

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

JULY 2019

(Presented to Quality & Performance Committee on 23rd July 2019)

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Executive Summary

Financial Summary

The Month 3 (June 2019) 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 performance improved slightly in May compared to the previous month. From 17th June 2019 the Trust started uploading a daily sitrep position for type 3 activity to enable them to report a system position. This is being reported at the A&E Delivery board.

Referral to Treatment 18 weeks waiting times performance at HUTHT improved marginally in May, reporting 76.83%, failing to achieve the local improvement trajectory (78.3%).

62-day cancer waiting times continue to underperform against the national standard and have deteriorated in May 2019 compared to the previous month.

Diagnostic test 6-week waiting times continue to breach target. Deterioration in performance is reported in May, 7.72% compared to April position of 5.13%.

Quality

Enhanced Surveillance

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.

Hull University Teaching Hospitals NHS Trust (HUTHT)

- 1 Never Event has been reported this month.
- 0 52 week breaches reported in May 2019.
- Friends and Family Test results at 98.36% which is above the nationally set target of 95%.

Humber NHS Foundation Trust

- Humber have reported a drop in Friends & Family Test scores associated with HPV Vaccination.
- 52 Week Waits in Autism Spectrum Disorder (ASD) service still highlighted as a risk.

City Health Care Partnership (CHCP)

- CHCP have provided assurance on progress regarding the CQC report on the Stroke Service at Rossmore.
- TB Services still reporting difficulties securing information regarding new entrants to the UK.
- CHCP are reviewing their "Second Victim" policy and will incorporate recommendations from the Lessons Learnt to Improve Our People Practice letter.

Spire

- Spire training data reported indicates uptake below 80% contractual requirement – this is due to differences in financial years between the CCG and Spire.

Yorkshire Ambulance Service (YAS)

- YAS have a new Occupational Health provider to address some issues with services provided to their own staff.
- Latest YAS complaints data indicates main themes are attitude and communication skills.

Thames Ambulance Service (TASL)

- No Serious Incidents have been reported YTD.
- TASL have advised the CCG that the CQC carried out inspections at multiple sites in May 2019.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 30th June 2019. Achievement against the financial performance targets for 2019/20 are as follows

	<i>Performance Assessment</i>
Not exceed Revenue Resource Limit	Green
Running Costs Envelope	Green
<u>Other relevant duties/plans</u>	
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	
19/20 Core Allocation	(118,250)	(118,250)	-	(496,526)	(496,526)	-	
Use of prior years surplus			-			-	
Acute Services	56,238	56,039	199	224,952	224,952	-	Green
Prescribing & Primary Care Services	24,608	23,994	614	99,653	99,653	-	Green
Community Services	14,250	14,027	223	57,001	57,001	-	Green
Mental Health & LD	11,749	11,667	82	46,994	46,994	-	Green
Continuing Care	5,234	5,020	214	20,934	20,934	-	Green
Other Including Earmarked Reserves	789	2,256	(1,467)	25,461	25,461	-	Green
Running Costs	1,549	1,414	135	6,196	6,196	-	Green
TOTAL EXPENDITURE	114,417	114,417	-	481,191	481,191	-	
Under/(over)-spend against in year allocation	-	-	-	-	-	-	Green
Balance of prior year surplus	(3,833)	(3,833)	-	(15,335)	(15,335)	-	Green

KEY:

RED = negative variance of £2M or above

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

GREEN = positive variance or negative variance less than £500k

Exception: Other including earmarked reserves

Summary Financial Position as at 30th June 2019.

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 £15.335m. This is in line with the 2019/20 financial plan submitted to NHS England.

This year's running cost allocation is £6.196m and the current forecast is that expenditure will be contained within this financial envelope.

At this early stage of the year the CCG's forecast is based on the assumption that expenditure will be in line with the budget. Variances at month 3 are largely underspends against budgets, the largest of which relates to prescribing, however it should be noted that this is based on reports relating to just one month's worth of data. In some cases variances relate to under or over accruals from the 2018/19 financial year.

