

# **QUALITY & PERFORMANCE REPORT**

**NHS HULL CCG BOARD**

**NOVEMBER 2018**

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**CORPORATE PERFORMANCE REPORT**

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## Executive Summary

## Financial Summary

The Month 6 (September 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

Performance against the A&E 4 hour waiting time target improved significantly in August and Hull and East Yorkshire Hospitals (HEYHT) achieved an increase in compliance by nearly 8% 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 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 improved marginally in August to 81.66%, maintaining compliance with the local improvement trajectory at HEYHT. Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

Cancer waiting times performance continue to be challenged in August. 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 deterioration 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

This report provides a high level summary of the quality and performance measures that have been presented through the Quality Forums or Contract Management Boards of each of the CCG providers and offers assurance to the Quality and Performance Committee in relation to matters relating to service quality (patient safety, service effectiveness and patient experience). Areas of good practice are presented alongside those that require actions and improvement.

Currently no provider is on enhanced surveillance, bi-monthly returns are reviewed by the Humber and North Yorkshire Quality and Surveillance Groups.

# Financial Position

## Achievement of Financial Duties / Plans

Based on information available up to the 30th September 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>226,391</b>       | <b>226,391</b> | -        | <b>(470,363)</b>  | <b>(470,363)</b> | -          |       |
| Use of prior years surplus                           |                      |                | -        |                   |                  | -          |       |
| Acute Services                                       | 105,585              | 105,514        | 71       | 211,170           | 211,170          | -          | Green |
| Prescribing & Primary Care Services                  | 49,451               | 47,455         | 1,996    | 98,904            | 95,273           | 3,631      | Green |
| Community Services                                   | 26,645               | 27,016         | (371)    | 53,291            | 53,991           | (700)      | Green |
| Mental Health & LD                                   | 22,446               | 21,833         | 613      | 44,868            | 44,168           | 700        | Green |
| Continuing Care                                      | 11,015               | 10,241         | 774      | 22,030            | 20,530           | 1,500      | Green |
| Other Including Earmarked Reserves                   | 489                  | 3,913          | (3,424)  | 18,579            | 24,210           | (5,631)    | Green |
| Running Costs  | 3,127                | 2,786          | 341      | 6,254             | 5,754            | 500        | Green |
| <b>TOTAL EXPENDITURE</b>                             | <b>218,758</b>       | <b>218,758</b> | -        | <b>455,096</b>    | <b>455,096</b>   | <b>(0)</b> |       |
| <b>Under/(over)-spend against in year allocation</b> | <b>-</b>             | <b>-</b>       | <b>-</b> | <b>-</b>          | <b>-</b>         | <b>(0)</b> | Green |
| <b>Balance of prior year surplus</b>                 | <b>445,149</b>       | <b>445,149</b> | -        | <b>(15,267)</b>   | <b>(15,267)</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 30th September 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 £0.7m 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. NHS 111 activity is also greater than planned, however this could result in more expensive treatment being avoided.

Prescribing (forecast underspend £3m): Costs in relation to prescribing continue to indicate that there is likely to be an underspend in 2018/19. Information received from the Business Services Authority is now based on four months of data and therefore becomes more reliable. This underspend is due to QIPP schemes delivering more than originally anticipated as well as growth / cost increases not being as significant as expected in the financial plan.

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 however these are 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). Let's Talk is showing as under budget for the year to date, however reconciliations have not yet been finalised and based on 2017/18 it is likely that this will result in additional charges therefore the forecast assumes that the full budget will be required.

Continuing Healthcare (forecast underspend of £1.5m): Following two years of underspends CHC costs continue to reduce. There may be an additional cost impact of the 'Transfer to Assess' model that has is being established, however the potential amount 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. As part of the Integrated Financial Plan with Hull City Council the partners are looking at the spend across their respective service users in this sector.

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 September the CCG was showing £27.0m excess of liabilities over assets. This is expected for an NHS commissioning organisation and is in line with the previous financial year.

#### **Revenue Resource Limit**

The annual Revenue Resource Limit for the CCG was £470,363 for both 'Programme' and 'Running' costs. This included an additional £577k added in September in relation to the diabetes transformation programme, maternity transformation and STP schemes.

#### **Working Balance Management**

##### **Cash**

The closing cash for September was £1,235k which was above the 1.25% target of £441k. There continues to be issues with expenditure on estates costs that are being worked through with the property companies. Funds in relation to the Better Care Fund had also been delayed, however this will begin to flow in October.

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

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

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

The Non NHS performance for September was 90.53% on the value and 95.65% on the number of invoices, whilst the full year position is 97.48% achievement on the value and 97.71% on number.

