of patients who have waited over 12 hours in A&E from decision to admit to admission - QEHL

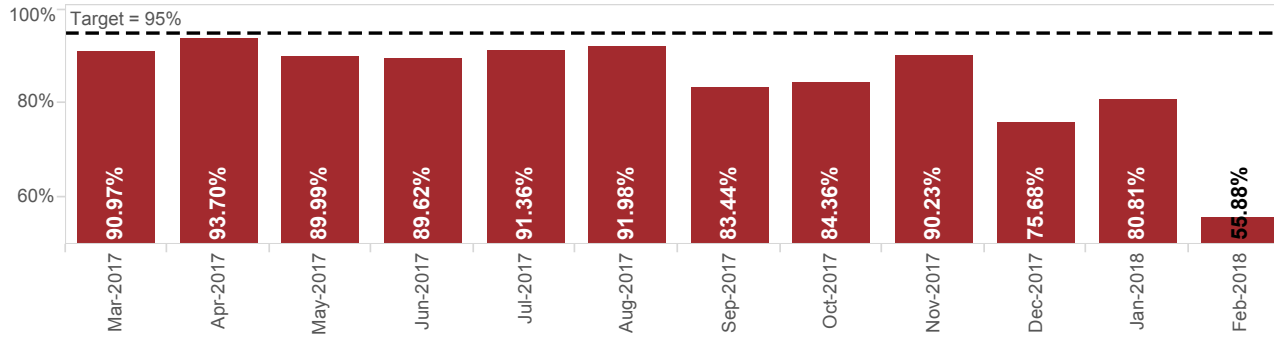


Urgent Care Other System Issues

	Performance	Actions																																																															
EMAS	<ul style="list-style-type: none"> EMAS implemented the Ambulance Response Programme (ARP) on the 19th July 2017. The new standards under ARP replace the previous Red and Green standards and are detailed below. Performance remains below the national standards for EMAS, Lincolnshire and all the CCGs. Performance should be monitored but not formally judged until 1st April 2018. 	<ul style="list-style-type: none"> On Wednesday 28th March, EMAS wrote to the coordinating commissioner to formally request an additional £10m for 2018/19 which EMAS state is the additional financial value required to enable delivery of national performance standards at a County level from September 2018 based on a number of assumptions. This has been shared with Commissioners and a breakdown by CCG will also be shared with commissioners once received. Deep Dive A 'deep dive' is scheduled to take place on 3rd April 2018 and will be chaired by Dr Paul Watson (NHSE).. Outputs from the review will be shared following the meeting. Spring Review Feedback from the National Ambulance Information Group (NAIG), has fed into a review of the ASIs and a refresh of the ASI's is expected to be published imminently. Inter Facility Transfer (IFT) review An IFT project group comprising of clinical and non clinical representatives from commissioners and EMAS has now been established, with the first meeting taking place on 28th March. Care Home Tagging Demand from Care Homes, Nursing Homes and Residential Homes (Homes) continue to cause EMAS operational pressure. In order for Commissioners to proactively liaise with Homes to reduce demand, the coordinating commissioner has agreed to pay EMAS £1,000 to de-tag and re-tag an up to date list of homes in order for a more accurate and robust report to be available via the commissioner arm of the BI Portal. A draft Memorandum of Understanding is with EMAS to review and will be inserted into the 2018/19 contract once agreed. The 12 week improvement programme of work taking place across greater Lincolnshire supported by NHS Improvement has now been extended to permanent, with regular meetings taking place. 																																																															
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th rowspan="2" style="background-color: #0070C0; color: white;">EMAS</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 style="background-color: #FFA500; color: white;">Category 3</th> <th style="background-color: #008000; color: white;">Category 4</th> </tr> <tr> <th style="background-color: #D3D3D3;">Mean</th> <th style="background-color: #D3D3D3;">90th centile</th> <th style="background-color: #D3D3D3;">Mean</th> <th style="background-color: #D3D3D3;">90th centile</th> <th style="background-color: #D3D3D3;">90th centile</th> <th style="background-color: #D3D3D3;">90th centile</th> </tr> </thead> <tbody> <tr> <td style="background-color: #D3D3D3;">National standard</td> <td style="background-color: #D3D3D3;">00:07:00</td> <td style="background-color: #D3D3D3;">00:15:00</td> <td style="background-color: #D3D3D3;">00:18:00</td> <td style="background-color: #D3D3D3;">00:40:00</td> <td style="background-color: #D3D3D3;">02:00:00</td> <td style="background-color: #D3D3D3;">03:00:00</td> </tr> <tr> <td style="background-color: #0070C0; color: white;">EMAS</td> <td style="background-color: #D3D3D3;">00:09:29</td> <td style="background-color: #D3D3D3;">00:16:32</td> <td style="background-color: #D3D3D3;">00:41:31</td> <td style="background-color: #D3D3D3;">01:30:37</td> <td style="background-color: #D3D3D3;">04:05:50</td> <td style="background-color: #D3D3D3;">04:05:34</td> </tr> <tr> <td style="background-color: #0070C0; color: white;">Lincolnshire</td> <td style="background-color: #D3D3D3;">00:10:38</td> <td style="background-color: #D3D3D3;">00:20:23</td> <td style="background-color: #D3D3D3;">00:47:46</td> <td style="background-color: #D3D3D3;">01:45:24</td> <td style="background-color: #D3D3D3;">03:57:35</td> <td style="background-color: #D3D3D3;">02:29:55</td> </tr> <tr> <td style="background-color: #0070C0; color: white;">Lincolnshire East</td> <td style="background-color: #D3D3D3;">00:12:14</td> <td style="background-color: #D3D3D3;">00:24:18</td> <td style="background-color: #D3D3D3;">00:49:11</td> <td style="background-color: #D3D3D3;">01:43:16</td> <td style="background-color: #D3D3D3;">03:42:20</td> <td style="background-color: #D3D3D3;">01:55:03</td> </tr> <tr> <td style="background-color: #0070C0; color: white;">Lincolnshire West</td> <td style="background-color: #D3D3D3;">00:09:13</td> <td style="background-color: #D3D3D3;">00:17:04</td> <td style="background-color: #D3D3D3;">TBC</td> <td style="background-color: #D3D3D3;">01:47:59</td> <td style="background-color: #D3D3D3;">03:52:06</td> <td style="background-color: #D3D3D3;">02:47:17</td> </tr> <tr> <td style="background-color: #0070C0; color: white;">South Lincolnshire</td> <td style="background-color: #D3D3D3;">00:13:08</td> <td style="background-color: #D3D3D3;">00:24:04</td> <td style="background-color: #D3D3D3;">01:05:03</td> <td style="background-color: #D3D3D3;">02:29:13</td> <td style="background-color: #D3D3D3;">05:23:59</td> <td style="background-color: #D3D3D3;">02:13:49</td> </tr> <tr> <td style="background-color: #0070C0; color: white;">South West Lincolnshire</td> <td style="background-color: #D3D3D3;">00:12:18</td> <td style="background-color: #D3D3D3;">00:21:47</td> <td style="background-color: #D3D3D3;">00:57:59</td> <td style="background-color: #D3D3D3;">02:04:50</td> <td style="background-color: #D3D3D3;">04:41:49</td> <td style="background-color: #D3D3D3;">02:33:16</td> </tr> </tbody> </table>		EMAS	Category 1		Category 2		Category 3	Category 4	Mean	90th centile	Mean	90th centile	90th centile	90th centile	National standard	00:07:00	00:15:00	00:18:00	00:40:00	02:00:00	03:00:00	EMAS	00:09:29	00:16:32	00:41:31	01:30:37	04:05:50	04:05:34	Lincolnshire	00:10:38	00:20:23	00:47:46	01:45:24	03:57:35	02:29:55	Lincolnshire East	00:12:14	00:24:18	00:49:11	01:43:16	03:42:20	01:55:03	Lincolnshire West	00:09:13	00:17:04	TBC	01:47:59	03:52:06	02:47:17	South Lincolnshire	00:13:08	00:24:04	01:05:03	02:29:13	05:23:59	02:13:49	South West Lincolnshire	00:12:18	00:21:47	00:57:59	02:04:50	04:41:49	02:33:16	<p>Reporting under ARP means that there is no longer a performance 'hit' or 'miss' based on the speed of response. Measures are based on the mean and/or 90th percentile.</p> <ul style="list-style-type: none"> - 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>Ambulance Handovers:</p> <ul style="list-style-type: none"> The pre hospital handover position in February usually sees significant improvement following winter pressures; this has not been seen this year. The regional handover position in February 2018 has only seen a slight improvement since January 2018, the February 2018 position is a significant deterioration compared to February 2017. Lincolnshire performance continues to be the worst across the region, seeing some of the longest average pre hospital handover times and lost hours. Peterborough City: February 2018 saw an improvement. The average pre handover time during February 2018 was 31 minutes and 24 seconds compared to 47 minutes and 1 second in January 2018. Boston: Pre hospital handover delays in Boston continue to significantly deteriorate month on month and the average pre handover time has now reached 52 minutes and 21 seconds in February 2018 compared to the 15 minute national standard. During February 2018, Boston had the highest average pre hospital handover time and the highest percentage of total pre handovers delayed across the EMAS region.
	EMAS			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 February 2018 (55.88%), a deterioration on January's performance (80.81%). 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. 	<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 																																																															
	<ul style="list-style-type: none"> 5-counties (Derbyshire, Lincolnshire, Northamptonshire, Leicestershire, Nottinghamshire) received c.25,800 more calls than February 2017 (+20.4%), c.30,700 more than initial contracted (+32.0%). 																																																																

Data Source:
 NHS 111 - Lincolnshire
 Handover - EMAS Files

% of calls answered within 60 seconds - LINCOLNSHIRE NHS 111

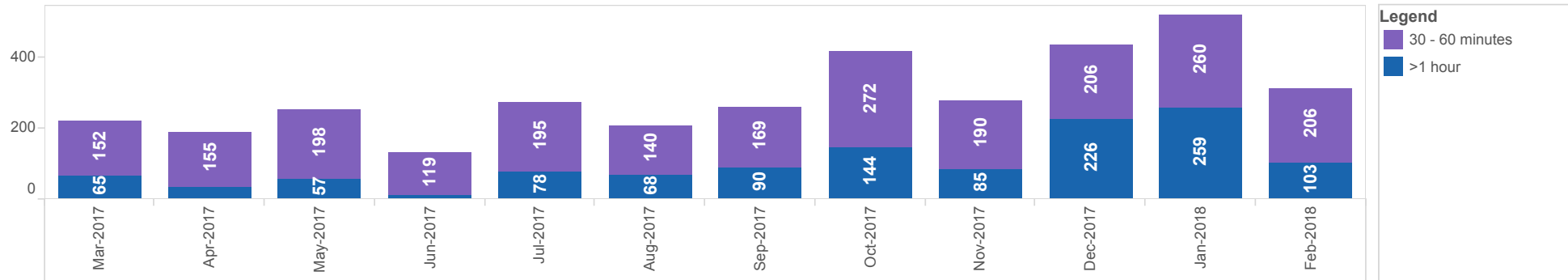


- Calls answered within 60 seconds did not achieve the target in February 2018 (55.88%).

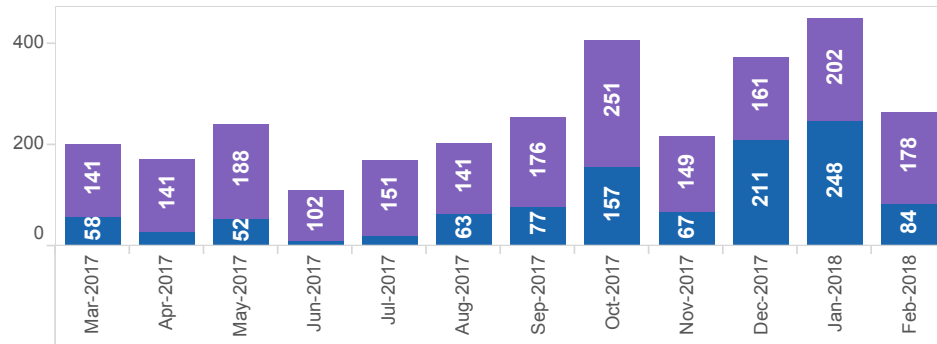
Pre-handover performance:

- The number of handover delays greater than 30-60 minutes and 60 minutes decreased in February 2018, at CCG level and at the two main providers.

