

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

MAY 2018

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Executive Summary

Financial Summary

The Annual Accounts are in the process of being audited, interim indications are that NHS Hull CCG will achieve its financial targets and receive an unqualified audit opinion including the Value for Money Conclusion. The 2018/19 financial plans and budgets are established.

Performance and Contracting

A&E 4-hour waiting times persist at unacceptably low levels of performance. 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 has deteriorated further in March and 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. The reduction in referrals is not correlating to a reduction in the overall waiting list size and work is ongoing to understand the reasons for this and triangulate the respective datasets.

Cancer waiting times performance continue to be challenged with most indicators now falling below their targets in March, increased focus continues on the management of cancer pathways.

Performance against the 6-week waiting times target for diagnostic tests has deteriorated further and remains significantly worse than the target. Challenged diagnostic areas are endoscopy and CT imaging. All opportunities for alternative diagnostic provision across the Humber are being explored.

Psychological therapy (IAPT) services are underperforming on access and waiting times targets and the recovery rate has returned to being below the target. While much of this underperformance is genuine service delivery the position has been exacerbated by data anomalies due to the submission of an erroneous IAPT dataset which is being addressed with the provider. Local data for March indicates that improvement is being seen in the waiting times targets.

Quality

HEYHT

Five serious incidents were reported in April. Two serious incidents were related to treatment delays, one was an unexpected death, one related to an incident in Maternity and one was an incident threatening the organisation's ability to continue to deliver an acceptable quality of healthcare services.

A quality visit was undertaken on Ward 110 at Hull Royal Infirmary on 25 April 2018 due to concerns raised about specific serious incidents; the report will be submitted to the Quality and Performance Committee in May 2018.

A quality visit was undertaken at the Emergency Department at Hull Royal Infirmary on 8 May 2018 due to the number of serious incidents in relation to the assessments of deteriorating patient and the transferring of patients prior to having diagnostics / tests undertaken. The report will be presented to the Quality and Performance committee in June 2018.

Humber Teaching NHS Foundation Trust (HTFT)

HTFT continues to implement their CQC Action Plan – ‘Should-Do’s’. The Trust continues to try and recruit to vacancies but is finding this challenging.

City Health Care Partnership (CHCP)

Pressure Ulcers have been raised as a concern. CHCP are validating the information and agreed to undertake a thematic review of Pressure Ulcers. The terms of reference for the review are being agreed and the timescales for reporting will be confirmed shortly.

Spire Hull and East Riding Hospital

A quality visit has been undertaken to review Spire’s systems and processes in relation to incidents, investigations and complaints. A Quality Forum has been set up for ongoing review in greater depth of quality issues including any recommendations from the quality visit.

Financial Position

Indicative year-end achievement (subject to audit) 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

Green

Variance to planned

Green

Underlying Recurrent Surplus of 1%

Green

At the time of report production the 2017/18 Annual Accounts were in the process of being audited.

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	49.89% (Jan - Dec-17)	50.21% (2016/17)	May-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	60% (Oct-Dec 17)	80%	May-18
	**Reduce the number of NHS CHC assessments which take place in an acute hospital setting	8.5%	£124,816.12	0% (Jan-Mar 18)	<15%	Complete for 2017/18
Mental Health - Equity of Access and outcomes (IAPT)	BAME Access: Recovery rate of people accessing IAPT	8.5%	£124,779.15	27% (Oct-Dec 17)	53%	Jul-18
	Older People's Access: proportion of people accessing IAPT services aged 65+	8.5%	£124,779.15	4.3% (Oct-Dec 17)	37.1%	Jul-18
Reducing Gram Negative Bloodstream Infections	**Incidence of E coli BSI reported	5.95%	£87,345.41	234 (01 Apr 17-31 Mar 18)	<210	
	Collection and reporting of a core primary care data set for E coli	1.7%	£24,955.83		Yes	TBC
	Reduction in Trimethoprim: Nitrofurantoin prescribing ratio	3.825%	£56,150.62	1.436 (Mar 17-Feb 18)	<2.265	Jun-18
	Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater	3.825%	£56,150.62	5,686 (Mar 17-Feb 18)	<6,110	Jun-18
	Sustained reduction of inappropriate prescribing in primary care	1.7%	£24,955.83	1.145 (Mar 17-Feb 18)	<1.161	Jun-18
Local Indicator						
Local Measure:	**0-1 year non elective admissions for respiratory tract (rate per 10,000)	15%	£220,198.50	995 (Apr-Mar 18)	<1,024	Complete for 2017/18

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

The information detailed above relates to the Quality Premium requirements for 2017/18 and do not reflect the requirements of the CCG for 2018/19. The next report will continue to include 2017/18 positions in addition to reporting on 2018/19 requirements.

