

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

NOVEMBER 2017

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Executive Summary

Financial Summary

Some budget variances are now emerging although the utilisation of identified contingency all financial performance targets for 2017/18 are forecast to be achieved.

Performance and Contracting

A&E 4-hour waiting times marginally missed the agreed trajectory in September but local data for October appears to be back on track.

RTT performance missed the trajectory target for the first time this year in September; however fewer patients are waiting overall which is positive progress. Joint working on demand management continues to focus on implementing effective referral management procedures, alternative pathways and cost reduction resulting in decreases in elective referrals and overall waiting size now being seen. Alongside this there is significant work ongoing to improve the productivity of elective treatment.

62-day cancer waiting times continue to underperform against the national standard; Hull and East Yorkshire Hospitals NHS Trust (HEYHT) representatives have indicated that the target will be achieved in published October data. This underperformance is of significant concern and an area of focus for the local Cancer Alliance.

Performance against the 6-week waiting times target for diagnostic tests continues to deteriorate with endoscopy being an area of significant pressure in addition to CT imaging. A report from HEYHT is due to be received during November outlining the recovery plan.

Performance against the Improved Access to Psychological Therapies (IAPT) Recovery target remains below the national standard (latest data June 2017) but local data is showing steady improvement and is on target to achieve by the end of the year.

Quality

Staffing recruitment remains a challenge for all Providers for nursing and clinical staff. Recruitment planning remains a priority remains a focus.

A Quality Improvement Plan has been developed to include Hull and East Riding CCGs and all providers with the aim to bring key individuals together across the wider-community to work in collaboration in reducing out of hospital acquired pressure ulcers.

The Hull and East Yorkshire Hospitals NHS Trust (HEYHT) reported five cases which had breached 52 weeks, one of these being attributable to Hull CCG.

HEYHT presented a good level of assurance in their Safeguarding Annual Report 2016-17.

A Quality Visit to Ward 70 at HEYHT was undertaken on 25 July 2017 which identified a good level of assurance and continued improvements being made.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 31st October 2017. Achievement against the financial performance targets for 2017/18 are as follows:

Not exceed Revenue Resource Limit

Green

Running Costs

Green

Other relevant duties/plans

Not exceed Cash Limit

Green

Variance to planned

Green

Underlying Recurrent Surplus of 1%

Green

Financial Performance/Forecast

	Year To Date (000's)			Full Year (000's)			Risk
	Budget	Actual	Var	Budget	FOT	Var	
16/17 Core Allocation	(257,452)	(257,452)	-	(454,052)	(454,052)	-	
Use of prior years' surplus	-	-	-	-	-	-	
Acute Services	119,531	120,763	(1,232)	204,910	206,910	(2,000)	Red
Prescribing & Primary Care Services	55,989	54,081	1,908	95,955	94,755	1,200	Amber
Community Services	29,166	29,711	(545)	50,399	50,899	(500)	Amber
Mental Health & LD	25,418	25,631	(214)	43,573	43,923	(350)	Green
Continuing Care	13,751	13,016	735	23,572	22,322	1,250	Amber
Other Including contingency	3,450	4,290	(839)	18,245	18,052	193	Green
Running Costs	3,343	3,156	187	5,732	5,525	207	Green
TOTAL	250,647	250,647	-	442,386	442,386	-	
Under/(over)-spend against in year	-	-	-	-	-	-	Green
Balance of prior year surplus	(6,805)	(6,805)	-	(11,666)	(11,666)	-	Green

KEY:

RED = Variance of £2M or above

AMBER = Variance between £500K - £2M

GREEN = Variance less and £500K

Exception: Other including contingency

Summary Financial Position as at 31st October 2017.

The CCG is currently forecasting to achieve a balanced position against the in-year allocation. There is therefore no impact on the CCG's historic surplus of £11.666m. This is in line with the 2017/18 financial plan submitted to NHS England.

This year's running cost allocation is £6.223m and the current forecast is that expenditure will be contained within this financial envelope.

Spire Healthcare:

There has been a greater than planned number of referrals into Spire Healthcare resulting in a forecast overspend of £2m. The areas of consistent overspend are orthopaedics, neurosurgery and dermatology. A working group has been established as part of the aligned incentive contract to monitor and manage the expenditure with Spire and the Musculoskeletal (MSK) triage pathway is expected to have a significant impact on this by reducing referrals for elective orthopaedic surgery.