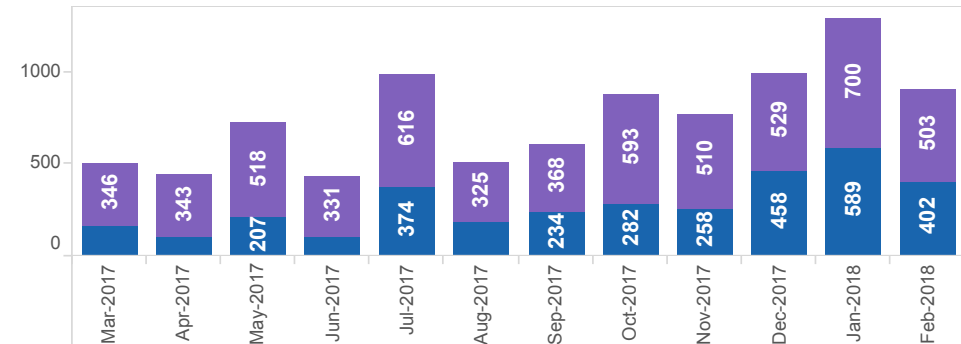
Ambulance pre-handover times - Number of handover delays of greater than 30 minutes and 60 minutes (CCG)



Ambulance pre-handover times - PETERBOROUGH CITY HOSPITAL



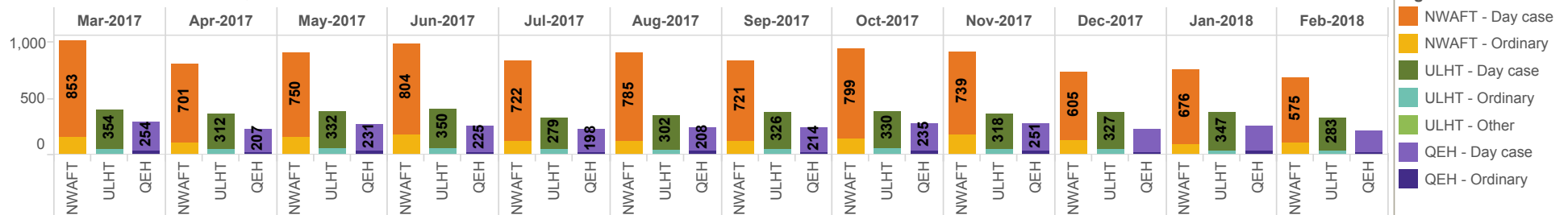
Ambulance pre-handover times - BOSTON PILGRIM HOSPITAL



Planned Care Elective Activity Counts and System Issues

	Performance	Actions
NWAFT	<p>RTT: has seen a further decline in month due to a number of factors. Key causes/ongoing risks are:</p> <ul style="list-style-type: none"> • Lost activity due to urgent care pressures – a further 14% lost (operations) due to capacity at PCH plus 676 outpatient attendances • Daycase activity lost in month too due to the use of Day Treatment Unit (DTU) as an escalation bay • Clinicians being pulled into urgent care reducing capacity for elective pathways further • Validation on both sites due to vacancies and for Hinchingsbrooke a limited structure remains an issue • Capacity in ENT, Gastroenterology, Ophthalmology and Trauma and Orthopaedics • Vacancies in specialties which are difficult to cover with locum doctors ie Plastics, Urology, Ophthalmology • Delays with diagnostic reports from tertiary centres continue to prolong pathways particularly in Cardiology <p>Diagnostics: Performance improved slightly in February. Target missed overall at Trust level due to failure on the PCH site. Main areas with breaches were Imaging, Endoscopy and Cardiology. The water issues causing cancellations at PCH impacted on expected improvements on this metric. As a result diagnostic lists were lost in Endoscopy, Cardiology and imaging.</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: Additional sessions continue to be put on in Cardiology and sought as required in diagnostic imaging. • Cardiology long term action plan being progressed. • Endoscopy continue to put weekend lists and additional lists during the week.</p>
ULHT	<ul style="list-style-type: none"> • RTT Incompletes: ULHT's performance has not achieved the 92.00% standard for the last 20 months. ULHT have indicated that the standard is unlikely to be achieved for the remaining months of the 2017/18 contract year. The three areas with highest 18 week+ incomplete numbers are: ENT, General Surgery and T&O. Performance for 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 weather pressure periods. • ULHT's Executive Team and senior management continue to liaise with all Clinical Directorates with regards to their specialty level plans that are in place to address issues within RTT and the Patient Backlog Waiting List performance. All Clinical Directorates have produced plans and performance against trajectories and being monitored and challenged on a daily basis. • Diagnostics: Performance was below the standard for SLCCG patients at ULHT (98.53%), of the 614 patients who had a diagnostic test at ULHT, nine waited greater than 6 weeks. The breaches were in Gastroscopy (2), Urodynamics (3) and other (4). 	<ul style="list-style-type: none"> • Since December the Outpatient Improvement Programme has focused on increasing productivity within outpatient clinics. The movement to electronic referral receipt begins in April with all specialties to move to electronic referrals by the end of July. • Booking rules have been reviewed resulting in an additional 400 outpatient slots being added to core capacity per month from February. • A revised slot utilisation tool is now in use within the Choice and Access Booking teams in order to assist the team to increase utilisation of outpatient capacity. • Outsourcing has been completed within General Surgery, Ophthalmology, ENT and Urology. The Neurology Service is currently still closed to routine referrals. • Advice/guidance services are available within ENT, Haem & Cardiology.
QEH	<ul style="list-style-type: none"> • For SLCCG patients at Queen Elizabeth Hospital (QEH), the RTT standard was not achieved (81.99%). 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 (98.74%), of the 239 patients who had a diagnostic test at QEH, three 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



Legend

- NWAFT - Day case
- NWAFT - Ordinary
- ULHT - Day case
- ULHT - Ordinary
- ULHT - Other
- QEH - Day case
- QEH - Ordinary

18 Wk Performance, current month (CCG)

Performance	Target	NWAFB Feb-2018	ULHT Feb-2018	QEH Feb-2018
Incomplete	92%	91.07%	89.28%	81.99%
Admitted	90%	70.07%	57.76%	77.14%
Non-Admitted	95%	89.76%	89.16%	89.04%

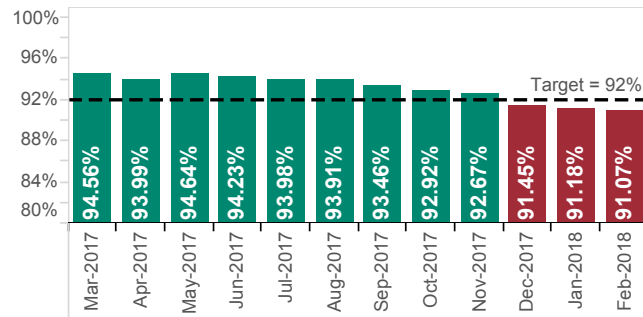
18 Wk Performance, current month (CCG - All Providers)

Performance	Target	Feb-2018
Incomplete	92%	90.23%
Admitted	90%	73.76%
Non-Admitted	95%	89.90%

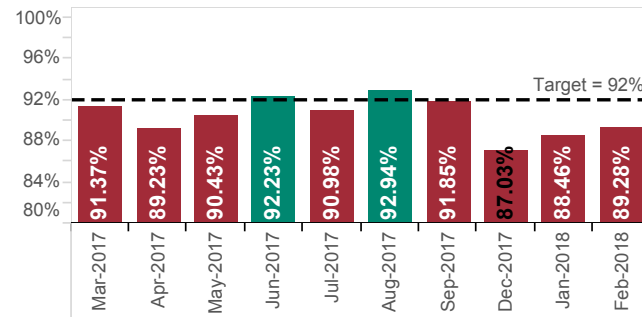
Number of 52 week or over Referral to Treatment Incomplete Pathways, current month (CCG)

- CCG performance was 90.23% in February. The standard was not achieved for SLCCG patients at NAWFT: (91.07%), ULHT: (89.28%) or QEH: (81.99%).
- No 52 week breaches were reported for the CCG this month. One breach was reported in June 2017 at NUHT due to a coding error.
- No published data was available for ULHT in October and November 2017, due to data quality issues.

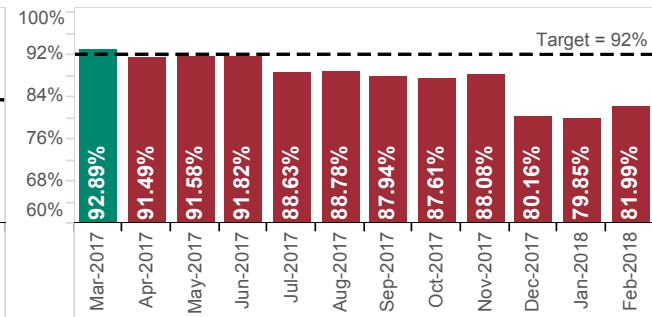
18 Wk Incomplete Performance (CCG) - NAWFT



18 Wk Incomplete Performance (CCG) - ULHT



18 Wk Incomplete Performance (CCG) - QEH



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

Specialty	Feb-2018	
	Achieved	Not achieved
Cardiology		88.69%
Cardiothoracic Surgery	100.00%	
Dermatology	98.00%	
ENT		90.32%
Gastroenterology		88.07%
General Surgery	92.69%	
Geriatric Medicine	92.86%	
Gynaecology	97.82%	
Neurology	94.19%	
Neurosurgery	100.00%	
Ophthalmology		87.95%
Other	96.16%	
Plastic Surgery		84.87%
Rheumatology		89.29%
Thoracic Medicine		88.94%
Trauma & Ortho.		85.00%
Urology	94.37%	

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

Specialty	Feb-2018	
	Achieved	Not achieved
Cardiology		89.55%
Dermatology	97.33%	
ENT		75.49%
Gastroenterology	94.62%	
General Medicine	100.00%	
General Surgery		81.08%
Geriatric Medicine	96.88%	
Gynaecology		91.47%
Neurology	100.00%	
Ophthalmology	94.55%	
Other	92.53%	
Rheumatology	92.31%	
Thoracic Medicine		88.00%
Trauma & Ortho.		81.32%
Urology	92.91%	

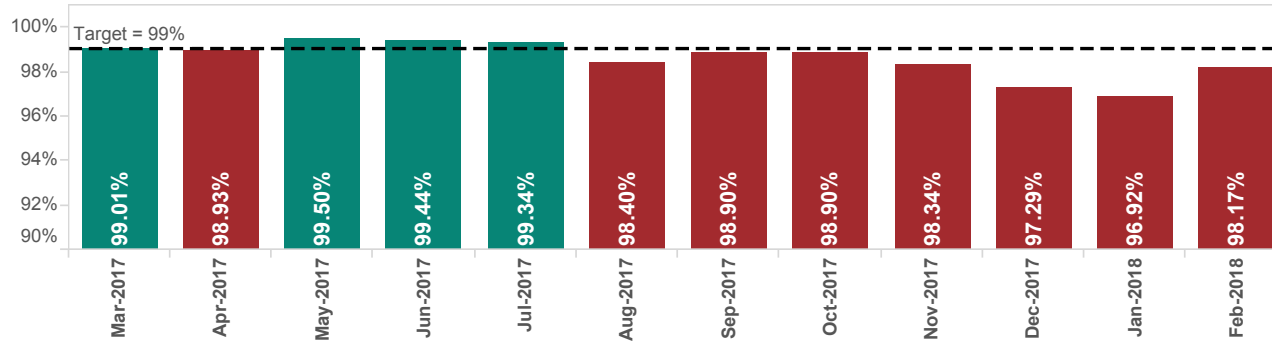
Specialties that achieved or not achieved the 18 Wk Incomplete Target (CCG) - QEH

Specialty	Feb-2018	
	Achieved	Not achieved
Cardiology		82.35%
Dermatology	97.09%	
ENT		85.86%
Gastroenterology		86.67%
General Medicine	100.00%	
General Surgery		84.29%
Geriatric Medicine		80.00%
Gynaecology		67.44%
Neurology		61.40%
Ophthalmology	96.49%	
Other		85.63%
Plastic Surgery		0.00%
Rheumatology		91.30%
Trauma & Ortho.		77.66%
Urology		54.29%

Diagnostic Waits Performance

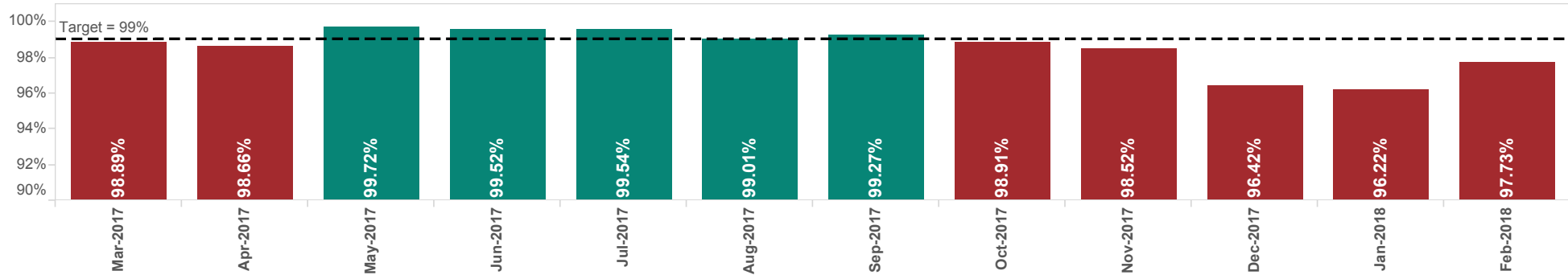
Data Source:
Diagnostics - Unify Diagnostics

Diagnostic Test Waiting Time <6 wks (CCG)

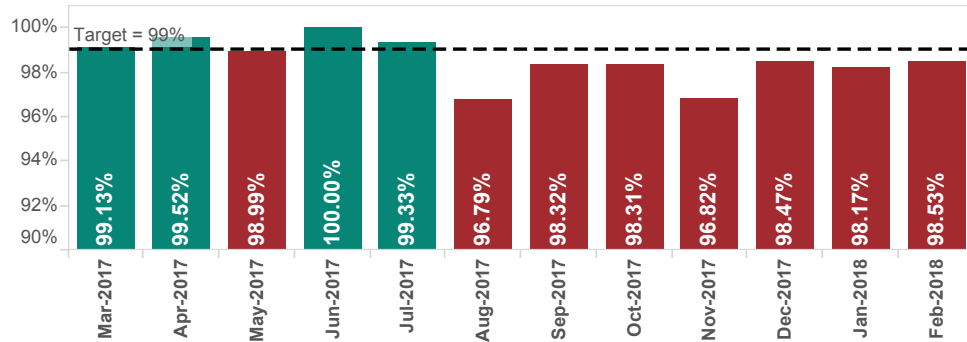


- Diagnostic performance was below the standard at CCG level in February (98.71%).
- None of the providers met the diagnostic standard for SLCCG patients in February: NWAFT (97.73%), ULHT (98.53%) and QEH (98.74%).
- 51 SLCCG patients waited greater than six weeks for a diagnostic test, NWAFT (37), ULHT(9), QEH (3), other (2). The breaches at NWAFT were in Colonoscopy (6), Non Obstetric Ultrasound (5), MRI (5), Echo (5) and other (16).
- The majority of the breaches at ULHT were in Urodynamics (3), Gatroscopy (2) and other (4).

