

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

NOVEMBER 2019

(Presented to Quality & Performance Committee Tuesday 19th November)

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Executive Summary

Financial Summary

The Month 7 (October 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

NOTE: due to the timing of published constitutional performance, this report contains August data, as reported last month.

HUTHT A&E Type 1, 4 hour waiting time performance, improved in August to 75.07% compared to 74.46% the previous month.

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated slightly in August, reporting 73.13%. Key specialties breaching are Cardiology, Dermatology, ENT (Ear, Nose and Throat) and Ophthalmology.

62-day cancer waiting times continue to underperform against the national standard.

Diagnostic test 6-week waiting times report 12.26% in August compared to July position of 9.93%.

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.
- YAS have been selected as the new provider of non-emergency patient transport services from April 2020.

Hull University Teaching Hospitals NHS Trust (HUTHT)

- 3 Serious Incidents have been reported during September.
- 142 new registered nurses have been offered posts within HUTHT.
- The Trust continues to report zero 52 weeks breaches.
- Never Events - A ten-point action plan has been developed to align with the safety strategy which also addresses the appropriate elements of recent never events, this has been submitted to and accepted by NHS Improvement.

Humber NHS Foundation Trust

- Humber updated Commissioners on their CQC inspection action plan which is progressing well and to time.
- Assurance on the management of patients waiting more than 52 weeks for CAMHS was given.
- Humber have yet to share details of their new management structure.
- Shared new strategy for workforce – 'professional led, operationally abled'

City Health Care Partnership (CHCP)

- The CCG undertook an unannounced visit to the Stroke Service in October 2019, the associated report is currently being compiled.
- Training targets in some areas not achieved in Quarter 1.

Spire

- No issues to report.

Yorkshire Ambulance Service (YAS)

- The North Yorkshire and Humber 111/999 Quality Group last met on 19th September 2019.
- YAS have published new guidance on response times for Health Care Professionals requesting an Ambulance.
- Quarter 2 Complaints, Patient Survey and Friends & Family results have been published.

Thames Ambulance Service (TASL)

- No Serious Incidents have been reported YTD. Continued assurance and monitoring until contract ends.

Financial Position

Achievement of Financial Duties / Plans

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

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

Financial Performance / Forecast

	Year To Date (000's)			Full Year (000's)			Risk
	Budget	Actual	Var	Budget	FOT	Var	
19/20 Core Allocation	(280,114)	(280,114)	-	(496,860)	(496,860)	-	
Use of prior years surplus							
Acute Services	131,746	132,139	(393)	225,850	225,850	-	Green
Prescribing & Primary Care Services	59,094	57,257	1,837	103,267	100,336	2,931	Green
Community Services	33,838	33,027	811	57,996	56,746	1,250	Green
Mental Health & LD	27,416	27,734	(318)	46,999	47,399	(400)	Green
Continuing Care	12,327	12,476	(149)	21,133	21,133	-	Green
Other Including Earmarked Reserves	3,133	5,271	(2,138)	20,084	23,865	(3,781)	Green
Running Costs	3,614	3,264	350	6,196	6,196	-	Green
TOTAL EXPENDITURE	271,168	271,168	-	481,525	481,525	-	
Under/(over)-spend against in year allocation	-	-	-	-	-	-	Green
Balance of prior year surplus	(8,946)	(8,946)	-	(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 31st October 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 £931k) – The cost of APMS contracts is less than was budgeted for. This is due to population increases being less than anticipated at the time that the contracts were

set. Schemes are being developed and approvals sought through the Primary Care Commissioning Committee in relation to the PMS Premium funding and GP Forward View funding.

Prescribing (forecast underspend £2m) – The forecast included in the September position is based on month five data. Category M price movements (designed to increase community pharmacy funding by £15m/month nationally) are included within this forecast, however the impact of this additional cost is being monitored closely as there is a risk that the forecast value is not sufficient.