*The performance report for CHC checklist decisions within 28 days is currently under review with NHS England and an updated position will be shared in due course.

** Data presented is the final position for 2017/18.

National Indicators			
Title	Indicator		
Early cancer diagnosis	Cancers diagnosed at stages 1 & 2	Numerator	Cases of cancer diagnosed at stage 1 or 2, for the specific cancer sites, morphologies and behaviour
		Denominator	All new cases of cancer diagnosed at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour
GP Access & Experience	Overall experience of making a GP appointment	Numerator	Weighted number of people answering 'very good' or 'fairly good' to question 18 of the GP Patient Survey
		Denominator	Total weighted number of people who answer question 18 of the GP Patient Survey
Continuing Healthcare	NHS CHC checklist decisions within 28 days	Numerator	Number of NHS CHC eligibility decisions where the CCG makes a decision within 28 days of being notified of the need for full consideration for NHS CHC
		Denominator	Total number of NHS CHC eligibility decisions made within the financial year
	Reduce the number of NHS CHC assessments which take place in an acute hospital setting	Numerator	Number of full comprehensive NHS CHC assessments completed whilst the individual was in an acute hospital in the relevant financial year
		Denominator	Total number of full NHS CHC assessments completed in the financial year
Mental Health - Equity of Access and outcomes (IAPT)	BAME Access: Recovery rate of people accessing IAPT	Numerator	Number of people from BAME groups reaching recovery
		Denominator	Number of people from BAME groups completing treatment
	Older People's Access: proportion of people accessing IAPT services aged 65+	Numerator	Number of people entering treatment to IAPT Services aged 65+ as a proportion of total number of people aged 18+ entering treatment to IAPT Services
		Denominator	Number of people aged 65+ in the local population as a proportion of total number of people aged 18+ in the local population
Reducing Gram Negative Bloodstream Infections	Incidence of E coli BSI reported	Number	Number of reported cases of E coli blood stream infections
	Collection and reporting of a core primary care data set for E coli	Yes/No	
	Reduction in Trimethoprim: Nitrofurantoin prescribing ratio	Numerator	Number of prescription items for trimethoprim within the CCG
		Denominator	Number of prescription items for nitrofurantoin within the CCG
	Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater	Number	Number of prescription items for trimethoprim with identifiable NHS number and age 70 years or greater within the CCG
	Sustained reduction of inappropriate prescribing in primary care	Numerator	Number of prescription items for antibacterial drugs (BNF 5.1) within the CCG
Denominator		Total number of Oral antibacterials (BNF 5.1 sub-set) ITEM based Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PUs)	
Local Indicator			
Local Measures:	0-1 year non elective admissions for respiratory tract (rate per 10,000)	Numerator	All finished admission episodes as an emergency for infants aged under 1 year, where the primary diagnosis is respiratory tract infection or a respiratory tract infection related condition
		Denominator	Mid-year population estimates; children aged <1 year

CCG Performance Indicator Exceptions

A&E waiting times – 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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
HEYHT Actual	85.34	92.49	93.59	91.69	91.97	86.46	90.51	89.14	82.42	77.68	77.74	76.42	87.22
STF Trajectory	95.10	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													
Hull CCG Actual	87.52	93.75	94.70	93.21	93.51	89.03	92.46	91.29	85.45	82.10	82.31	81.16	89.61
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													

The CCG continues to work with the provider on a daily basis to manage the issues affecting the achievement of the 4 hour target. An operational Delayed Transfers of Care (DTOC) lead has been appointed to support HEYHT to review some of the areas and improve patient flow, which will be monitored and reported monthly to the Unplanned Care Delivery Group.

