

# **QUALITY & PERFORMANCE REPORT**

**NHS HULL CCG BOARD**

**SEPTEMBER 2018**

## TABLE OF CONTENTS

Page

### **CORPORATE PERFORMANCE REPORT**

Executive Summary	3
Financial Position	4
2017/18 QIPP final position by Scheme	5
Quality Premium - 2018/19	9
CCG Performance Indicator Exceptions	12

## Executive Summary

## Financial Summary

The Month 5 (August 2018) financial position is reported, at this 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 deteriorated in July - themes and trends continue to be reviewed as part of the work being undertaken with the HEYHT Aligned Incentive Contract. The Contract & Technical Information Group members are monitoring A&E profiles and providing to the Unplanned Care Delivery Group to support analysis of the issues. The Unplanned Care Delivery Group has refocused its work onto areas reflecting whether the impact will be in the short / medium / long term with a focus on reducing demand and improving flow through the A&E department.

Referral to Treatment 18 weeks waiting times deteriorated marginally in July. However HEYHT are achieving the local improvement trajectory. The overall waiting list size is growing and this is predominantly 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 in July. The 62-day waits remain below target with a marginal improvement on the previous month for Cancer 62 day waits: Urgent GP referral. The Cancer Alliance, of which the CCG is a member, is working with all local providers of cancer services to support the implementation of cancer best practice pathways; especially in relation to lung cancer. It is also supporting procurements to improve how diagnostic reports / images can be better shared to reduce duplication / loss of time waiting for results.

A slight improvement is seen in the performance against the 6-week waiting times target for diagnostic tests, however the significant challenges experienced in endoscopy continue. It is unclear when sustained improvement will be achieved.

## Quality

Currently all providers are on routine monitoring, no providers are on enhanced surveillance.

### Workforce

Staffing remains a challenge across all organisations. Commissioners have requested bi-monthly reports on medical staffing from Hull & East Yorkshire Hospitals Trust (HEYHT) and continue to work with the provider and Hull University to ensure all students completing training in September 2018 are offered appropriate placements.

Safer Staffing remains a concern for Humber Teaching NHS Foundation Trust (HTFT). Whilst a staffing escalation policy is in place, reports from individual senior clinical leaders and staff, particularly in the inpatients setting indicates that staffing pressures compounded by vacancies remain a risk for the Trust. A training session was held for staff in July which included a session to empower staff to use the bed escalation policy. Safer staffing reports continue to be monitored through the Quality groups.

### CQC

HEYHT have developed a robust CQC action plan (QIP) which is being monitored through the Quality and Delivery Group.

### Hospital Infections

There has been an increased number of Trust Apportioned MSSA & Klebsiella BSI Cases. A joint action plan is to be developed with commissioners and Public Health. There has been an increase in E. Coli Bacteraemias which could be

linked to the warm weather with patients suffering from dehydration. The Trust continues to work with NHSI regarding urinary tract infection collaborative.

## Financial Position

### Achievement of Financial Duties / Plans

Based on information available up to the 31st August 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	
<b>18/19 Core Allocation</b>	<b>188,562</b>	<b>188,562</b>	-	<b>(469,786)</b>	<b>(469,786)</b>	-	
<b>Use of prior years surplus</b>			-			-	
Acute Services	87,988	87,780	<b>208</b>	211,170	211,170	-	Green
Prescribing & Primary Care Services	41,209	39,778	<b>1,431</b>	98,904	96,904	<b>2,000</b>	Green
Community Services	22,221	22,561	<b>(340)</b>	53,330	53,630	<b>(300)</b>	Green
Mental Health & LD	18,709	18,105	<b>604</b>	44,868	44,168	<b>700</b>	Green
Continuing Care	9,179	8,557	<b>622</b>	22,030	20,530	<b>1,500</b>	Green
Other Including Earmarked Reserves	290	3,111	<b>(2,821)</b>	17,962	22,362	<b>(4,400)</b>	Green
Running Costs	2,606	2,310	<b>296</b>	6,254	5,754	<b>500</b>	Green
<b>TOTAL EXPENDITURE</b>	<b>182,202</b>	<b>182,202</b>	-	<b>454,518</b>	<b>454,518</b>	<b>(0)</b>	
<b>Under/(over)-spend against in year allocation</b>	-	-	-	-	-	<b>(0)</b>	Green
<b>Balance of prior year surplus</b>	<b>370,764</b>	<b>370,764</b>	-	<b>(15,268)</b>	<b>(15,268)</b>	<b>(0)</b>	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 Earmarked Reserves

### Summary Financial Position as at 31st August 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 Services (forecast £0.3m overspend): The charges received in relation to community equipment have increased at the start of this financial year. Analysis of the data indicates that this may be due to increases in the amount of maintenance being carried out. Discussions are being had with the provider to ensure that this is fully understood.