Statement of Financial Position

At the end of June the CCG was showing £29.1m 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 £496,526 for both 'Programme' and 'Running' costs.

Working Balance Management

Cash

The closing cash for June was £43k which was below the 1.25% target of £416k.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for June was 99.70% on the value and 98.79% on the number of invoices, whilst the full year position is 98.25% achievement on the value and 98.14% on number.

b. NHS

The NHS performance for June was 100.00% on the value and 100.00% on the number of invoices, whilst the full year position is 99.73% achievement on the value and 98.97% on number.

Quality Premium 2019/20

The structure of the Quality Premium for 2019/20 has yet to be confirmed as national guidance is awaited. **2018/19 schemes are currently being rolled over and monitored against 2018/19 targets.**

Previously, the scheme incentivises moderation of demand for emergency care in addition to maintaining and or improving progress against key quality indicators. The CCG is continuing to monitor these key quality indicators against 2018/19 trajectories until further clarification has been received.

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)	TBC	
	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, final confirmation is expected in the near future.					
Continuing Healthcare	NHS CHC checklist decisions within 28 days	8.5%	£124,779	100% (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)	TBC	
	Older People's Access: proportion of people accessing IAPT services aged 65+	8.5%	£124,779	4.3% (Q3 2017/18)	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.					

National Indicators						
Title	Indicator	Value (%)	Value (£)	Latest position	Target	Latest status
Reducing Gram Negative Bloodstream Infections	Incidence of E coli BSI reported	5.1%	£74,867	72 (April-June 19)	TBC	
	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: Primary care data set completed for all notified cases of E.coli BSI as per the Quality Premium.					
	Reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater	3.40%	£49,912	4,190 (2018/19)	<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	1.064 (2018/19)	<1.161	
	Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) – Stretch target	4.25%	£62,390	1.064 (2018/19)	<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.						

CCG Improvement Assessment Framework (IAF)

CCG performance is assessed against a number of measures, brought together in the Improvement and Assessment Framework (IAF). The CCG improvement and assessment framework sets out the domains and clinical indicators, which the constitutional indicators are embedded within, that reflects the key elements of a well led effective clinical commissioner and underpin assurance discussions between CCGs and NHS England, whilst identifying ongoing ambitions for CCG development.

NHS Hull Clinical Commissioning Group (CCG) has been rated as ‘outstanding’ for a third consecutive year under NHS England’s annual ‘Ofsted’ style ratings published 11th July 2019.

All 195 CCGs in England are evaluated every year for leadership, financial performance, planning and patient and public involvement and, of these, only 24 have achieved the highest rating for 2018-19.

NHS England recognised that NHS Hull CCG has continued to demonstrate a strong partnership approach and close working relationship with Hull City Council around the joint financial plan and integrated adults and children’s services.

Clinical Priorities

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. 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 Constitutional Exceptions

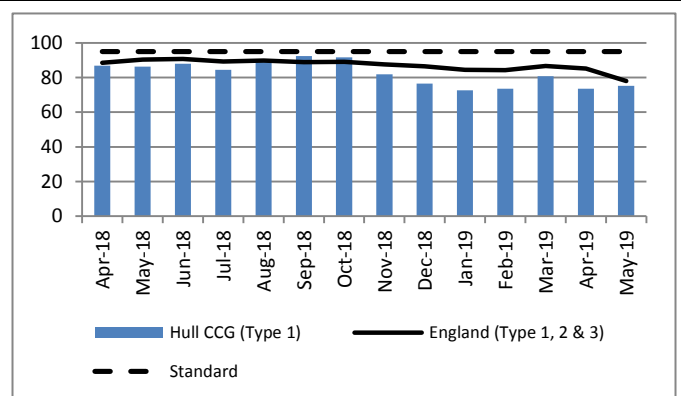
Performance Indicator Exceptions

A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
HUTHT Actual	87.22	81.92	73.49	75.18	74.36
STF Trajectory	95.00	95.00	87.8	90.0	95.00
STF Status					
Hull CCG Actual	89.61	81.96	73.52	75.22	74.40
National Target	95.00	95.00	95.00	95.00	95.00
Status					



The A&E 4 hour waiting time performance improved slightly in May compared to the previous month. 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.

