

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

MARCH 2018

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Executive Summary

Financial Summary

A number of variances are now clearly identified both under and overspends across different areas of the budget. Through the utilisation and careful management of identified contingency, all financial performance targets for 2017/18 are forecast to be achieved.

Performance and Contracting

A&E 4-hour waiting times continue to deteriorate as the Emergency Department is challenged over the winter period. January was stretched further than previously due to significant incidence of flu and challenges continued into February. The CCG continues to work with the provider on a daily basis to manage the issues that present. The nominated CCG lead for emergency pressures communicates operational issues affecting patient flow, coordinates wider system responses and works with external stakeholders to support improvement where possible.

RTT waiting times performance continues to underperform. Joint working by commissioners, providers and primary care on demand management continues to focus on implementing effective referral management procedures, alternative pathways and cost reduction which will ultimately result in decreases in elective referrals and overall waiting size. Alongside this there is significant work ongoing to improve the productivity of elective treatment. Referral numbers are now reducing but are yet to translate into improved waiting times performance.

Cancer waiting times are variable with several indicators falling below their targets in January, increased focus is being directed towards the management of cancer pathways.

Performance against the 6-week waiting times target for diagnostic tests has deteriorated and remains an area of concern with endoscopy being an area of significant pressure in addition to CT imaging. Recovery for CT imaging is being mitigated through outsourcing.

Psychological therapy (IAPT) services are underperforming on access and waiting times targets and the recovery rate is variable between marginally above and marginally below the target.

Quality

HEYHT

The provider has set up a 'Patient Harm Group' to support patient tracking. All records have been validated by an administrator and are now being clinically validated.

HEY were re inspected by the CQC during February 2018 for their Core Services and 'Well Led' domain, the outcome of the inspections is awaited.

Humber

Humber NHS FT has received their final report with a 'Good' rating overall ; they do however remain assessed as 'Requires Improvement' for the 'Safety' domain.

Staffing remains a challenge for all providers work is ongoing to address the recruitment issues.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 28th February 2018. Achievement against the financial performance targets for 2017/18 are as follows

		<i>Performance Assessment</i>
<u>Other relevant duties/plans</u>	Not exceed Revenue Resource Limit	Green
	Running Costs Envelope	Green
	Not exceed Cash Limit	Green
	Variance to planned Surplus	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	
17/18 Core Allocation	(407,482)	(407,482)	-	(453,746)	(453,746)	-	
Use of prior years surplus	-	-	-	-	-	-	
Acute Services	187,834	189,260	(1,426)	204,910	206,910	(2,000)	Red
Prescribing & Primary Care Services	87,963	86,998	965	95,955	94,284	1,671	Amber
Community Services	48,086	48,529	(443)	52,503	52,953	(450)	Green
Mental Health & LD	40,611	41,102	(491)	44,303	45,153	(850)	Amber
Continuing Care	21,608	20,143	1,465	23,572	21,822	1,750	Amber
Other Including Earmarked Reserves	5,432	5,738	(305)	12,398	12,588	(190)	Green
Running Costs	5,253	5,018	235	5,732	5,663	69	Green
TOTAL EXPENDITURE	396,788	396,788	-	439,373	439,373	0	
Under(over)-spend against in year allocation	-	-	-	-	-	0	Green
Balance of prior year surplus	(10,694)	(10,694)	-	(14,373)	(14,373)	0	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 28th February 2018.

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. It should be noted that in addition to this NHS England are expected to instruct the CCG to release the uncommitted risk reserves and potentially elements relating to Category M prescribing savings (currently being held by the Business Services Authority) in March and thereby increase the reported surplus.

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: At the start of the year there were a greater than planned number of referrals into Spire Healthcare resulting in a forecast overspend of £2m. The MSK triage pathway has resulted in a significant reduction in the number of referrals for orthopaedics towards the end of the year and this is expected to have an impact on activity in the next financial year.

Continuing Healthcare: 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 £1.75m this year reflects the full year effect of the reduction in 2016/17.

Community Based (forecast £0.45m overspend): The most significant area of overspend relates to individual / bespoke packages of care. 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 9 expenditure and assumes that approximately £0.5m of price reduction from Category M adjustments will be retained by NHS England. Across the country there have been a large volume of price concessions approved by the Business Services Authority (BSA) e.g. due to a shortage of drugs; meaning that some payments have been higher than the specified drugs tariff. It is forecast that this will cost the CCG approximately £2m and this is included in the forecast position, however it is very difficult to predict these additional costs from one month to the next meaning that the position could be volatile.