Referral to Treatment pathways: incomplete (%)

Lead: Karen Billany		Framework: A Forward View into Action: Annex B										Polarity: Bigger is better	
	2016/17	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
HEYHT Actual	86.32	85.06	85.15	85.53	85.91	83.63	83.72	83.37	81.25	80.70	80.37	79.84	80.37
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	85.51	85.23	85.51	85.59	83.51	83.66	83.27	81.06	80.86	80.87	80.73	83.46
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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
HEYHT Actual	42	0	4	3	2	22	17	14	30	24	14	25	132
STF Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0
STF Status													
CHCP Actual	-	8	11	15	47	41	32	24	19	7	7	8	215
National Target	-	0	0	0	0	0	0	0	0	0	0	0	0
Status													
Hull CCG Actual	16	9	15	15	48	52	38	27	30	13	9	15	275
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													

March figures have recorded 15 x 52 week breaches (Hull CCG) with 7 at HEYHT and 8 at City Health Care Partnership (CHCP):

HEYHT: 5 x ENT, 1 x General Surgery and 1 x Other, 6 patients have now been treated (delays due to bed availability, patients being unfit and administrative errors) with the remaining patient awaiting treatment (delays due to administrative errors).

CHCP: 8 breaches allocated to the tier 3 Weight Management Service which are being addressed with the provider. Plans and actions in respect of waiting times at HEYHT are monitored through the Planned Care Delivery Group and for City Health Care Partnership in their Contract Management Board.

Breast Cancer 2 week waits (%)

Lead: Karen Ellis		Framework: A Forward View into Action: Annex B										Polarity: Bigger is better	
	2016/17	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
Hull CCG Actual	95.21	94.35	93.02	90.00	92.76	92.68	89.04	91.77	89.68	92.31	92.97	91.30	92.29
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 – 115 patients were seen with 10 breaches – 9 patients cancelled the offered appointments with the remaining 3 patients breaching due to lack of outpatient capacity. (The March breach threshold was 8 for the target to have been achieved).

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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
Hull CCG Actual	91.47	95.00	90.91	92.86	100.00	90.00	88.24	95.24	95.45	87.10	94.12	90.00	92.86
National 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
Status													

Cancer 31 day waits: subsequent cancer treatment-surgery - 20 patients seen with 2 breaches.

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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
HEYHT Actual	77.60	71.60	78.20	74.70	76.80	73.70	80.40	79.00	77.50	77.81	74.23	72.82	76.37
STF Trajectory	85.00	80.99	81.82	82.96	83.78	81.94	85.19	85.31	85.38	85.21	85.16	85.21	85.16
STF Status													
Hull CCG Actual	78.10	72.13	80.00	74.65	75.90	76.47	85.25	84.62	86.67	84.62	78.57	74.55	78.99
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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
Hull CCG Actual	87.06	77.78	83.33	100.00	68.18	80.00	58.33	87.50	90.91	80.00	66.67	83.33	81.36
National 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													

Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) – 55 patients with 14 breaches – 11 of the breaches were due to lack of capacity, complexities and administrative errors with the remaining 3 breaches due to a mix of patient choice and lack of capacity.

Cancer 62 days of referral from an NHS Cancer Screening Service – there has been a slight improvement but not achieved the standard attributed to the small numbers. (6 patients seen and 1 breach due to lack of capacity).

Diagnostic test waiting times (%)

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

	2016/17	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
HEYHT Actual	3.60	5.00	5.70	5.00	8.20	9.30	7.20	7.30	9.00	10.40	8.23	10.50	8.23
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	4.23	4.75	4.22	8.07	8.97	6.98	6.37	8.50	9.24	6.82	9.39	9.39
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 March there were an increased number of patients waiting over 6 weeks, the highest number for 2017/18. The CCG had 446 breaches with the majority being for endoscopies 49% (218) and imaging 38% (168). HEYHT continue to report progress of actions taken to the Planned Care Delivery Group.

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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
YAS Actual						07:14	07:11	07:27	08:12	08:10	08:07	08:17	07:42
YAS Target						07:00	07:00	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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
YAS Actual	36,917	2,207	1,679	1,980	2,034	2,587	2,503	2,349	4,392	4,263	3,866	4167	33845
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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
YAS Actual	8,657	295	179	263	274	524	510	352	1,044	970	998	1253	6919
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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
YAS Actual	7,482	825	790	926	878	962	1,062	902	926	984	914	1126	11077
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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
YAS Actual	447	39	31	45	42	43	47	36	46	50	38	75	524
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 target. The number of breaches reported above is at provider level, i.e. totals for Yorkshire Ambulance Service rather than for Hull patients. YAS at HEYHT performance for 15 minute handovers is 45.2% and 74.1% for handovers within 30 minutes. YAS at HEYHT performance for 15 minute crew clears is 76.0% and 97.5% for crew clears within 30 minutes.