From 17th June 2019 the Trust started uploading a daily sitrep position for type 3 activity to enable them to report a system position. This is being reported at the A&E Delivery board.

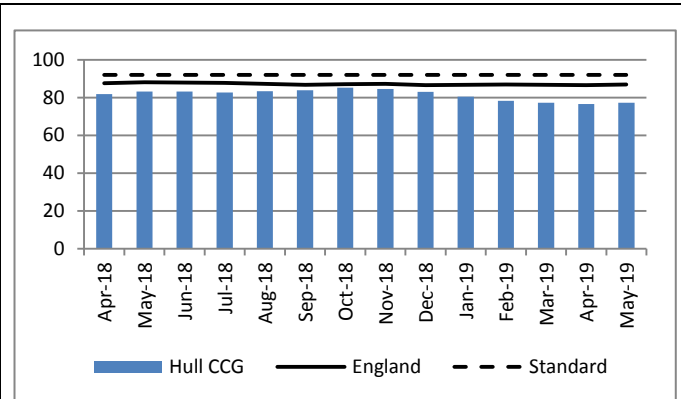
[NHS England - A&E Attendances and Emergency Admissions 2019-20](#)

Referral to Treatment pathways: incomplete (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
HUTHT Actual	80.37	81.10	76.16	76.83	76.83*
STF Trajectory	92.00	92.00	77.58	78.3	92.00
STF Status					
Hull CCG Actual	83.46	82.27	76.56	77.25	77.25*
National Target	92.00	92.00	92.00	92.00	92.00
Status					



Referral to Treatment 18 weeks waiting times performance at HUTHT improved marginally in May, reporting 76.83%, failing to achieve the local improvement trajectory (78.3%). Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

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.

[NHS England - Consultant-led Referral to Treatment Waiting Times](#)

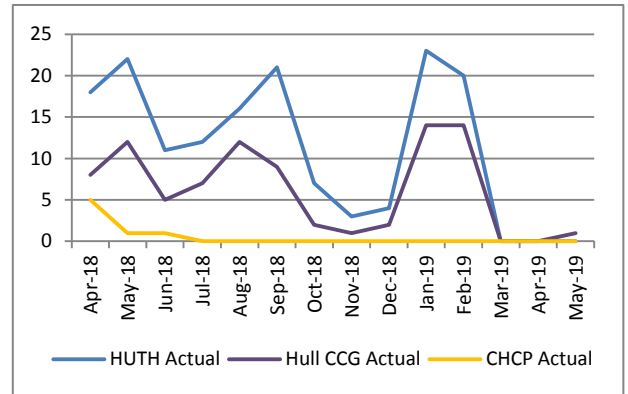
*YTD 2019/20 position reflects the monthly snapshot as not to double count individuals who span the reporting months.

Number of >52 week Referral to Treatment in Incomplete Pathways

Lead: Karen Ellis

Polarity: Smaller is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
HUTHT Actual	157	157	0	0	0
STF Trajectory	0	0	0	0	0
STF Status					
CHCP Actual	223	7	0	0	0
National Target	0	0	0	0	0
Status					
Hull CCG Actual	275	86	0	1	1
National Target	0	0	0	0	0
Status					



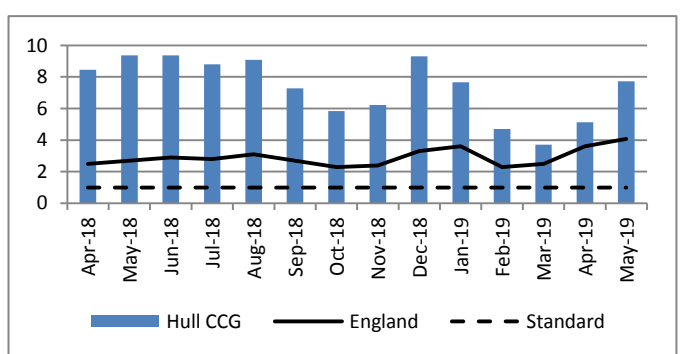
HUTHT reported 0 patients waiting over 52 weeks at the end of May. Hull CCG reported 1 x 52 week breach in month at Leeds Teaching Hospitals NHS Trust due to consultant capacity in Adult Spine specialty.

