

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

JANUARY 2019

TABLE OF CONTENTS

Page

SECTION ONE: CORPORATE PERFORMANCE REPORT

Executive Summary	3
Financial Position	5
Quality Premium - 2018/19	7
CCG Performance Indicator Exceptions	10

Executive Summary

Financial Summary

The Month 9 (December 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 waiting time target deteriorated significantly in November, failing to achieve the STF trajectory. The system pressures experienced in the latter half of October have continued throughout November. It should be noted that locally reported performance during December has seen further deterioration and variation on a daily basis and this has continued into January. Themes and trends continue to be reviewed as part of the work being undertaken with the HEYHT Aligned Incentive Contract (AIC) and the A&E Delivery Board including monitoring activity levels and continuous promotion of alternative more appropriate provision including the Urgent Treatment Centre and the Integrated Care Centre. The CCG lead for emergency pressures continues to work with the provider and report as part of the AIC governance structure and senior representatives from the CCG have been actively participating in discussions with the regulators.

Referral to Treatment 18 weeks waiting times performance at HEYHT remained stable in November, reporting 83.08%, 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. The provider is directing significant effort into eliminating waits in excess of 52 weeks which the CCG is supporting and ensuring funding is available where necessary.

62-day cancer waiting times continue to underperform against the national standard. The cancer commissioning lead meets regularly with the HEYHT senior cancer team to review barriers to change and how progress can be made. 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.

Diagnostic test 6-week waiting times continue to breach target with a slight deterioration in performance reported from the previous month. Endoscopy performance remains a challenge; however, November has seen a further reduction in the number of patients breaching the 6 week target.

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.

Key Issues to note:

Hull and East Yorkshire Hospital Trust (HEYHT)

- No Never Events have been reported this month.
- Harm Free Care is currently 93.49%, which is above the national average which provides positive assurance to commissioners.

Humber NHS Foundation Trust

- The CQC are currently undertaking unannounced inspections across various services. No formal feedback has been provided as yet.
- Humber Contract Quality Group were provided with assurance about the process for clinically validating patients whilst on a waiting list.
- East Riding Governing Body members visited the Mental Health Response Service. The Trust will undertake a 'Time and Motion Study' about the service which will be shared with Commissioners on completion.

City Health Care Partnership (CHCP)

A quarterly quality report is being produced by the organisation and will provide assurance on the quality of services provided by CHCP.

- Three never events have been declared year to date. Two of the never events occurred within dental services and therefore managed by NHS England as commissioners of these services and the third occurred within the podiatry service.
- CHCP have received the draft CQC report on Rossmore Care Home following the visit in October and November 2018.
- The Quality Contact Group received presentations on the Lymphodema service which gave a positive insight to the service provided.
- Performance in the Weight Management Service had improved significantly from 74.42% in August 2018 and 100% achievement had been sustained for the last two months.

Spire

No Serious Incidents or never events have been declared year to date.

YAS

The North Yorkshire and Humber 111/999 Local Quality Group has not met since 15 November 2018 and the Regional Joint Quality Board (JQB) met on 8th January 2019. YAS have not had a CQC Inspection since 2016 and therefore continue to prepare for re-inspection.

TASL

No Serious Incidents have been reported YTD.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 31st December 2018. Achievement against the financial performance targets for 2018/19 are as follows

		<i>Performance Assessment</i>
<u>Other relevant duties/plans</u>	Not exceed Revenue Resource Limit	Green
	Running Costs Envelope	Green
	Not exceed Cash Limit	Green
	Variance to planned Surplus	Green
	Underlying Recurrent Surplus of 1%	Green