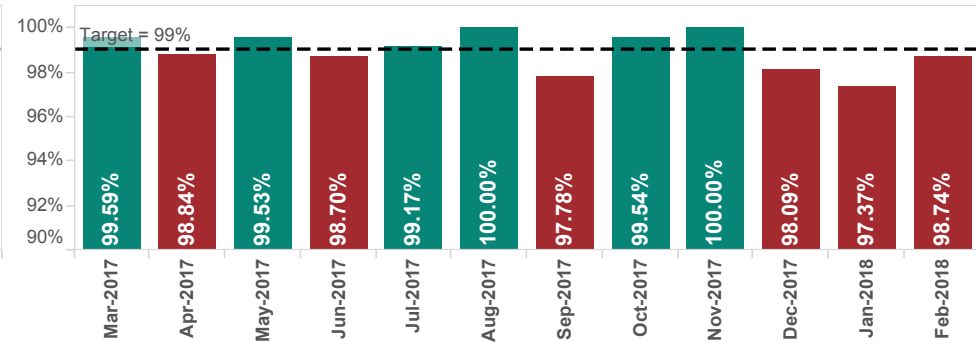
Diagnostic Test Waiting Time <6 wks (CCG) - NWAFT



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



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





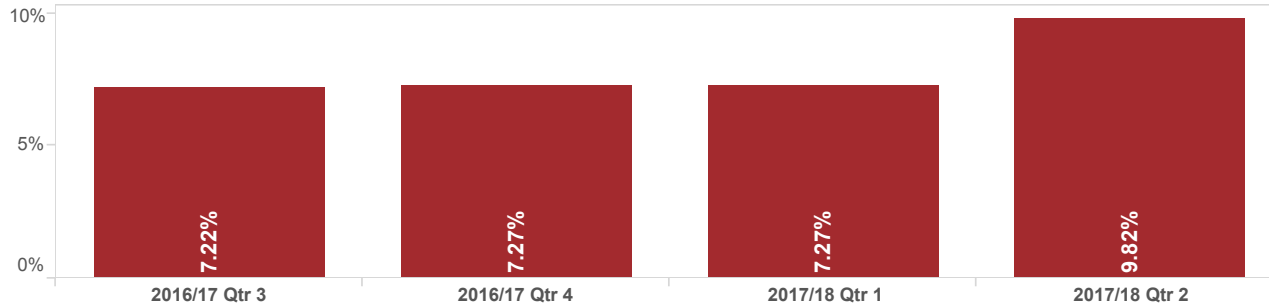
Cancelled Operations Performance

Information

Data Source:

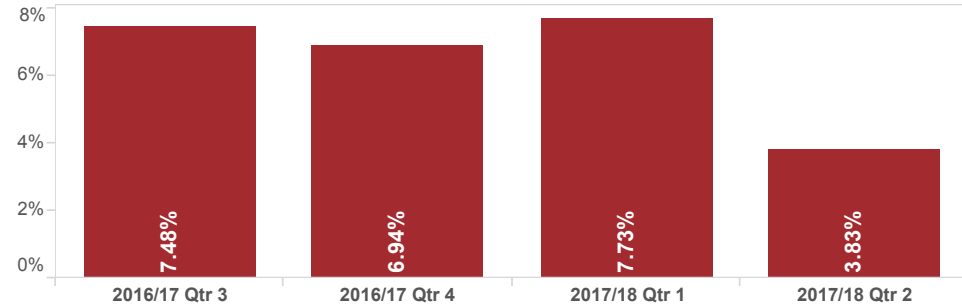
Cancelled Ops Qtrly - Unify Provider QMCO
 Cancelled Ops Mthly - Unify Mthly Provider sitrep

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

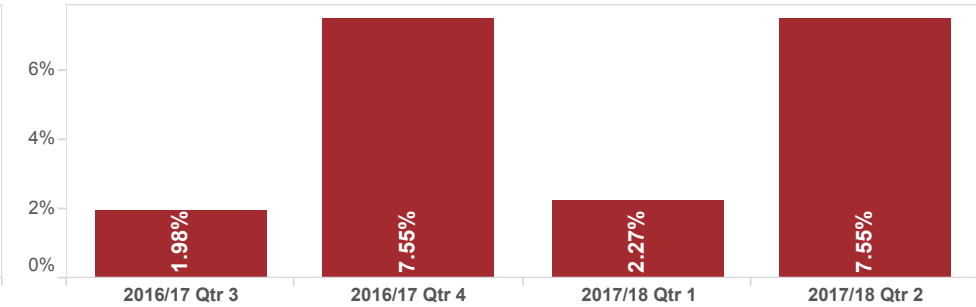


- Cancelled Operations: Performance improved during quarter two at ULHT (3.83%).
- Cancelled Operations: Performance deteriorated at NWAFT during quarter two to 9.82% and QEH (7.55%).
- No Urgent operations were cancelled for a second time over the last 12 months at ULHT or NWAFT.

% 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

	Jan-2017	Feb-2017	Mar-2017	Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov-2017	Dec-2017
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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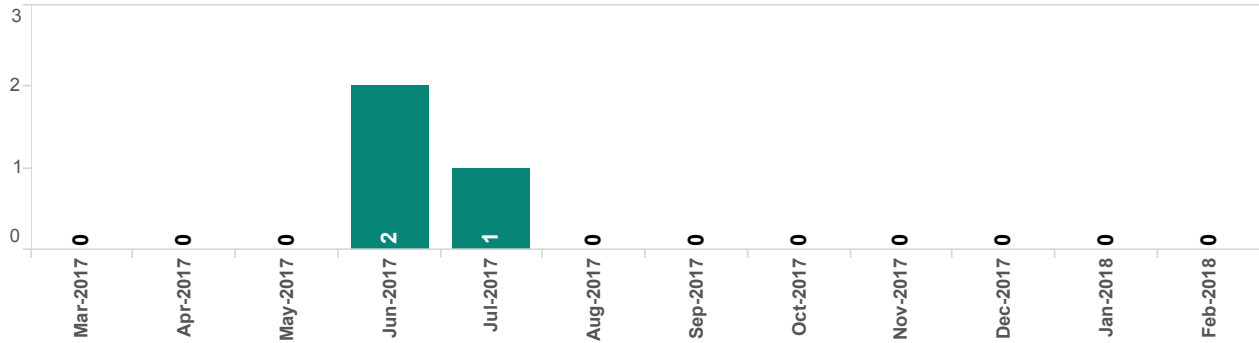


MSA & HCAI Performance

Information

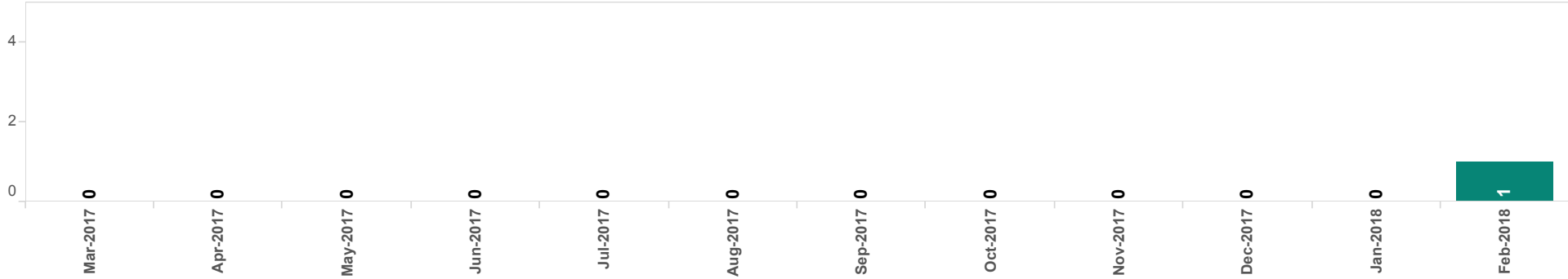
Data Source:
 MSA - Unify MSA Provider
 HCAI - NHS Improvement

Mixed Sex Accommodation (MSA) Breaches (CCG)

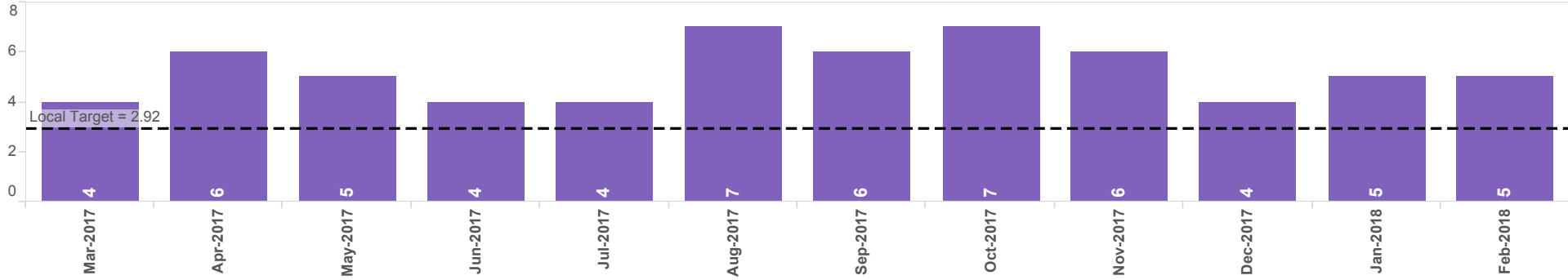


- There were no MSA breaches in February 2018. Year to date three breaches have been reported.
- One MRSA breach was reported in February 2018. This case was attributed to the CCG. An investigation has been undertaken and lessons have been shared.
- Five HCAIs (C-diff) were reported in February, to date 59 breaches have been reported and performance is above the expected trajectory by 26.88 cases. 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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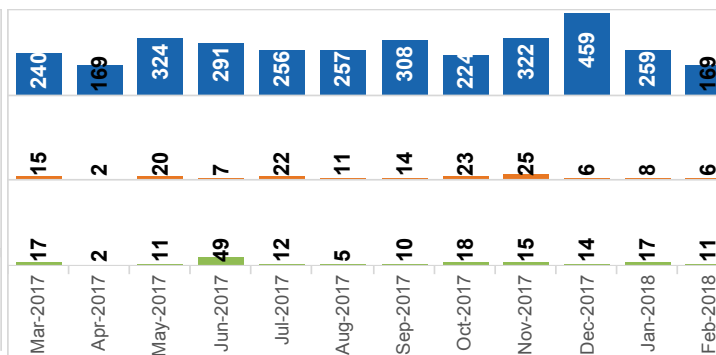
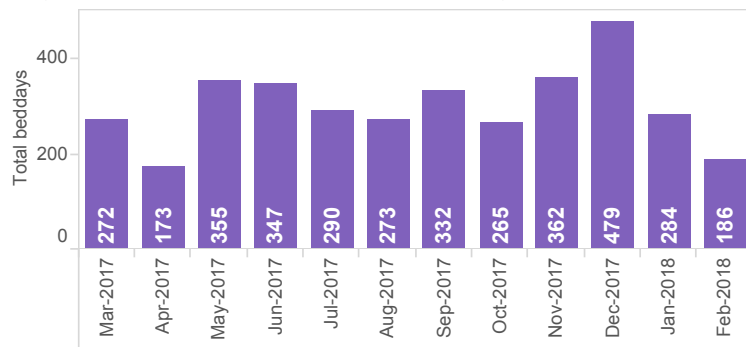


DToC Performance

Information

Data Source:
DToC - Unify DToC Provider

Delayed Transfers of Care for Lincolnshire local authority - NWAFT



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.