Prescribing (forecast underspend £2m): Costs in relation to prescribing continue to indicate that there is likely to be an underspend in 2018/19. However as this information is received two months in arrears there is still potential for forecasts to change significantly. This is in part due to the success of the QIPP schemes.

Mental Health (forecast underspend £0.7m): Out of area mental health and Child and Adolescent Mental Health costs are currently showing underspends. These are both traditionally volatile areas of spend and could change significantly throughout the year. It should also be noted that work is ongoing with Hull City Council in relation to children's mental health to ensure that better value for money is delivered across the system (HCC currently incurring increasing costs for this cohort of the population).

Continuing Healthcare (forecast underspend of £1.5m): Following two years of underspends CHC costs continue to reduce. There may be an impact of the 'Transfer to Assess' model that has is being established, however the level of this impact is difficult to determine definitively as it is dependent on the occupancy levels of the block purchased beds as well as how many of these patients get placed in residential care as opposed to nursing homes.

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 accessed the contingency reserve that was set aside in the financial plan as well as potential slippage on reserves or increasing levels of investment.

### **Statement of Financial Position**

At the end of August the CCG was showing £29.8m 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 £469,786 for both 'Programme' and 'Running' costs. This was an increase of £47k in relation to the impact of the Agenda for Change pay award.

### **Working Balance Management**

#### **Cash**

The closing cash for August was £45k which was below the 1.25% target of £378k.

### **Better Payment Practice Code:**

***Target 95% payment within 30 days***

#### **a. Non NHS**

The Non NHS performance for August was 99.98% on the value and 99.41% on the number of invoices, whilst the full year position is 99.19% achievement on the value and 98.24% on number.

#### **b. NHS**

The NHS performance for August was 99.91% on the value and 98.41% on the number of invoices, whilst the full year position is 99.98% achievement on the value and 99.65% on number.

### **Final QIPP Position for 2017/18**

The following pages of this report show the final position of the 2017/18 QIPP by individual scheme. This is being reported to present the final position as previous information provided included accruals / estimates due to the timing of information provided. As can be seen from the data the CCG overachieved against its £10.3m target by £1.5m, i.e. a total saving of £11.8m (note that the final reported position to NHS England was £12.0m).

As the schemes relating to HEYHT are built into a fixed value contract the over or under achievement of individual schemes are balanced off in the 'Demand Management' line. The overachievement was therefore associated with Spire (c£0.3m) and Medicines Management (c£1.5m).