##### **b. NHS**

The NHS performance for September was 99.31% on the value and 98.05% on the number of invoices, whilst the full year position is 99.87% achievement on the value and 99.41% on number.

## 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 has procured the Extended Access service which will, from October 2018, offer all patients appointments in primary care, 8am-8pm, Monday to Friday and at weekends. The national team have confirmed that they are hoping to use the 2017/18 result as a baseline for the 2018/19 assessment. This is due to changes in methodology from previous years although final confirmation will not be available until June 2019. |           |           |                    |                          |               |
| 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. |  |           |           |                    |                          |               |
| Mental Health -  | BAME Access: Recovery rate of people accessing IAPT  | 8.5%      | £124,779  | 57% (Q4 2017/18)   | 60%                      |               |

| National Indicators  |  |           |           |                         |                  |               |
|--|--|-----------|-----------|-------------------------|------------------|---------------|
| Title  | Indicator  | Value (%) | Value (£) | Latest position         | Target           | Latest status |
| Equity of Access and outcomes (IAPT)   | Older People's Access: proportion of people accessing IAPT services aged 65+   | 8.5%      | £124,779  | 4.3% (Q3 2017/18)       | Awaiting clarity | TBC           |
|  | <p><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.</p> |           |           |                         |                  |               |
| Reducing Gram Negative Bloodstream Infections  | Incidence of E coli BSI reported   | 5.1%      | £74,867   | 131 (Apr-Sep 18)        | <184             |               |
|  | <p><b>Comment:</b> The Hull &amp; ERY CCG combined improvement plan for E.coli and gram negative bacteraemia is to be reviewed and updated in November 2018.</p>   |           |           |                         |                  |               |
|  | Collection and reporting of a core primary care data set for E coli  | 2.55%     | £37,434   | TBC                     | 100%             |               |
|  | <p><b>Comment:</b> The primary care data set for all cases of E.coli BSI has commenced in Quarter 2 as per the Quality premium.</p>  |           |           |                         |                  |               |
|  | Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater  | 3.40%     | £49,912   | 5,006 (Aug 17 – Jul 18) | <4,752           |               |
|  | <p><b>Comment:</b> Continual improvements throughout 2017/2018 have been reported by the Medicines Optimisation team, which is related to clinical audits &amp; clinical behaviour change in antibiotic prescribing. There have been further improvements in the early part of 2018/2019 toward the extended national target introduced.</p>   |           |           |                         |                  |               |
|  | Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU)  | 1.7%      | £24,956   | 1.120 (Aug 17 – Jul 18) | <1.161           |               |
|  | Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) – Stretch target   | 4.25%     | £62,390   | 1.120 (Aug 17 – Jul 18) | <0.965           |               |
| <p><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. There have been further improvements in the early part of 2018/2019.</p> |  |           |           |                         |                  |               |
| Local Indicator  |  |           |           |                         |                  |               |
| Local measure  | 0-1 year non elective admissions for respiratory tract (rate per 10,000)   | 15%       | £220,199  | 72 (Apr 18 – Jul 18)    | <352             |               |
|  | <p><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.</p>   |           |           |                         |                  |               |

| 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 | Oct 2017                                       | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018                   | 2018/19 |
| HEYHT Actual        | 87.22   | 90.51  | 89.14    | 82.42    | 77.68    | 77.74    | 76.42    | 83.01    | 82.12    | 84.31    | 79.60    | 87.45                      | 83.26   |
| STF Trajectory      | 95.00   | 90.00  | 90.00    | 90.00    | 90.00    | 90.00    | 95.00    | 83.0     | 82.1     | 88.0     | 93.4     | 93.6                       | 95.00   |
| STF Status          |         |  |          |          |          |          |          |          |          |          |          |                            |         |
| Hull CCG Actual     | 89.61   | 92.46  | 91.29    | 85.45    | 82.10    | 82.31    | 81.16    | 86.83    | 86.36    | 88.03    | 84.44    | 90.49                      | 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 improved significantly in August. HEYHT saw an increase in compliance by nearly 8% from the previous month. Themes and trends continue to be reviewed as part of the work being undertaken with the HEYHT Aligned Incentive Contract (AIC). 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 September reflects continued improvement.

