

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

SEPTEMBER 2019

(Presented to Quality & Performance Committee Tuesday 17th September)

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Executive Summary

Financial Summary

The Month 4 (July 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 June 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 deteriorated slightly in June, reporting 75.75%, failing to achieve the local improvement trajectory (78.93%).

62-day cancer waiting times continue to underperform against the national standard, slight improvement reported in Hull CCG position, however HUTH performance deteriorated in June 2019 compared to the previous month.

Diagnostic test 6-week waiting times continue to breach target. Further deterioration in performance is reported in June, 8.59% compared to May position of 7.72%. The waiting list has increased by 6% on the previous month with the CCG recording 436 breaches during June, compared to 370 the previous month.

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)

- 5 Serious Incidents including 4 Never Events have been reported this month.

Humber NHS Foundation Trust

- Humber updated Commissioner on their “Must Do” actions following CQC inspection, reporting good progress being made especially in relation to safety.
- Assurance on the management of patients waiting more than 52 weeks for CAMHS was given.
- Humber continue to have issues with safer staffing levels and are addressing recruitment and retention issues within wider workforce review and redesign.
- Humber had an under 18 year old admitted to an adult inpatient bed, plans agreed to ensure notification of commissioners and process in event of any recurrence in future.

City Health Care Partnership (CHCP)

- CHCP have provided assurance on progress regarding the CQC report for the Stroke Service at Rossmore.
- CHCP still have issues with recruitment which they are seeking to address.

Spire

- Spire training data indicates uptake below 80% of contractual requirement –due to differences in financial years between the CCG and Spire.
- Patient complaint not dealt with in accordance with Complaints Regulations.

Yorkshire Ambulance Service (YAS)

- The July 2019 Quality Meeting looked into the issue of delayed transfers of care at HUTH.
- Latest YAS complaints data indicates main themes are delayed response and attitude.

Thames Ambulance Service (TASL)

- No Serious Incidents have been reported YTD.
- Complaint about TASL referred to Complaints Ombudsman.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 31st July 2019. Achievement against the financial performance targets for 2019/20 are as follows

Performance Assessment

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

Financial Performance / Forecast

	Year To Date (000's)			Full Year (000's)			Risk
	Budget	Actual	Var	Budget	FOT	Var	
19/20 Core Allocation	(159,297)	(159,297)	-	(496,302)	(496,302)	-	
Use of prior years surplus			-			-	
Acute Services	75,142	75,213	(71)	225,425	225,425	-	Green
Prescribing & Primary Care Services	33,642	32,716	926	103,731	102,181	1,550	Green
Community Services	19,139	18,702	437	57,417	56,967	450	Green
Mental Health & LD	15,665	15,738	(73)	46,994	47,394	(400)	Green
Continuing Care	6,978	6,831	147	20,934	20,434	500	Green
Other Including Earmarked Reserves	1,555	3,134	(1,579)	20,269	22,369	(2,100)	Green
Running Costs	2,065	1,852	213	6,196	6,196	-	Green
TOTAL EXPENDITURE	154,185	154,185	-	480,967	480,967	(0)	
Under/(over)-spend against in year allocation	-	-	-	-	-	(0)	Green
Balance of prior year surplus	(5,112)	(5,112)	-	(15,335)	(15,335)	(0)	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 31st July 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.

The commentary below identifies the significant variances against the allocated budgets:-

Mental Health (forecast overspend £400k) – Expenditure for the Let's Talk service for the end of 2018/19 was less than accrued for as part of the year end process. This has therefore resulted in a credit in this financial year. This is however more than offset by the additional out of area placements of MH and LD patients. This area is highly volatile due to the high cost of individual packages.

Primary Care delegated Commissioning (forecast underspend £550k) – The cost of APMS contracts is less than was budgeted for. This is due to population increases being less than was included in the contracts in place. Underspends in this area are ring-fenced to be spend on primary care related items for which schemes are being developed and approvals sought through the Primary Care Commissioning Committee.

Prescribing (forecast underspend £1m) – The forecast is based on month two data and is therefore subject to significant change throughout the year. There may be a higher than expected impact of Category M price movements which would reduce / negate this underspend. Further information in relation to this is expected from NHS England / the Business Services Authority (BSA) as the year progresses.