Community Based Service (forecast underspend £1.25m) – 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 had not been anticipated at the time that the budgets were set.

Other Commissioned Services / Reserves (forecast overspend £3.78m) – 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 October the CCG was showing £27.7m 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 £496,860 for both 'Programme' and 'Running' costs. The movement from the previous report relates to allocation receipts of £135k in relation to Adult & Children's Palliative and End of Life Care and £76k for enhanced GP IT infrastructure.

Working Balance Management

Cash

The closing cash for October was £220k which was below the 1.25% target of £422k.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for October was 99.71% on the value and 98.22% on the number of invoices, whilst the full year position is 98.81% achievement on the value and 98.17% on number.

b. NHS

The NHS performance for October was 99.78% on the value and 98.43% on the number of invoices, whilst the full year position is 99.80% achievement on the value and 99.15% on number.

Quality Premium 2019/20

The CCG has received confirmation from NHS England that the 2019/20 Quality Premium Scheme has been stood down.

The CCG has continued to monitor the key quality indicators against 2018/19 trajectories whilst waiting confirmation and, a full update on progress will be provided in the next report for information.

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%)

CCG Constitutional Exceptions

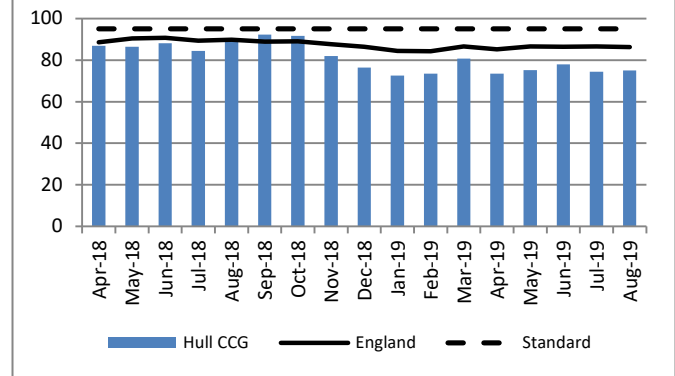
Performance Indicator Exceptions

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	Jun 2019	Jul 2019	Aug 2019	2019/20
HUTHT Actual	87.22	81.92	77.98	74.46	75.07	75.23
STF Trajectory	95.00	95.00	90.0	90.0	90.0	95.00
STF Status						
Hull CCG Actual	89.61	81.96	77.99	74.45	75.07	75.23
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 August 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.

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

Quality and Assurance

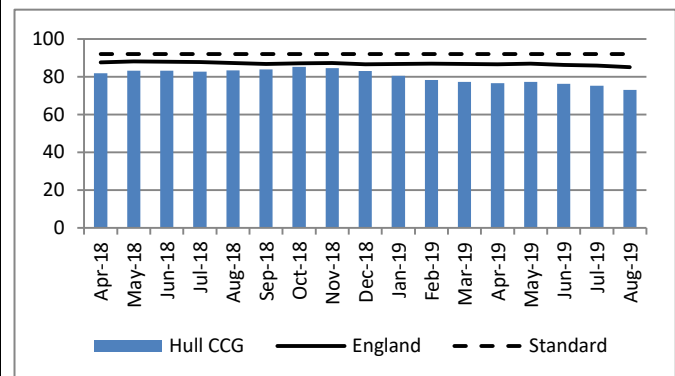
There has been no reported patient harm or serious incidents relating to constitutional targets as a result of the A&E performance. Performance and quality continues to be discussed and monitored as part of the Quality Delivery Group.

Referral to Treatment pathways: incomplete (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Jun 2019	Jul 2019	Aug 2019	2019/20
HUTHT Actual	80.37	81.10	75.75	75.18	73.13	73.13*
STF Trajectory	92.00	92.00	78.93	79.60	80.27	92.00
STF Status						
Hull CCG Actual	83.46	82.27	76.23	75.17	73.03	73.03*
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 August, reporting 73.13%, failing to achieve the local improvement trajectory (80.27%). Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

The Planned Care Delivery group is working with teams in the Trust to focus and prioritise work streams supporting outpatients and activity planning.