% of people who are moving to recovery													
Lead: Melanie Bradbury			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
Actual	39.53	43.64	46.48	37.62	48.15	46.15	44.94	53.06	50.48	49.52	45.45	50.00	47.23
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													

The achievement of this target remains variable, however the general trend across the year has been improvement.

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	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	83.27	87.83	82.67	81.13	75.86	76.04	70.21	71.57	71.56	72.90	74.07	56.45	73.64
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 underperformance has been discussed with the provider and is being investigated.

People that wait <18 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	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	97.23	99.13	98.67	100.00	100.00	100.00	100.00	100.00	100.00	100.00	85.19	77.42	97.80
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													

The reported December and January data is an anomaly due to the provider submitting an inaccurate IAPT dataset which is being addressed with the provider. This is not anticipated to be an ongoing issue.

People that wait <18 weeks from referral to entering IAPT treatment against the number of people who enter treatment in the reporting period

Lead: Melanie Bradbury

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
Actual	99.85	100.00	100.00	100.00	100.00	100.00	100.00	99.02	99.13	99.34	74.85	86.67	92.33
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													

The reported December and January data is an anomaly due to the provider submitting an inaccurate IAPT dataset which is being addressed with the provider. This is not anticipated to be an ongoing issue.

Proportion of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment

Lead: Melanie Bradbury

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	16.82	14.78	9.33	16.04	17.24	18.75	18.09	14.71	17.43	14.95	118.52	50.00	21.62
Target	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Status													

The reported December and January data is an anomaly due to the provider submitting an inaccurate IAPT dataset which is being addressed with the provider. This is not anticipated to be an ongoing issue.

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	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	2017/18
HEYHT Actual	88.00	78.30	74.60	74.30	86.20	84.80	85.10	85.70	85.40	85.40	85.60	84.00	85.10
HEYHT 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
HEYHT Status													
Response rate	6.98	0.80	0.72	0.38	12.09	13.20	11.16	11.14	17.59	19.55	12.31	19.08	9.81

The Trust continues to miss the ratings target for FFT in A&E. Although there has been improvement of 7% over the year, this has plateaued below the target; which was achieved in the previous financial year.

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	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	2017/18
HEYHT Actual	99.00	100.00	0.00	100.00	100.00	100.00	0.00	Nil Return	Nil Return	Nil Return	Nil Return	100.00	91.70
HEYHT 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
HEYHT Status													

The Trust failed to return data for a third of the financial year, the erratic nature of the responses suggests that the response rate has been low for the whole year. Improving response rates for this service should be the priority rather than a ratings target.

Incidence of healthcare associated infection (HCAI): MRSA													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B							Polarity: Smaller is better			
	2016/17	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
Actual	1	0	0	0	0	0	0	1	0	0	0	1	2
Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													

The case in March relates to a patient with an infected PIC line following discharge from HEY a full Post Infection Review has been undertaken in line with the national framework, feedback from Public Health England is awaited.

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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
Actual	234	20	25	16	25	25	15	15	18	27	23	13	237
Target	210	20	15	18	23	20	22	21	15	15	16	11	209
Status													

The CCG is awaiting a 6 month review report from HEYT which will look at pre and post cases of Ecoli BSI to identify any themes or trends. A request has been submitted to the Trust regarding the number of blood cultures submitted in 2016/17 compared to those submitted in 2017/18 to help support the reasons why we have seen the increase in cases which the trust believe are associated with the improved compliance with the sepsis pathway.

Number of Mixed Sex Accommodation breaches													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B							Polarity: Smaller is better			
	2016/17	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 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	1	0	0	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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
Hull CCG Actual	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.01
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 March.

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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
HEYHT Actual	4	0	0	0	3	0	0	1	0	0	1	0	5
HEYHT Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													

No further breaches in March, end of year position total is 5.

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	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18
HEYHT Actual	15	1	1	0	1	0	0	7	1	4	6	10	33
HEYHT Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													

10 breaches - 2 x Gynaecology, 5 x CTS, 1 x Colorectal and 2 x Urology

The main reason for the breaches was down to ICU bed availability (CTS) and Winter Pressures.