Continuing Healthcare (forecast underspend £500k) - expenditure is in line with that incurred in the previous financial year in which a £611k underspend was achieved. On the basis that this was likely to be an area of growth the budget was not reduced. Work continues in terms of integration with the Council to ensure that CHC and adult social care budgets achieve maximum value for money across Hull.

Community Based Service (forecast underspend £450k) – This is largely related to an underspend against community equipment for which budgets were increased following an overspend in the previous financial year. The other main element of this underspend relates to income received regarding refugee funding that was received to cover costs that have been incurred over several years. The process for receiving this funding was not well communicated, however going forward this should be received more in line with when the expenditure is incurred.

Other Commissioned Services / Reserves (forecast overspend £2.1m) – This includes a number of additional schemes that have been through the prioritisation panel process and approved by the Planning and Commissioning Committee that were not included in the original financial plan. These include paediatric speech and language therapy, ADHD and community frailty investment.

Statement of Financial Position

At the end of July the CCG was showing £31.4m 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 £496,302 for both 'Programme' and 'Running' costs. The movement from the previous report relates to allocation transfers of -£264k associated with the GP Forward View monies that the CCG is hosting on behalf of the Health and Care Partnership as well as a £40k receipt of funding to cover the CCG's involvement in the Personal Health Budget Mentoring Programme.

Working Balance Management

Cash

The closing cash for July was £33k 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 July was 99.52% on the value and 98.25% on the number of invoices, whilst the full year position is 98.58% achievement on the value and 98.17% on number.

b. NHS

The NHS performance for July was 99.69% on the value and 98.57% on the number of invoices, whilst the full year position is 99.72% achievement on the value and 98.90% 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)	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, 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)	60%	
	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	87 (April-July 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.

The 2018/19 quarter 4 performance against the IAF indicators was published in July 2019; a detailed summary of the CCGs position is on the following page (*'CCG Summary Dashboard – July 2019 Update'*). NHS Hull Clinical Commissioning Group (CCG) are rated as 'outstanding' for a third consecutive year.

Going forward the [NHS Oversight Framework](#) has replaced the CCG Improvement and Assessment Framework (IAF) and the provider Single Oversight Framework, and will inform assessment of CCGs in 2019/20. It is intended as a focal point for joint work, support and dialogue between NHS England, NHS Improvement, CCGs, providers and sustainability and transformation partnerships and integrated care systems.

CCG Summary Dashboard - July 2019 Update

NHS Hull CCG

Better Health	Period	CCG	DoT	Peers	England	Quartile
102a % 10-11 classified overweight/obese	2015/16 to 2017/18	37.2%	↑	3/11	144/195	Interquartile
103a Diabetes patients who achieved NICE targets	2017/18	36.10%	↓	10/11	159/195	Worst
103b Attendance of structured education course	2017/18 (2016 cohort)	6.90%	↑	6/11	112/195	Interquartile
104a Injuries from falls in people 65yrs +	Q3 2018/19	1,562	↓	2/11	29/195	Best
105b Personal health budgets	Q4 2018/19	460.0	↑	1/11	4/195	Best
106a Inequality Chronic - ACS & UCSCs	Q2 2018/19	2163.0	↓	1/11	93/195	Interquartile
107a AMR: appropriate prescribing	Feb-19	1.075	↓	6/11	147/195	Worst
107b AMR: Broad spectrum prescribing	Feb-19	4.78%	↓	1/11	4/195	Best
108a Quality of life of carers	2018	0.59	●	6/11	99/195	Interquartile

Sustainability	Period	CCG	DoT	Peers	England	Trend
141b In-year financial performance	Q4 2018/19	Green	↔	1/11	1/195	N/A
144a Utilisation of the NHS e-referral service	Mar-19	100%	↔	4/11	77/195	Interquartile
145a Expenditure in areas with identified scope for improvement	Q3 2018/19	Red	↔	5/11	N/A	N/A

Leadership	Period	CCG	DoT	Peers	England	Trend
162a Probity and corporate governance	Q4 2018/19	Fully Compliant	↔	N/A	N/A	N/A
163a Staff engagement index	2018	4	↑	4/11	87/195	Interquartile
163b Progress against WRES	2018	0.08	↑	2/11	30/189	Best
164a Working relationship effectiveness	2018/19	83	↑	1/11	9/195	Best
166a CCG compliance with standards of public and patient participation	Q3 2018/19	Green Star	↑	N/A	N/A	N/A
165a Quality of CCG leadership	2018/19	Green Star	↔	N/A	N/A	N/A