## NHS Hull CCG QIPP Schemes 2017-18

Position As at: March 2018

Indicator	Owner		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	QIPP
<b>Theme: Reduction in variation of referrals</b>																
HEYHT Productive Elective Care - Outpatient First Attendances - PHASE 1	Karen Billany	Actual	£109,360	£68,881	£68,514	£29,436	£20,545	£55,045	£38,370	£77,780	£48,319	£48,096	£44,992	£72,490	£681,826	
		Target	£44,688	£47,284	£45,192	£36,047	£36,656	£40,960	£39,093	£47,574	£35,219	£42,684	£36,832	£41,133	£493,362	
		Status														
HEYHT Productive Elective Care - Outpatient First Attendances - PHASE 2	Karen Billany	Actual	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£43,703	£43,703	
		Target	£33,703	£33,555	£38,243	£31,959	£35,130	£30,856	£34,065	£33,086	£29,338	£36,397	£28,378	£40,350	£405,060	
		Status														
HEYHT Productive Elective Care - Outpatient First Attendances - PHASE 3	Karen Billany	Actual	£23,901	£0	£9,757	£17,180	£41,021	£55,155	£15,416	£8,375	£0	£22,720	£0	£19,116	£212,640	
		Target	£27,335	£27,358	£30,918	£31,586	£32,186	£35,823	£28,973	£29,511	£22,323	£29,500	£22,100	£29,786	£347,399	
		Status														
HEYHT Ratio of Follow-up Attendances to First Attendances.	Karen Billany	Actual	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
		Target	£24,952	£27,348	£24,961	£23,548	£20,208	£24,741	£32,743	£30,748	£15,688	£23,721	£18,626	£17,923	£285,208	
		Status														
Reduction in variation of referrals: Total	Karen Billany	Actual	£133,260	£68,881	£78,271	£46,616	£61,565	£110,200	£53,786	£86,155	£48,319	£70,815	£44,992	£135,309	£938,169	
		Target	£130,678	£135,545	£139,314	£123,140	£124,180	£132,380	£134,874	£140,919	£102,568	£132,302	£105,936	£129,192	£1,531,029	
		Status														
<b>Theme: Elective Care Opportunity</b>																
Hips - HEYHT	Karen Billany	Actual	£29,911	£0	£0	£0	£0	£0	£34,677	£58,815	£18,793	£54,648	£105,727	£34,279	£336,850	
		Target	£16,860	£17,034	£11,277	£21,416	£16,672	£26,527	£24,916	£30,127	£23,158	£26,395	£26,856	£17,499	£258,737	
		Status														
Knees - HEYHT	Karen Billany	Actual	£71,347	£82,686	£0	£132,657	£0	£15,330	£180,536	£130,987	£0	£82,413	£177,098	£160,657	£1,033,710	
		Target	£22,884	£22,501	£20,354	£20,987	£15,173	£15,280	£30,149	£27,416	£14,332	£17,648	£19,615	£24,184	£250,523	
		Status														
Hips - SPIRE	Karen Billany	Actual	£0	£0	£0	£13,125	£4,596	£15,724	£29,597	£0	£44,622	£31,233	£40,547	£52,597	£232,041	
		Target	£17,215	£20,347	£13,543	£17,733	£16,230	£23,592	£19,926	£13,570	£16,239	£24,354	£16,646	£17,975	£217,370	
		Status														
Knees - SPIRE	Karen Billany	Actual	£100,997	£17,081	£74,924	£25,782	£0	£97,642	£13,503	£95,257	£5,942	£135,667	£81,792	£200,432	£849,019	
		Target	£50,256	£47,620	£45,903	£35,967	£26,242	£56,567	£36,192	£42,205	£34,299	£60,316	£36,390	£57,855	£529,812	
		Status														
Elective Care Opportunity: Total	Karen Billany	Actual	£202,255	£99,767	£74,924	£171,564	£4,596	£128,696	£258,313	£285,059	£69,357	£303,961	£405,164	£447,965	£2,451,619	
		Target	£107,215	£107,502	£91,077	£96,103	£74,317	£121,966	£111,183	£113,318	£88,028	£128,713	£99,507	£117,513	£1,256,442	
		Status														
<b>Theme: Rightcare problems with circulation</b>																
Amputations relating to diabetes	Karen Billany	Actual	£0	£31,675	£3,962	£24,568	£0	£0	£0	£22,122	£0	£171	£0	£0	£82,497	
		Target	£8,365	£16,538	£11,248	£18,436	£10,377	£5,952	£6,246	£11,447	£9,536	£12,745	£7,309	£13,585	£131,784	
		Status														
Varicose veins	Karen Billany	Actual	£0	£8,207	£4,874	£4,078	£88	£8,403	£8,085	£0	£10,199	£14,845	£9,254	£18,695	£86,727	
		Target	£3,907	£7,530	£6,844	£5,648	£5,237	£4,553	£6,559	£4,169	£3,304	£5,321	£3,689	£5,697	£62,458	
		Status														
RightCare problems with circulation: Total		Actual	£0	£39,882	£8,836	£28,646	£88	£8,403	£8,085	£22,122	£10,199	£15,015	£9,254	£18,695	£169,224	
		Target	£12,272	£24,068	£18,092	£24,084	£15,614	£10,505	£12,805	£15,616	£12,840	£18,066	£10,998	£19,282	£194,242	
		Status														

