

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

JULY 2018

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CORPORATE PERFORMANCE REPORT

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Executive Summary

Financial Summary

The Month 3 (June 2018) financial position is reported, at this early stage of the financial year there are no indications that the statutory financial targets of the CCG will not be achieved.

Performance and Contracting

The A&E 4 hour target has slightly deteriorated in May - themes and trends continue to be reviewed as part of the work being undertaken as part of the HEYHT aligned incentive contract, however minors and paediatrics continue to be the main contributors to numbers of A&E attendances.

Referral to Treatment 18 weeks waiting times have improved marginally in May. The overall waiting list size is growing and this is mainly due to a few specialties with capacity issues – mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

Cancer waiting times performance continue to be challenged. the 62-day waits has improved in May but remains below the target. Improvement trajectories are in the process of being agreed which take account of the planned improvements in the management of cancer pathways.

Performance against the 6-week waiting times target for diagnostic tests has deteriorated with the significant challenges being experienced in endoscopy and imaging. It is unclear when sustained improvement will be achieved.

Quality

Currently all providers are on routine monitoring - no provider is on enhanced surveillance.

Staffing remains a challenge across all organisations, commissioners continue to work with providers and Hull University to ensure all students completing training in September 2018 are offered appropriate placements. Safer Staffing reports continue to be monitored through the Quality groups.

The Care Quality Commission has produced it's inspection report for Hull and East Yorkshire (HEY) Hospitals which has shown improvements in standards of care but the overall rating for the Trust is still "Requires Improvement". The Trust has produced an action plan which is being monitored through the Quality and Delivery Group.

HEY have been working with NHSI and East Lancashire Acute Trust to share best practice in relation to Serious Incidents and Never events. Updates have been provided to the Serious Incident panel.

Humber Teaching Foundation (HTF) NHS Trust is making good progress implementing the "should do's" following their CQC inspection. A deep dive into the safety domain will be undertake with the report being presented to commissioners in September.

The new Humber Quality Group has been formed as part of the new commissioning arrangements for the Aligned Incentive Contract for HTF NHS Trust. The group met on the 21st June 2018. Terms of Reference for the group have been produced and are currently out for consultation. Membership has also been reviewed.

The Trust shared their first mortality report. Work will be ongoing to link the outcomes with local mortality group for Hull and East Riding so learning can be shared.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 30th June 2018. Achievement against the financial performance targets for 2018/19 are as follows

Performance Assessment

<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	
18/19 Core Allocation	(111,818)	(111,818)	-	(469,672)	(469,672)	-	
Use of prior years surplus			-			-	
Acute Services	52,755	52,759	(4)	211,020	211,020	-	Green
Prescribing & Primary Care Services	24,463	22,739	1,723	97,853	95,853	2,000	Green
Community Services	13,004	13,179	(174)	52,018	52,518	(500)	Amber
Mental Health & LD	11,236	10,757	480	44,944	44,444	500	Green
Continuing Care	5,508	5,426	81	22,030	22,030	-	Green
Other Including Earmarked Reserves	(517)	1,810	(2,326)	20,330	22,330	(2,000)	Green
Running Costs	1,552	1,332	221	6,210	6,210	-	Green
TOTAL EXPENDITURE	108,001	108,001	-	454,405	454,405	-	
Under/(over)-spend against in year allocation	-	-	-	-	-	-	Green
Balance of prior year surplus	(3,817)	(3,817)	-	(15,267)	(15,267)	-	Green

KEY:

RED = Adverse variance of £2M or above

AMBER = Adverse variance between £500k - £2M

GREEN = Positive variance or adverse variance less than £500k

Exception: Other including contingency

Financial Position

Summary Financial Position as at 30th June 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 £15.267m. This is in line with the 2018/19 financial plan submitted to NHS England.

This year's running cost allocation is £6.211m and the current forecast is that expenditure will be contained within this financial envelope.

Community Based (forecast £0.5m overspend): The most significant area of overspend relates to individual / bespoke packages of care. There is no budget for this small number of patients, however by funding their care it is releasing capacity in the hospital at the same time as providing better care for the individuals. This was an area of overspend in the previous financial year and going forward the CCG will look to create a budget for these patients.

Prescribing (forecast underspend £2m): This is based on the central reports received for month 1 and is subject to variation as the year progresses. The reason for including an underspend at this stage is because the CCG is now receiving the benefit of the Category M adjustment from 2017/18 which NHS England retained throughout last year before releasing into CCG year end positions. In addition to this the pressures faced due to the NCSO (No Cheaper Stock Obtainable) drugs have now reduced. With these factors taken into account along with the overachievement of QIPP in 2017/18 it is felt that a significant level of underspend is likely.