Key

	Worst quartile in England
	Best quartile in England
	Interquartile range

2018/19 Year End Rating: OUTSTANDING

Better Care	Period	CCG	DoT	Peers	England	Quartile
121a High quality care - acute	Q3 2018/19	58	●	10/11	154/195	Worst
121b High quality care - primary care	Q3 2018/19	68	●	2/11	30/195	Best
121c High quality care - adult social care	Q3 2018/19	62	●	3/11	99/195	Interquartile
122a Cancers diagnosed at early stage	2017	47.6%	↓	10/11	179/195	Worst
122b Cancer 62 days of referral to treatment	Q4 2018/19	70.8%	↓	9/11	164/195	Worst
122c One-year survival from all cancers	2016	69.4%	↑	9/11	182/195	Worst
122d Cancer patient experience	2017	8.8	↓	4/11	78/195	Interquartile
123a IAPT recovery rate	Q3 2018/19	59.6%	↑	2/11	9/195	Best
123b IAPT Access	Q3 2018/19	5.6%	↓	1/11	22/195	Best
123c EIP 2 week referral	Mar-19	83.7%	↑	3/11	60/195	Interquartile
123d MH - CYP mental health (not available)						
123f MH - OAP	Feb-19	36	↑	6/11	87/195	Interquartile
123e MH - Crisis care and liaison	2017/18	12.5%	●	9/11	111/180	Interquartile
123g MH - health checks	Q4 2018/19	30.4%	↑	11/11	90/195	Interquartile
123h MH - cardio metabolic assessments (not available)						
123i MH - investment standard	Q4 2018/19	Compliant	●	N/A	N/A	N/A
123j MH - DQMI (not available)	Jan-19	0.94	↓	1/11	23/195	Best
124a LD - reliance on specialist IP care	Q4 2018/19	47	↓	2/11	72/195	Interquartile
124b LD - annual health check	2017/18	25.1%	↓	11/11	194/195	Worst
124c Completeness of the GP learning disability register	2017/18	0.6%	↑	7/11	49/195	Interquartile
125f Maternal smoking at delivery	Q3 2018/19	21.1%	↑	11/11	188/195	Worst
125a Neonatal mortality and stillbirths	2016	6.2	↓	9/11	167/194	Worst
125b Experience of maternity services	2018	80.1	↓	9/11	151/195	Worst
125c Choices in maternity services	2018	63.3	↑	5/11	52/195	Interquartile
126a Dementia diagnosis rate	Mar-19	78.3%	↑	5/11	31/195	Best
126b Dementia post diagnostic support	2017/18	73.3%	↑	11/11	185/195	Worst
127b Emergency admissions for UCS conditions	Q2 2018/19	2,204	↑	1/11	72/195	Interquartile
127c A&E admission, transfer, discharge within 4 hours	Mar-19	88.5%	↑	2/11	53/195	Interquartile
127e Delayed transfers of care per 100,000 population	Mar-19	10.0	↓	6/11	112/195	Interquartile
127f Hospital bed use following emerg admission	Q2 2018/19	442	↑	2/11	42/195	Best
105c % of deaths with 3+ emergency admissions in last three months of life	2017	10.6%	↑	11/11	188/195	Worst
128b Patient experience of GP services	2018	79.9%	●	11/11	162/195	Worst
128c Primary care access	Mar-19	100%	↔	1/11	1/193	Best
128d Primary care workforce	Sep-18	0.90	↑	10/11	157/195	Worst
128e Primary care transformation investment	Q4 2018/19	Green	↔	N/A	N/A	N/A
129a 18 week RTT	Mar-19	77.2%	↓	11/11	194/195	Worst
130a 7 Day Services - achievement of clinical standards	2017	3	●	1/11	8/195	Best
131a % NHS CHC assessments taking place in acute hospital setting	Q4 2018/19	0%	↔	1/11	1/195	Best
132a Sepsis awareness	2018	Green	↑	N/A	N/A	N/A
133a 6 week diagnostics	Mar-19	3.7%	↓	10/11	160/195	Worst