Primary Care Delegated Commissioning (forecast underspend £671k): Based on information provided by NHS England compared to the budget received as part of the primary care delegation process. This reflects the level of contingency that has not yet been committed. Note that an element of this relates to the risk reserve associated with the new primary care budgets.

Mental Health (forecast overspend £850k): Expenditure on the mental health issues for looked after children is forecast to be approximately half the value in 2016/17 as 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 mental health costs also share this trait and the overspend has increased significantly in recent months. This is due to a lack of local capacity to meet the demand. A plan for investment in the local provision for adult acute mental health pathways is currently progressing through the relevant governance structure.

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 and the council are reporting an associated overspend on adult social care. The second arrangement is the Aligned Incentive Contract with Hull & East Yorkshire Hospitals NHS Trust and East Riding of Yorkshire CCG.

Statement of Financial Position

At the end of January the CCG was showing £23.7m 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 £451,039k for both 'Programme' and 'Running' costs. This has increased by £2k in January.

Working Balance Management

Cash

The closing cash for February was £3,046k which was above the 1.25% target of £400k. The reason for this non-achievement relates to a delay in the receipt of invoices.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for February was 99.41% on the value and 98.49% on the number of invoices, whilst the full year position is 98.46% achievement on the value and 96.26% on number.

b. NHS

The NHS performance for February was 100.00% on the value and 100.00% on the number of invoices, whilst the full year position is 99.91% achievement on the value and 97.67% on number.

Quality Premium

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	49.89% (Jan-Dec 17)	50.21% (2016/17)	
GP Access & Experience	Overall experience of making a GP appointment	17%	£249,558.30	69.3% (Jan-Mar 17)	72.3%	
Continuing Healthcare	NHS CHC checklist decisions within 28 days	8.5%	£124,816.12	62% (Oct-Dec 17)	80%	
	Reduce the number of NHS CHC assessments which take place in an acute hospital setting	8.5%	£124,816.12	0% (Oct-Dec 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	228 (1 Apr 17-13 Mar 18)	<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	1.653 (Jan-Dec 17)	<2.265	
	Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater	3.825%	£56,150.62	5,925 (Jan-Dec 17)	<6,110	
	Sustained reduction of inappropriate prescribing in primary care	1.7%	£24,955.83	1.164 (Jan-Dec 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	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
HEYHT Actual	85.34	94.61	93.78	92.49	93.59	91.69	91.97	86.46	90.51	89.14	82.42	77.68	89.12
STF Trajectory	95.10	95.10	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00
STF Status													
Hull CCG Actual	87.52	95.47	94.79	93.75	94.70	93.21	93.51	89.03	92.46	91.29	85.45	82.10	91.12
National Target	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00
Status													

January was particularly challenged by system pressures associated with winter – particularly patients hospitalised by flu - and these continue to impact on the trust performance and STF trajectory through into February. The CCG continues to work with the provider on a daily basis to manage the issues that present. The nominated CCG lead for emergency pressures communicates operational issues affecting patient flow, coordinates wider system responses and works with external stakeholders to support improvement where possible.

Referral to Treatment pathways: incomplete (%)

Lead: Karen Billany		Framework: A Forward View into Action: Annex B										Polarity: Bigger is better	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
HEYHT Actual	86.32	84.62	84.53	85.06	85.15	85.53	85.91	83.63	83.72	83.37	81.25	80.70	83.90
STF Trajectory	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00
STF Status													
Hull CCG Actual	87.18	85.05	85.15	85.51	85.23	85.51	85.59	83.51	83.66	83.27	81.06	80.86	80.86
National Target	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	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	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
HEYHT Actual	42	5	2	0	4	3	2	22	17	14	30	24	118
STF Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0
STF Status													
CHCP Actual	-	-	4	8	11	15	47	41	32	24	19	7	208
National Target	-	-	0	0	0	0	0	0	0	0	0	0	0
Status													
Hull CCG Actual	16	1	4	9	15	15	48	52	38	27	30	13	251
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													

During January there were 13 x 52 week breaches for the CCG with 6 at HEYHT and 7 at CHCP:
 HEYHT: 2 x Gastroenterology, 1 x Trauma & Orthopaedics and 3 x Urology, 4 of the patients have now been discharged.
 CHCP: 7 breaches allocated to the tier 3 Weight Management Service which is a positive reduction on previous months and is expected to cease going forward.