NHS Hull CCG QIPP Schemes 2017-18

Position As at: March 2018

Indicator	Owner		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	QIPP
<b>Theme: Complex Patients</b>																
Hip Fracture Over 65	Karen Billany	Actual	£64,662	£0	£0	£0	£0	£0	£0	£0	£6,944	£0	£0	£0	£71,606	
		Target	£5,789	£4,640	£4,562	£4,192	£3,754	£3,854	£4,486	£3,998	£4,126	£4,375	£4,145	£4,689	£52,610	
		Status														
Falls over 65	Karen Billany	Actual	£47,545	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£47,545	
		Target	£7,608	£5,703	£7,176	£5,361	£6,058	£4,924	£4,505	£6,183	£5,063	£5,440	£5,733	£5,437	£69,191	
		Status														
Pneumonia	Karen Billany	Actual	£14,529	£0	£18,216	£24,658	£0	£0	£0	£81,785	£0	£0	£0	£0	£139,188	
		Target	£23,093	£19,493	£22,333	£19,537	£13,609	£15,949	£21,502	£27,892	£25,309	£33,754	£30,913	£24,428	£277,812	
		Status														
Urinary Tract Infections	Karen Billany	Actual	£0	£0	£0	£0	£10,463	£0	£0	£0	£0	£47,596	£0	£0	£58,060	
		Target	£67,250	£56,722	£48,308	£59,603	£71,439	£60,663	£70,264	£57,732	£60,761	£86,879	£59,662	£66,892	£766,175	
		Status														
Emergency COPD Admissions	Karen Billany	Actual	£0	£11,332	£5,290	£16,398	£20,524	£0	£0	£0	£0	£21,133	£0	£0	£74,676	
		Target	£3,793	£5,141	£3,932	£4,896	£4,542	£3,784	£3,806	£4,710	£4,255	£7,865	£5,775	£5,734	£58,233	
		Status														
Ambulatory Care Sensitive Conditions	Karen Billany	Actual	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£22,531	£0	£22,531	
		Target	£14,222	£18,087	£17,750	£18,937	£15,704	£15,754	£15,048	£16,791	£20,951	£17,086	£21,802	£20,663	£212,795	
		Status														
Acute Conditions	Karen Billany	Actual	£0	£0	£0	£34,851	£0	£0	£0	£0	£20,899	£0	£0	£0	£55,751	
		Target	£11,424	£12,077	£12,323	£12,604	£11,578	£12,559	£12,768	£12,623	£12,962	£12,168	£10,551	£14,363	£148,000	
		Status														
Non-Elective XBDs - All Ages	Karen Billany	Actual	£101,365	£97,758	£137,693	£44,631	£47,400	£35,179	£57,398	£29,494	£63,869	£38,624	£21,895	£20,493	£695,799	
		Target	£14,381	£14,238	£16,879	£10,277	£7,878	£8,544	£10,661	£9,798	£12,422	£9,921	£10,677	£9,246	£134,922	
		Status														
Complex Patients: Total	Karen Billany	Actual	£228,100	£109,090	£161,199	£120,538	£78,387	£35,179	£57,398	£111,279	£91,712	£107,353	£44,426	£20,493	£1,165,156	
		Target	£147,560	£136,101	£133,263	£135,407	£134,562	£126,031	£143,040	£139,727	£145,849	£177,488	£149,258	£151,452	£1,719,738	
		Status														
<b>Theme: Rightcare cancers &amp; tumours</b>																
Cancer of the Respiratory and digestive systems	Karen Billany	Actual	£0	£30,740	£129,556	£0	£70,236	£0	£0	£0	£0	£0	£0	£0	£230,532	
		Target	£25,393	£25,428	£44,204	£33,562	£43,556	£31,462	£30,613	£35,409	£26,909	£30,039	£29,994	£37,670	£394,239	
		Status														
RightCare Cancers & Tumours: Total	Karen Billany	Actual	£0	£30,740	£129,556	£0	£70,236	£0	£0	£0	£0	£0	£0	£0	£230,532	
		Target	£25,393	£25,428	£44,204	£33,562	£43,556	£31,462	£30,613	£35,409	£26,909	£30,039	£29,994	£37,670	£394,239	
		Status														
<b>Theme: Rightcare Maternity and early years</b>																
Emergency admissions for children under 1 year old with a respiratory tract infection	Bernie Dawson	Actual	£0	£4,497	£9,200	£3,117	£0	£0	£17,837	£18,314	£0	£9,158	£0	£0	£62,124	
		Target	£3,155	£2,098	£2,607	£1,286	£557	£2,017	£4,272	£8,987	£7,169	£5,589	£3,409	£2,947	£44,093	
		Status														
RightCare Maternity and early years: Total	Bernie Dawson	Actual	£0	£4,497	£9,200	£3,117	£0	£0	£17,837	£18,314	£0	£9,158	£0	£0	£62,124	
		Target	£3,155	£2,098	£2,607	£1,286	£557	£2,017	£4,272	£8,987	£7,169	£5,589	£3,409	£2,947	£44,093	
		Status														