CCG Constitutional Exceptions

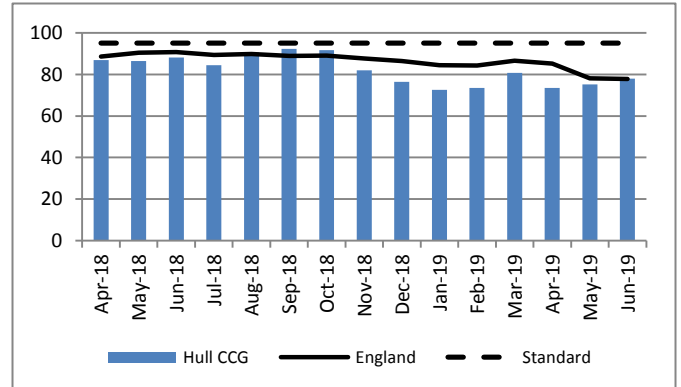
Performance Indicator Exceptions

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	Jun 2019	2019/20
HUTHT Actual	87.22	81.92	73.49	75.18	77.98	75.55
STF Trajectory	95.00	95.00	87.8	90.0	90.0	95.00
STF Status						
Hull CCG Actual	89.61	81.96	73.52	75.22	77.97	75.59
National Target	95.00	95.00	95.00	95.00	95.00	95.00
Status						



The A&E 4 hour waiting time performance improved slightly in June compared to the previous month. However the local reported position for July shows deterioration in performance with an increase in the average number of daily attends.

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.

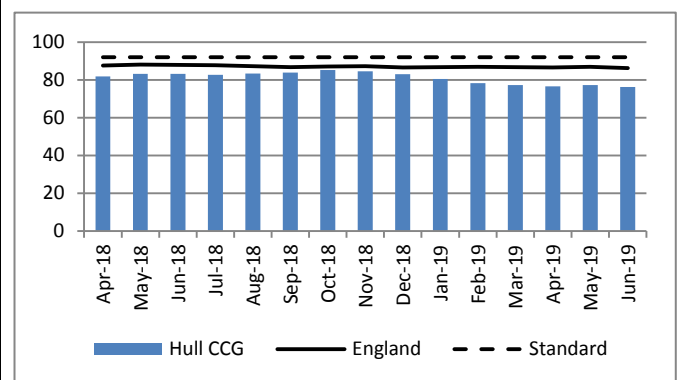
[NHS England - A&E Attendances and Emergency Admissions 2019-20](#)

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	Jun 2019	2019/20
HUTHT Actual	80.37	81.10	76.16	76.83	75.75	75.75*
STF Trajectory	92.00	92.00	77.58	78.25	78.93	92.00
STF Status						
Hull CCG Actual	83.46	82.27	76.56	77.25	76.23	76.23*
National Target	92.00	92.00	92.00	92.00	92.00	92.00
Status						



Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated slightly in June, reporting 75.75%, failing to achieve the local improvement trajectory (78.93%). 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](#)

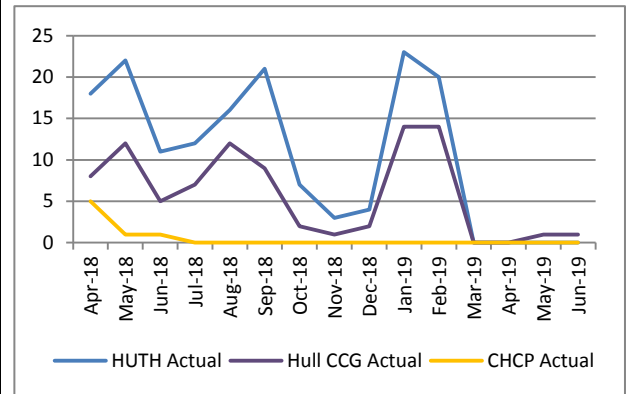
*YTD 2019/20 position reflects the monthly snapshot as not to double count individuals who span the reporting months.

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	Jun 2019	2019/20
HUTHT Actual	157	157	0	0	0	0
STF Trajectory	0	0	0	0	0	0
STF Status						
CHCP Actual	223	7	0	0	0	0
National Target	0	0	0	0	0	0
Status						
Hull CCG Actual	275	86	0	1	1	2
National Target	0	0	0	0	0	0
Status						



