

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

MAY 2019

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CORPORATE PERFORMANCE REPORT

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Executive Summary

Financial Summary

The Annual Accounts, showing the achievement of all financial targets, are in the process of being audited. A draft report received from the Auditors indicates that, whilst there is still some testing to complete, in their opinion the CCG's financial statements give a true and fair view, a positive value for money conclusion will be provided and no internal control recommendations will be made.

Performance and Contracting

The A&E 4 hour waiting time performance improved in March compared to the previous month, although the CCG is aware that performance has subsequently deteriorated. Themes and trends continue to be reviewed as part of the work being undertaken with the HUTHT Aligned Incentive Contract (AIC) and the A&E Delivery Board. Work continues across the system to address identified challenges including flow through the hospital, community care package availability, staffing and diversionary pathways.

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated slightly in March, reporting 76.79%, failing to achieve the local improvement trajectory (85.00%). Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent and cancer referrals. The provider reports zero patients waiting over 52 weeks for treatment at the end of March 2019.

62-day cancer waiting times continue to underperform against the national standard. The cancer commissioning lead works as part of the Cancer Alliance to support the improvement of this indicator. HUTHT has recently self-reviewed against the cancer high impact changes; progress has been made across a number of areas since the last review. The Cancer Alliance is working with all local providers of cancer services to support the implementation of cancer best practice pathways. The appointment of a new Cancer Programme Director is seen as a positive step towards refocusing work within the Alliance. The Alliance 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 however a significant improvement in performance is reported in March, reducing to 3.83% from the 4.52% reported in February. This is the best monthly performance of 2018/19.

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 relating to matters of service quality (patient safety, service effectiveness and patient experience). Areas of good practice are presented alongside those that require actions and improvement. The CCG monitors the providers through monthly/six weekly Quality Forums/Delivery Groups.

Currently TASL is our only provider on Enhanced Surveillance. Bi-monthly returns on providers are reviewed by the Humber and North Yorkshire Quality and Surveillance Groups.

Key issues to note from the March report are:

Hull University Teaching Hospitals NHS Trust (HUTHT)

- No Never Events have been reported this month.
- Harm Free Care is currently 93.71%, which provides positive assurance to commissioners.

Humber NHS Foundation Trust

- The Humber Quality Group last met on 4th April 2019 and will meet again on 16th May 2019.
- 52 Week Waits for CAMHS still highlighted as a risk – The Trust will report further at May 2019 Quality Meeting.
- The Trust are currently reviewing the draft CQC report for factual accuracy.
- The Trust have vacancies in Specialist Services and they are struggling to recruit – alternative models for service delivery are being explored.
- An options paper is to be produced regarding the Mental Health Response Service (MHRS) following concerns raised by GP's in relation to response times.

City Health Care Partnership (CHCP)

- Four Never Events have been declared year to date (three are dental NHSE commisisoned services).
- Action plan received from CHCP in response to Podiatry Quality Visit.
- Q4 Safeguarding Declarations received at the May IGQSG meeting.
- Pressure Ulcer reporting & recording to be amended in line with NHSI guidance.
- CHCP developing a new interactive, electronic dashboard for patient experience.

Spire

- One Never Event has been declared year to date.
- Workshop to Raise Awareness of Prevent (WRAP) training uptake has dropped to 68%, this is due to financial year differences between Spire and the CCG.

Yorkshire Ambulance Service (YAS)

- No meeting has taken place since March 2019.

Thames Ambulance Service (TASL)

- No Serious Incidents have been reported YTD.
- TASL have advised the CCG that the CQC have informed them they will be carrying out another unannounced inspection in the next four months.

Financial Position

Indicative year-end achievement (subject to audit) against the financial performance targets for 2018/19 are as follows:

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

At the time of report production the 2018/19 Annual Accounts were in the process of being audited. A draft report received from the Auditors indicates that, whilst there is still some testing to complete, in their opinion the CCG's financial statements give a true and fair view, a positive value for money conclusion will be provided and no internal control recommendations will be made.