Continuing Healthcare (CHC):

The CCG's expenditure in the last financial year was significantly under budget due to a decline in the number of patients being eligible for CHC. The budget for this year was reduced to reflect this. The forecast underspend of £1.25m this year reflects the full year effect of the reduction in 2016/17.

Community Based (forecast £0.5m overspend):

The most significant area of overspend relates to individual / bespoke packages of care in community settings. The commissioning team are working with specialised commissioners and major trauma network to identify an improved model to care for these patients (i.e. case managers / accreditation of providers). This is expected to increase the speed of recovery and reduce the length of stay.

Prescribing (forecast underspend £1.2m):

This is based on the central reports received for month 5 expenditure. It should be noted that NHS England have issued guidance stating that the 'unplanned drug price reductions' following the adjustments for medicines that are coming off patent (Category M adjustments) will be retained centrally until the consolidated financial position of the NHS is understood. At that point CCGs will be instructed that they can either use the funds in year or receive the funding but increase their Control Total (similar to the 0.5% risk reserve). It is estimated that the value of this for Hull CCG is £450k.

Mental Health (forecast overspend £350k):

Expenditure on the mental health issues for looked after children is forecast to be approximately 50% lower compared to the previous financial year. This is being investigated to identify any specific reason for this however there are currently fewer children being funded through this budget. This area has traditionally been very volatile due to the small number of high cost patients. Out of area acute inpatient mental health costs also share this trait but have seen an increase in numbers over recent months. This is largely due to a lack of capacity locally to meet the increasing demand within Humber Foundation Trust. Solutions are being explored to increase the number of acute inpatient beds locally.

Potential Risks:

The CCG is party to two significant risk sharing arrangements. The first is with Hull City Council and relates to the Better Care Fund. This is monitored monthly and reported through the Health and Wellbeing Board. For the previous two years that this arrangement has been in place the cost to the CCG has been minimal. The second arrangement is the Aligned Incentive Contract with Hull & East Yorkshire Hospitals NHS Trust and East Riding of Yorkshire CCG. This is a much larger risk share and should our partner organisations fail to achieve their control totals at the end of the year it would impact on the position of Hull CCG.

Statement of Financial Position

At the end of September the CCG was showing £12.0m excess of liabilities over assets. This is expected for an NHS commissioning organisation and is in line with the previous financial year.

Revenue Resource Limit

The annual Revenue Resource Limit for the CCG was £454,052k for both 'Programme' and 'Running' costs. This has increased by £481k in October, £427k for Transformation funding STP, £39k for Children and Young People's Improved Access to Psychological Therapies (CYP IAPT) Trainee Staff Support Costs and £15k Personal Health Budget Champion funding.

Working Balance Management

Cash

The closing cash for October was £1.367k which was above the 1.25% target of £379k. The reason for this non-achievement relates to invoices from NHS Property Services being placed on hold due to a lack of information provided to validate them against.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for October was 96.04% on the value and 91.79% on the number of invoices, whilst the full year position is 97.84% achievement on the value and 94.93% on number.

b. NHS

The NHS performance for October was 99.94% on the value and 98.89% on the number of invoices, whilst the full year position is 99.90% achievement on the value and 97.32% on number.

Quality Premium - 2017-18

The quality premium paid to CCGs in 2018/19 – to reflect the quality of the health services commissioned by them in 2017/18 – will be based on measures that cover a combination of national and local priorities.

Gateways:

Finance - means delivery of financial plans and NHS England business rules. Failure in this area means that regardless of performance in any other area the CCG will not be awarded any of the Quality Premium funding.

Quality - NHS England reserves the right not to make any quality premium payments to a CCG in cases of serious quality failure.

Constitution - some providers will continue to have agreed bespoke trajectories, as part of the operation of the Sustainability and Transformation Fund, for delivery of four hour A&E waiting times, 62 day cancer waits and 18 week RTT.