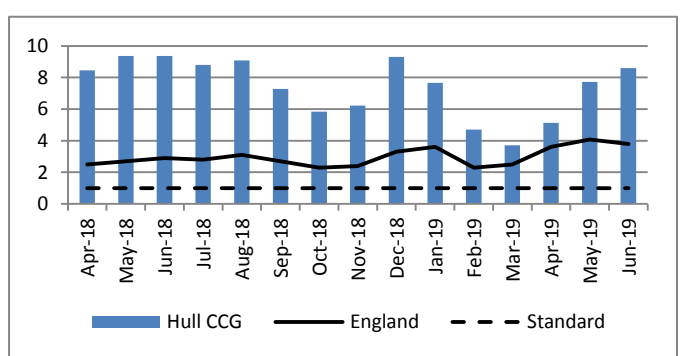
HUTHT reported 0 patients waiting over 52 weeks at the end of June. Hull CCG reported 1 x 52 week breach in month at Leeds Teaching Hospitals NHS Trust due to consultant capacity in Adult Spine specialty.

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	Jun 2019	2019/20
HUTHT Actual	10.50	7.48	4.59	7.65	8.71	8.71*
HUTHT Status						
Hull CCG Actual	9.39	7.42	5.13	7.72	8.59	8.59*
Status						
National Target	1.00	1.00	1.00	1.00	1.00	1.00



Diagnostic test 6-week waiting times continue to breach target. Further deterioration in performance is reported in June, 8.59% compared to May position of 7.72%. The waiting list has increased by 6% on the previous month with the CCG recording 436 breaches during June, compared to 370 the previous month, the majority being for endoscopies 76.61% (334).

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

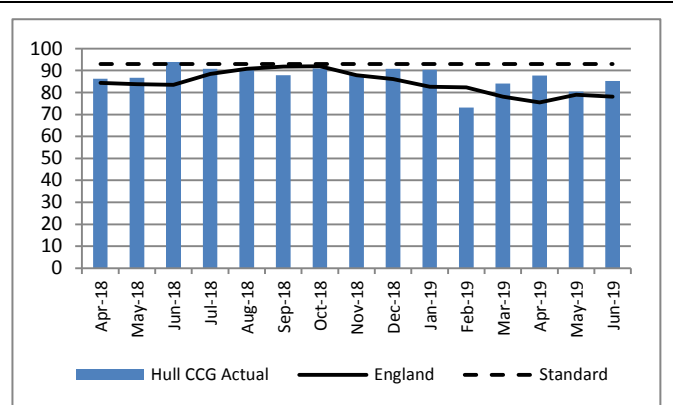
*YTD 2019/20 position reflects the monthly snapshot as not to double count individuals who span the reporting month.

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	Jun 2019	2019/20
Hull CCG Actual	92.29	88.24	87.74	80.36	85.25	84.41
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
No. of Breaches (CCG)	126	184	13	22	18	53



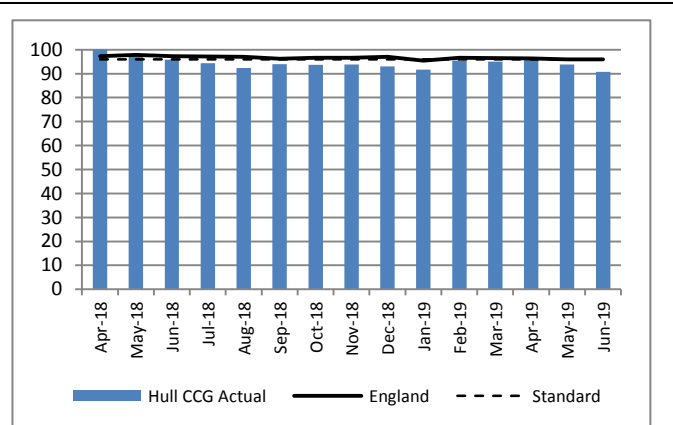
122 patients were seen during June with 18 breaches, 13 due to patient choice (delay relating to first outpatient appointment), 4 due to inadequate outpatient capacity and 1 due to administrative delay.

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	Jun 2019	2019/20
Hull CCG Actual	97.72	94.97	96.38	93.86	90.70	93.70
National Target	96.00	96.00	96.00	96.00	96.00	96.00
Status						
No. of Breaches (CCG)	34	76	5	7	12	24