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.

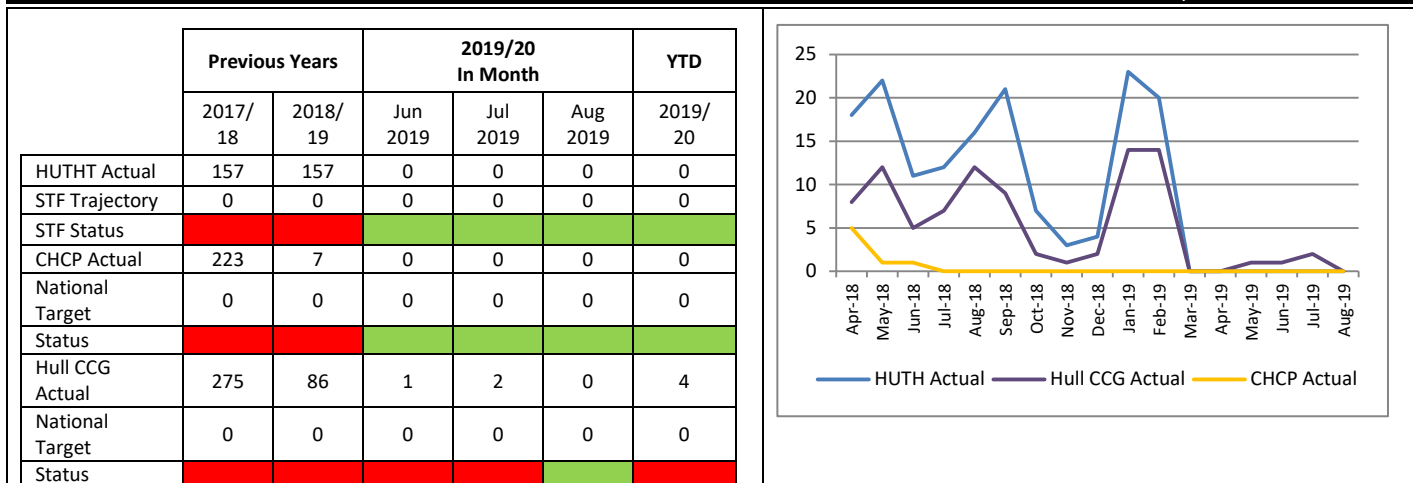
Quality and Assurance

There has been no reported patient harm. This continues to be discussed and monitored via the Quality Delivery Group.

Number of >52 week Referral to Treatment in Incomplete Pathways

Lead: Karen Ellis

Polarity: Smaller is better



Hull CCG reported 0 patients waiting over 52 weeks at the end of August.