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: We cannot specify what the target will be for the 2018/19 Quality Premium until we have the 2017 result.					
GP Access & Experience	Overall experience of making a GP appointment	17%	£249,558	62.3% (Jan-Mar 18)	3% increase	
	Comment: 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	99% (Apr-Mar 19)	80%	
	Reduce the number of NHS CHC assessments which take place in an acute hospital setting	8.5%	£124,779	0% (Apr-Mar 19)	<15%	
	Comment: All DST carried out within the period were in non-acute hospital settings.					
Mental Health - Equity of Access and outcomes (IAPT)	BAME Access: Recovery rate of people accessing IAPT	8.5%	£124,779	57% (Q4 2017/18)	60%	
	Older People's Access: proportion of people accessing IAPT services aged 65+	8.5%	£124,779	4.3% (Q3 2017/18)	Awaiting clarity	TBC
	Comment: It is required that both elements be met in order to meet this indicator. Training is now available nationally (rolled out 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.					
Reducing Gram	Incidence of E coli BSI reported	5.1%	£74,867	256 (2018/19)	<184 (2018/19)	

National Indicators						
Title	Indicator	Value (%)	Value (£)	Latest position	Target	Latest status
Negative Bloodstream Infections	Comment: The new combined improvement plan for E.coli and gram negative bacteraemia, Hull & ERY CCG, will run from January 2019 – March 2020.					
	Collection and reporting of a core primary care data set for E coli	2.55%	£37,434	TBC	100%	
	Comment: In Quarter 2 the primary care data set was completed for all notified cases of E.coli BSI as per the Quality Premium. Currently awaiting Quarter 3.					
	Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater	3.40%	£49,912	4,299 (March 18– Feb 19)	<4,752	
	Comment: This indicator has now been achieved.					
	Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU)	1.7%	£24,956	1.075 (March 18– Feb 19)	<1.161	
	Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) – Stretch target	4.25%	£62,390	1.075 (March 18– Feb 19)	<0.965	
	Comment: Antibiotic volume Part 1 has been achieved but antibiotic volume Part 2 for 2018/2019 was introduced with a greater reduction target.					
Local Indicator						
Local measure	0-1 year non elective admissions for respiratory tract (rate per 10,000)	15%	£220,199	366 (Apr 18 – Mar 19)	2018/19 <351	
	Comment: Local secondary care data is monitored within the CCG QIPP plan.					

Clinical Priorities – CCG Improvement Assessment Framework (IAF) - 2018/19

As part of the Improvement and Assessment Framework, CCGs receive a rating for six clinical priority areas; cancer, mental health, dementia, diabetes, learning disabilities and maternity will be published. The rating has been derived from the indicators in the new framework looking at CCGs' current baseline performance using the most recent data available at the time.

Cancer	Dementia	Learning Disabilities	Maternity	Mental Health	Diabetes
Requires improvement	Requires improvement	Requires improvement	Requires improvement	Good	Requires Improvement

More information can be found at www.hullccg.nhs.uk under 'Our performance' and can be searched online via 'My NHS data for better services'.

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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	87.22	82.12	84.31	79.60	87.45	90.14	91.68	81.89	76.37	72.55	73.42	80.65	81.92
STF Trajectory	95.00	82.1	88.0	93.4	93.6	88.7	92.5	91.4	86.5	90.0	89.9	90.8	95.00
STF Status													
Hull CCG Actual	89.61	86.36	88.03	84.44	90.49	92.31	91.7	81.91	76.47	72.58	73.45	80.66	81.96
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 performance improved in March compared to the previous month, although the CCG is aware that performance has subsequently deteriorated. Themes and trends continue to be reviewed as part of the work being undertaken with the HUTHT Aligned Incentive Contract (AIC) and the A&E Delivery Board. Work continues across the system to address identified challenges including flow through the hospital, community care package availability, staffing and diversionary pathways.

Referral to Treatment pathways: incomplete (%)

Lead: Karen Ellis

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	80.37	82.24	82.00	81.34	81.66	81.65	83.15	83.08	81.99	79.89	78.09	76.79	76.79*
STF Trajectory	92.00	80.00	80.00	80.00	80.00	80.00	80.80	81.70	82.50	83.30	84.20	85.00	85.00
STF Status													
Hull CCG Actual	83.46	83.23	83.18	82.73	83.34	83.77	85.17	84.46	83.00	80.39	78.26	77.20	77.20*
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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	157	22	11	12	16	21	7	3	4	23	20	0	157
STF Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0
STF Status													
CHCP Actual	223	1	1	0	0	0	0	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	12	5	7	12	9	2	1	2	14	14	0	86
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 HUTHT deteriorated slightly in March, reporting 76.79%, failing to achieve the local improvement trajectory (85.00%). Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

HUTHT reported zero patients waiting over 52 weeks at the end of March. Hull CCG also reported zero 52 week breaches in month.