Gateway 1: Finance

Gateway 2: Quality

Gateway 3:
Constitution:
a) A&E Waiting Times

Gateway 3:
Constitution:
b) Cancer 62 Day
Waiting Times

Gateway 3:
Constitution:
c) Referral to
Treatment Waiting
Times

National Indicators						
Title	Indicator	Value (%)	Value (£)	Latest position	Target	Latest status
Early cancer diagnosis	Cancers diagnosed at stages 1 & 2	17%	£249,558.30	80.1% (Dec-15)	85% (2016)	(Jun-18)
GP Access & Experience	Overall experience of making a GP appointment	17%	£249,558.30	69.3% (Jan-Mar 17)	72.3%	(Jul-18)
Continuing Healthcare	NHS CHC checklist decisions within 28 days	8.5%	£124,816.12	96% (July-Sep 17)	80%	
	Reduce the number of NHS CHC assessments which take place in an acute hospital setting	8.5%	£124,816.12	0% (July-Sep 17)	<15%	
Mental Health	Equity of Access and outcomes in to IAPT services	17%	£249,558.30		14% increase or 32%	
Reducing Gram Negative Bloodstream Infections	Incidence of E coli BSI reported	5.95%	£87,345.41	138 (Apr-Oct 17)	<210	
	Collection and reporting of a core primary care data set for E coli	1.7%	£24,955.83		Yes	
	Reduction in Trimethoprim : Nitrofurantoin prescribing ratio	3.825%	£56,150.62	2.141 (Sep 16- Aug 17)	<2.265	
	Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater	3.825%	£56,150.62	6,403 (Sep 16- Aug 17)	<6,110	
	Sustained reduction of inappropriate prescribing in primary care	1.7%	£24,955.83	1.183 (Sep 16- Aug 17)	<1.161	
Local Indicator						
Local Measures:	0-1 year non elective admissions for respiratory tract	7.5%	£110,099.25			
	BAME Access: Recovery rate of people accessing IAPT					
	Older People's Access proportion of people accessing IAPT services aged 65+	7.5%	£110,099.25			

NOTE: blue status signifies data not currently available but will be updated once published.

CCG Performance Indicator Exceptions

A&E waiting time – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
HEYHT Actual	85.34	79.37	80.70	87.3	82.75	82.03	94.61	93.10	91.60	92.80	90.70	91.97	86.4	91.70
STF Trajectory	95.00	90.80	91.10	92.1	93.20	94.00	95.10	90.00	90.00	90.00	90.00	90.00	90.0	90.00
STF Status														
Hull CCG	87.52	82.36	83.49	88.8	85.32	84.83	95.47	94.79	93.75	94.70	93.21	93.51	89.0	93.17
National	95.00	95.00	95.00	95.0	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.0	95.00
Status														

A&E waiting times deteriorated and did not deliver the STF trajectory in September due to workforce capacity issues. Local data for October indicates achievement. The STF trajectory will remain at 90% until February increasing to 95% in March 2018. Data reporting continues to be closely monitored, operationally reviewed and reported within the Aligned Incentive Contract governance structure.

Referral to Treatment pathways: incomplete (%)

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
HEYHT Actual	84.60	87.10	86.60	85.0	85.20	84.50	84.60	84.53	85.10	85.20	85.50	85.90	83.60	84.79
STF Trajectory	92.90	89.90	90.80	91.4	92.00	92.50	92.90	84.50	84.80	85.10	85.50	85.90	86.50	86.50
STF Status														
Hull CCG Actual	85.10	87.60	87.40	85.80	86.20	85.40	85.10	85.20	85.50	85.20	85.50	85.59	83.50	85.10
National	92.00	92.00	92.00	92.0	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.0	92.00
Status														

Number of >52 week Referral to Treatment in Incomplete Pathways

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
HEYHT Actual	42	1	3	5	8	6	5	2	0	4	3	2	22	33
STF Trajectory	19	1	1	0	0	0	0	0	0	0	0	0	0	0
STF Status														
CHCP Actual	0	0	0	0	0	0	0	4	8	11	15	47	41	126
National	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Status														
Hull CCG	16	1	2	3	1	1	1	4	9	15	15	48	54	145
National	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Status														

18 week RTT incomplete pathways performance dipped below the local STF target of 86.5% to 83.6% in September; the data reflects reduced numbers waiting in September compared to August but increased number of breaches however this is the first month in the financial year that a deterioration in performance has been seen and it is anticipated that this will be recovered next month.