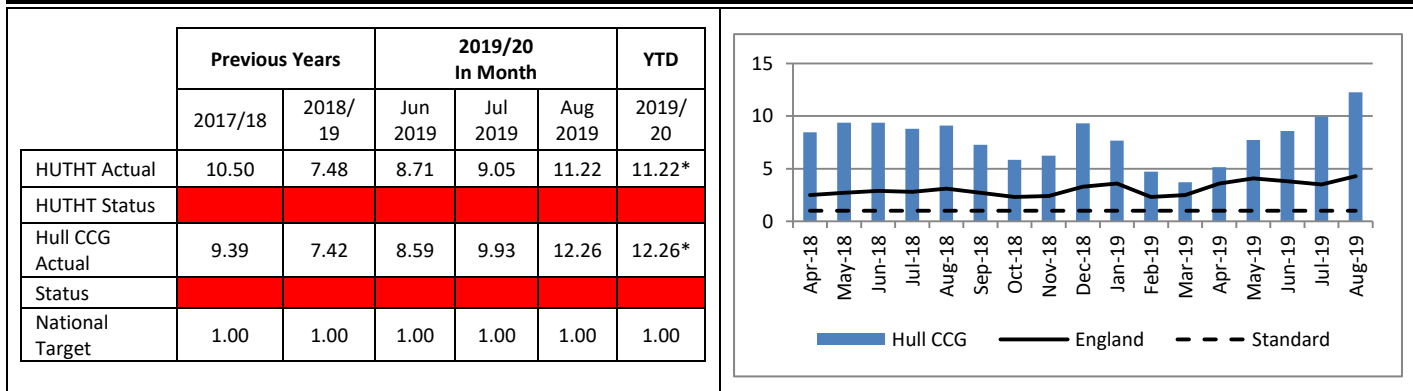
Quality and Assurance

There has been no reported patient harm or serious incidents. This continues to be discussed and monitored via the Quality Delivery Group.

Diagnostic test waiting times (%)

Lead: Karen Ellis

Polarity: Smaller is better



Diagnostic test 6-week waiting times continue to breach target. Further deterioration in performance is reported in August, 12.26% compared to July position of 9.93%. The waiting list has reduced by nearly 10% (-478) compared to the previous month. The CCG reported 549 breaches during August, compared to 492 the previous month, the majority being for endoscopies 84.15% (462).

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.

Quality and Assurance

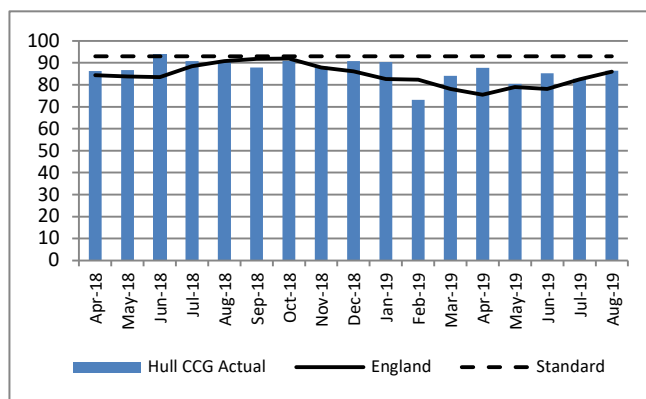
There has been no patient harm or serious incidents reported. This continues to be discussed and monitored via the Quality Delivery Group which continues to seek assurance from the Trust in relation to this constitutional target.

Breast Cancer 2 week waits (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/ 18	2018/ 19	Jun 2019	Jul 2019	Aug 2019	2019/ 20
Hull CCG Actual	92.29	88.24	85.25	82.76	86.44	84.41
National Target	93.00	93.00	93.00	93.00	93.00	93.00
Status						
No. of Breaches (CCG)	126	184	18	25	16	94



118 patients were seen during August with 16 breaches, 13 due to patient choice (delay relating to first outpatient appointment), 2 due to clinic cancellation and 1 due to inadequate outpatient capacity.

Quality and Assurance

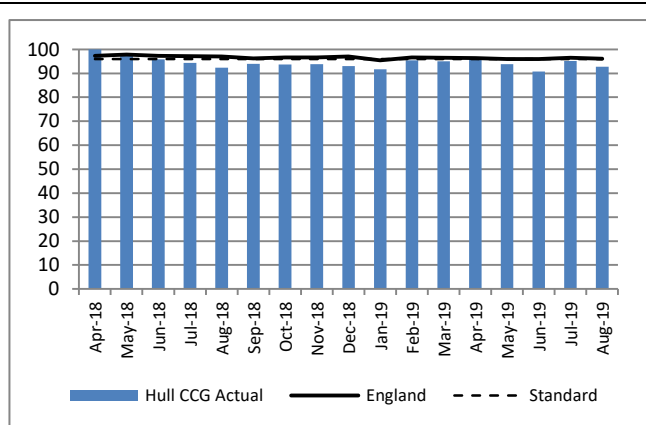
HUTHT is experiencing an increase in demand, which in part is reported to be attributed to recent campaigns and public engagement in screening. No patient harm has been reported and this continues to be discussed and monitored via the Quality Delivery Group.