Mental Health (forecast underspend £0.5m): Out of area mental health costs are currently showing an underspend however this is traditionally a volatile area of spend and therefore could change significantly throughout the year.

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. The second arrangement is the Aligned Incentive Contract with Hull & East Yorkshire Hospitals NHS Trust and East Riding of Yorkshire CCG. In previous years there has been no impact of these on the CCG however the potential remains.

In order to manage the financial position and achieve the balance required by NHS England, the CCG will access the contingency reserve that was set aside in the financial plan as well as the ability to delay investment set aside in reserves.

Statement of Financial Position

At the end of June the CCG was showing £25.5m 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 £469,672 for both 'Programme' and 'Running' costs.

Working Balance Management

Cash

The closing cash for June was £81k which was below the 1.25% target of £416k.

Better Payment Practice Code:

Target 95% payment within 30 days

Non NHS

The Non NHS performance for June was 99.65% on the value and 98.52% on the number of invoices, whilst the full year position is 98.81% achievement on the value and 97.72% on number.

NHS

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

Quality Premium 2017/18

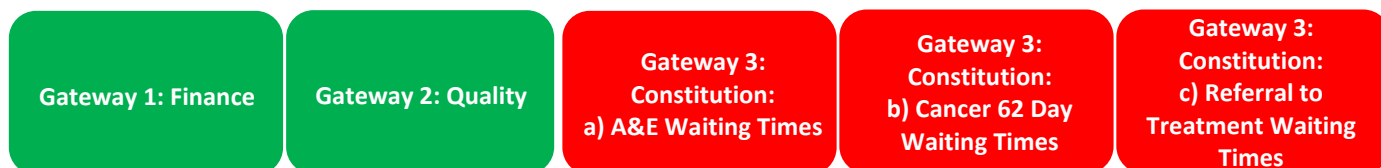
The quality premium paid to CCGs in 2018/19 – to reflect the quality of the health services commissioned by them in 2017/18 – will be based on measures that cover a combination of national and local priorities.

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.



National Indicators						
Title	Indicator	Value (%)	Value (£)	Latest position	Target	Latest status
Early cancer diagnosis	**Cancers diagnosed at stages 1 & 2	17%	£249,558.30	49.95% (2016)	49.30% (2016)	Final
GP Access & Experience	***Overall experience of making a GP appointment	17%	£249,558.30	69.3% (Jan-Mar 17)	72.3% (Jan-Mar 18)	Due: Aug-18
Continuing Healthcare	**NHS CHC checklist decisions within 28 days	8.5%	£124,816.12	89.22% (Q4 2017/18)	80%	Final
	**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%	Final
Mental Health - Equity of Access and outcomes (IAPT)	*BAME Access: Recovery rate of people accessing IAPT	8.5%	£124,779.15	27% (Q3 2017/18)	53%	Due: Jul-18
	*Older People's Access: proportion of people accessing IAPT services aged 65+	8.5%	£124,779.15		Awaiting clarity from NHS England	TBC
Reducing Gram Negative Bloodstream Infections	**Incidence of E coli BSI reported	5.95%	£87,345.41	234 (2017/18)	<210	Final
	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	1.322 (2017/18)	<2.265	Final
	**Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater	3.825%	£56,150.62	5,535 (2017/18)	<6,110	Final
	**Sustained reduction of inappropriate prescribing in primary care	1.7%	£24,955.83	1.138 (2017/18)	<1.161	Final
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	Final

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 Quality premium requirements for 2018/19 are detailed on the following 2 pages.

* Data currently queried with the national Quality Premium team as data for Q4 2017/18 has been removed from publication.

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

*** Data release has been delayed until 9 August 2018.

National Indicator Methodology			
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

Quality Premium 2018/19

The structure of the Quality Premium is changing for the 2018/19 scheme year so as to incentivise moderation of demand for emergency care in addition to maintaining and or improving progress against key quality indicators.

Emergency Demand Management Indicators

Type 1 A&E attendances AND
Non-elective admissions with 0
length of stay
(50%)

Non-elective admissions with
length of stay 1 day or more
(50%)

Performance will be measured against NHS Hull specific trajectories. Both indicators have to be achieved.

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 18 weeks RTT and 62 day cancer waits.