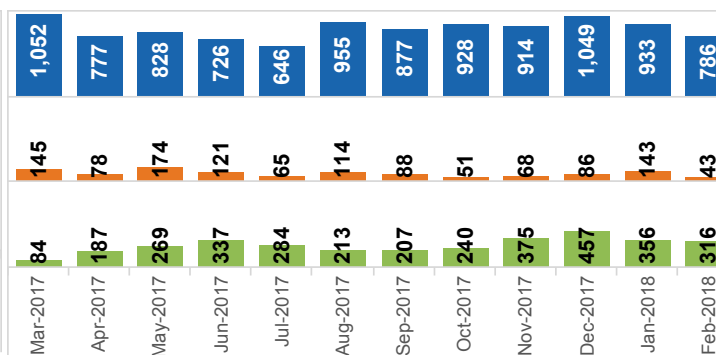
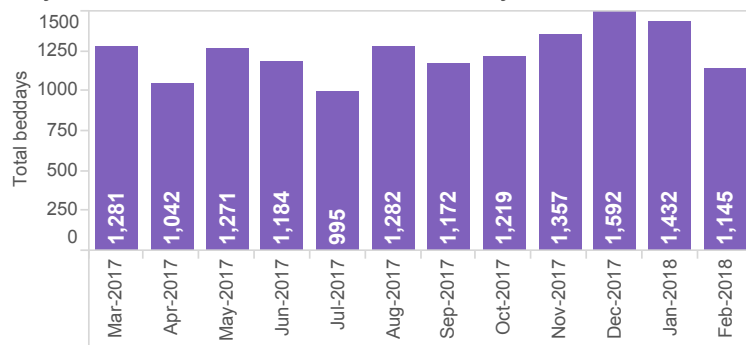
NWAFT: DToC's decreased in February 2018, mainly due to an decrease in NHS and Social Care Beddays. Best performance since April 2017.

- 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.

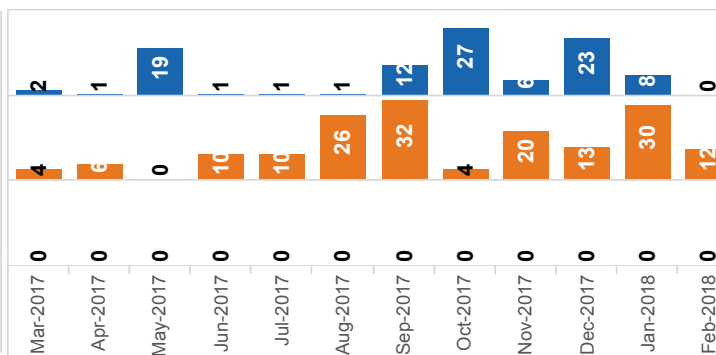
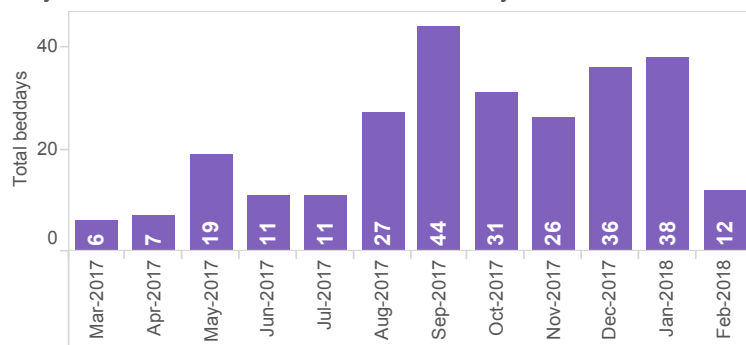
Delayed Transfers of Care for Lincolnshire local authority - ULHT



ULHT: DToC's decreased in February, to 1,145. Best performance since July 2017.

- 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.

Delayed Transfers of Care for Lincolnshire local authority - QEH



QEH: DToC's decreased further in February 2018, mainly due to an decrease in NHS and Social Care Beddays.

Legend

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

Cancer Care System Issues

	Performance	Actions
NWAFT	<p>Three of the nine cancer waiting time indicators did not achieve the standard in February 2018, for SLCCG patients at NWAFT:</p> <ul style="list-style-type: none"> • Cancer 2 week wait - breast (89.47%). • Cancer 31 day wait (92.31%). • Cancer 62 day - Screening (0%). <p>NWAFT areas of concern:</p> <ul style="list-style-type: none"> • Four SLCCG patients waited more than 104 days for treatment at NWAFT in January 2018, harm possible for two of these patients. An update has been requested. • 62 day GP referral. The key factors for delays in pathways continue to be diagnostics, first outpatient appointments and complex pathways <p>For further details on cancer breaches see Appendix 1.</p>	<ul style="list-style-type: none"> • February's figure for 62 day saw a marked improvement. Work is continuing on the 62 day recovery action plan with steps being taken to introduce straight to test for prostate and colorectal pathways to shorten the pathways for those individual tumour sites. A tumour specific PTL meeting has commenced to review all patients on the cancer PTL in much greater detail with the operational leads to identify and prevent breaches. <p>Progress from last month:</p> <ul style="list-style-type: none"> • Action plans received from H&N. • Recruitment for Colorectal Associate Physician ongoing. • Met with IST to review action plans. • IST observed PTL meetings. <p>Next 4 weeks plan:</p> <ul style="list-style-type: none"> • Receive recovery plans from remaining services to plan for first appointment within seven days and endoscopy capacity. • Finalise IA for template biopsy service.
ULHT	<p>Four of the nine cancer waiting time indicators did not achieve the standard in February 2018, for SLCCG patients at ULHT:</p> <ul style="list-style-type: none"> • Cancer 2 week wait (85.29%). • Cancer 2 week wait - breast (80.00%). • Cancer 31 day wait (94.44%). • Cancer 62 day GP screening (75.00%). <p>For further details on cancer breaches see Appendix 1.</p>	<ul style="list-style-type: none"> • Joint Cancer Action plan remains in place with fortnightly meetings (NHSI, NHSE, EMCN, ULHT, CCGs). • 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 for SLCCG at QEH.</p> <p>There were no SLCCG patients on the pathway for:</p> <ul style="list-style-type: none"> • Cancer 31 day waits. • Cancer 62 day GP screening. <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. QEH performance for February was 79.7% , below the 85% standard.</p>	<p>The Cancer Team has implemented a number of improvements 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 Breach details see Appendix 1

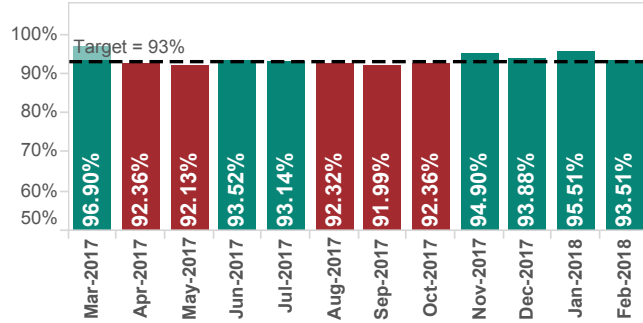


Information

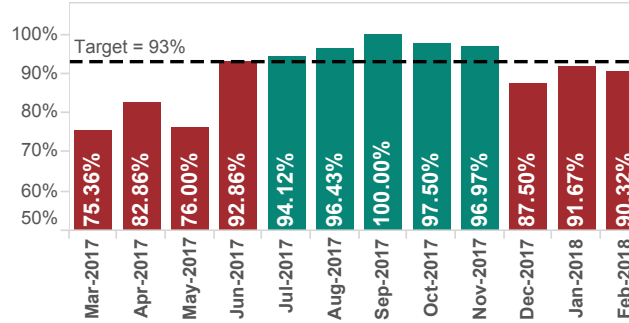
Data Source:
Open Exeter - Cancer DFS & TSD

Cancer 2 Week Wait Performance

2 Week Wait: % of patients seen within two weeks of an urgent GP referral for suspected cancer (CCG)

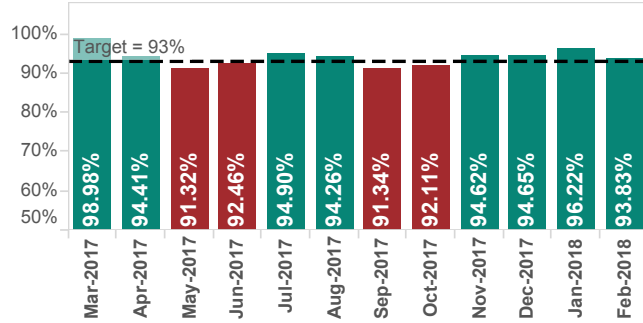


2 Week Wait: % of patients seen within two weeks of an urgent referral for breast symptoms (CCG)

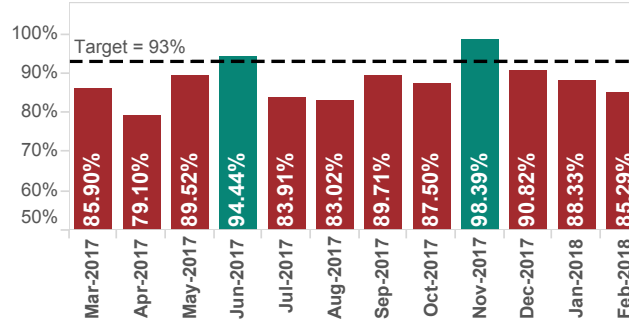


- Cancer 2 week wait GP referral: was above the standard in February at CCG level (93.51%) and at NWAFT and QEH. Performance was below the standard at ULHT (85.29%).
- Cancer 2 week wait Breast: was below the standard for the for the CCG (90.32%) and for patients at NWAFT (89.47%) and ULHT (80.00%).

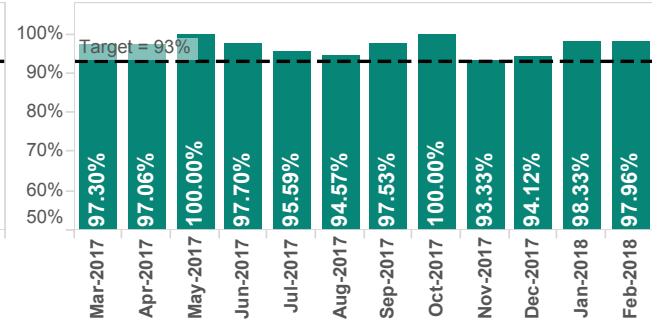
2 Week Wait: % of patients seen within two weeks of an urgent GP referral for suspected cancer (CCG) - NWAFT



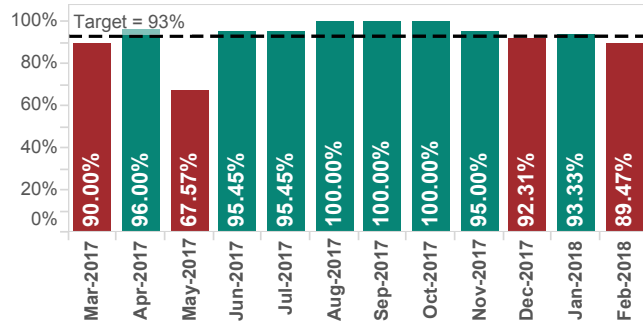
2 Week Wait: % of patients seen within two weeks of an urgent GP referral for suspected cancer (CCG) - ULHT



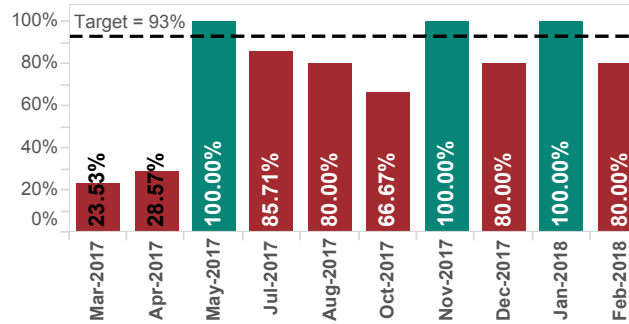
2 Week Wait: % of patients seen within two weeks of an urgent GP referral for suspected cancer (CCG) - QEH



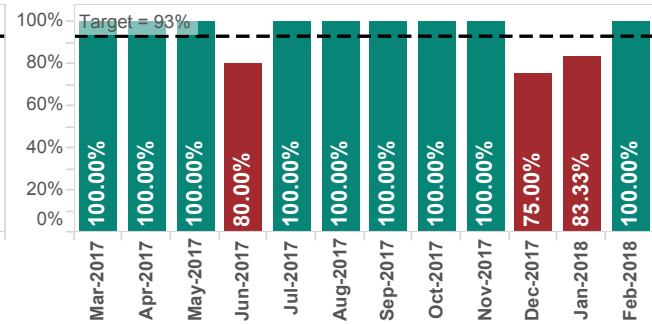
2 Week Wait: % of patients seen within two weeks of an urgent referral for breast symptoms (CCG) - NWAFT