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.

The increased usage in Advice and Guidance (A&G) and conversion rate of out-patient appointments are being closely monitored to support the reduction of the waiting list.

*YTD position reflects the monthly snapshot as not to double count individuals who span the reporting months.

Diagnostic test waiting times (%)													
	Lead: Karen Ellis			Framework: A Forward View into Action: Annex B						Polarity: Smaller is better			
	2017/18	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	10.50	10.05	8.97	8.52	8.99	7.01	5.48	6.37	8.94	8.02	4.52	3.83	3.83*
HUTHT Status													
Hull CCG Actual	9.39	9.36	9.36	8.79	9.08	7.27	5.84	6.23	9.30	7.67	4.70	3.70	3.70
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 however a further improvement in performance is reported in March, reducing to 3.83%, the best monthly performance for 2018/19. The CCG recorded 191 breaches during March, compared to 244 the previous month, the majority being for endoscopies 72.8% (139).

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. Due to the identified shortfalls in diagnostic capacity delivery of this target is unlikely in the short term.

*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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
Hull CCG Actual	92.29	86.74	93.79	90.70	90.78	87.80	90.97	88.24	90.83	90.38	73.12	84.00	88.24
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													

75 patients were seen during March with 12 breaches, 7 due to inadequate outpatient capacity and 5 due to patient choice.

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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
Hull CCG Actual	97.72	97.86	95.87	94.33	92.37	94.00	93.65	93.85	93.07	91.67	95.45	95.08	94.97
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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
Hull CCG Actual	92.86	95.65	95.83	90.00	86.67	82.35	82.61	85.29	91.67	76.19	95.00	88.46	87.95
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) – 122 patients seen in March with a total of 6 breaches, 4 due to inadequate elective capacity with the remaining 2 reasons unclear. March performance remains marginally below target.

Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – 26 patients seen with 3 breaches, due to inadequate elective capacity.

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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	76.14	70.39	67.38	68.99	68.56	69.14	69.12	68.14	72.67	65.64	70.22	70.39	69.30
STF Trajectory	85.00	68.7	69.8	72.1	74.0	72.4	80.1	79.2	79.6	80.5	82.0	85.1	85.00
STF Status													
Hull CCG Actual	78.99	76.71	67.24	67.12	75.00	70.91	70.00	76.32	75.00	66.67	69.23	76.79	71.65
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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
Hull CCG Actual	81.36	75.00	50.00	50.00	100	0.00	50.00	33.33	0.00	33.33	87.50	75.00	65.63
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 March to 76.79% (56 patients with 13 breaches). Breach reasons are as follows – 2 due to Complex diagnostic pathway (many, or complex, diagnostic tests required), 2 due to a Health Care Provider initiated delay to diagnostic test or treatment planning, 2 due to inadequate elective capacity, 1 due to inadequate outpatient capacity, 1 due to diagnosis delayed for medical reasons, 1 due to administrative delay, 1 due to treatment delayed for medical reasons and the remaining 3 reasons unclear.

Cancer 62 days of referral from an NHS Cancer Screening Service - the indicator reports 75.00% in March, 20 patients seen with 5 breaches of the 62 day standard, 2 due to a complex diagnostic pathway, 1 due to a Health Care Provider initiated delay (to diagnostic test or treatment planning), 1 due to inadequate outpatient capacity and a further 1 due to inadequate elective capacity.