Gateway 1:
Finance

Gateway 2:
Quality

Gateway 3a:
Constitution
18 Week RTT Waits
(50%)

Gateway 3b:
Constitution
Cancer 62 Day Waits
(50%)

National Indicators						
Title	Indicator	Value (%)	Value (£)	Latest position	Target	Latest status
Early cancer diagnosis	Cancers diagnosed at stages 1 & 2	17%	£249,558	49.95% (2016)	53.95% (2017)	
	Comment: Due to time lag in data availability, progress against this indicator is unclear. Actions have been in progress to increase earlier diagnosis over a period of time so positive impact should be seen.					
GP Access & Experience	Overall experience of making a GP appointment	17%	£249,558	69.3% (Jan-Mar 17)	3% increase	
	Comment: Awaiting next publication, due August 2018. 21 practices across the CCG are using e-consultation to provide an alternative way for patients to access the practice. In addition the CCG is currently procuring the Extended Access service which will, from October 2018, offer all patients appointments in primary care, 8am-8pm, Monday to Friday and at weekends.					
Continuing Healthcare	NHS CHC checklist decisions within 28 days	8.5%	£124,779	97% (Q1 2018/19)	80%	
	Comment: 30/31 NHS CHC decisions made within 28 days in Q1 of 2018/19. 0 referrals which were still pending decision exceeded 28 days at the end of the quarter.					
	Reduce the number of NHS CHC assessments which take place in an acute hospital setting	8.5%	£124,779	0% (Q1 2018/19)	<15%	
Comment: All 33 DST carried out in the quarter were in non-acute hospital settings.						
Mental Health - Equity of Access and outcomes (IAPT)	BAME Access: Recovery rate of people accessing IAPT	8.5%	£124,779	27% (Q3 2017/18)	3% increase	
	Older People's Access: proportion of people accessing IAPT services aged 65+	8.5%	£124,779	4.3% (Q3 2017/18)	Awaiting clarity	TBC
	Comment: It is required that both elements be met in order to meet this indicator. Training is now available nationally (rolling out from Oct 2018 – March 2019) for IAPT practitioners to access specific training in relation to Long Term Conditions which will support the achievement of this target. Locally, our community provider is working to support community nursing and wider services to ensure older people are identified in order to access the service. Hull CCG currently has a DES in place for the screening of patients for dementia/memory assessment; if a referral for memory assessment is not required, referral to IAPT may be recommended. As a result we should see an increase in the numbers accessing the service.					

National Indicators						
Title	Indicator	Value (%)	Value (£)	Latest position	Target	Latest status
Reducing Gram Negative Bloodstream Infections	Incidence of E coli BSI reported	5.1%	£74,867	63 (Apr-Jun 18)	<184	
	Comment: The Hull and ERY CCG combined improvement plan for E.coli and gram negative bacteraemia has been updated to reflect changes in the Quality Premium for 2018/19.					
	Collection and reporting of a core primary care data set for E coli	2.55%	£37,434	TBC	100%	
	Comment: Data collection process is currently being discussed.					
	Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater	3.40%	£49,912	5,535 (2017/18)	<8,472	
	Comment: This has shown continual improvements throughout 2017/2018 due to the prescribing audits undertaken by NECS Medicines Optimisation and resultant prescriber clinical behaviour change in antibiotic prescribing.					
	Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU)	1.7%	£24,956	1.138 (2017/18)	<1.161	
	Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) – Stretch target	4.25%	£62,390	1.138 (2017/18)	<0.965	
Comment: This indicator was previously described as ‘Sustained reduction of inappropriate prescribing in primary care’ and saw continual improvements throughout 2017/2018 due to the prescribing audits undertaken by NECS Medicines Optimisation and resultant prescriber clinical behaviour change in antibiotic prescribing. Aa additional stretch target has been introduced for 2018/19. Antibiotic volume Part 1 has been achieved but an antibiotic volume Part 2 for 2018/2019 has been introduced with a greater reduction target. This is an area of focus for the CCG Quality Scheme and inclusion in the action plans of the GP Groupings alongside further prescribing audits planned for 2018/2019 to reduce antibiotic volume.						
Local Indicator						
Local measure	0-1 year non elective admissions for respiratory tract (rate per 10,000)	15%	£220,199	Data currently being Quality Assured	<352	
	Comment: Local SUS data is being monitored within the CCG QIPP plan. Work underway to understand what is driving admissions and remedial action required to address these.					

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
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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
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		Denominator	Total number of full NHS CHC assessments completed in the financial year

National Indicators			
Title	Indicator		
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 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	
	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19	
HEYHT Actual	87.22	91.69	91.97	86.46	90.51	89.14	82.42	77.68	77.74	76.42	83.01	82.12	82.55	
STF Trajectory	95.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	95.00	TBC	TBC	TBC	
STF Status														
Hull CCG Actual	89.61	93.21	93.51	89.03	92.46	91.29	85.45	82.10	82.31	81.16	86.83	86.36	86.38	
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 4 hour target has slightly deteriorated in May - themes and trends continue to be reviewed as part of the work being undertaken as part of the HEYHT aligned incentive contract, however minors and paediatrics continue to be the main contributors to numbers of A&E attendances.