2 Week Wait: % of patients seen within two weeks of an urgent referral for breast symptoms (CCG) - ULHT



2 Week Wait: % of patients seen within two weeks of an urgent referral for breast symptoms (CCG) - QEH



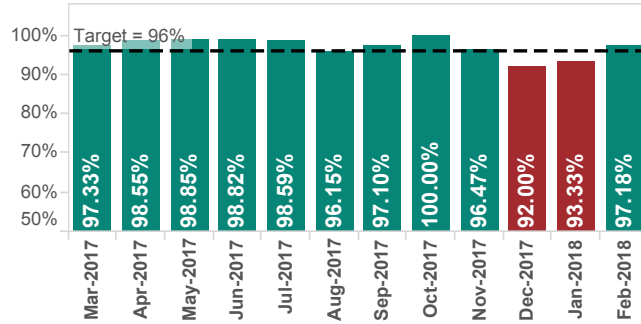
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Cancer 31 Day Wait Performance (Part 1)

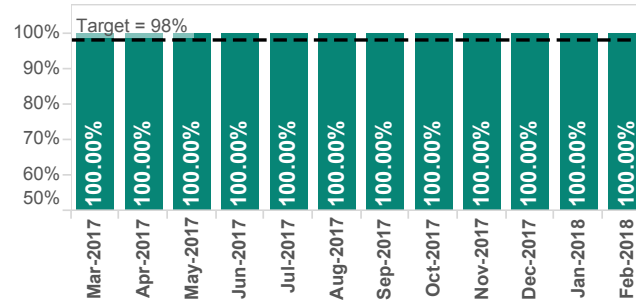
Information

Data Source:
Open Exeter - Cancer DFS & TSD

Cancer 31 Day Waits: % of patients receiving first definitive treatment within 31 days of a cancer diagnosis (CCG)

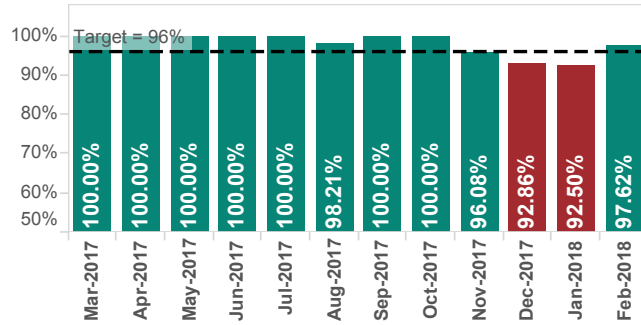


Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is an anti cancer drug regimen (CCG)

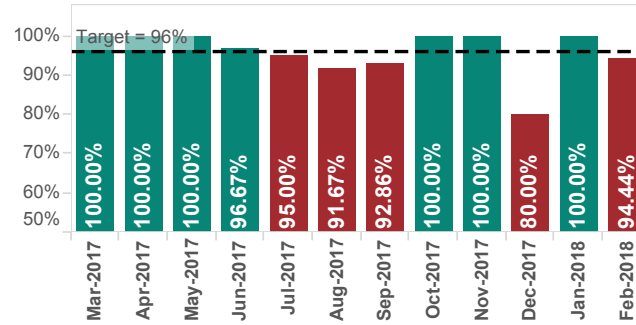


- Cancer 31 first definitive treatment: performance was above the standard in February 2018 for the CCG (97.18%) and for SLCCG patients at NWAFT (97.62%). Performance was below the standard at ULHT (94.44%).
- Cancer 31 day anti cancer drug regimen: met the standard at CCG level and for all SLCCG patients at NWAFT, ULHT and QEHL.
- Due to data issues QEHL data for Dec 2017 - anti cancer drug regimen, is not shown in the report. There were however no SLCCG patients on this pathway at QEHL in December.

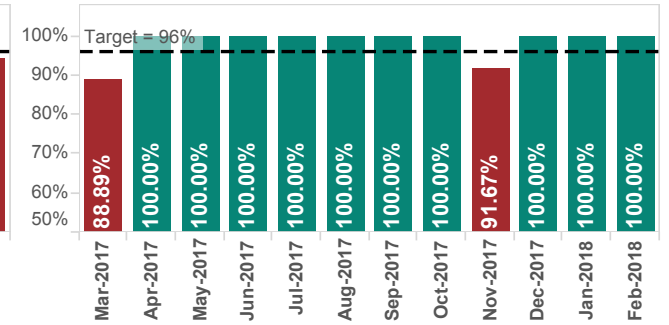
Cancer 31 Day Waits: % of patients receiving first definitive treatment within 31 days of a cancer diagnosis (CCG) - NWAFT



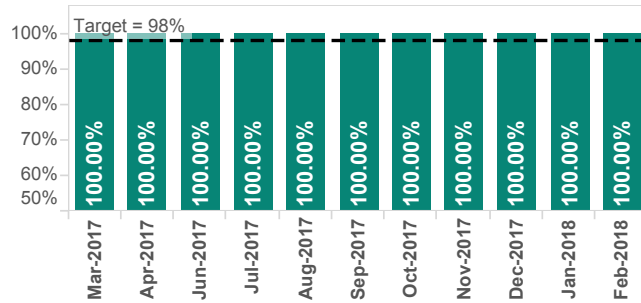
Cancer 31 Day Waits: % of patients receiving first definitive treatment within 31 days of a cancer diagnosis (CCG) - ULHT



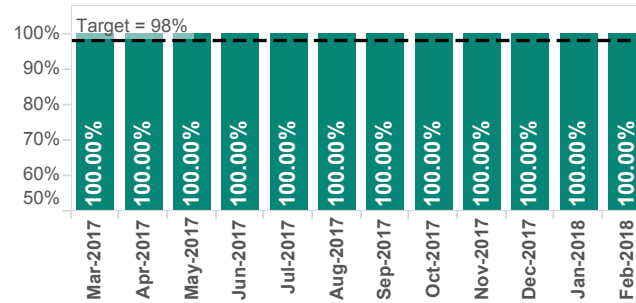
Cancer 31 Day Waits: % of patients receiving first definitive treatment within 31 days of a cancer diagnosis (CCG) - QEHL



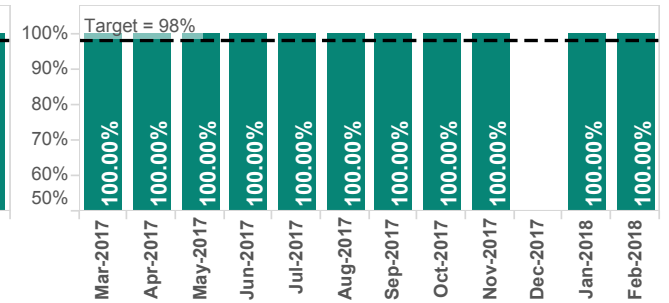
Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is an anti cancer drug regimen (CCG) - NWAFT



Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is an anti cancer drug regimen (CCG) - ULHT



Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is an anti cancer drug regimen (CCG) - QEHL

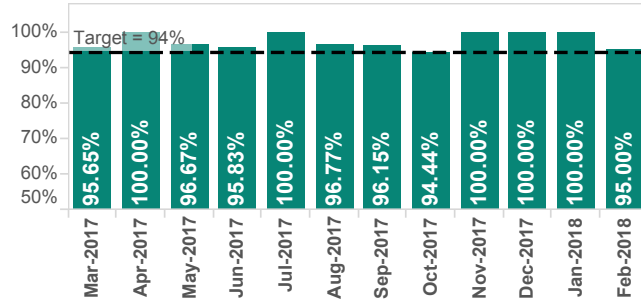


Cancer 31 Day Wait Performance (Part 2)

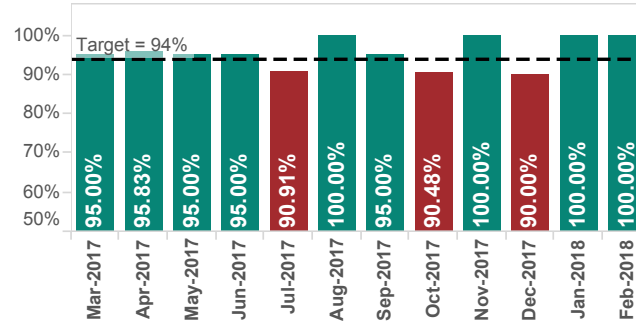
Information

Data Source:
Open Exeter - Cancer DFS & TSD

Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course (CCG)

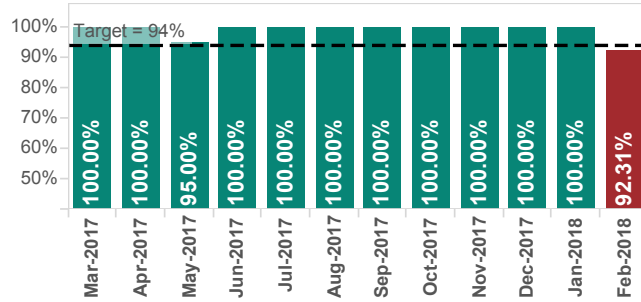


Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery (CCG)

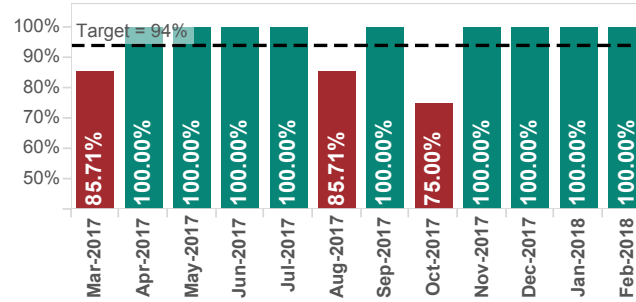


- Cancer 31 day radiotherapy performance met the standard at CCG level and at ULHT. Performance was just below the standard at NWAFT (92.31%).
- Cancer 31 day subsequent treatment surgery met the standard at CCG level 100%. The standard was also met at NWAFT, ULHT and QEH.
- Where performance is (0.00%) it will say the number of patients in brackets. For e.g. Cancer 31 day subsequent treatment surgery at QEH in September 2017, there was 1 patient on the pathway who was not treated within 31 days. In Feb/July/Oct and January 2018, there were no patients on the pathway.

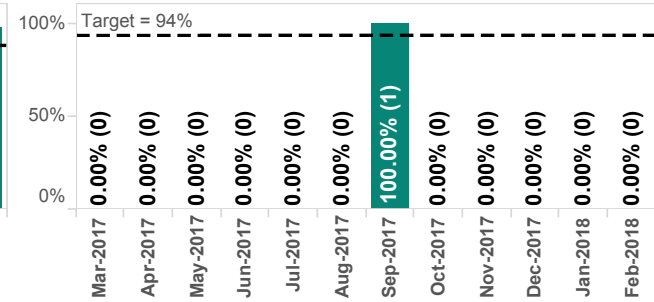
Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course (CCG) - NWAFT



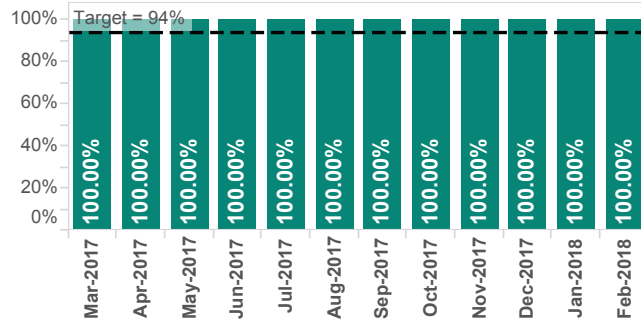
Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course (CCG) - ULHT



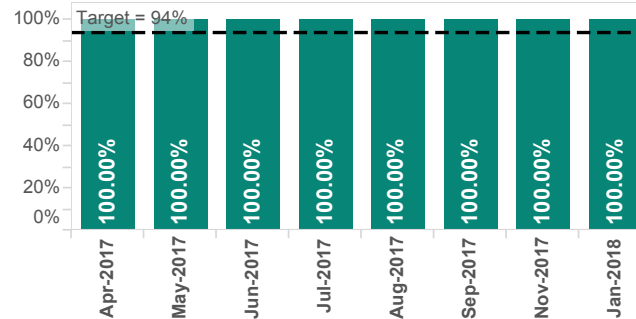
Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course (CCG) - QEH



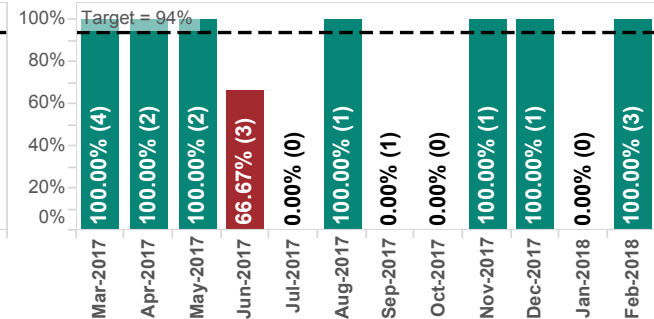
Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery (CCG) - NWAFT



Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery (CCG) - ULHT



Cancer 31 Day Waits: % of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery (CCG) - QEH

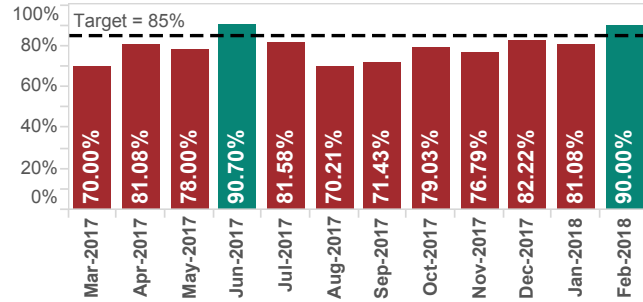


Cancer 62 Day Wait Performance (Part 1)

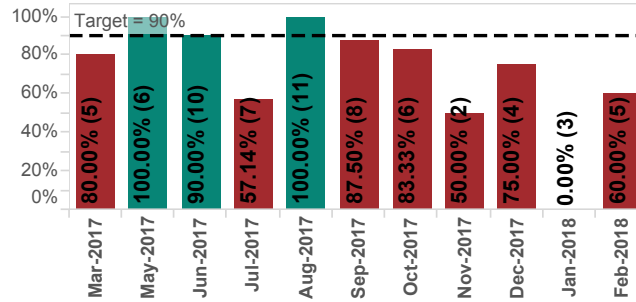
Information

Data Source:
Open Exeter - Cancer DFS & TSD

Cancer 62 Day Waits: % of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer (CCG)

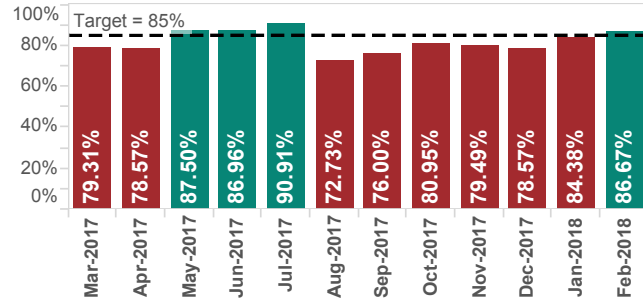


Cancer 62 Day Waits: % of patient receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service (CCG)

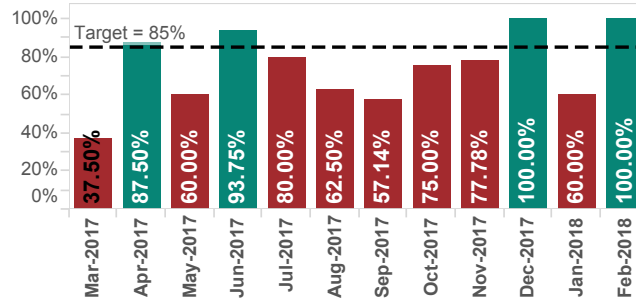


- Cancer 62 day GP Referral: the standard was achieved at CCG level (90.00%) and for SLCCG patients at NWAFT (86.67%), ULHT (100%) and QEH (100%).
- Cancer 62 day Screening: the standard was not achieved at CCG level (60.0%) or for SLCCG patients at NWAFT (0%) at ULHT (75%). There were no patients on the pathway at QEH.
- For 62 day breach details see Appendix 1.

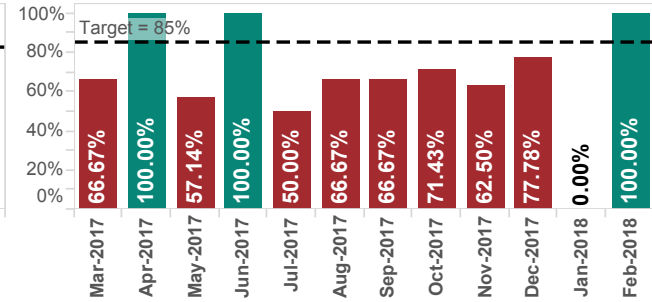
Cancer 62 Day Waits: % of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer (CCG) - NWAFT



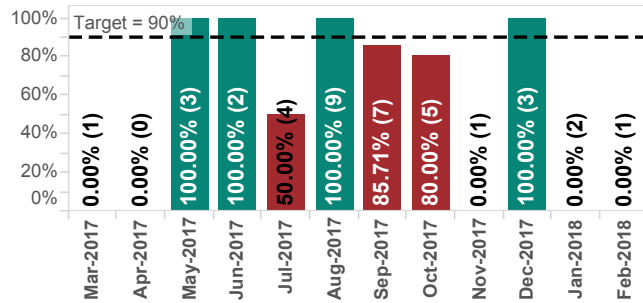
Cancer 62 Day Waits: % of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer (CCG) - ULHT



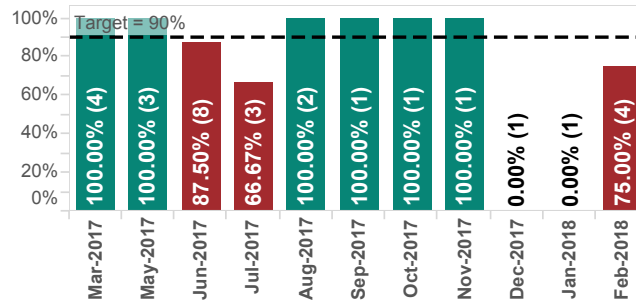
Cancer 62 Day Waits: % of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer (CCG) - QEH



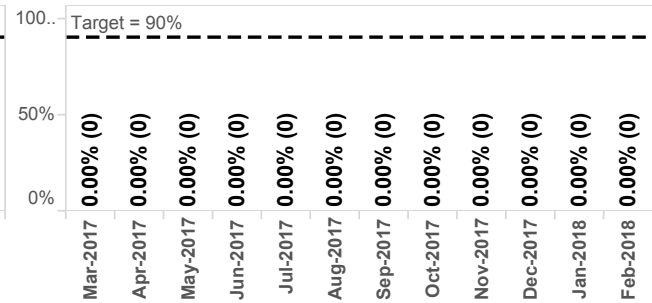
Cancer 62 Day Waits: % of patient receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service (CCG) - NWAFT



Cancer 62 Day Waits: % of patient receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service (CCG) - ULHT



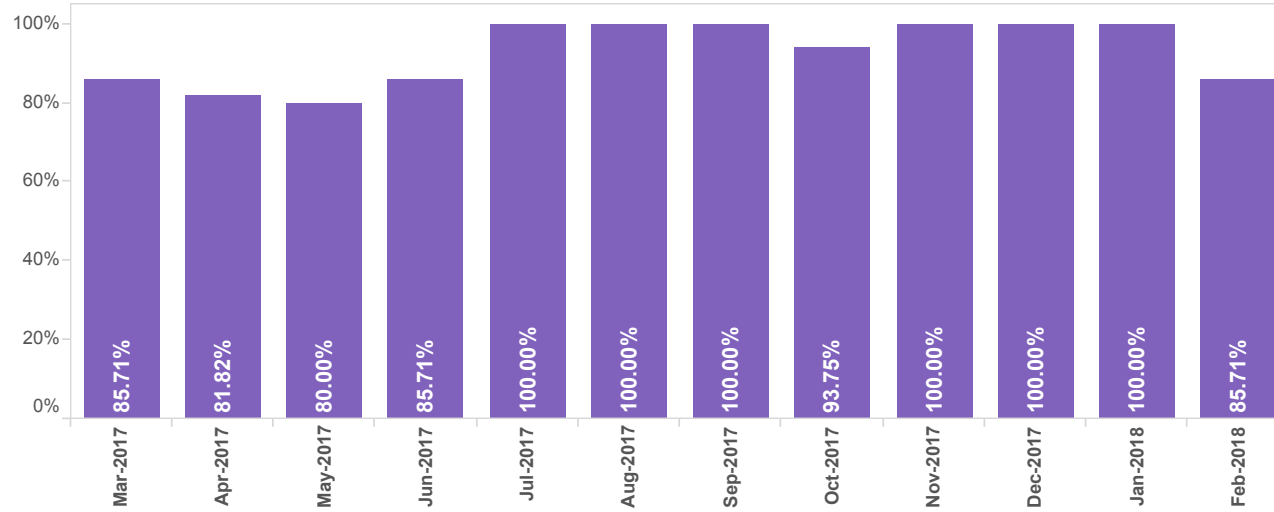
Cancer 62 Day Waits: % of patient receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service (CCG) - QEH



Cancer 62 Day Wait Performance (Part 2)

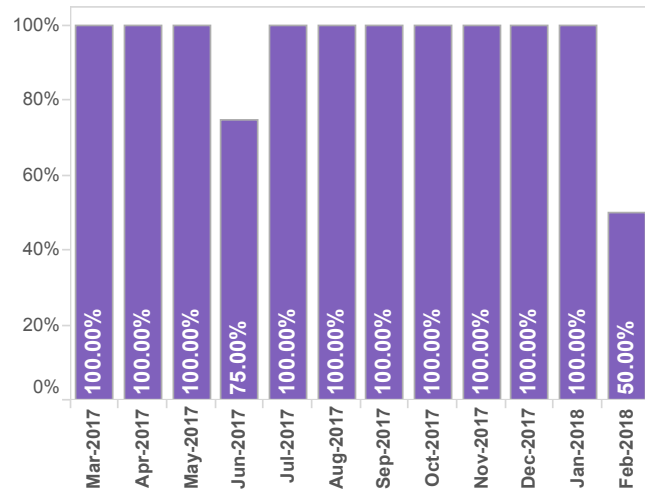
Data Source:
Open Exeter - Cancer DFS & TSD

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)

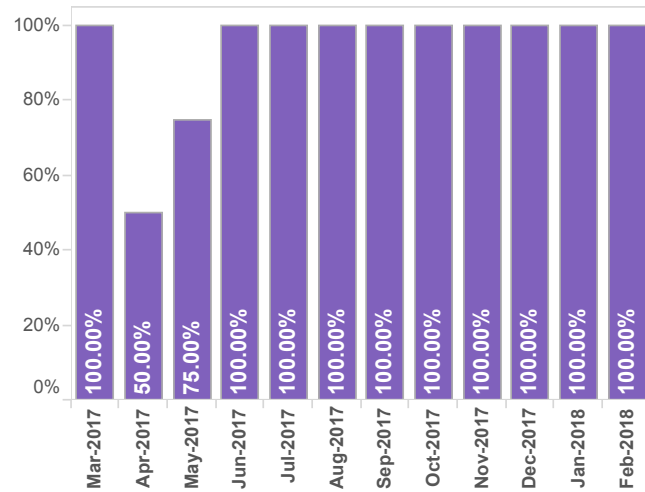


- Cancer 62 day Consultant Upgrade, performance was 85.71% in February; performance for SLCCG patients at NWAFT was 50.0% ULHT and QEH was 100%.
- There is no national standard for this indicator.
- Where there is 0% for performance, this means there were no SLCCG patients on the pathway at that provider.