There were 22 x 52 week breaches at HEYHT, 13 were attributed to Hull CCG which have been recorded as 1x Cardiology, 1x Cardiothoracic Surgery, 2x Colorectal Surgery, 3x Upper GI Surgery, 4x Urology and 1x Vascular Surgery. Hull CCG is currently awaiting root cause analysis from HEYHT.

In addition, there were 41 x 52 week breaches at CHCP for Hull CCG (126 YTD) for Tier 3 Weight Management with performance continuing to deteriorate to 66.5%. Root cause analysis has been requested and further actions are being undertaken to minimise further breaches whilst additional capacity is fully embedded into the service to be completed by January 2018. It is expected that 52 week breaches should diminish by January 2018.

Breast Cancer 2 week waits (%)														
Lead: Karen Billany		Framework: A Forward View into Action: Annex B							Polarity: Bigger is better					
Period	2016 /	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017 /18
Actual	95.21	99.28	95.16	93.20	96.64	98.57	89.47	97.81	94.35	93.02	90.00	92.76	92.68	93.42
Target	93.00	93.00	93.00	93.00	93.00	93.00	93.00	93.00	93.00	93.00	93.00	93.00	93.00	93.00
Status														

Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31														
Lead: Karen Billany		Framework: A Forward View into Action: Annex B							Polarity: Bigger is better					
Period	2016 /	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017 /18
HEYHT Actual	77.60	78.30	70.98	77.10	70.50	81.70	74.10	72.70	71.20	77.60	74.70	76.80	76.50	76.90
STF Trajectory	86.20	85.60	85.40	85.50	85.80	85.70	86.20	80.00	81.00	81.80	83.00	83.80	81.90	81.90
STF Status														
Hull CCG	78.10	82.76	72.58	76.76	62.75	87.50	77.59	79.07	72.13	80.00	74.65	75.90	76.47	76.20
National	85.00	85.00	85.00	85.00	85.00	85.00	85.00	85.00	85.00	85.00	85.00	85.00	85.00	85.00
Status														

Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS														
Lead: Karen Billany		Framework: A Forward View into Action: Annex B							Polarity: Bigger is better					
Period	2016 /	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017 /18
Actual	87.06	50.00	100.00	66.67	75.00	83.33	100.00	100.00	77.78	83.33	100.00	68.18	80.00	83.08
Target	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Status														

Cancer 31 day waits: subsequent cancer treatments-surgery														
Lead: Karen Billany		Framework: A Forward View into Action: Annex B							Polarity: Bigger is better					
Period	2016 /	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017 /18
Actual	95.21	96.00	84.60	89.47	88.24	94.44	93.10	100.00	95.00	90.91	92.86	100.00	90.00	95.04
Target	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00
Status														

The performance of the above Cancer targets is indicating some improvement although they remain below the standard.

Breast Cancer 2 week waits – 114 patients were seen and 9 Breaches – all 9 patients cancelled offered appointments

Cancer 62 day waits: Urgent GP referral for suspected cancer (Includes 31 day rare cancer) – despite the recovery plan to achieve the standard by October, the performance has slightly deteriorated for September. 51 patients were seen but there were 12 breaches – 11 of the breaches were found to be in a number of specialities and included capacity issues and complexities. 1 breach was due to imaging and clinic capacity.

Cancer 62 days of referral from an NHS Cancer Screening Service – there were 5 patients seen and 1 breach relating to a complex diagnostic pathway.

Cancer 31 day waits: subsequent cancer treatment-surgery – 20 patients seen and 2 breaches – 1 breach was due to the availability of an Upper Gastro-Intestinal surgeon and 1 breach was due the lack of availability of clinician case reduced theatre list.

Diagnostic Test Waiting Times (%)

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
HEYHT Actual	3.6	3.4	4.3	6.9	6.4	3.6	3.6	4.7	5.0	5.7	5.0	8.2	9.3	9.3
STF Trajectory	0.8	1.0	1.0	1.0	0.8	0.8	0.8	3.2	3.1	3.0	2.7	2.6	2.4	2.4
STF Status														
Hull CCG Actual	3.1	2.9	3.6	6.2	5.3	3.0	3.1	4.2	4.2	4.8	4.2	8.1	9.0	9.0
National Target	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Status														

Diagnostic performance has continued to significantly deteriorate in September and the data evidences an increase in demand in endoscopy and imaging. The CCG is awaiting an outcome report from HEYHT which is anticipated to be received during November.