Referral to Treatment pathways: incomplete (%)

Lead: Karen Billany		Framework: A Forward View into Action: Annex B											Polarity: Bigger is better	
	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19	
HEYHT Actual	80.37	85.53	85.91	83.63	83.72	83.37	81.25	80.70	80.37	79.84	81.05	82.24	82.24	
STF Trajectory	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	TBC	TBC	TBC	
STF Status														
Hull CCG Actual	83.46	85.51	85.59	83.51	83.66	83.27	81.06	80.86	80.87	80.73	81.85	83.23	81.85	
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	
	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19	
HEYHT Actual	157	3	2	22	17	14	30	24	14	25	18	22	40	
STF Trajectory	0	0	0	0	0	0	0	0	0	0	TBC	TBC	TBC	
STF Status														
CHCP Actual	223	15	47	41	32	24	19	7	7	8	5	1	6	
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Status														
Hull CCG Actual	275	15	48	52	38	27	30	13	9	15	8	12	20	
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Status														

Hull CCG has recorded 12 x 52 week breaches with 11 at HEYHT and 1 at City Health Care Partnership in May.

HEYHT: 8 x ENT, 1 x Gynaecology, 1 x Ophthalmology and 1 x Urology, all patients have now been treated (7 delays due to theatre capacity, 3 due to patient choice with the remaining breach due to consultant sickness). Plans and actions in respect of waiting times at HEYHT are monitored through the Planned Care Delivery Group.

CHCP: 1 breach allocated to the tier 3 Weight Management Service which is being addressed with the provider. This relates to a patient who works overseas which created some difficulties in contacting them; however the patient has now begun treatment.

Diagnostic test waiting times (%)

Lead: Karen Billany		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19	
HEYHT Actual	10.50	5.00	8.20	9.30	7.20	7.30	9.00	10.40	8.23	10.50	9.49	10.05	10.05	
STF Trajectory	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	TBC	TBC	TBC	
STF Status														
Hull CCG Actual	9.39	4.22	8.07	8.97	6.98	6.37	8.50	9.24	6.82	9.39	8.45	9.36	9.36	
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														

The CCG had 476 breaches with the majority being for endoscopies 53% (252) and imaging 38% (182). The Trust continues to communicate action plans through the governance of the aligned incentive contract. It is unclear when sustained improvement will be achieved.

Breast Cancer 2 week waits (%)

Lead: Karen Ellis

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
Hull CCG Actual	92.29	90.00	92.76	92.68	89.04	91.77	89.68	92.31	92.97	91.30	86.23	86.74	86.49
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 – 181 patients were seen during May with 24 breaches. 18 breaches were due to patient choice (cancelling appointment), 5 were due to lack of capacity and the remaining unclear.

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

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
HEYHT Actual	76.14	74.70	76.80	73.70	80.40	79.00	77.50	77.81	74.23	72.82	70.57	70.39	70.48
STF Trajectory	85.00	82.96	83.78	81.94	85.19	85.31	85.38	85.21	85.16	85.21	TBC	TBC	TBC
STF Status													
Hull CCG Actual	78.99	74.65	75.90	76.47	85.25	84.62	86.67	84.62	78.57	74.55	65.57	76.71	71.64
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

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
Hull CCG Actual	81.36	100.00	68.18	80.00	58.33	87.50	90.91	80.00	66.67	83.33	77.78	75.00	76.92
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) – 73 patients with 17 breaches. 11 breach reasons remain unclear, 3 were due to complexities, 1 due to the patient being unfit and the remaining 2 relating to lack of capacity.

Cancer 62 days of referral from an NHS Cancer Screening Service - 4 patients seen and 1 breached with an unclear reason.

Note: Access to cancer reporting data nationally has changed and become more challenging. The CCG is increasingly dependent on providers supplying information to explain breaches of waiting time standards.

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

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
YAS Actual				07:14	07:11	07:27	08:12	08:10	08:07	08:17	08:02	08:20	08:12
YAS Target				07:00	07:00	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

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
YAS Actual	36,917	1,980	2,034	2,587	2,503	2,349	4,392	4,263	3,866	4,167	2,781	2,381	5,162
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

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
YAS Actual	8,657	263	274	524	510	352	1,044	970	998	1253	626	334	960
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

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
YAS Actual	7,482	926	878	962	1,062	902	926	984	914	1,126	1,043	1,125	2,168
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

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
YAS Actual	447	45	42	43	47	36	46	50	38	75	42	53	95
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 and 30 minute handovers is 53.5% and 86.7% respectively. YAS at HEYHT performance for 15 minute and 30 minute crew clears is 72.2% and 97.5% for respectively.