Financial Performance / Forecast

	Year To Date (000's)			Full Year (000's)			Risk
	Budget	Actual	Var	Budget	FOT	Var	
18/19 Core Allocation	(342,339)	(342,339)	-	(471,910)	(471,910)	-	
Use of prior years surplus							
Acute Services	158,548	158,076	472	211,468	210,978	490	Green
Prescribing & Primary Care Services	74,135	70,642	3,493	99,203	94,955	4,248	Green
Community Services	42,562	43,316	(754)	56,784	57,784	(1,000)	Amber
Mental Health & LD	34,125	33,217	908	45,336	44,086	1,250	Green
Continuing Care	15,174	14,597	577	20,231	19,431	800	Green
Other Including Earmarked Reserves	1,655	7,048	(5,393)	17,365	23,898	(6,533)	Green
Running Costs	4,690	3,993	697	6,254	5,510	744	Green
TOTAL EXPENDITURE	330,889	330,889	-	456,642	456,642	(0)	
Under/(over)-spend against in year allocation	-	-	-	-	-	(0)	Green
Balance of prior year surplus	(11,450)	(11,450)	-	(15,268)	(15,268)	(0)	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 December 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 £6.254m and the current forecast is that expenditure will be contained within this financial envelope.

Spire Healthcare (forecast £0.75m underspend): This includes some benefit from 2017/18 as the costs for the final two months of that year were less than anticipated in the CCG's accounts. The Acute Services overall forecast position also takes account of anticipated overspends at Leeds and Sheffield Hospital Trusts which is predominantly non-elective.

Community Services (forecast £1.0m overspend): The charges received in relation to community equipment make up the majority of this as costs have increased from the start of this financial year. NHS 111 activity is also greater than planned, however this could result in more expensive treatment being avoided. Bespoke packages of care (patients requiring specialist rehabilitation but do not qualify for continuing healthcare) are also forecast to overspend based on the current cohort of patients, however these are very high cost with low volumes so a single patient discharge can have a significant impact on costs.

Primary Care (forecast underspend £4.2m): Costs in relation to prescribing continue to indicate that there is likely to be a significant underspend in 2018/19. This is reflected in the overachievement of QIPP schemes as well as

other favourable changes in national pricing. There are also forecast underspends on the delegated primary care budget as notified by NHS England.

Mental Health (forecast underspend £1.25m): Out of area mental health and Looked After Children budgets are currently forecast to be underspend. These are however traditionally volatile areas of spend and could change significantly throughout the year. Reconciliations for Let's Talk indicate that this is likely to be underspent for the year, however this may be in part due to the high Did Not Attend (DNA) rate at the start of the year. A change in access policy whereby a mandatory 8 week delay before rebooking has been put in place if a DNA occurs has resulted in significant reduction in the number of DNAs along with improved (shorter) waiting times. This may therefore result in increased expenditure towards the end of the year. The CCG are forecasting to achieve the Mental Health Investment Standard which requires annual growth in mental health related expenditure of 2.8% above 2017/18 levels.

Continuing Healthcare (forecast underspend of £0.8m): This is a reduced forecast underspend compared to previous months due to some data quality work being undertaken on the coding within the database provided by CHCP. As a result of this it was identified that some packages of care were not being accrued for.

Corporate Services (forecast underspend of £0.75m): This is largely down to the CCG not committing its full allocation from the start of the year. In addition the eMBED contract for commissioning support reduced this year as per the agreement entered into through the Lead Provider Framework. This underspend will reduce the impact on the CCG of the real terms reduction of 20% required as part of the planning guidance.

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 (AIC) with Hull & East Yorkshire Hospitals NHS Trust and East Riding of Yorkshire CCG. In previous years there has been no financial 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 December the CCG was showing £22.5m excess of liabilities over assets. This is expected for an NHS commissioning organisation and is in line with the previous financial year.

Revenue Resource Limit

The annual Revenue Resource Limit for the CCG was £471,910k for both 'Programme' and 'Running' costs.

Working Balance Management

Cash

The closing cash for December was £31k which was below the 1.25% target of £453k.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for December was 98.97% on the value and 98.26% on the number of invoices, whilst the full year position is 97.56% achievement on the value and 97.80% on number.

b. NHS

The NHS performance for December was 99.25% on the value and 99.44% on the number of invoices, whilst the full year position is 99.82% achievement on the value and 99.49% on number.