Ambulance clinical quality – Category A (Red 1) 8 minute response time (%)

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
YAS Actual	66.20	70.70	65.70	64.20	65.90	66.10	69.50	71.20	72.90	70.50	71.80	65.80		
YAS Target	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00		
YAS Status														
Hull CCG Actual	66.20	69.50	63.70	62.40	63.50	65.20	72.80	76.40	77.50	80.90	75.40	70.00		
National Target	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00		
Status														

Yorkshire Ambulance Service has moved to the new methodology for Category 1 from September 2017 and therefore will no longer report the 8 minute response time. This will be superseded by a 7-minute mean time for ambulance response. The September 7 minute actual mean time is 7.14.

Ambulance handover time – Delays of +30 minutes

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
Actual	36,917	3,813	3,403	3,746	4,597	3,716	2,130	1,818	2,207	1,679	1,980	2,034	2,587	12,305
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Status														

Ambulance handover time – Delays of +1 hour

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
Actual	8,657	962	792	924	1,424	989	269	257	295	179	263	274	524	1,792
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Status														

Crew Clear Delays – Delays of +30 minutes – YAS

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
Actual	7,482	601	577	707	689	633	735	782	825	790	926	878	962	5,163
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Status														

Crew Clear Delays – Delays of +1 hour – YAS

Lead: Karen Billany Framework: A Forward View into Action: Annex B Polarity: Smaller is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
Actual	447	41	29	32	43	36	32	32	39	31	45	42	43	232
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Status														

The ambulance indicators above are being monitored at operational level and reported through the A&E Delivery Board chaired by Hull & East Yorkshire Hospitals.

The handover and crew clear delays have no targets as they are not expected to happen, i.e. zero tolerance.

IAPT: % of people who are moving to recovery

Lead: Mel Bradbury Framework: A Forward View into Action: Annex A Polarity: Bigger is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
Actual	39.53	37.93	39.02	36.59	42.86	43.04	43.64	46.48	37.62	48.15	46.15			44.19
Target	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00			50.00
Status														

Positive progress is now starting to be seen which is expected to continue aligned to the recovery plan by the end of the financial year.

Friends and Family Test for A&E: % recommended

Lead: Karen Martin Framework: CCG Outcomes: Domain 4 Polarity: Bigger is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
Actual	88.20	86.30	86.30	84.80	91.70	97.60	82.40	78.30	74.60	74.30	86.20	84.80	85.10	85.50
Target	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00
Status														

The number of “unlikely/extremely unlikely” to recommend has dropped to below 9%. The vast majority (78.7% responses) of the positive responses were for the “extremely likely” option.

Maternal smoking at delivery

Lead: Bernie Dawson Framework: CCG outcomes: Domain 1 Polarity: Smaller is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
Actual	22.90			22.80			23.20			21.29			22.79	21.64
Target	21.00			21.00			21.00			21.00			21.00	21.00
Status														

Data quality issues have been noted by HEYHT due to an upgrade of the Lorenzo system which has impacted on the quarterly performance for Hull CCG. It was expected a resolution would be achieved for Q2 which has not occurred. This will continue to be investigated.

No urgent operations cancelled for a 2nd time

Lead: Karen Martin Framework: CCG outcomes: Domain 1 Polarity: Smaller is better

Period	2016/17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/18
Actual	4	2	0	0	0	1	0	0	0	0	0	3	0	3
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Status														

No breaches this month, 3 year to date.

Incidence of Healthcare Associated Infection (HCAI): Clostridium difficile (C.diff)

Lead: Karen Martin

Framework: CCG outcomes: Domain 5

Polarity: Smaller is better

Period	2016/ 17	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	2017/ 18
Actual	50	5	2	3	4	5	3	8	2	4	4	4	8	30
Target	82	8	7	5	5	5	8	7	7	7	8	8	7	44
Status														

The number of incidences exceeded the in-month target for September but the cumulative numbers for the year to date are within the target.