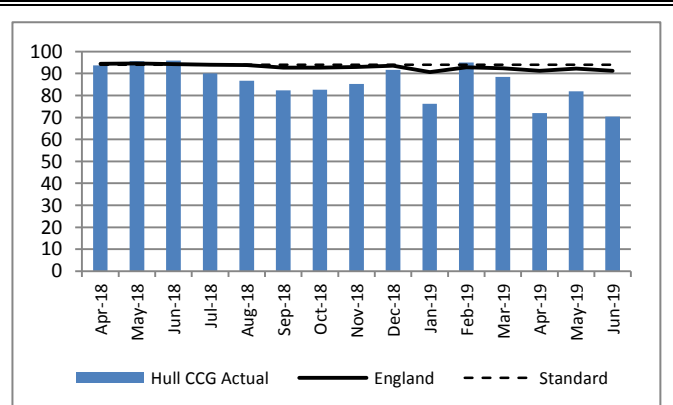


Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Apr 2019	May 2019	Jun 2019	2019/20
Hull CCG Actual	92.70	87.95	72.00	81.82	70.37	74.32
National Target	94.00	94.00	94.00	94.00	94.00	94.00
Status						
No. of Breaches (CCG)	20	37	7	4	8	19



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 129 patients seen in June with a total of 12 breaches, 8 due to inadequate elective capacity, 1 due to an elective cancellation (for non-medical reason), 1 due to a health care provider initiated delay to diagnostic test or treatment planning, a further 1 due to patient choice and the remaining breach due to patient failing to present for elective treatment.

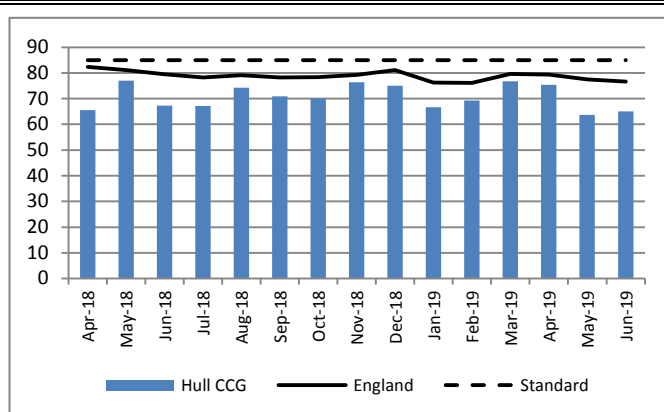
Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – 27 patients seen with 8 breaches, 6 due to inadequate elective capacity, 1 due to patient choice and the remaining breach due to treatment delayed for medical reasons.

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	Jun 2019	2019/20
HUTHT Actual	76.14	69.30	73.05	68.90	63.89	68.66
STF Trajectory	85.00	85.00	70.89	71.70	73.20	85.00
STF Status						
Hull CCG Actual	79.40	71.65	75.34	63.64	65.08	68.32
National Target	85.00	85.00	85.00	85.00	85.00	85.00
Status						
No. of Breaches (CCG)	145	218	18	24	22	64

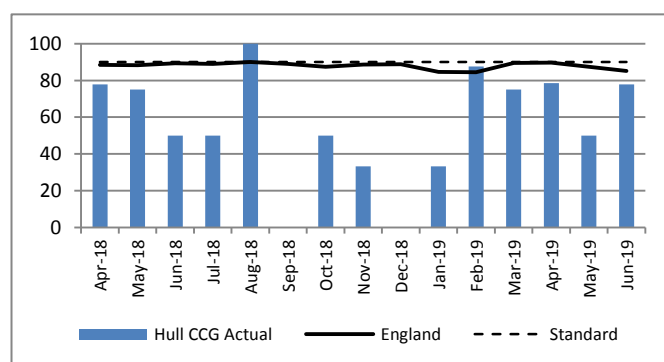


Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Apr 2019	May 2019	Jun 2019	2019/20
Hull CCG Actual	81.51	65.63	78.57	50.00	77.78	74.07
National Target	90.00	90.00	90.00	90.00	90.00	90.00
Status						
No. of Breaches (CCG)	22	22	3	2	2	7



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 65.08% in June, (63 patients with 22 breaches). Breach reasons are as follows:

- 9 due to a health care provider initiated delay to diagnostic test or treatment planning
- 8 due to complex diagnostic pathways (many, or complex, diagnostic tests required)
- 2 due to inadequate elective capacity
- 1 due to inadequate out-patient capacity
- 1 due to patient choice
- 1 due to elective cancellation

Cancer 62 days of referral from an NHS Cancer Screening Service - the indicator reports 77.78% in June, out of the 9 patients seen 2 breached the 62 day standard, 1 due to patient choice 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/>