NHS Hull CCG QIPP Schemes 2017-18

Position As at: March 2018

Indicator	Owner	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	QIPP	
<b>Theme: Mental Health including alcohol</b>																
MH: - Reduce multiple admissions at HEYHT	Karen Billany	Actual	£0	£0	£0	£39,944	£0	£0	£0	£0	£0	£0	£0	£39,944		
		Target	£29,327	£28,104	£28,302	£31,172	£27,656	£29,129	£27,484	£27,748	£28,061	£28,056	£26,888	£30,767		£342,694
		Status														
Mental Health including alcohol: Total		Actual	£0	£0	£0	£39,944	£0	£0	£0	£0	£0	£0	£0	£39,944		
		Target	£29,327	£28,104	£28,302	£31,172	£27,656	£29,129	£27,484	£27,748	£28,061	£28,056	£26,888	£30,767		£342,694
		Status														
<b>Theme: Medicines Optimisation</b>																
Medicine optimisation prescribing	Phil Davis	Actual	£89,375	£3,270	£23,211	£35,918	£55,701	£90,371	£66,968	£74,553	£24,668	£25,050	£16,055	£42,971	£548,112	
		Target	£20,833	£20,833	£20,833	£20,833	£20,833	£20,833	£20,833	£20,833	£20,833	£20,833	£20,833	£20,833	£250,000	
		Status														
RightCare Respiratory System Prescribing	Phil Davis	Actual	£88,390	£34,610	£20,208	£51,158	£50,548	£39,181	£37,120	£44,206	£56,128	£41,723	£51,670	£82,198	£597,140	
		Target	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£200,000	
		Status														
RightCare Mental Health Disorders Prescribing	Phil Davis	Actual	£15,919	£9,266	£5,964	£6,590	£4,894	£1,448	£106,942	£108,300	£113,976	£115,453	£99,694	£122,011	£710,456	
		Target	£12,500	£12,500	£12,500	£12,500	£12,500	£12,500	£12,500	£12,500	£12,500	£12,500	£12,500	£12,500	£150,000	
		Status														
RightCare Problems of Circulation Prescribing	Phil Davis	Actual	£2,240	£413	£127	£1,086	£1,863	£1,832	£0	£0	£0	£0	£0	£0	£7,560	
		Target	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£4,167	£50,000	
		Status														
RightCare Cancers & Tumours Prescribing	Phil Davis	Actual	£12,240	£3,664	£978	£10,875	£7,531	£14,918	£7,895	£19,237	£17,002	£11,541	£11,627	£21,880	£139,389	
		Target	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£16,667	£200,000	
		Status														
Medicines Management: Total		Actual	£208,164	£51,223	£50,488	£105,627	£120,537	£147,750	£218,925	£246,296	£211,775	£193,766	£179,046	£269,059	£2,002,657	
		Target	£70,833	£70,833	£70,833	£70,833	£70,833	£70,833	£70,833	£70,833	£70,833	£70,833	£70,833	£70,833	£850,000	
		Status														
<b>Theme: Other</b>																
Demand Management	Danny Storr	Actual	£237,285	£363,031	£322,104	£342,742	£506,868	£516,879	£365,318	£292,942	£540,368	£341,171	£326,173	£314,745	£4,469,625	
		Target	£311,775	£307,928	£311,754	£323,205	£339,173	£312,660	£309,484	£294,665	£348,504	£244,990	£334,716	£271,186	£3,710,040	
		Status														
Admin Cost Reduction	Danny Storr	Actual	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£287,000	
		Target	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£23,917	£287,000	
		Status														
Other: Total	Danny Storr	Actual	£261,202	£386,948	£346,021	£366,658	£530,785	£540,795	£389,234	£316,859	£564,284	£365,088	£350,089	£338,662	£4,756,625	
		Target	£335,692	£331,844	£335,671	£347,122	£363,090	£336,576	£333,401	£318,581	£372,420	£268,907	£358,632	£295,103	£3,997,040	
		Status														
TOTAL		Actual	£1,032,982	£791,028	£858,496	£882,710	£866,193	£971,024	£1,003,578	£1,086,084	£995,646	£1,065,157	£1,032,970	£1,230,184	£11,816,051	
		Target	£862,125	£861,524	£863,363	£862,710	£854,365	£860,900	£868,505	£871,139	£854,678	£859,993	£855,455	£854,758	£10,329,516	
		Status														
TOTAL YTD		Actual	£1,032,982	£1,824,010	£2,682,505	£3,565,215	£4,431,408	£5,402,432	£6,406,010	£7,492,094	£8,487,740	£9,552,897	£10,585,867	£11,816,051	£11,816,051	
		Target	£862,125	£1,723,649	£2,587,012	£3,449,722	£4,304,087	£5,164,987	£6,033,492	£6,904,631	£7,759,309	£8,619,302	£9,474,758	£10,329,516	£10,329,516	
		Status														
<b>KEY:</b>			= On Target													
			= Off Target													