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	Jun 2019	Jul 2019	Aug 2019	2019/ 20
Hull CCG Actual	97.72	94.97	90.70	95.12	92.70	93.76
National Target	96.00	96.00	96.00	96.00	96.00	96.00
Status						
No. of Breaches (CCG)	34	76	12	6	10	40

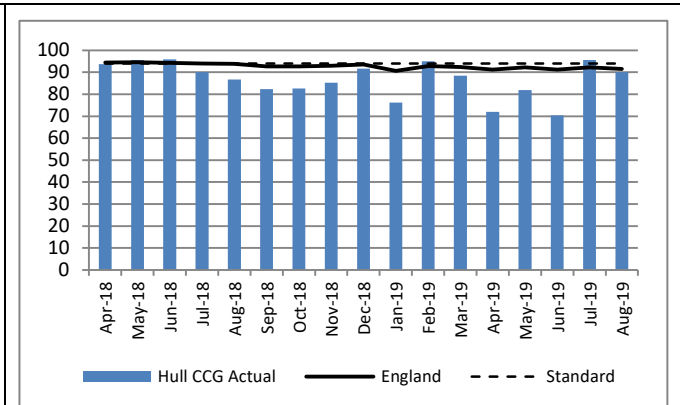


Cancer 31 day waits: 31 day wait for subsequent treatment - surgery (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Jun 2019	Jul 2019	Aug 2019	2019/20
Hull CCG Actual	92.70	87.95	70.37	95.65	90.00	81.20
National Target	94.00	94.00	94.00	94.00	94.00	94.00
Status						
No. of Breaches (CCG)	20	37	8	1	2	22



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 137 patients seen in August with a total of 10 breaches, 9 due to inadequate elective capacity and 1 due a treatment delay for medical reasons (patient unfit for treatment).

Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – 20 patients seen with 2 breaches, both due to inadequate elective capacity.

Quality and Assurance

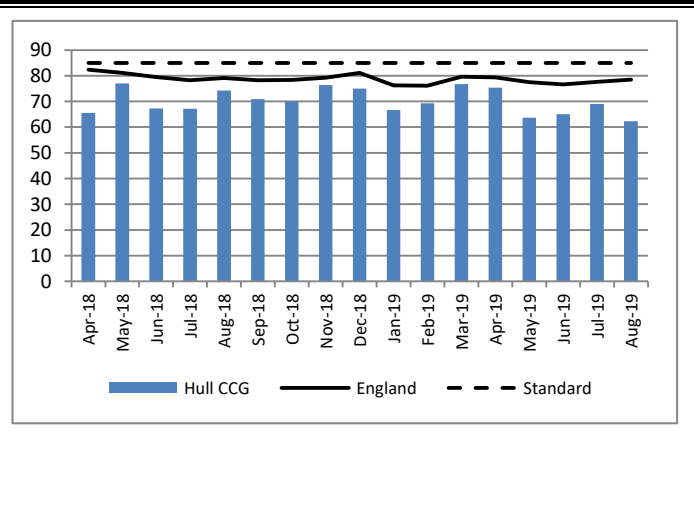
No patient harm reported. This continues to be discussed and monitored via the Quality Delivery Group.