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

| Lead: Karen Billany |         | Framework: A Forward View into Action: Annex B |          |          |          |          |          |          |          |          |          | Polarity: Bigger is better |         |
|---------------------|---------|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------------------------|---------|
|                     | 2017/18 | Oct 2017                                       | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018                   | 2018/19 |
| HEYHT Actual        | 80.37   | 83.72  | 83.37    | 81.25    | 80.70    | 80.37    | 79.84    | 81.05    | 82.24    | 82.00    | 81.34    | 81.66                      | 81.65   |
| STF Trajectory      | 92.00   | 92.00  | 92.00    | 92.00    | 92.00    | 92.00    | 92.00    | 80.00    | 80.00    | 80.00    | 80.00    | 80.00                      | 85.00   |
| STF Status          |         |  |          |          |          |          |          |          |          |          |          |                            |         |
| Hull CCG Actual     | 83.46   | 83.66  | 83.27    | 81.06    | 80.86    | 80.87    | 80.73    | 81.85    | 83.23    | 83.18    | 82.73    | 83.34                      | 82.86   |
| National Target     | 92.00   | 92.00  | 92.00    | 92.00    | 92.00    | 92.00    | 92.00    | 92.00    | 92.00    | 92.00    | 92.00    | 92.00                      | 92.00   |
| Status              |         |  |          |          |          |          |          |          |          |          |          |                            |         |

### Number of >52 week Referral to Treatment in Incomplete Pathways

| Lead: Karen Billany |         | Framework: A Forward View into Action: Annex B |          |          |          |          |          |          |          |          |          | Polarity: Smaller is better |         |
|---------------------|---------|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------------------------|---------|
|                     | 2017/18 | Oct 2017                                       | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018                    | 2018/19 |
| HEYHT Actual        | 157     | 17   | 14       | 30       | 24       | 14       | 25       | 18       | 22       | 11       | 12       | 16                          | 79      |
| STF Trajectory      | 0       | 0  | 0        | 0        | 0        | 0        | 0        | 25       | 30       | 13       | 6        | 3                           | 77      |
| STF Status          |         |  |          |          |          |          |          |          |          |          |          |                             |         |
| CHCP Actual         | 223     | 32   | 24       | 19       | 7        | 7        | 8        | 5        | 1        | 1        | 0        | 0                           | 7       |
| National Target     | 0       | 0  | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                           | 0       |
| Status              |         |  |          |          |          |          |          |          |          |          |          |                             |         |
| Hull CCG Actual     | 275     | 38   | 27       | 30       | 13       | 9        | 15       | 8        | 12       | 5        | 7        | 12                          | 44      |
| National Target     | 0       | 0  | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                           | 0       |
| Status              |         |  |          |          |          |          |          |          |          |          |          |                             |         |

HEYHT referral to Treatment 18 weeks waiting times improved marginally in August to 81.66%, maintaining compliance with the local improvement trajectory. Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

Hull CCG recorded 12 x 52 week breaches in August, 10 of which are reported by HEYHT - 4 x ENT, 2 x General Surgery, 2 x Gynaecology, 1 in Cardiology and 1 x Urology. Reasons for breaches are as follows, 3 due to theatre capacity, 2 due to patient choice, 2 due to outpatient capacity and 1 due to patient compliance with the other 2 reasons unclear.

The other two breaches relate to Trust's outside the area.

As previously reported 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. The Planned Care Delivery Group are reviewing waiting times as part of their agenda, in particular the pressured specialties highlighted.

### Diagnostic test waiting times (%)

Lead: Karen Billany

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

|                 | 2017/18 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | 2018/19 |
|-----------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| HEYHT Actual    | 10.50   | 7.20     | 7.30     | 9.00     | 10.40    | 8.23     | 10.50    | 9.49     | 10.05    | 8.97     | 8.52     | 8.99     | 9.23    |
| HEYHT Status    |         |          |          |          |          |          |          |          |          |          |          |          |         |
| Hull CCG Actual | 9.39    | 6.98     | 6.37     | 8.50     | 9.24     | 6.82     | 9.39     | 8.45     | 9.36     | 9.36     | 8.79     | 9.08     | 9.01    |
| Hull CCG Status |         |          |          |          |          |          |          |          |          |          |          |          |         |
| 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    |

There is a slight deterioration in the performance against the 6-week waiting times target for diagnostic tests in August. The CCG had 389 breaches with the majority being for endoscopies 60% (233). The Trust continues to communicate action plans through the governance of the Aligned Incentive Contract (AIC). 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 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | 2018/19 |
|-----------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| Hull CCG Actual | 92.29   | 89.04    | 91.77    | 89.68    | 92.31    | 92.97    | 91.30    | 86.23    | 86.74    | 93.79    | 90.70    | 90.78    | 89.38   |
| 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          |         |          |          |          |          |          |          |          |          |          |          |          |         |