## 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 Waiting  
list (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)	4% point increase (2018)	
	<b>Comment:</b> Due to time delay in data availability, progress against this indicator is unclear. As per the 2017/18 Quality Premium the CCG needs to achieve a 4% point increase on the previous year. We cannot specify what the target will be for the 2018/19 Quality Premium until we have the 2017 result. 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	62.3% (Jan-Mar 18)	3% increase	
	<b>Comment:</b> 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%	
	<b>Comment:</b> 30/31 NHS CHC decisions were made within 28 days in Q1 of 2018/19. 0 referrals 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%	
<b>Comment:</b> All 33 DST carried out in the quarter were in non-acute hospital settings.						

National Indicators						
Title	Indicator	Value (%)	Value (£)	Latest position	Target	Latest status
Mental Health - Equity of Access and outcomes (IAPT)	BAME Access: Recovery rate of people accessing IAPT	8.5%	£124,779	57% (Q4 2017/18)	60%	
	Older People's Access: proportion of people accessing IAPT services aged 65+	8.5%	£124,779	4.3% (Q3 2017/18)	Awaiting clarity	TBC
	<b>Comment:</b> 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 for those aged over 65 years. The service is also linking into the frailty pathway at the ICC and currently scoping out their input so that there is a more proactive approach for this potential patient group. 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. In terms of BAME; the service is open access with primary, community and secondary care services signposting individuals, supported by translation services wherever needed. Head of Commissioning will work with the service to ensure they are working with voluntary and community groups to get the message of the service out to these communities.					
Reducing Gram Negative Bloodstream Infections	Incidence of E coli BSI reported	5.1%	£74,867	64 (Apr-Jun 18)	<184	
	<b>Comment:</b> The Hull & 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%	
	<b>Comment:</b> 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	
	<b>Comment:</b> Continual improvements throughout 2017/2018 have been reported by the Medicines Optimisation team, which is related to clinical audits & 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		
<b>Comment:</b> 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 the Medicines Optimisation team and prescriber clinical behaviour change in antibiotic prescribing therefore an 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	
	<b>Comment:</b> Local secondary care data is being monitored within the CCG QIPP plan. The project aligned to this indicator is reviewing clinical pathways and data.					

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 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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
HEYHT Actual	87.22	86.46	90.51	89.14	82.42	77.68	77.74	76.42	83.01	82.12	84.31	79.60	82.26	
STF Trajectory	95.00	90.00	90.00	90.00	90.00	90.00	90.00	95.00	83.0	82.1	88.0	93.4	95.00	
STF Status														
Hull CCG Actual	89.61	89.03	92.46	91.29	85.45	82.10	82.31	81.16	86.83	86.36	88.03	84.44	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														

At provider level the 4 hour target deteriorated in July by over 4% from the previous month - themes and trends continue to be reviewed as part of the work being undertaken with the HEYHT Aligned Incentive Contract. The CCG lead for emergency pressures continues to work with the provider and report as part of the AIC governance structure. It should be noted that locally reported performance during August reported significant improvement.

### Referral to Treatment pathways: incomplete (%)

Lead: Karen Billany		Framework: A Forward View into Action: Annex B											Polarity: Bigger is better	
	2017/18	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
HEYHT Actual	80.37	83.63	83.72	83.37	81.25	80.70	80.37	79.84	81.05	82.24	82.00	81.34	82.00	
STF Trajectory	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	80.00	80.00	80.00	80.00	85.00	
STF Status														
Hull CCG Actual	83.46	83.51	83.66	83.27	81.06	80.86	80.87	80.73	81.85	83.23	83.18	82.73	81.76	
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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
HEYHT Actual	157	22	17	14	30	24	14	25	18	22	11	12	63	
STF Trajectory	0	0	0	0	0	0	0	0	TBC	TBC	TBC	TBC	TBC	
STF Status														
CHCP Actual	223	41	32	24	19	7	7	8	5	1	1	0	7	
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Status														
Hull CCG Actual	275	52	38	27	30	13	9	15	8	12	5	7	32	
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Status														

Referral to Treatment 18 weeks waiting times deteriorated marginally in July to 81.34% but the local improvement trajectory is currently showing achievement. The overall waiting list size is growing and this is due to a few specialties with capacity issues – mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

Hull CCG recorded 7 x 52 week breaches in July, all of which are reported by HEYHT.