Diagnostic test waiting times (%)

Lead: Karen Ellis

Polarity: Smaller is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
HUTHT Actual	10.50	7.48	4.59	7.65	7.65*
HUTHT Status					
Hull CCG Actual	9.39	7.42	5.13	7.72	7.72*
Status					
National Target	1.00	1.00	1.00	1.00	1.00



Diagnostic test 6-week waiting times continue to breach target. Deterioration in performance is reported in May, 7.72% compared to April position of 5.13%. The CCG recorded 370 breaches during May, compared to 251 the previous month, the majority being for endoscopies 74.59% (276). However the overall number waiting is continuing to come down and activity in May is 4% (175) up on April.

Test Group	Diagnostic Test	Total Activity	Total Waiting List	Waiting Over 6 Weeks	Percentage
Physiological Measurement	Audiology - Audiology Assessments	388	112	0	0.00%
	Cardiology - echocardiography	233	274	6	2.19%
	Cardiology - electrophysiology	0	0	0	0.00%
	Neurophysiology - peripheral neurophysiology	19	105	0	0.00%
	Respiratory physiology - sleep studies	26	38	0	0.00%
	Urodynamics - pressures & flows	32	64	18	28.13%
	Sub Total		698	593	24
Imaging	Barium Enema	5	0	0	0.00%
	Computed Tomography	2,298	804	2	0.25%
	DEXA Scan	208	226	0	0.00%
	Magnetic Resonance Imaging	1,076	780	22	2.82%
	Non-obstetric ultrasound	2,544	1,640	46	2.80%
	Sub Total		6,131	3,450	70
Endoscopy	Colonoscopy	178	250	76	30.40%
	Cystoscopy	90	106	67	63.21%
	Flexi sigmoidoscopy	98	47	0	0.00%
	Gastroscopy	259	344	133	38.66%
	Sub Total		625	747	276
Grand Total		7,454	4,790	370	7.72%

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
- 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.

[NHS England - Monthly Diagnostic Waiting Times and Activity](#)

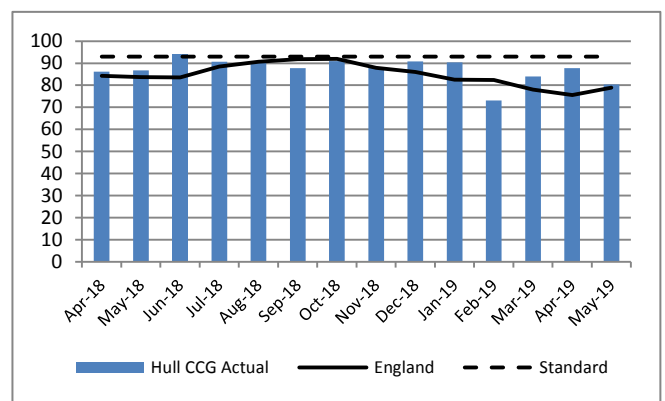
*YTD 2019/20 position reflects the monthly snapshot as not to double count individuals who span the reporting month.

Breast Cancer 2 week waits (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
Hull CCG Actual	92.29	88.24	87.74	80.36	83.94
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Breaches (CCG)	126	184	13	22	35



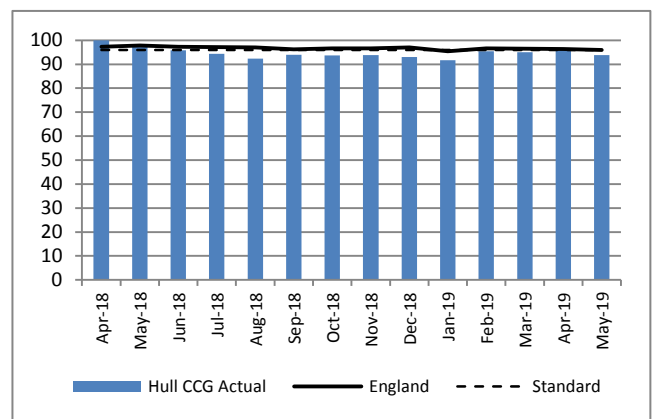
112 patients were seen during May with 22 breaches, 13 due to inadequate outpatient capacity and 9 due to patient choice delay relating to first outpatient appointment.