Quality Premium 2018/19

The structure of the Quality Premium for the 2018/19 scheme incentivises 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)	
	Comment: 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	
	Comment: Currently 10 practices covering 86,000 patients are using e-consultation to provide an alternative way for patients to access the practice – further practices are expected to deliver the service following a re-procurement of the software provider. In addition the CCG has procured the Extended Access service which commenced on 1st October 2018 – this is offering all patients access to appointments with a range of primary care professionals up until 8pm Monday to Friday and on Saturdays and Sundays. 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	98% (Apr-Sep 18)	80%	
	Comment: 54/55 NHS CHC decisions were made within 28 days in Quarters 1 and 2 of 2018/19.					
	Reduce the number of NHS CHC assessments which take place in an acute hospital setting	8.5%	£124,779	TBC	<15%	
Comment: Awaiting confirmation of numbers.						
Mental Health - Equity of	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
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>Comment: It is required that both elements be met in order to meet this indicator. Training is now available nationally (rolling out from Oct 2018 – March 2019) for IAPT practitioners to access specific training in relation to Long Term Conditions which will support the achievement of this target 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	171 (Apr - Dec 18)	YTD: <147 (Annual <184)	
	<p>Comment: The Hull & ERY CCG combined improvement plan for E.coli and gram negative bacteraemia has been drafted and is awaiting comments prior to presentation at Quality & Performance Committee. The new plan will run from January 2019 – March 2020.</p>					
	Collection and reporting of a core primary care data set for E coli	2.55%	£37,434	TBC	100%	
	<p>Comment: In Quarter 2 the primary care data set was completed for all notified cases of E.coli BSI 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	4,904 (Sep 17 – Aug 18)	<4,752	
	<p>Comment: Continual improvements have been reported by the Medicines Optimisation team, which is related to clinical audits & 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	1.114 (Sep 17 – Aug 18)	<1.161	
Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) – Stretch target	4.25%	£62,390	1.114 (Sep 17 – Aug 18)	<0.965		
<p>Comment: This indicator was previously described as 'Sustained reduction of inappropriate prescribing in primary care' and saw continual improvements 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	118 (Apr – Oct 18)	YTD: <88 (Annual Target <352)	
	<p>Comment: Local secondary care data is being monitored within the CCG QIPP plan. The project aligned to this indicator is established.</p>					

National Indicators						
Title	Indicator					

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-PU)	
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 Ellis

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
HEYHT Actual	87.22	77.68	77.74	76.42	83.01	82.12	84.31	79.60	87.45	90.14	91.68	81.89	84.95
STF Trajectory	95.00	90.00	90.00	95.00	83.0	82.1	88.0	93.4	93.6	88.7	92.5	91.4	95.00
STF Status													
Hull CCG Actual	89.61	82.10	82.31	81.16	86.83	86.36	88.03	84.44	90.49	92.31	91.7	81.91	88.79
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 A&E 4 hour waiting time target deteriorated significantly in November, failing to achieve the STF trajectory. The system pressures experienced in the latter half of October have continued throughout November. It should be noted that locally reported performance during December has seen further deterioration and variation on a daily basis and this has continued into January. Themes and trends continue to be reviewed as part of the work being undertaken with the HEYHT Aligned Incentive Contract (AIC) and the A&E Delivery Board. The CCG lead for emergency pressures continues to work with the provider and report as part of the AIC governance structure.

Referral to Treatment pathways: incomplete (%)

Lead: Karen Ellis

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
HEYHT Actual	80.37	80.70	80.37	79.84	81.05	82.24	82.00	81.34	81.66	81.65	83.15	83.08	83.08
STF Trajectory	92.00	92.00	92.00	92.00	80.00	80.00	80.00	80.00	80.00	80.00	80.80	81.70	85.00
STF Status													
Hull CCG Actual	83.46	80.86	80.87	80.73	81.85	83.23	83.18	82.73	83.34	83.77	85.17	84.46	84.46
National Target	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00
Status													

Number of >52 week Referral to Treatment in Incomplete Pathways

Lead: Karen Ellis

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
HEYHT Actual	157	24	14	25	18	22	11	12	16	21	7	3	110
STF Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0
STF Status													
CHCP Actual	223	7	7	8	5	1	1	0	0	0	0	0	7
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
Hull CCG Actual	275	13	9	15	8	12	5	7	12	9	2	1	56
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													

Referral to Treatment 18 weeks waiting times performance at HEYHT remained stable in November, reporting 83.08%, maintaining compliance with the local improvement trajectory (81.70%). Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

Hull CCG recorded 1 x 52 week breaches in November, reported by HEYHT in Plastic Surgery due to theatre capacity.