HEYHT: 4 x ENT, 1 x General Surgery, 1 x Neurology and 1 x Urology – reasons for breaches are: 3 due to patient choice, 3 due to theatre capacity and 1 theatre closure. Waiting times are now being closely monitored and reported through the AIC governance structure and recommendations for improvement being presented to the Planned Care Delivery Group where identified. There are a number of specialties under pressure which are being managed through the appropriate process and linked to the Elective Care Network to support more focused patient pathways with patients having diagnostic tests earlier in the pathway to minimise duplication.

### Diagnostic test waiting times (%)

Lead: Karen Billany		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2017/18	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
HEYHT Actual	10.50	9.30	7.20	7.30	9.00	10.40	8.23	10.50	9.49	10.05	8.97	8.52	9.28	
STF Trajectory	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	TBC	TBC	TBC	TBC	TBC	
STF Status														
Hull CCG Actual	9.39	8.97	6.98	6.37	8.50	9.24	6.82	9.39	8.45	9.36	9.36	8.79	8.79	
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 410 breaches with the majority being for endoscopies 62% (255). The Trust continues to communicate action plans through the governance of the Aligned Incentive Contract. Actions include reducing the number of tests done more than once when a further test is not required, using other providers diagnostic capacity where available, use of mobile facilities and sustained 7 day working morning afternoon and evening. 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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
Hull CCG Actual	92.29	92.68	89.04	91.77	89.68	92.31	92.97	91.30	86.23	86.74	93.79	90.70	89.07	
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														

129 patients were seen during July with 12 breaches. The breaches consist of 5 due to patient choice, 1 due to capacity, 1 complex and 5 others not listed. An increase in the number of 2 week waits is being seen in the service.

### 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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
HEYHT Actual	76.14	73.70	80.40	79.00	77.50	77.81	74.23	72.82	70.60	70.39	67.38	68.99	69.36	
STF Trajectory	85.00	81.94	85.19	85.31	85.38	85.21	85.16	85.21	70.6	68.7	69.8	72.1	85.00	
STF Status														
Hull CCG Actual	78.99	76.47	85.25	84.62	86.67	84.62	78.57	74.55	65.57	76.71	67.24	67.57	69.55	
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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
Hull CCG Actual	81.36	80.00	58.33	87.50	90.91	80.00	66.67	83.33	77.78	75.00	50.00	50.00	64.00	
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)** - there has been deterioration in Hull CCG performance in July to 67.57% (74 patients with 24 breaches) since the improvement noted in May (76.71%). Breach reasons are as follows - 3 due to complex cases, 1 treatment delayed for medical reasons, 2 for inadequate elective capacity and 1 inadequate outpatient capacity with the remaining reasons unclear.

**Cancer 62 days of referral from an NHS Cancer Screening Service** - this indicator remains at 50% for the second consecutive month; in July 8 patients were seen with 4 breaches. 1 breach related to complex with the remaining 3 reasons unclear.

The Cancer Alliance, of which the CCG is a member, is working with all local providers of cancer services to support the implementation of cancer best practice pathways; especially in relation to lung cancer, which reduces duplication and streamlines care pathways. It is also supporting procurements to improve how diagnostic reports / images can be better shared to reduce duplication / loss of time waiting for results.

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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
YAS Actual		07:14	07:11	07:27	08:12	08:10	08:07	08:17	08:02	08:20	07:38	07:19	07:50	
YAS Target		07:00	07:00	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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
YAS Actual	36,917	2,587	2,503	2,349	4,392	4,263	3,866	4,167	2,781	2,381	2,021	2,102	9,285	
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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
YAS Actual	8,657	524	510	352	1,044	970	998	1253	626	334	252	136	1,348	
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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
YAS Actual	7,482	962	1,062	902	926	984	914	1126	1,043	1,125	1,006	1,865	5,039	
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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19	
YAS Actual	447	43	47	36	46	50	38	75	42	53	36	94	225	
YAS Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Status														

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

Ambulance handover and Crew Clear delays are monitored against zero-tolerance target and reported at provider level. As winter approaches the system-wide resilience will be increasingly scrutinised.