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	Jun 2019	Jul 2019	Aug 2019	2019/20
HUTHT Actual	76.14	69.30	63.89	69.33	65.91	68.30
STF Trajectory	85.00	85.00	73.20	74.57	75.71	85.00
STF Status						
Hull CCG Actual	79.40	71.65	65.08	69.01	62.30	67.37
National Target	85.00	85.00	85.00	85.00	85.00	85.00
Status						
No. of Breaches (CCG)	145	218	22	22	23	109*

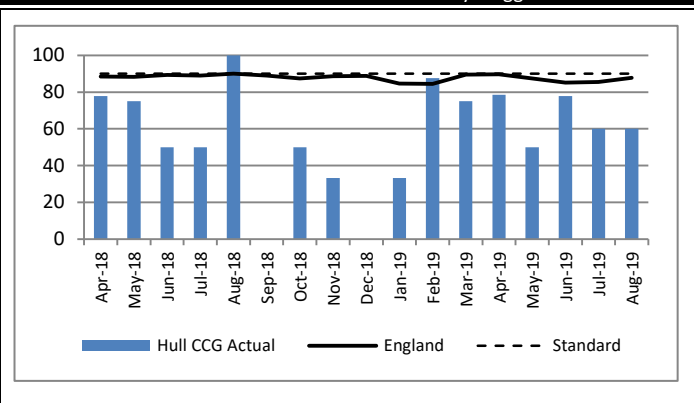


Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Jun 2019	Jul 2019	Aug 2019	2019/20
Hull CCG Actual	81.51	65.63	77.78	60.00	60.00	69.05
National Target	90.00	90.00	90.00	90.00	90.00	90.00
Status						
No. of Breaches (CCG)	22	22	2	2	4	13



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 62.30% in August, (61 patients with 23 breaches). Breach reasons are as follows:

- 9 due to complex diagnostic pathways (many, or complex, diagnostic tests required)
- 6 due to a health care provider initiated delay to diagnostic test or treatment planning
- 5 due to inadequate elective capacity – (4 urological tumours, 1 skin)*
- 1 due to Health Care Provider unable to make contact with patient via telephone
- 1 due to patient choice
- 1 diagnosis delayed for medical reasons (patient unfit for diagnostic episode)

*Out of the 109 breaches YTD (April to August 2019) 16 are attributed to inadequate elective capacity, the majority of which relate to urological tumours (9) and to skin (3).

Cancer 62 days of referral from an NHS Cancer Screening Service - the indicator reports 60% in August, out of the 10 patients seen 4 breached the 62 day standard, 2 due to patient choice, 1 due to a complex diagnostic pathway and another due to a health care provider initiated delay to diagnostic test or treatment planning.

<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.

Quality and Assurance

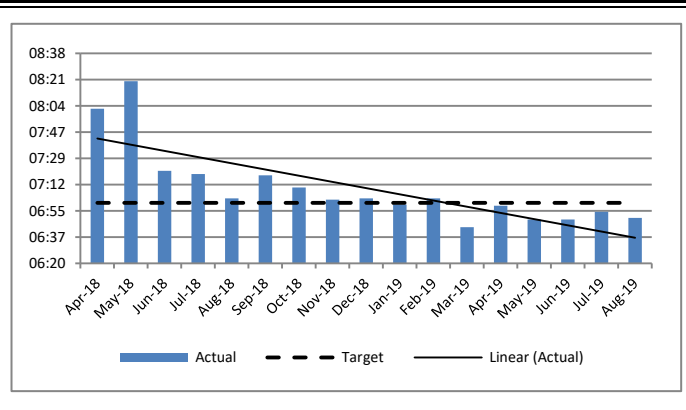
No patient harm or serious incidents reported. This continues to be discussed and monitored via the Quality Delivery Group.

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	Jun 2019	Jul 2019	Aug 2019	2019/20
YAS Actual		07:21	06:49	06:54	06:50	06:52
YAS Target		07:00	07:00	07:00	07:00	07:00
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 23.13% and 5.10% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 3.65% and 0.23% respectively for August 2019.

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

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

Quality and Assurance

The Trust has confirmed there has been no harm incidents reported because of ambulance handover delays.

- Regular dialogue occurs with the ambulance lead and departmental lead regarding any concerns and any patients they feel need fast tracking.
- A senior nurse will be redeployed into the 'atrium' to review the patients that are waiting.
- The EPIC will also liaise with the ambulance crew to assess patients waiting.
- Weekly patient experience audits are reviewed and ask the patients of their experiences.
- Any harm that occurs would be reported on DATIX and investigated.