Breast Cancer 2 week waits (%)

Lead: Karen Ellis		Framework: A Forward View into Action: Annex B										Polarity: Bigger is better	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Hull CCG Actual	95.21	89.47	97.81	94.35	93.02	90.00	92.76	92.68	89.04	91.77	89.68	92.31	92.31
National 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
Status													

Breast Cancer 2 week waits – 156 patients were seen, 144 within two weeks with 12 breaches (144/156=92.31%). 11 patients cancelled offered appointments and 1 breach was due to insufficient capacity. (The January breach threshold was 9 for the target to have been achieved).

Cancer 31 day waits: first definitive treatment (%)													
Lead: Karen Ellis			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Hull CCG Actual	98.26	98.11	95.92	98.18	97.67	95.27	96.23	100.00	99.20	95.90	99.01	99.15	97.54
STF Trajectory	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00
STF Status													

Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimes													
Lead: Karen Ellis			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Hull CCG Actual	99.75	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	97.73	99.68
National Target	98.00	98.00	98.00	96.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00
Status													

Cancer 31 day waits: subsequent cancer treatments-surgery (%)													
Lead: Karen Ellis			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Hull CCG Actual	91.47	93.10	100.00	95.00	90.91	92.86	100.00	90.00	88.24	95.24	95.45	87.10	93.01
STF Trajectory	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
STF Status													

Cancer 31 day waits: – anti cancer drugs - 44 patients seen, 43 within 31 days with 1 breach (43/44=97.73%). The breach was due to treatment start delay as patient required repeat blood sample prior to chemotherapy being prescribed.

Cancer 31 day waits: subsequent cancer treatment-surgery - 31 patients seen, 27 within 31 days with 4 breaches (27/31=87.10%). To provide context, in order to achieve the target 30 patients would need to have been seen in this period.

The reasons for breaches were 1 x patient deferred as unfit (recovering from radiotherapy), 1 x patient holiday followed by chest infection, 1 x consultant annual leave and 1 x capacity.

Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)													
Lead: Karen Ellis			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
HEYHT Actual	77.60	74.10	73.10	71.60	78.20	74.70	76.80	73.70	80.40	79.00	77.50	77.81	76.37
STF Trajectory	85.00	85.00	80.00	81.00	81.80	83.00	83.80	81.90	85.20	85.30	85.40	85.40	85.00
STF Status													
Hull CCG Actual	78.10	77.59	79.07	72.13	80.00	74.65	75.90	76.47	85.25	84.62	86.67	84.62	78.45
National Target	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													

Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)													
Lead: Karen Ellis			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Hull CCG Actual	87.06	100.00	100.00	77.78	83.33	100.00	68.18	80.00	58.33	87.50	90.91	80.00	81.65
STF Trajectory	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
STF Status													

Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) – 52 patients, 44 within 62 days with 8 breaches (44/52=84.62%).
7 of the breaches were due to lack of capacity and complexities with the remaining breach due to patient choice.

Cancer 62 days of referral from an NHS Cancer Screening Service – there were 5 patients seen, 4 within 62 days and 1 breach (4/5=80%).
The breach was due to a complex pathway.

Diagnostic test waiting times (%)

Lead: Karen Billany		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18	
HEYHT Actual	3.60	3.60	4.70	5.00	5.70	5.00	8.20	9.30	7.20	7.30	9.00	10.40	7.20	
STF Trajectory	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
STF Status														
Hull CCG Actual	3.05	3.05	4.24	4.23	4.75	4.22	8.07	8.97	6.98	6.37	8.50	9.24	9.24	
National Target	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
Status														

During January the Hull CCG patients had 4318 diagnostics undertaken of which 3,919 were within the 6-week waiting time standards and 399 were breaches that waited longer than 6 weeks.

The majority of waits beyond 6 weeks were for endoscopies 45% (181/399) and Imaging 41% (163/399).

The trust is actively working towards reducing waiting times for diagnostics and reporting into the planned care delivery group monthly.