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

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
Hull CCG Actual	97.72	94.97	96.38	93.86	95.24
National Target	96.00	96.00	96.00	96.00	96.00
Status					
No. of Breaches (CCG)	34	76	5	7	12

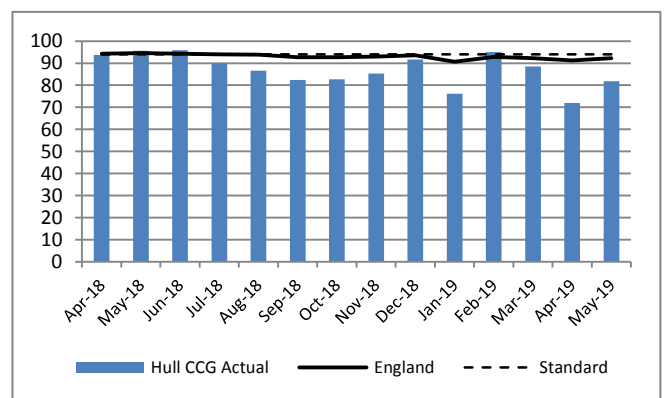


Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
Hull CCG Actual	92.70	87.95	72.00	81.82	76.60
National Target	94.00	94.00	94.00	94.00	94.00
Status					
No. of Breaches (CCG)	20	37	7	4	11



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 114 patients seen in May with a total of 7 breaches, 5 due to inadequate elective capacity, 1 due to Health Care Provider initiated delay to diagnostic test or treatment planning and the remaining breach due to patient choice.

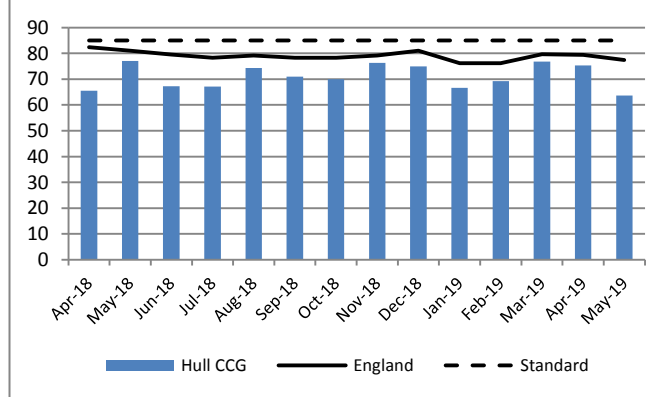
Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – 22 patients seen with 4 breaches, 2 due to inadequate elective capacity, 1 due to elective cancellation (for non-medical reason) and the remaining breach due to Health Care Provider initiated delay to diagnostic test or treatment planning.

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

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
HUTHT Actual	76.14	69.30	73.05	68.90	71.00
STF Trajectory	85.00	85.00	70.89	71.70	85.00
STF Status					
Hull CCG Actual	79.40	71.65	75.34	63.64	69.78
National Target	85.00	85.00	85.00	85.00	85.00
Status					
No. of Breaches (CCG)	145	218	18	24	42

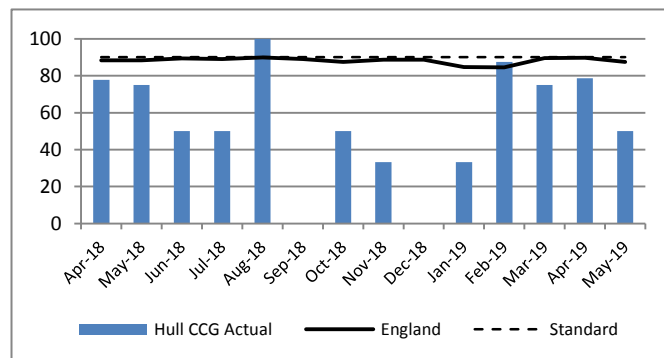


Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
Hull CCG Actual	81.51	65.63	78.57	50.00	72.22
National Target	90.00	90.00	90.00	90.00	90.00
Status					
No. of Breaches (CCG)	22	22	3	2	5