As previously reported waiting times are being closely monitored and reported through the Aligned Incentive Contract (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 Ellis		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
HEYHT Actual	10.50	10.40	8.23	10.50	9.49	10.05	8.97	8.52	8.99	7.01	5.48	6.37	6.37	
HEYHT Status														
Hull CCG Actual	9.39	9.24	6.82	9.39	8.45	9.36	9.36	8.79	9.08	7.27	5.84	6.23	6.23	
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	

Diagnostic test 6-week waiting times continue to breach target with a slight deterioration in performance reported from the previous month. The CCG recorded 311 breaches during November, the majority being for endoscopies 69.5% (216). Endoscopy performance remains a challenge; however, November has seen a further reduction in the number of patients breaching the 6 week target.

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.

*2018/19 position reflects the monthly snapshot as not to double count individuals who span the reporting month.

Breast Cancer 2 week waits (%)

Lead: Karen Ellis		Framework: A Forward View into Action: Annex B											Polarity: Bigger is better	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
Hull CCG Actual	92.29	92.31	92.97	91.30	86.23	86.74	93.79	90.70	90.78	87.80	90.97	88.24	89.26	
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														

153 patients were seen during November with 18 breaches, 17 of which are due to patient choice, with the remaining 1 reason not listed.

Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%)

Lead: Karen Ellis		Framework: A Forward View into Action: Annex B											Polarity: Bigger is better	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
Hull CCG Actual	97.72	99.15	99.15	98.26	100.00	97.86	95.87	94.33	92.37	94.00	93.65	93.85	95.32	
National Target	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	
Status														

Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead: Karen Ellis		Framework: A Forward View into Action: Annex B											Polarity: Bigger is better	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
Hull CCG Actual	92.86	87.10	94.12	90.00	93.75	95.65	95.83	90.00	86.67	82.35	82.61	85.29	88.32	
National Target	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	94.00	
Status														

Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 130 patients seen with a total of 8 breaches, 5 due to inadequate elective capacity with the remaining 3 reasons unclear.

Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – 34 patients seen with 5 breaches, 2 due to inadequate elective capacity with the remaining 3 reasons unclear.

Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead: Karen Ellis		Framework: A Forward View into Action: Annex B											Polarity: Bigger is better	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
HEYHT Actual	76.14	77.81	74.23	72.82	70.57	70.39	67.38	68.99	68.56	69.14	69.12	68.14	69.02	
STF Trajectory	85.00	85.21	85.16	85.21	70.6	68.7	69.8	72.1	74.0	72.4	80.1	79.2	85.00	
STF Status														
Hull CCG Actual	78.99	84.62	78.57	74.55	65.57	76.71	67.24	67.12	75.00	70.91	70.00	76.32	71.40	
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	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
Hull CCG Actual	81.36	80.00	66.67	83.33	77.78	75.00	50.00	50.00	100	0.00	50.00	33.33	57.58	
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 was an improvement in Hull CCG performance in November to 76.32% (76 patients with 18 breaches), the highest rate reported since May 2018. Breach reasons are as follows – 8 due to Health Care Provider initiated delays, 3 due to inadequate elective capacity, 3 due to patient choice, 1 due to a complex case and 1 due to elective cancellation with the remaining 2 reasons unclear.

Cancer 62 days of referral from an NHS Cancer Screening Service - the indicator reports 33.3% in November. Three patients were seen, two breaching the 62 day standard with the one delay attributed to a complex diagnostic pathway and the other due to a Health Care Provider initiated delay.

62-day cancer waiting times continue to underperform against the national standard. The cancer commissioning lead meets regularly with the HEYHT senior cancer team to review barriers to change and how progress can be made. 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 Ellis		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
YAS Actual		08:10	08:07	08:17	08:02	08:20	07:38	07:19	07:03	07:18	07:10	07:02	07:32	
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 Ellis		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
YAS Actual	36,917	4,263	3,866	4,167	2,781	2,381	2,021	2,102	2,011	2,430	1,404	2,590	17,720	
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 Ellis		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
YAS Actual	8,657	970	998	1253	626	334	252	136	204	432	218	388	2,590	
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 Ellis		Framework: A Forward View into Action: Annex B											Polarity: Smaller is better	
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	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
YAS Actual	7,482	984	914	1126	1,043	1,125	1,006	1,865	1,019	938	945	1,170	9,111
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 Ellis

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
YAS Actual	447	50	38	75	42	53	36	94	47	33	60	92	457
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. The system-wide resilience is being increasingly scrutinised over the winter period.