YAS at HEYHT performance for 15 minute and 30 minute handovers is 64.5% and 91.9% respectively. Although 15 minute performance for handovers has deteriorated slightly from the previous month, overall performance appears to be positive (improvement from April position of 50.4%). YAS at HEYHT performance for 15 minute and 30 minute crew clears is 76.3% and 97.4% respectively for July 2018.

**% of people entering treatment (%)**

Lead: Melanie Bradbury		Framework: A Forward View into Action: Annex B											Polarity: Bigger is better	
	2017/18	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	May 2018	Jun 2018	2018/19	
Actual	23.35	1.37	1.37	1.55	2.03	4.50	2.22	2.77	1.43	1.29	1.47	1.32	4.08	
Target	19.00	1.58	1.58	1.58	1.58	1.58	1.58	1.58	1.58	1.67	1.67	1.67	5.01	
Status														

This indicator was adversely affected by the erroneous data in earlier months which has now been resolved. Following the data audits completed, 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.

<b>% of people who are moving to recovery</b>													
Lead: Melanie Bradbury			Framework: A Forward View into Action: Annex B										Polarity: Bigger is better
	2017/18	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	May 2018	Jun 2018	2018/19
Actual	48.01	44.94	53.06	50.48	49.52	45.45	50.00	52.05	51.58	58.69	61.45	64.10	61.26
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													

On track since January with successful sustainability. This improvement is due to intensive effort by the lead provider to strengthen the clinical pathways across the network of sub-providers.

<b>People that wait &lt;6 weeks from referral to entering IAPT treatment against the number of people who finish a course of treatment in the reporting period</b>													
Lead: Melanie Bradbury			Framework: A Forward View into Action: Annex B										Polarity: Bigger is better
	2017/18	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	May 2018	Jun 2018	2018/19
Actual	73.64	70.21	71.57	71.56	72.90	74.07	56.45	78.21	70.19	64.71	68.97	73.49	68.75
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													

Audits have been 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. There is a correlation between the DNA rate (30% for the year) and this indicator. We envisage this will improve with the revised operational processes for DNA's and accessibility for patients.

<b>Friends and Family Test for A&amp;E - % recommended</b>													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B										Polarity: Bigger is better
	2017/18	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19
HEYHT Actual	85.20	85.10	85.70	85.40	85.40	85.60	84.00	86.25	81.71	82.53	81.91	82.30	82.06
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	11.16	11.14	17.59	19.55	12.31	19.08	18.23	19.31	17.92	17.47	17.63	19.31

The Trust continues to miss the % recommended target; a plan to improve the Trust's FFT performance will be developed in September, and fed back to the Q&P Committee. A&E responses will be a priority.

<b>Friends and Family Test for Postnatal community - % recommended</b>													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B										Polarity: Bigger is better
	2017/18	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19
HEYHT Actual	87.30	0.00	Nil Return	Nil Return	Nil Return	Nil Return	100.00	Nil Return	Nil Return	Nil Return	100.00	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 register a nil return for maternity, there is a belief this relates to reporting issues rather than performance issues, this too will be part of the FFT improvement plan being developed in September, and fed back to the Q&P Committee.

<b>Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile)</b>													
Lead: Karen Martin			Framework: A Forward View into Action: Annex B										Polarity: Smaller is better
	2017/18	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19
Actual	50	8	0	6	2	5	4	3	3	5	6	5	19
Target	82	7	8	7	5	5	5	8	5	5	5	6	21
Status													

The CCG is currently forecasting achievement of the 2018/19 end of year stretch target of 55. 1 lapse in care has been identified from the primary care cases relating to antibiotic prescribing not being in line with HERPC guidelines.

### 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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19
Actual	237	25	15	15	18	27	23	13	23	18	23	24	88
Target	209	20	22	21	15	15	16	11	13	20	15	18	66
Status													

The actual activity continues to be above the agreed target for cases for E.coli BSI. A joint action plan is in place and this links to the work of the UTI collaborative. Continued reduction will be required for this indicator to be achieved by the end of the financial year.

### 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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19
HEYHT Actual	5	0	0	1	0	0	1	0	0	0	0	1	1
HEYHT Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													

1 breach reported - case occurred in Orthopaedics.

### 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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	2018/19
HEYHT Actual	TBC	0	0	7	1	4	6	10	7	4	6	1	18
HEYHT Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													

Elective procedures cancelled on the day and not re-booked within 28 days. HEYHT reported 1 breach in July recorded against East Riding of Yorkshire CCG (02Y).