141 patients were seen during August with 13 breaches. The breaches consist of 5 due to patient choice, 6 due to outpatient capacity and 2 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 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | 2018/19 |
|-----------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| HEYHT Actual    | 76.14   | 80.40    | 79.00    | 77.50    | 77.81    | 74.23    | 72.82    | 70.57    | 70.39    | 67.38    | 68.99    | 68.56    | 69.16   |
| STF Trajectory  | 85.00   | 85.19    | 85.31    | 85.38    | 85.21    | 85.16    | 85.21    | 70.6     | 68.7     | 69.8     | 72.1     | 74.0     | 85.00   |
| STF Status      |         |          |          |          |          |          |          |          |          |          |          |          |         |
| Hull CCG Actual | 78.99   | 85.25    | 84.62    | 86.67    | 84.62    | 78.57    | 74.55    | 65.57    | 76.71    | 67.24    | 67.57    | 75.00    | 70.66   |
| 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 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | 2018/19 |
|-----------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| Hull CCG Actual | 81.36   | 58.33    | 87.50    | 90.91    | 80.00    | 66.67    | 83.33    | 77.78    | 75.00    | 50.00    | 50.00    | 100      | 65.38   |
| 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 improvement in Hull CCG performance in August to 75% (68 patients with 17 breaches). Breach reasons are as follows - 5 due to complex cases, with the remaining 12 reasons unclear.

**Cancer 62 days of referral from an NHS Cancer Screening Service** - the indicator reports 100%, however only 1 patient was seen within the month of August.

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 | Oct 2017                                       | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018                    | 2018/19 |
| YAS Actual  |         | 07:11  | 07:27    | 08:12    | 08:10    | 08:07    | 08:17    | 08:02    | 08:20    | 07:38    | 07:19    | 07:03                       | 07:43   |
| 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 | Oct 2017                                       | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018                    | 2018/19 |
| YAS Actual  | 36,917  | 2,503  | 2,349    | 4,392    | 4,263    | 3,866    | 4,167    | 2,781    | 2,381    | 2,021    | 2,102    | 2,011                       | 11,296  |
| 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 | Oct 2017                                       | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018                    | 2018/19 |
| YAS Actual  | 8,657   | 510  | 352      | 1,044    | 970      | 998      | 1253     | 626      | 334      | 252      | 136      | 204                         | 1,552   |
| 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 | Oct 2017                                       | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018                    | 2018/19 |
| YAS Actual                                      | 7,482   | 1,062  | 902      | 926      | 984      | 914      | 1126     | 1,043    | 1,125    | 1,006    | 1,865    | 1,019                       | 6,058   |
| 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 | Oct 2017                                       | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018                    | 2018/19 |
| YAS Actual                                  | 447     | 47   | 36       | 46       | 50       | 38       | 75       | 42       | 53       | 36       | 94       | 47                          | 272     |
| 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.

The recovery of this performance metric continues with August handover times averaging below 15 minutes. YAS at HEYHT performance for 15 minute and 30 minute handovers is 71.6% and 93.3% respectively, both improved from the previous month. YAS at HEYHT performance for 15 minute and 30 minute crew clears is 76.1% and 97.6% respectively for August 2018.

| Percentage of people entering treatment (%) |         |  |          |          |          |          |          |          |            |          |          |                            |         |
|---|---------|--|----------|----------|----------|----------|----------|----------|------------|----------|----------|----------------------------|---------|
| Lead: Melanie Bradbury                      |         | 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 | April 2018 | May 2018 | Jun 2018 | Jul 2018                   | 2018/19 |
| Actual                                      | 23.35   | 1.37   | 1.55     | 2.03     | 4.50     | 2.22     | 2.77     | 1.43     | 1.29       | 1.47     | 1.32     | 1.59                       | 4.38    |
| Target                                      | 19.00   | 1.58   | 1.58     | 1.58     | 1.58     | 1.58     | 1.58     | 1.58     | 1.67       | 1.67     | 1.67     | 1.67                       | 5.01    |
| Status                                      |         |  |          |          |          |          |          |          |            |          |          |                            |         |

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.

### Percentage of people who are moving to recovery

Lead: Melanie Bradbury

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 | April 2018 | May 2018 | Jun 2018 | Jul 2018 | 2018/19 |
|--------|---------|----------|----------|----------|----------|----------|----------|----------|------------|----------|----------|----------|---------|
| Actual | 48.01   | 53.06    | 50.48    | 49.52    | 45.45    | 50.00    | 52.05    | 51.58    | 58.70      | 61.45    | 64.10    | 58.54    | 61.32   |
| 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 |         |          |          |          |          |          |          |          |            |          |          |          |         |

This improvement is due to intensive effort by the lead provider to strengthen the clinical pathways across the network of sub-providers. This indicator continues to maintain above trajectory.