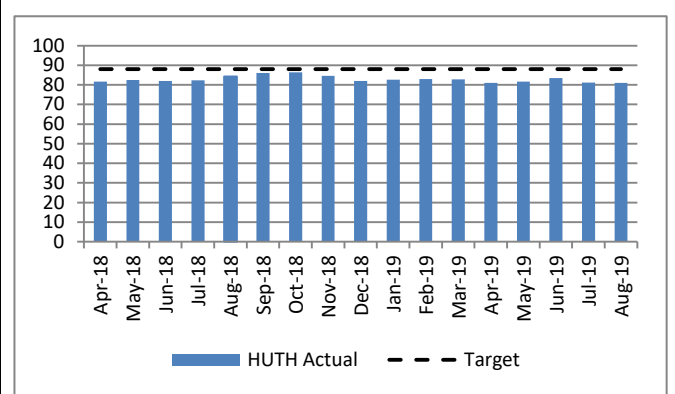
Quality Indicator Exceptions

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	Jun 2019	Jul 2019	Aug 2019	2019/20
HUTHT Actual	85.20	83.32	83.53	81.11	81.09	81.68
HUTHT Target	88.00	88.00	88.00	88.00	88.00	88.00
HUTHT Status						
Response rate	11.20	17.19	14.7	15	14.6	14.83



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.

Quality and Assurance

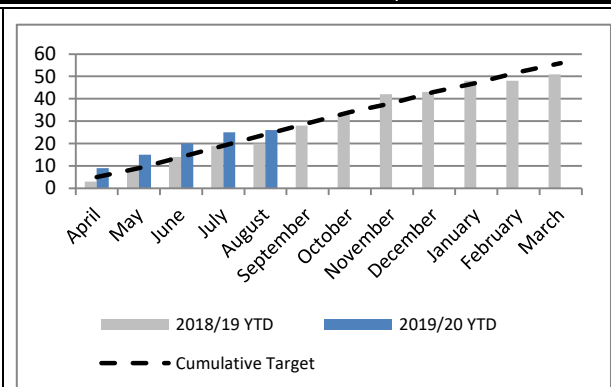
The Trust provide assurance that the FFT is promoted actively and various ways of responding including SMS Text responses and the use of QR Code posters to make it easier for patients to respond have been used. HUTHT are aware of the requirements for the new FFT due to go live in April 2020.

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	Jun 2019	Jul 2019	Aug 2019	2019/20
Hull CCG Actual	50	51	5	5	1	26
Target	82	55	5	5	5	24
Status						



In August 2019 the CCG are reporting 26 cases year to date against YTD target of 24. At the same position last year the CCG were reporting 6 fewer cases (20 cases April – August 2018).

2019/20 year-end plan of 56 cases.

Quality and Assurance

Incidences of Clostridium difficile are investigated by the IPC Team to determine if the infection is the result of inappropriate prescribing. Monitoring of infections and oversight is actioned through the Healthcare Associated Infection (HCAI) meeting.

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	Jun 2019	Jul 2019	Aug 2019	2019/ 20
Hull CCG Actual	237	256	27	18	25	114
Target	209	184	TBC	TBC	TBC	TBC
Status						

In August 2019 the CCG are reporting 114 cases year to date, which is an increase of 6 compared to the same point last year (108 cases reported April - August 2018). Awaiting confirmation of 2019/20 trajectory.

Quality and Assurance

In the absence of a national target for the Quality Premium, the CCG is proposing its own local target for E.Coli.

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	Jun 2019	Jul 2019	Aug 2019	2019/ 20
Hull CCG Actual	41	0	0	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 August 2019 (8 YTD).

Quality and Assurance

The Trust are requested to provide full details including any patient harm were cancelled operations have occurred. This continues to be discussed and monitored via the Quality Delivery Group.