YAS at HEYHT performance for +30 minute and +60 minute handovers, as a proportion of total number of handovers, is 7.87% and 0.52% respectively. YAS at HEYHT performance for +30 minute and +60 minute crew clears is 2.41% and 0.22% respectively for November 2018. HEYHT continue to experience rising numbers of ambulance arrivals, with a recent sharp increase.

% of people entering treatment (%)

Lead: Melanie Bradbury

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	2018/19
Actual	23.35	4.50	2.22	2.77	1.43	1.29	1.47	1.32	1.59	1.55	1.82	1.14	4.51
Target	19.00	1.58	1.58	1.58	1.58	1.67	1.67	1.67	1.67	1.67	1.67	1.67	5.01
Status													

Following the data audits completed, an updated operational procedure is now in place. The impact of these changes will be closely monitored over the coming months.

% of people who are moving to recovery

Lead: Melanie Bradbury

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	2018/19
Actual	48.01	45.45	50.00	52.05	51.58	58.70	61.45	64.10	58.54	55.34	55.56	53.26	54.76
Target	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Status													

The service has to deliver a rolling quarter for achievement of the national standard, current performance is 54.76%.

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.

Note: 2018/19 position is the 'rolling quarter' (3 month interval, August – October 2018).

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	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	2018/19
Actual	73.64	74.07	56.45	78.21	70.19	64.71	68.97	73.49	67.06	58.88	60.00	62.92	60.47
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	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
HEYHT Actual	85.20	85.60	84.00	86.25	81.71	82.53	81.91	82.30	84.35	86.00	86.47	85	86.66
HEYHT Target	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00
HEYHT Status													
Response rate	11.20	12.31	19.08	18.23	19.31	17.92	17.47	17.63	17.80	18.40	18.2	14.2	TBC

The CCG and HEYHT have developed 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. Work is ongoing.

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	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
HEYHT Actual	87.30	Nil Return	100.00	Nil Return	Nil Return	Nil Return	100.00	Nil Return	Nil Return	Nil Return	100.00	93.33	97.14
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 have developed a work plan to address the issues with FFT in this area; actions 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 four maternity touch points. Work is ongoing.

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	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
Actual	50	5	4	3	3	5	6	5	1	8	5	9	42
Target	82	5	5	8	5	4	5	6	5	6	6	4	41
Status													

At the end of November the CCG are 1 case over the 2018/19 stretch objective.

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	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
Actual	237	27	23	13	23	18	23	24	20	25	15	19	167
Target	209	15	16	11	12	18	13	16	20	18	19	18	134
Status													

The actual activity continues to be above the agreed target for cases for E.coli BSI. A joint action plan was reviewed in November 2018 and links to the work of the UTI collaborative. The Plan is progressing through the approval process.

Number of Mixed Sex Accommodation breaches

Lead: Karen Martin

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19
HEYHT Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
Hull CCG Actual	1	0	0	0	0	0	0	0	0	1	0	0	1
National Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Status													
Hull CCG Rate	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.1	0	0	0.01
National Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0	0.00
Status													

Hull CCG record one breach YTD for Mixed Sex Accommodation, reported in September 2018. This relates to an out of area patient at University College London NHS Foundation Trust and there was a delay in the CCG receiving the breach information from the provider.

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	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
HEYHT Actual	5	0	1	0	0	0	0	1	0	1	0	0	2	
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. HEYHT reported 0 breaches of this standard in November 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	
	2017/18	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	2018/19	
HEYHT Actual	TBC	4	6	10	7	4	6	1	5	5	0	3	31	
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 3 breaches of this standard in November, one in each of the following areas, Gynaecology, ENT and Neurosurgery, all relating to complex cases.