### 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 | Sep 2017 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | April 2018 | May 2018 | Jun 2018 | Jul 2018 | 2018/19 |
|--------|---------|----------|----------|----------|----------|----------|----------|----------|------------|----------|----------|----------|---------|
| Actual | 73.64   | 71.57    | 71.56    | 72.90    | 74.07    | 56.45    | 78.21    | 70.19    | 64.71      | 68.97    | 73.49    | 67.06    | 69.80   |
| 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. It is estimated this will improve with the revised operational processes for DNA's and accessibility for patients.

### 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 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | 2018/19 |
|---------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| HEYHT Actual  | 85.20   | 85.70    | 85.40    | 85.40    | 85.60    | 84.00    | 86.25    | 81.71    | 82.53    | 81.91    | 82.30    | 84.35    | 82.57   |
| 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   | 11.14    | 17.59    | 19.55    | 12.31    | 19.08    | 18.23    | 19.31    | 17.92    | 17.47    | 17.63    | 17.80    | TBC     |

The CCG and HEYHT are agreeing a work plan to address the continued issues with achieving this target; actions including reviewing the data submission, collection method and determination of the FFT target.

### 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 | Oct 2017   | Nov 2017   | Dec 2017   | Jan 2018   | Feb 2018 | Mar 2018   | Apr 2018   | May 2018   | Jun 2018 | Jul 2018   | Aug 2018   | 2018/19    |
|--------------|---------|------------|------------|------------|------------|----------|------------|------------|------------|----------|------------|------------|------------|
| HEYHT Actual | 87.30   | Nil Return | Nil Return | Nil Return | Nil Return | 100.00   | Nil Return | Nil Return | Nil Return | 100.00   | 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 CCG and HEYHT are agreeing a work plan to address the issues with FFT in this area; plans include meeting with nursing leadership in maternity and looking at how collection methods used in other areas of the Trust might improve uptake at the 4 maternity touch points.

### 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 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | 2018/19 |
|--------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| Actual | 50      | 0        | 6        | 2        | 5        | 4        | 3        | 3        | 5        | 6        | 5        | 1        | 20      |
| Target | 82      | 8        | 7        | 5        | 5        | 5        | 8        | 5        | 4        | 5        | 6        | 5        | 25      |
| Status |         |          |          |          |          |          |          |          |          |          |          |          |         |

The CCG is currently forecasting achievement of the 2018/19 end of year stretch target of 55. Lapses in care remain at 1 case which relates 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/<br>18 | Oct<br>2017 | Nov<br>2017 | Dec<br>2017 | Jan<br>2018 | Feb<br>2018 | Mar<br>2018 | Apr<br>2018 | May<br>2018 | Jun<br>2018 | Jul<br>2018 | Aug<br>2018 | 2018/<br>19 |
|--------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Actual | 237         | 15          | 15          | 18          | 27          | 23          | 13          | 23          | 18          | 23          | 24          | 20          | 108         |
| Target | 209         | 22          | 21          | 15          | 15          | 16          | 11          | 13          | 20          | 15          | 18          | 23          | 89          |
| Status |             |             |             |             |             |             |             |             |             |             |             |             |             |

The actual activity continues to be above the agreed target for cases for E.coli BSI. A joint action plan is due to be reviewed in November 2018 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/<br>18 | Oct<br>2017 | Nov<br>2017 | Dec<br>2017 | Jan<br>2018 | Feb<br>2018 | Mar<br>2018 | Apr<br>2018 | May<br>2018 | Jun<br>2018 | Jul<br>2018 | Aug<br>2018 | 2018/<br>19 |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| HEYHT Actual | 5           | 0           | 1           | 0           | 0           | 1           | 0           | 0           | 0           | 0           | 1           | 0           | 1           |
| HEYHT Target | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           |
| Status       |             |             |             |             |             |             |             |             |             |             |             |             |             |

This indicator refers to the number of patients cancelled more than once for a procedure classed as urgent.

No breaches of this standard are reported in August 2018.

### 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/<br>18 | Oct<br>2017 | Nov<br>2017 | Dec<br>2017 | Jan<br>2018 | Feb<br>2018 | Mar<br>2018 | Apr<br>2018 | May<br>2018 | Jun<br>2018 | Jul<br>2018 | Aug<br>2018 | 2018/<br>19 |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| HEYHT Actual | TBC         | 0           | 7           | 1           | 4           | 6           | 10          | 7           | 4           | 6           | 1           | 5           | 23          |
| 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 5 breaches in August none of which were reported for Hull CCG.