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 63.64% in May, (66 patients with 24 breaches). Breach reasons are as follows:

- 6 due to complex diagnostic pathways (many, or complex, diagnostic tests required)
- 4 due to a health care provider initiated delay to diagnostic test or treatment planning
- 4 due to inadequate elective capacity
- 3 due to diagnosis delay for medical reasons
- 2 due to inadequate out-patient capacity
- 3 due to patient choice
- 1 due to administrative delay
- 1 reason not listed

Cancer 62 days of referral from an NHS Cancer Screening Service - the indicator reports 50% in May, out of the 4 patients seen 2 breached the 62 day standard, 1 due to inadequate out-patient capacity and 1 due to a complex diagnostic pathway.

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.

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-comm-cwt/>

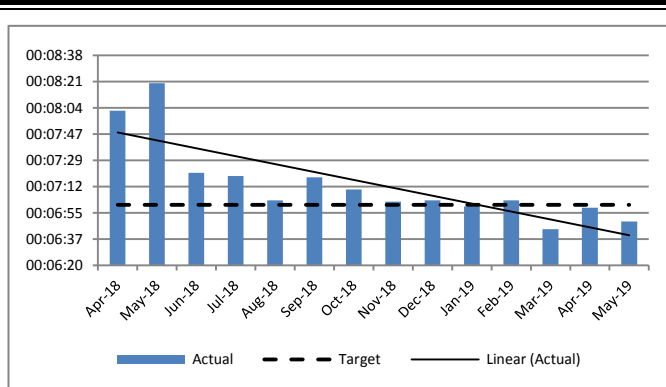
Note: Access to cancer reporting data nationally has changed and become more challenging. The CCG is increasingly dependent on providers supplying information to explain breaches of waiting time standards.

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

Lead: Karen Ellis

Polarity: Smaller is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	2019/20
YAS Actual		07:21	06:58	06:49	06:53
YAS Target		07:00	07:00	07:00	07:00
Status					



Ambulance handover time – Delays of +30 minutes – YAS

	2017/18	2018/19	Apr 2019	May 2019	2019/20
YAS Actual	36,917	32,332	3,574	3,530	7,104
YAS Target	0	0	0	0	0
Status					

Ambulance handover time – Delays of +1 hour – YAS

	2017/18	2018/19	Apr 2019	May 2019	2019/20
YAS Actual	8,657	5,911	859	720	1,579
YAS Target	0	0	0	0	0
Status					

Crew Clear Delays – Delays of +30 minutes – YAS

	2017/18	2018/19	Apr 2019	May 2019	2019/20
YAS Actual	7,482	14,640	1,494	1,693	3,187
YAS Target	0	0	0	0	0
Status					

Crew Clear Delays – Delays of +1 hour – YAS

	2017/18	2018/19	Apr 2019	May 2019	2019/20
YAS Actual	447	845	83	112	195
YAS Target	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 17.72% and 3.13% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 3.50% and 0.19% respectively for May 2019.

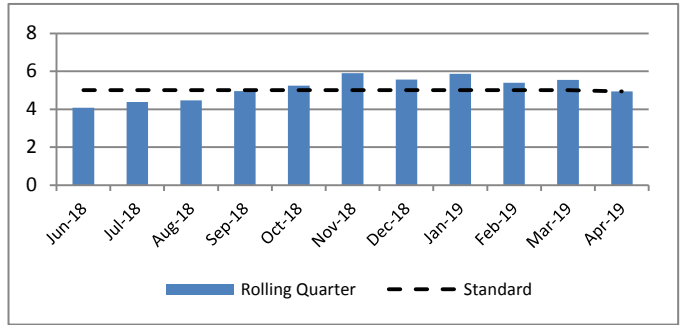
[Yorkshire Ambulance Service NHS Trust - CCG Performance Reports](#)