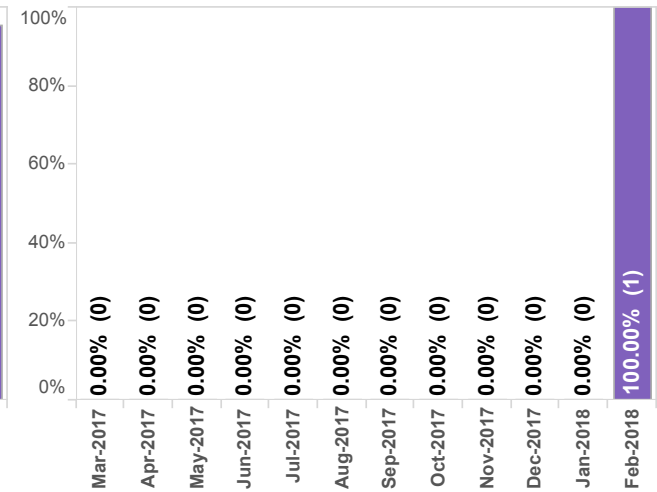
Cancer 62 Day Waits: % of patients receiving first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status (CCG) - NWAFT



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) - ULHT



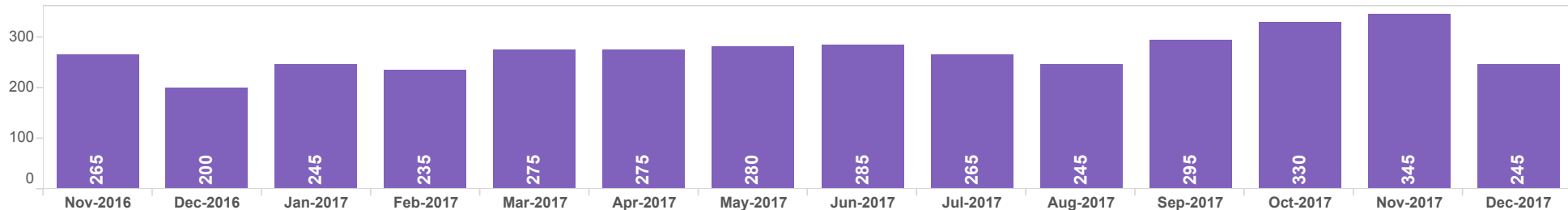
Cancer 62 Day Waits: % of patients receiving first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status (CCG) - QEH



Mental Health Care IAPT Referrals and System Issues

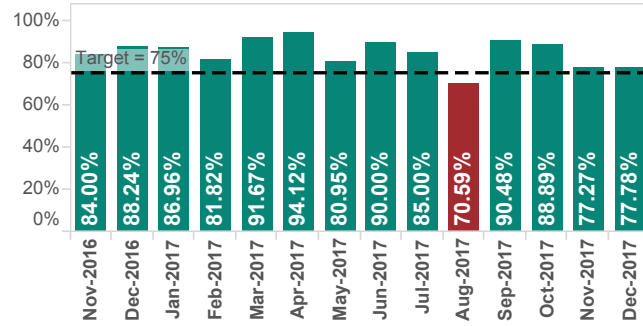
	Performance	Actions
SLCCG	<p>IAPT:</p> <ul style="list-style-type: none"> All IAPT indicators achieved the standard in December 2017. IAPT: November 2017 – December 2017 data is based on validated data from NHS Digital. Based on the latest un-published data LPFT are predicting Access (18.8%, against the 15.00% standard) and Recovery standard will be met (52.70%, against the 50.00% standard) in February. 6 and 18 week wait performance is also predicted to meet the required targets in February 2018 for the CCG. LPFT are predicting the Access (Roll Out) and the Recovery standard will be achieved at the Trust in February 2018. <p>CPA:</p> <ul style="list-style-type: none"> CPA: Achievement in quarter three was 90.91% for SLCCG. There were 20 patients on the CPA pathway. 18 were followed up within seven days of discharge from hospital. <p>EIP:</p> <ul style="list-style-type: none"> EIP: There were four patients on the EIP pathway in February 2018, three were seen within two weeks. <p>CYPED:</p> <ul style="list-style-type: none"> CYPED performance for the CCG was 100% in quarter three, there were four patients who were on the Routine Referral pathway all had started a care package within four weeks (100% achievement against the 85% standard). 	<p>IAPT Recovery - LPFT actions:</p> <ol style="list-style-type: none"> All staff members are given their individual recovery performance so they can review/reflect. Non-recovered cases are discussed in both clinical and managerial supervision. All team managers with their teams review non-recovered cases and request an update on their findings. All staff have been trained in recovery principles. <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 2020/2021. 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

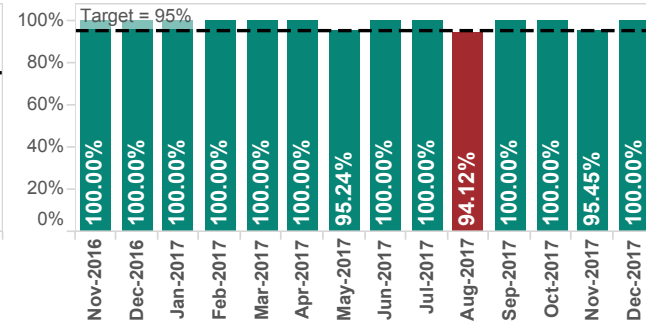


IAPT Performance

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)

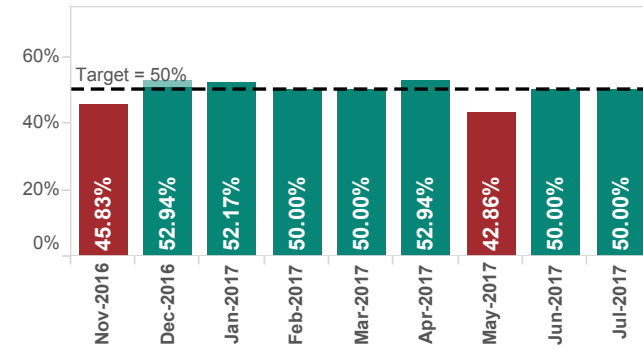


- November 2016 – December 2017 data is based on validated published data from NHS Digital. Based on the latest published data for December all targets were met.
- Access Performance having dipped in April and May 2017 exceeded the Contractual Standard (15.00%) from June - December 2017.

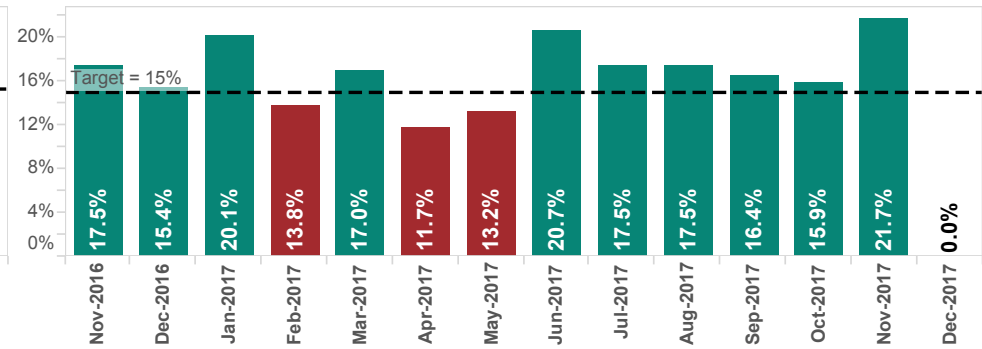
LPFT Predicted Data:

- For the CCG, LPFT are predicting Access (18.80%, against the 15.00% standard) and Recovery standard will be met (52.70%, against the 50.00% standard) in February 2018.
- 6 and 18 week wait performance is also predicted to meet the required targets in February 2018 for the CCG.

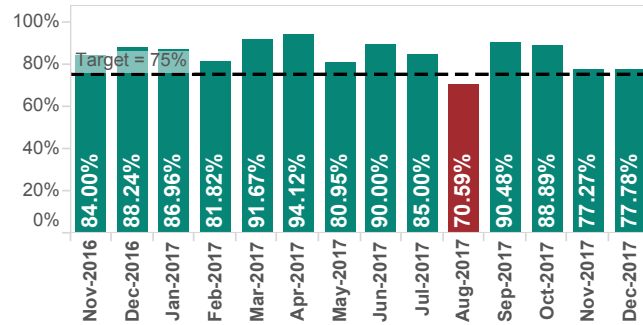
IAPT Recovery (CCG)



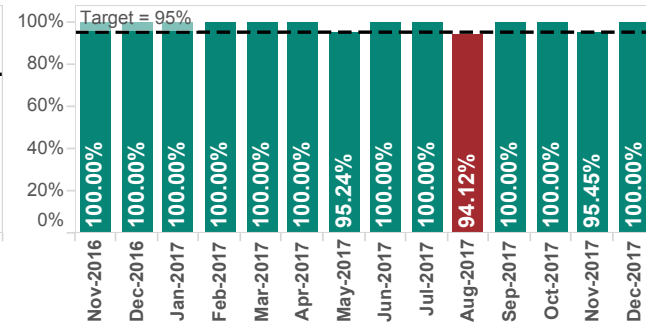
IAPT Access (CCG)



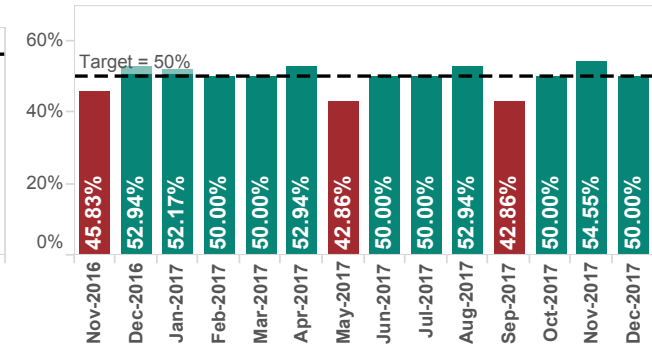
IAPT Waits: Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment (CCG) - LPFT



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



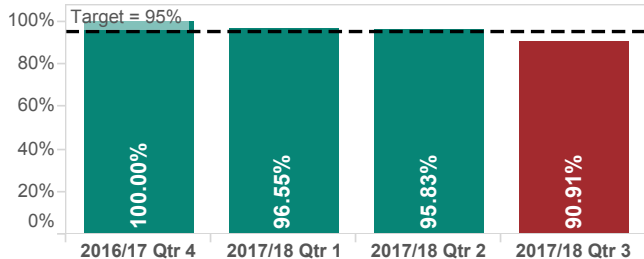


CPA & EIP Performance

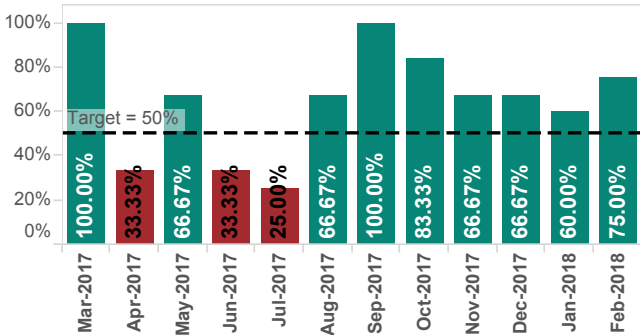
Information

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)

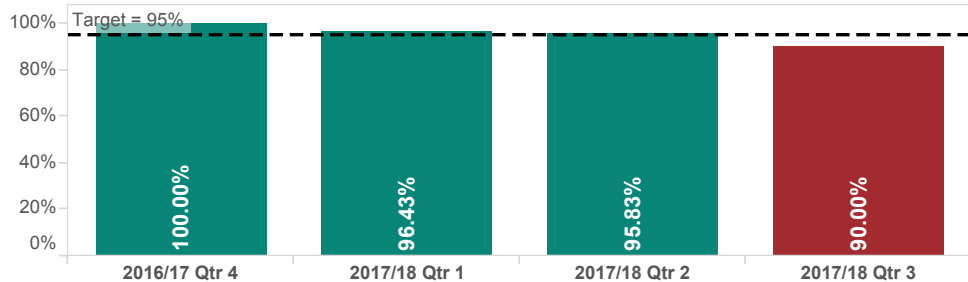


Early Intervention in Psychosis: Patients treated within 2 weeks (CCG)

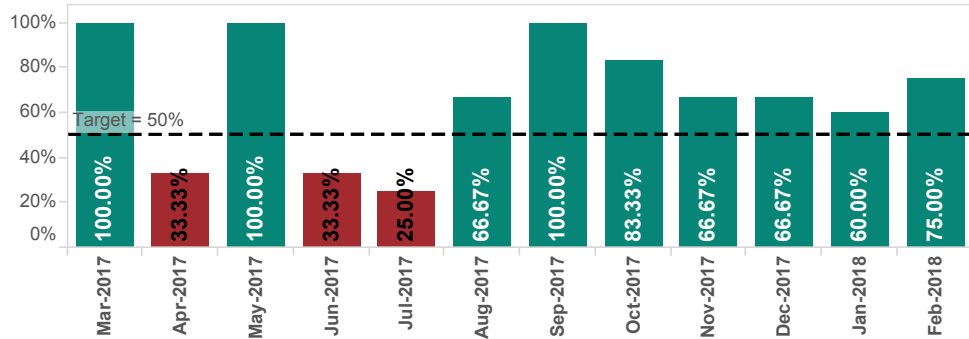


- CPA: Achievement in quarter three was 90.91% for the CCG. There were 22 patients on the CPA pathway, 20 were followed up within seven days of discharge from hospital.
- There were four patients on the EIP pathway in February at SLCCG, three were seen within two weeks (75.00%).
- Where there is 0% for performance, this means there were no SLCCG patients on the pathway at that provider.