Ambulance clinical quality – Category 1 mean response time (mins)

Lead: Karen Billany		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18	
YAS Actual								07:14	07:11	07:27	08:12	08:10	07:40	
YAS Target								07:00	07:00	07:00	07:00	07:00	07:00	
Status														

Ambulance handover time – Delays of +30 minutes - YAS

Lead: Karen Billany		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18	
YAS Actual	36,917	2,130	1,818	2,207	1,679	1,980	2,034	2,587	2,503	2,349	4,392	4,263	25,812	
YAS Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Status														

Ambulance handover time – Delays of +1 hour – YAS

Lead: Karen Billany		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18	
YAS Actual	8,657	269	257	295	179	263	274	524	510	352	1,044	970	4,668	
YAS 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	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18	
YAS Actual	7,482	735	782	825	790	926	878	962	1,062	902	926	984	9,037	
YAS Target	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	
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18	
YAS Actual	447	32	32	39	31	45	42	43	47	36	46	50	411	
YAS Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Status														

These are being monitored at operational level and reported through the A&E Delivery Board chaired by HEYHT.

Ambulance handover and Crew Clear delays are against zero-tolerance targets. The number of breaches reported are at provider level, i.e. totals for Yorkshire Ambulance Service rather than for Hull patients.

% of people who have depression and/or anxiety disorders who receive psychological therapies													
Lead: Melanie Bradbury			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	2017/18
Actual	17.84	1.25	1.48	1.17	1.70	1.74	1.49	1.37	1.37	1.55	2.03		12.43
Target	14.99	1.25	1.25	1.58	1.58	1.58	1.58	1.58	1.58	1.58	1.58	1.58	12.64
Status													

% of people who are moving to recovery													
Lead: Melanie Bradbury			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	2017/18
Actual	39.53	43.04	43.64	46.48	37.62	48.15	46.15	44.94	53.06	50.48	49.52		47.10
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	50.00
Status													

People that wait <6 weeks from referral to entering IAPT treatment against the number of people who finish a course of treatment in the reporting period													
Lead: Melanie Bradbury			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	2017/18
Actual	83.27	89.16	87.83	82.67	81.13	75.86	76.04	70.21	71.57	71.56	72.90		75.00
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	75.00
Status													

The psychological therapies service has seen some improvement in the Recovery standard however waiting times are deteriorating and access is variable. Discussions are ongoing with the provider to address the underlying issues.

Friends and Family Test for A&E - % recommended													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	2017/18
Actual	88.00	97.60	82.40	78.30	74.60	74.30	86.20	84.80	85.10	85.70	85.40	85.40	85.20
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
Status													

The Trust continues to miss the ratings target for FFT in A&E. Although poor performance does manifest itself through FFT ratings, it would be difficult to definitively say this is the case, as waiting time performance has not been poor all year. Improvement in response rates may remedy the poor ratings.

Friends and Family Test for Antenatal care - % recommended													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	2017/18
Actual	99.00	100.00	100.00	97.70	95.80	89.40	90.10	95.60	97.30	90.30	-	78.90	92.30
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
Status													

Friends and Family Test for Postnatal community - % recommended													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Bigger is better				
	2016/17	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	2017/18
Actual	99.00	99.20	100.00	100.00	0.00	100.00	100.00	100.00	0.00	-	-	-	90.70
Target	98.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00	98.00
Status													

The Trust's success in this target fluctuates; these results are more likely to be due to low response rates rather than poor experience (this is confirmed by three months recording no result). This may also be an indicator of variable level of service between practitioners.

Incidence of healthcare associated infection (HCAI): MRSA													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Smaller is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Actual	1	0	0	0	0	0	0	0	0	1	0	0	1
Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
No further breaches in January.													

Incidence of healthcare associated infection (HCAI): E-Coli													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Smaller is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Actual	234	17	15	20	25	16	25	25	15	15	18	27	201
Target	210	13	13	20	15	18	23	20	22	21	15	15	182
Status													
The threshold for E.coli has been exceeded and the annual target is considered to now be irrecoverable for the current year.													

Number of Mixed Sex Accommodation breaches													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Smaller is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
HEYHT Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
Hull CCG Actual	0	0	0	0	0	0	0	0	1	0	0	0	1
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Smaller is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Hull CCG Actual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.10
National Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Status													
No further breaches in January.													

No urgent operations cancelled for a 2nd time (%)													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Smaller is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Actual	4	0	0	0	0	0	3	0	0	1	0	0	4
Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
No further breaches in January, 4 recorded year to date.													

All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery)													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B						Polarity: Smaller is better				
	2016/17	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	2017/18
Actual	15	0	2	1	1	0	1	0	0	7	1	4	17
Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
4 breaches in January, 17 recorded year to date.													