% of people entering treatment (%) - Improving Access to Psychological Therapies (IAPT)

Lead: Melanie Bradbury

Polarity: Bigger is better

	Previous Years		In month position			Rolling Quarter
	2017/18	2018/19	Feb 2019	Mar 2019	Apr 2019	
Hull CCG Actual	23.35	20.14	1.75	1.63	1.56	4.94*
National Target	19.00	20.04	1.67	1.67	1.6	4.94
Status						



* 'Rolling Quarter' covers 3 month interval, February 2019 – April 2019. The national target is for achievement for a 'rolling quarter' as presented in the Improvement and Assessment Framework (IAF).

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

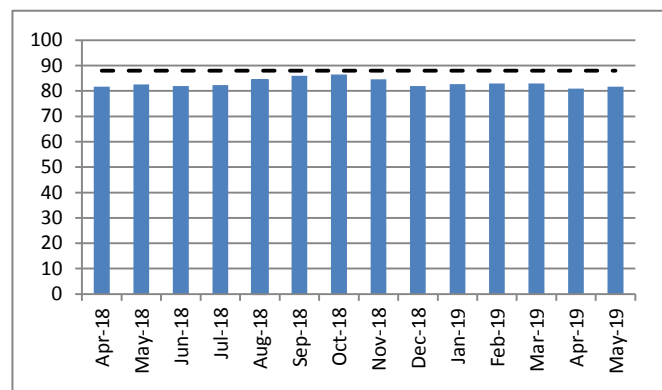
Quality Indicator Exceptions

Friends and Family Test for A&E - % recommended

Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	
HUTHT Actual	85.20	83.32	80.98	81.64	81.34
HUTHT Target	88.00	88.00	88.00	88.00	88.00
HUTHT Status					
Response rate	11.20	17.19	13.86	16.00	14.91



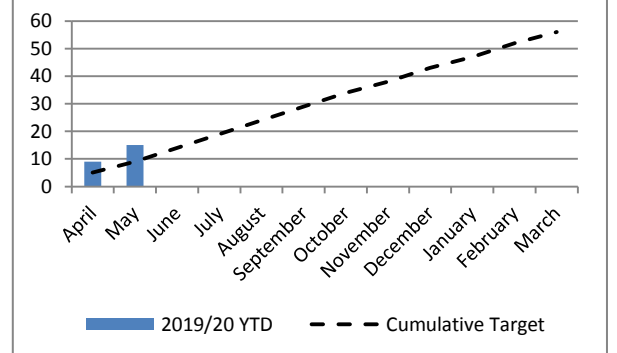
The CCG and HUTHT have developed a work plan to address the continued issues with achieving this target; actions including reviewing the data submission, collection method and determination of the FFT target. Work is ongoing.

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month		YTD
	2017/18	2018/19	Apr 2019	May 2019	
Hull CCG Actual	50	51	9	6	15
Target	82	55	5	4	9
Status					



In May 2019 the CCG are reporting 15 cases against a year to date target of 9. 2019/20 year-end plan of 56 cases.

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

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month		YTD
	2017/ 18	2018/ 19	Apr 2019	May 2019	2019/ 20
Hull CCG Actual	237	256	21	23	44
Target	209	184	TBC	TBC	TBC
Status					

In May 2019 the CCG are reporting 23 cases, 44 year to date, which is an increase of 3 compared to the same point last year (41 cases reported April - May 2018). Awaiting confirmation of 2019/20 trajectory.

All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery)

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Year	2019/20 In Month		YTD
	2018/ 19	Apr 2019	May 2019	2019/ 20
Hull CCG Actual	41	4	4	8
Target	0	0	0	0
Status				

Elective procedures cancelled on the day and not re-booked within 28 days. HUTHT reported 4 breaches of this standard in May, 1 within each of the following areas – Plastic Surgery and Gynae Oncology and 2 within Paediatric Gastroenterology.