62-day cancer waiting times continue to underperform against the national standard. The cancer commissioning lead works as part of the Cancer Alliance to support the improvement of this indicator. HUTHT has recently self-reviewed against the cancer high impact changes; progress has been made across a number of areas since the last review. The Cancer Alliance is working with all local providers of cancer services to support the implementation of cancer best practice pathways. The appointment of a new Cancer Programme Director is seen as a positive step towards refocusing work within the Alliance. The Alliance 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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
YAS Actual		08:20	07:38	07:19	07:03	07:18	07:10	07:02	07:03	06:59	07:03	06:44	07:21
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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
YAS Actual	36,917	2,381	2,021	2,102	2,011	2,430	1,404	2,590	3,598	4,239	3,772	3,003	32,332
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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
YAS Actual	8,657	334	252	136	204	432	218	388	669	1,035	986	631	5,911
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

	2017/18	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
YAS Actual	7,482	1,125	1,006	1,865	1,019	938	945	1,170	1,393	1,407	1,244	1,485	14,640
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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
YAS Actual	447	53	36	94	47	33	60	92	95	87	97	109	845
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 HUTHT.

Ambulance handover and Crew Clear delays are monitored against zero-tolerance targets and reported at provider level.

YAS at HUTHT performance for +30 minute and +60 minute handovers, as a proportion of total number of handovers, is 12.86% and 1.30% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 3.79% and 0.24% respectively for March 2019.

% of people entering treatment (%)

Lead: Melanie Bradbury

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	April 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	2018/19
Hull CCG Actual	23.35	1.29	1.47	1.32	1.59	1.55	1.82	1.87	2.21	1.48	2.17	1.75	5.40
Target	19.00	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	5.01
Status													

The indicator continues to be closely monitored by NHS England and the CCG to support improvement with the provider over the coming months.

Note: 2018/19 position is the 'rolling quarter' (3 month interval, December 2018 – February 2019).

% of people who are moving to recovery

Lead: Melanie Bradbury

Framework: A Forward View into Action: Annex B

Polarity: Bigger is better

	2017/18	April 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	2018/19
Hull CCG Actual	48.01	58.70	61.45	64.10	58.54	55.34	55.56	53.26	60.40	57.97	57.52	59.66	58.47
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 58.47%.

This indicator continues to maintain above trajectory, there are no concerns that the provider will not continue to achieve the target for the next quarter.

Note: 2018/19 position is the 'rolling quarter' (3 month interval, December 2018 – February 2019).

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	April 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	2018/19
Hull CCG Actual	73.64	64.71	68.97	73.49	67.06	58.88	60.00	62.92	61.54	70.83	74.78	76.23	74.43
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													

This indicator refers to the proportion of patients that have completed a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral.

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. Positive improvement is being made with performance in March above target.

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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	85.20	82.53	81.91	82.30	84.35	86.00	86.47	84.55	81.98	82.64	82.97	82.88	83.32
HUTHT 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
HUTHT Status													
Response rate	11.20	17.92	17.47	17.63	17.80	18.40	18.2	14.2	16.8	16.4	15.7	16.9	17.19

The CCG and HUTHT 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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	87.30	Nil Return	100.00	Nil Return	Nil Return	Nil Return	100.00	93.33	100.00	100.00	100.00	Nil Return	99.10
HUTHT 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
HUTHT Status													

The CCG and HUTHT 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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
Hull CCG Actual	50	5	6	5	1	8	5	9	1	5	0	3	51
Target	82	4	5	6	5	6	6	4	1	4	4	5	55
Status													

At the end of 2018/19 the CCG are 4 cases below the 2018/19 stretch objective, 51 cases reported against a target of 55.

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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
Hull CCG Actual	237	18	23	24	20	25	15	19	22	18	21	28	256
Target	209	18	13	16	20	18	19	18	13	13	14	10	184
Status													

At the end of 2018/19 actual activity is above the agreed target for cases for E.coli BSI. A joint action plan was reviewed in December 2018 and links to the work of the UTI collaborative.

Number of Mixed Sex Accommodation breaches

Lead: Karen Martin

Framework: A Forward View into Action: Annex B

Polarity: Smaller is better

	2017/18	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT 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	1	0	0	0	0	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	0.1	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00	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.

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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	5	0	0	1	0	1	0	0	1	2	1	0	6
HUTHT 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. The end of year position is 6, with no breaches reported in March.

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	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	2018/19
HUTHT Actual	TBC	4	6	1	5	5	0	3	1	4	3	2	41
HUTHT 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. HUTHT reported 2 breaches of this standard in March, one within Gynaecology and one within Upper Gastrointestinal. The overall year end position for 2018/19 is 41 breaches.