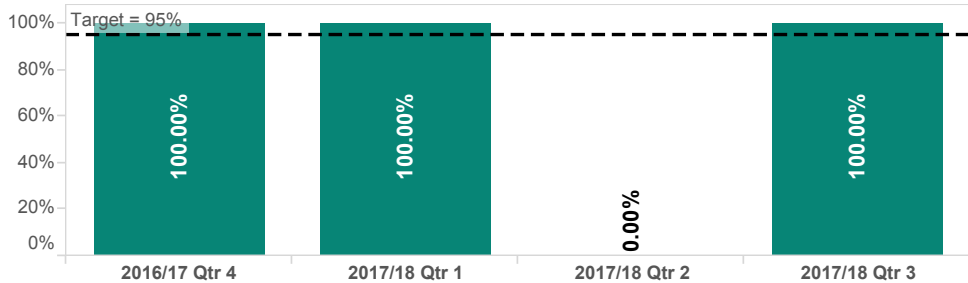
Care Programme Approach: % of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG) - LPFT



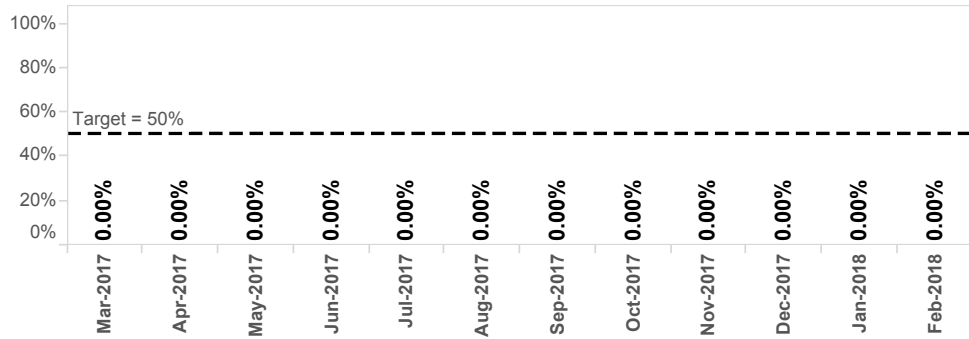
Early Intervention in Psychosis: Patients treated within 2 weeks (CCG) - LPFT



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

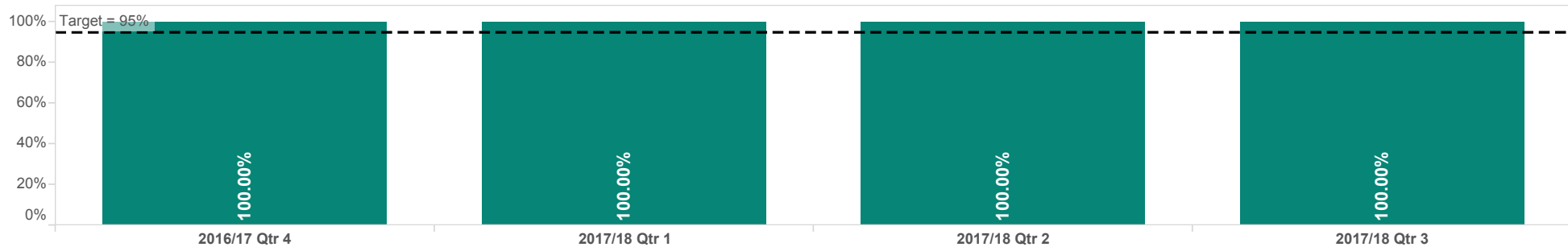


- CYPED performance for the CCG was 100% in quarter three, there were four patients who were on the Routine Referral pathway all had started a care package within four weeks (100% achievement against the 95% standard).
- Where there is 0% for performance, this means there were no SLCCG patients on the pathway at any provider.

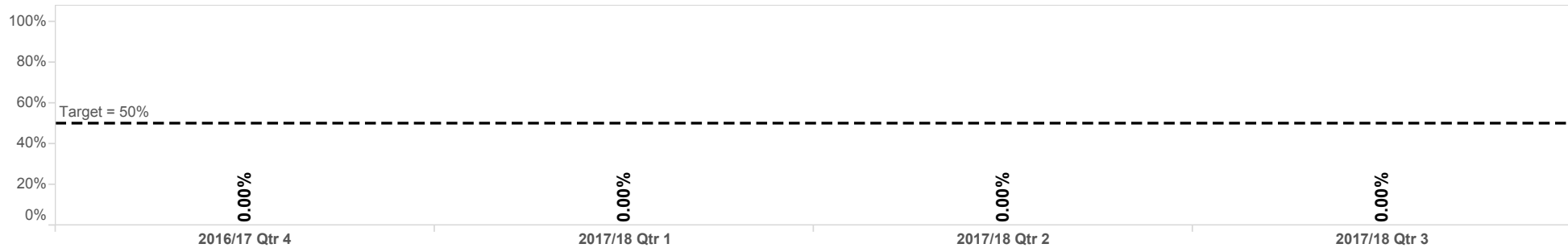
Note: Data collection and analysis continues to be an issue with published data through Unify, the data published through the MHSDS and local data analysed through contract management, not showing exactly the same picture. Further work will be undertaken to look at the data. Lincolnshire County Council 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.

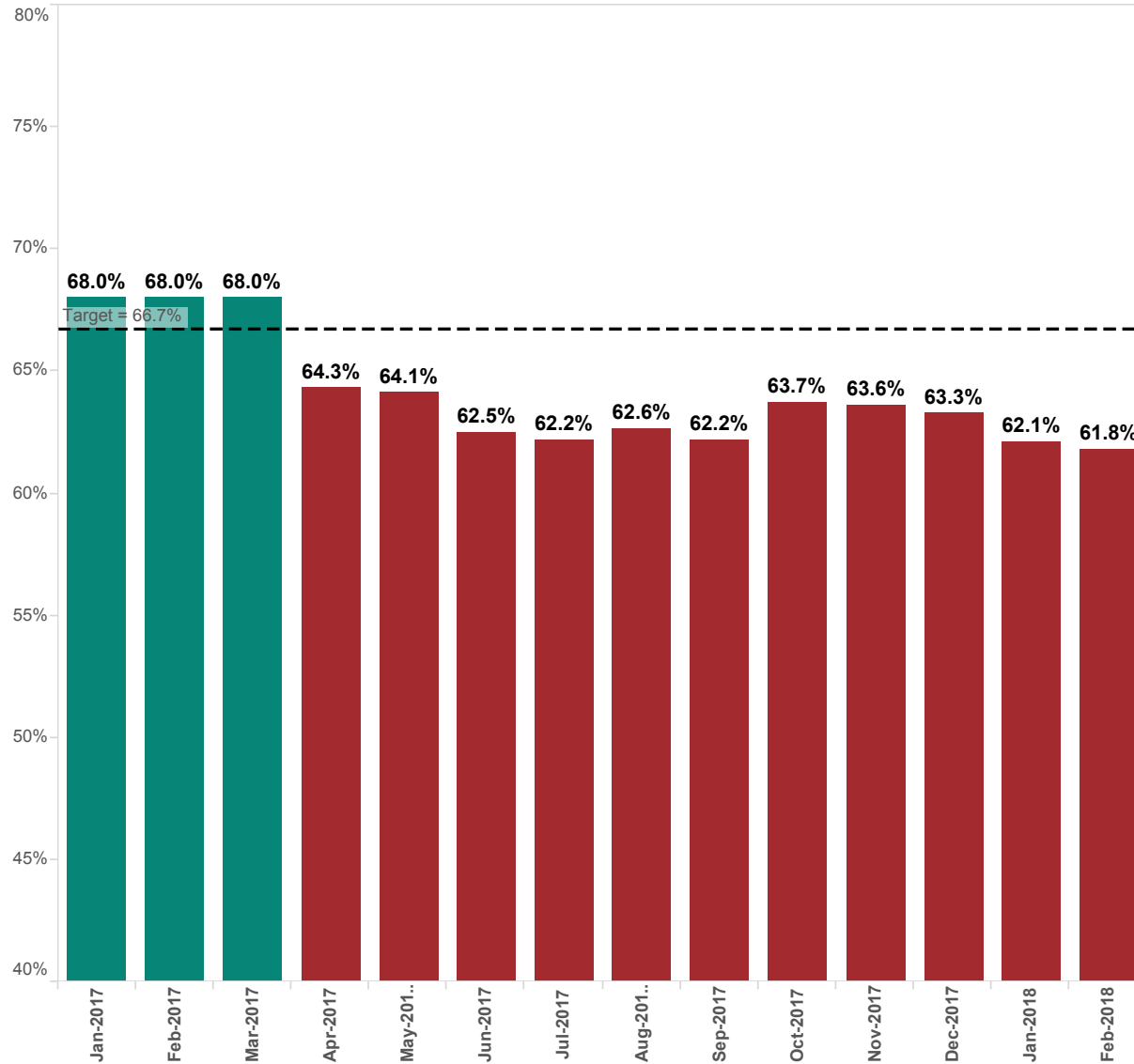
Children & Young People with an Eating Disorders: % of Routine Referrals Starting Care Package within 4 Weeks (CCG)



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 February performance of 61.80%.

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

Red 1 - The total number of Category A Red 1 incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes.

Red 2 - The total number of Category A Red 2 incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes. Presenting conditions which may be life threatening but less time critical than Red 1 and should receive an emergency response within 8 minutes irrespective of location in 75% of cases

A19 - The total number of calls resulting in an ambulance arriving at the scene of the incident within 19 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 - Feb 2018	Target	Patients Seen	Patients seen within target	Breaches	% achieved
Cancer 2WW	93%	478	447	31	93.51%
Cancer 2WW Breast Symptoms	93%	31	28	3	90.32%
Cancer 31 Day	96%	71	69	2	97.18%
Cancer 31 Day - Surgery	94%	17	17	0	100.00%
Cancer 31 Day - Drugs	98%	20	20	0	100.00%
Cancer 31 Day - Radiotherapy	94%	20	19	1	95.00%
Cancer 62 Day	85%	40	36	4	90.00%
Cancer 62 Day - Screening	90%	5	3	2	60.00%
Cancer 62 Day - Upgrade	n/a	7	6	1	85.71%

Cancer 2 week wait: 31 breaches in total, NWAFT (19) due to: capacity (12) patient choice (6) and other (1). ULHT (10) due to: patient choice (4) and capacity (6), QEHLK (2), due to patient choice (1) and other (1).

Cancer 2 week wait breast: 3 breaches in total NWAFT (2), both due to patient choice and ULHT (1) due to capacity

Cancer 31 Day: There were two breaches NWAFT (1), and ULHT (1), due to capacity and other.

Cancer 31 Day Radiotherapy: One patient breached the standard at NWAFT, the patient was not fit to treat.

Cancer 62 day: Four patients breached the standard. The breaches were at: NWAFT (4). The breaches were due to late referrals from Peterborough City Hospital

Cancer 62 day (Screening): Two patient breached the standard: NWAFT (1), due to pathway delays ULHT (1) due to choice.

Cancer 62 day (Consultant Upgrade): One patient breached the standard: NWAFT (1), due to pathway delays.

Details of all 62 day breaches and 104 day waits are provided on the next page.

NOTES:

n/a - no national standard

QEHLK - Queen Elizabeth Hospital Kings Lynn

NWAFT - North West Anglia Foundation Trust

CUHT - Cambridge University Hospital Trust

ULHT - United Lincolnshire Hospital Trust

Appendix 1 - Cancer - 62 Day Waits (SLCCG)

Cancer 62 day: 7 patients breached the 62 day standard, all breaches are summarised below:

Patient CWT ref	Referral Type	First seen provider	First treatment provider	Days' wait	Tumour Type	Treatment group	Notes	Admitted or non-admitted
13443098	GP Referral	NWAFT	CUHT	126	Urological	Surgery	Late referral from PCH (102/62) treated in 24 days	Admitted
13640426	GP Referral	NWAFT	CUHT	75	Urological	Surgery	Late referral from PCH (45/62) for reallocation	Admitted
13640382	GP Referral	NWAFT	CUHT	73	Urological	Surgery	Late referral from PCH (56/17) treated in 17 days	Admitted
13639953	GP Referral	NWAFT	CUHT	68	Urological	Surgery	Late referral from PCH (46/62) treated in 22 days	Admitted
9071672	Screening	NWFAT	NWFAT	149	Lower Gastrointestinal	Surgery	22 day wait to first appointment with BCSP. 52 day wait to BCSP colonoscopy.	Admitted
5782274	Screening	ULHT	ULHT	68	Lower Gastrointestinal	Surgery	patient cancelled 28/12 and 09/01 for colonoscopy	Admitted
13869258	Consultant Upgrade	NWAFT	NWAFT	67	Skin	Surgery	8 day wait from decision to upgrade pt to cancer pathway to referral letter sent to Plastics.14 day wait from receipt of referral to first appointment in Plastics.13 day wait to incisional bx.13 day wait from histology report to results clinic & DTT.	Admitted

NWAFT - North West Anglia Foundation Trust

CUHT - Cambridge University Hospital Trust

ULHT - United Lincolnshire Hospital Trust

Appendix 1 - Cancer - 104 Day Waits (SLCCG)

Cancer 104 day: 4 patients breached the 104 day standard, all breaches are summarised below:

Reporting Month	Site First Seen	Final Place of treatment	Treatment Group	Days on Pathway	Tertiary	Tertiary for	Diag	Reason for Delay	Impact on the patient	Delay Summary
Jan-18	PCH	PCH	Colorectal	114				Healthcare provider initiated delay to diagnostic test or treatment planning	No Harm	N/A
Jan-18	PCH	PCH	Colorectal	106				Healthcare provider initiated delay to diagnostic test or treatment planning	Harm Possible	N/A
Jan-18	PCH	CUH	H and N	116				Patient initiated (choice) delay to diagnostic test or treatment planning. Advance notice given.	Harm unlikely	N/A
Jan-18	PCH	CUH	CUP	125				Complex diagnostic pathway (many or complex diagnostic tests required).	TBC	N/A

PCH Peterborough City Hospital