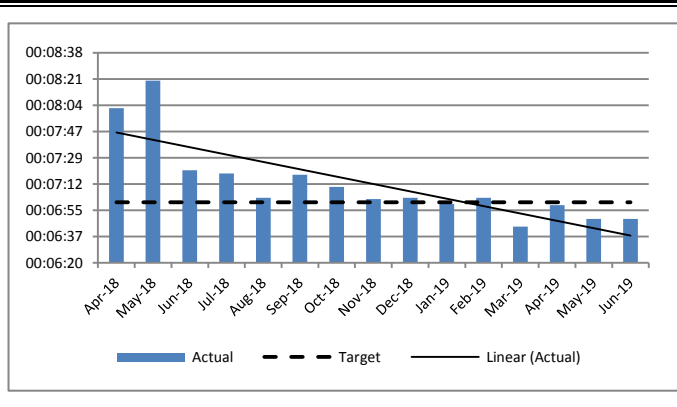
Note: Access to cancer reporting data nationally has changed and become more challenging. The CCG is increasingly dependent on providers supplying information to explain breaches of waiting time standards.

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	Jun 2019	2019/20
YAS Actual		07:21	06:58	06:49	06:49	06:52
YAS Target		07:00	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	Jun 2019	2019/20
YAS Actual	36,917	32,332	3,574	3,530	3,891	10,995
YAS Target	0	0	0	0	0	0
Status						

Ambulance handover time – Delays of +1 hour – YAS

	2017/18	2018/19	Apr 2019	May 2019	Jun 2019	2019/20
YAS Actual	8,657	5,911	859	720	870	2,449
YAS Target	0	0	0	0	0	0
Status						

Crew Clear Delays – Delays of +30 minutes – YAS

	2017/18	2018/19	Apr 2019	May 2019	Jun 2019	2019/20
YAS Actual	7,482	14,640	1,494	1,693	1,653	4,840
YAS Target	0	0	0	0	0	0
Status						

Crew Clear Delays – Delays of +1 hour – YAS

	2017/18	2018/19	Apr 2019	May 2019	Jun 2019	2019/20
YAS Actual	447	845	83	112	96	291
YAS Target	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 19.98% and 4.99% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 3.18% and 0.19% respectively for June 2019.

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

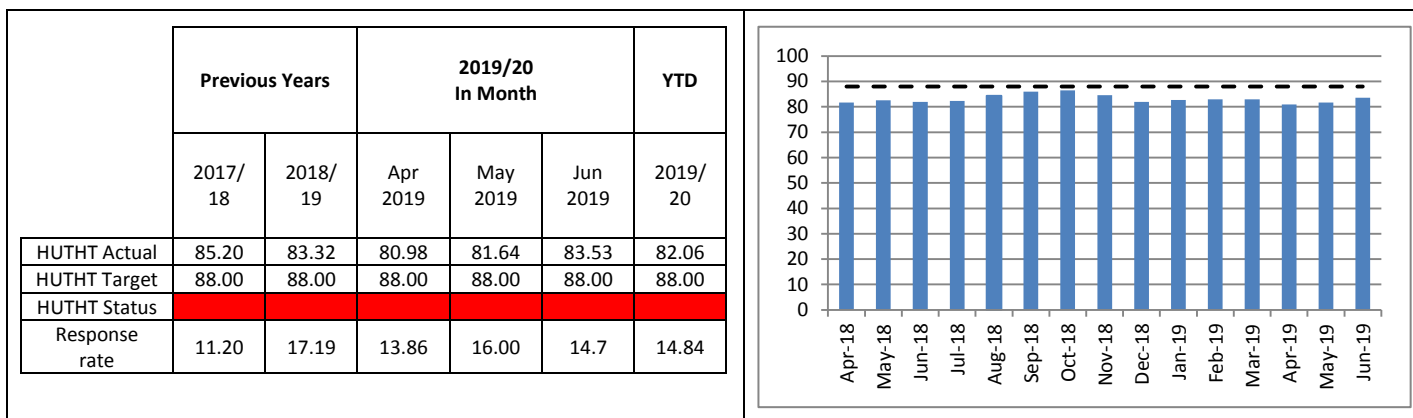
[Yorkshire Ambulance Service NHS Trust - Turnaround Reports](#)