% of people entering treatment (%)

Lead: Melanie Bradbury

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	2018/19
Actual	23.35	1.74	1.49	1.37	1.37	1.55	2.03	4.50	2.22	2.77	1.43	1.29	1.29
Target	19.00	1.58	1.58	1.58	1.58	1.58	1.58	1.58	1.58	1.58	1.58	1.67	1.67
Status													

This indicator has been adversely affected by the erroneous data submission. Following on from the data audit an updated operational procedure is now in place in order to address the high number of DNAs experienced by the service. The impact of these changes will be closely monitored over the coming months.

% of people who are moving to recovery

Lead: Melanie Bradbury

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	2018/19
Actual	48.01	48.15	46.15	44.94	53.06	50.48	49.52	45.45	50.00	52.05	51.58	58.69	58.69
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 has seen improvement following changes in clinical practice and recording of problem descriptors in the IAPT dataset which ensures the correct modality of therapy for the individual. The CCG will continue to work with the provider to sustain this 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

	2017/18	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	2018/19
Actual	73.64	75.86	76.04	70.21	71.57	71.56	72.90	74.07	56.45	78.21	70.19	64.71	64.71
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 associated issues with the erroneous data submission. An audit was undertaken to highlight people approaching 6 weeks since time of referral with no first treatment appointment, giving an opportunity for treatment sub-providers to ensure these people, if not already, are prioritised for the next available first treatment appointment slot.

Friends and Family Test for A&E - % recommended

Lead: Karen Martin

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
HEYHT Actual	85.20	86.20	84.80	85.10	85.70	85.40	85.40	85.60	84.00	86.25	81.71	82.53	82.12
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	11.20	12.09	13.20	11.16	11.14	17.59	19.55	12.31	19.08	18.23	19.31	17.92	19.31

The Trust continues to miss the ratings target for FFT in A&E. HEY have agreed an FFT improvement plan to address FFT performance across the organisation. This will be presented to the CCG Quality & Performance committee in August 2018.

Friends and Family Test for Postnatal community - % recommended

Lead: Karen Martin

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
HEYHT Actual	87.30	100.00	100.00	0.00	Nil Return	Nil Return	Nil Return	Nil Return	100.00	Nil Return	Nil Return	Nil Return	Nil Return
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 continues to fail to return data. Maternity will be a priority area within the improvement plan.

Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile)

Lead: Karen Martin

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

	2017/18	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	2018/19
Actual	50	4	8	0	6	2	5	4	3	3	5	6	14
Target	82	8	7	8	7	5	5	5	8	5	4	5	14
Status													

Over the last three years Hull CCG has ended the year consistently under objective with a large majority of the cases been determined as "no lapse in care". A stretch target of 55 cases has been agreed for 2018/19; currently the CCG is on target overall to meet this objective despite marginal underperformance in May and June 2018.

Incidence of healthcare associated infection (HCAI): E-Coli

Lead: Karen Martin

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

	2017/18	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	2018/19
Actual	237	25	25	15	15	18	27	23	13	23	18	22	63
Target	209	23	20	22	21	15	15	16	11	13	20	15	48
Status													

This target is linked to the Quality Premium indicators for E-coli infections. The Hull and ERY combined improvement plan for E.coli and gram negative bacteraemia has been updated to incorporate changes in the Quality Premium for 2018/19 and the trajectory reflects this.

Number of Mixed Sex Accommodation breaches													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B							Polarity: Smaller is better			
	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
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	1	0	0	0	1	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 Rate	0.01	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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 breaches in May.													

No urgent operations cancelled for a 2nd time (%)													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B							Polarity: Smaller is better			
	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
HEYHT Actual	5	0	3	0	0	1	0	0	1	0	0	0	0
HEYHT Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
No breaches in May.													

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			
	2017/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	2018/19
HEYHT Actual	15	0	1	0	0	7	1	4	6	10	7	4	11
HEYHT Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
The Trust has cancelled four elective operations during the month of May, 3 due to lack of Ward Beds (Gynaecology, Radiology and Colorectal Surgery) and one due to an Emergency Case (Vascular Surgery). Combination of a lack of ward bed availability and urgent / cancer demand. These operations have been rescheduled within 28 days of the appointment being cancelled and are monitored through HEY's internal Performance and Activity meetings.													