Quality Indicator Exceptions

Friends and Family Test for A&E - % recommended

Lead: Deborah Lowe

Polarity: Bigger is better

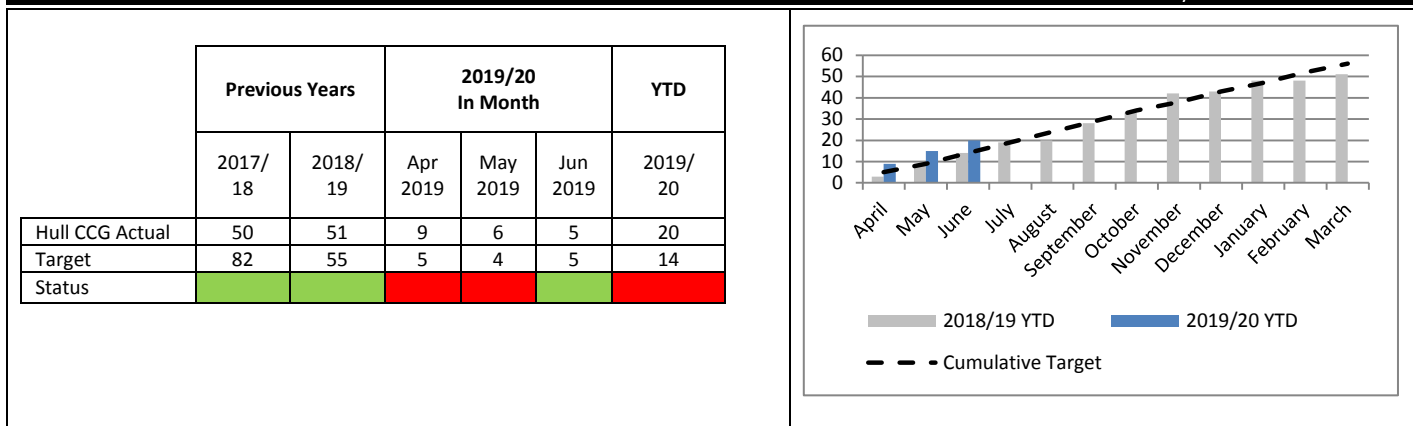


The CCG and HUTHT have developed a work plan to address the continued issues with achieving this target; actions including reviewing the data submission, collection method and determination of the FFT target. Work is ongoing.

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

Lead: Deborah Lowe

Polarity: Smaller is better



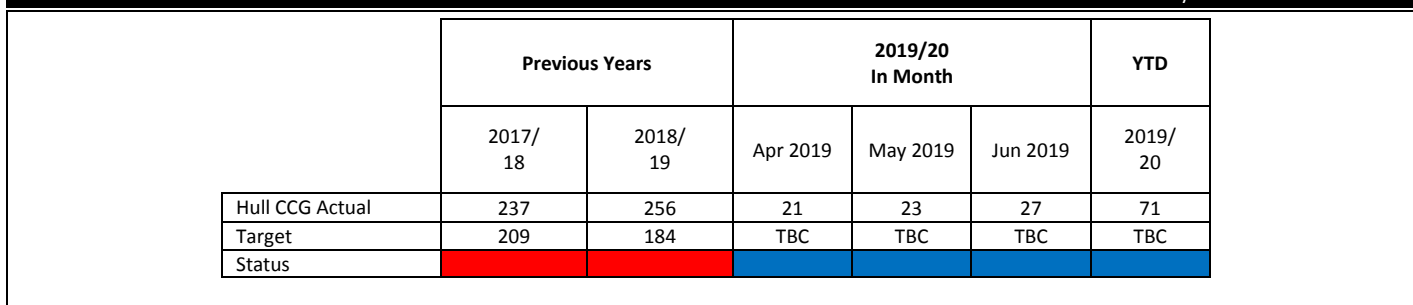
In June 2019 the CCG are reporting 20 cases year to date against YTD target of 14. At the same position last year the CCG were reporting 6 fewer cases (14 cases April – June 2018).

2019/20 year-end plan of 56 cases.

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

Lead: Deborah Lowe

Polarity: Smaller is better



In June 2019 the CCG are reporting 71 cases year to date, which is an increase of 7 compared to the same point last year (64 cases reported April - June 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	Jun 2019	2019/20
Hull CCG Actual	41	4	4	0	8
Target	0	0	0	0	0
Status					

Elective procedures cancelled on the day and not re-booked within 28 days. HUTHT reported 0 breaches of this standard in June 2019 (8 YTD).