

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

JANUARY 2020

(Presented to Quality & Performance Committee Tuesday 21st January)

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Executive Summary

Financial Summary

The Month 9 (December 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

HUTHT A&E Type 1, 4 hour waiting time performance, deteriorated in November to 66.84% compared to 70.55% the previous month.

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated in November, reporting 69.98%. 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 10.32% in November compared to October position of 9.74%.

Quality

Enhanced Surveillance

- TASL is no longer 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)

- The new A&E front door streaming model is progressing well, including recruitment to the required workforce.
- The Trust is outsourcing some elective work to Spire to alleviate some of the pressures on diagnostics.
- The Trust is engaged in a “moving to good” programme run by the CQC.
- Staffing – good level of recruitment of new staff continues however there are a number of histopathology and consultant vacancies within the Trust. The Trusts theatres are now confirmed as being fully staffed.

Humber NHS Foundation Trust

- Humber have won the HSJ award as Mental Health Provider of the Year Award 2019.
- Assurance on the management of patients waiting more than 52 weeks for CAMHS was given.
- Humber are reporting a Registered Nurse vacancy rate equivalent to 127.9 FTE.

City Health Care Partnership (CHCP)

- The “Community Nursing Task & Finish Group” is continuing to meet.
- Record sharing between the Access Plus Service, the Integrated Unplanned Care Service and GP Practices has been flagged as a concern.
- Increased recording of Pressure Sores on DATIX.
- Infection Control issues as a result of estates problems at the Westbourne Centre.

Spire

- Spire wishing to work with NHS Digital on Enhanced Summary Care Record access project.

Yorkshire Ambulance Service (YAS)

- Quarter 2 Complaints, Patient Survey and Friends & Family results have been published.
- YAS Rated “Good” overall in latest CQC report.

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 Decemeber 2019. Achievement against the financial performance targets for 2019/20 are as follows:

	Performance Assessment
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	(361,932)	(361,932)	-	(498,390)	(498,390)	-	
Use of prior years surplus			-			-	
Acute Services	170,121	170,343	(222)	226,828	227,228	(400)	Green
Prescribing & Primary Care Services	76,239	74,090	2,149	102,290	99,448	2,842	Green
Community Services	43,070	42,508	562	57,582	56,532	1,050	Green
Mental Health & LD	35,516	36,311	(795)	47,346	48,446	(1,100)	Amber
Continuing Care	15,850	15,995	(145)	21,133	21,133	-	Green
Other Including Earmarked Reserves	4,988	6,971	(1,983)	21,680	24,072	(2,392)	Green
Running Costs	4,646	4,212	434	6,196	6,196	-	Green
TOTAL EXPENDITURE	350,430	350,430	-	483,055	483,055	-	
Under/(over)-spend against in year allocat	-	-	-	-	-	-	Green
Balance of prior year surplus	(11,502)	(11,502)	-	(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 December 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 £1,100k) – Expenditure for the Let's Talk service during the year has increased due to the focus on achieving the national access targets. This has resulted in a forecast overspend of £500k. This is compounded by the additional out of area placements of MH and LD patients that include a relatively small number of very expensive packages of care. The Commissioning team are reviewing cases on a regular basis and one of the most expensive cases that had been transferred to the CCG from NHS England has recently transferred back.

Locum claims, GMS to PMS mergers and enhanced services claims.

Primary Care delegated Commissioning (forecast underspend £542k) – This is a reduced figure to the one previously reported due to an increased number of claims for Locum costs, an issue with accounting for

enhanced services that resulted in a charge being backdated and a number of GMS practices merging with PMS practices.

Prescribing (forecast underspend £2.3m) – The forecast included in the December position is based on month 7 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 could change.

Community Based Service (forecast underspend £1.05m) – The most significant elements are an underspend which relates to income received regarding refugee funding that had not been anticipated at the time that the budgets were set and a reduction in the cost of continence products.

Other Commissioned Services / Reserves (forecast overspend £2.4m) – 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 December the CCG was showing £24.4m 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 £498,390 for both 'Programme' and 'Running' costs. The movement from the previous report relates to allocation receipts of UEC Transformation Funding STP - £518k, 18/19 Quality Premium funding £579k.

Working Balance Management

Cash

The closing cash for December was £17k which was below the 1.25% target of £469k.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for December was 99.70% on the value and 99.26% on the number of invoices, whilst the full year position is 99.06% achievement on the value and 98.30% on number.

b. NHS

The NHS performance for December was 99.99% on the value and 99.51% on the number of invoices, whilst the full year position is 99.84% achievement on the value and 99.30% on number.

CCG Constitutional Exceptions

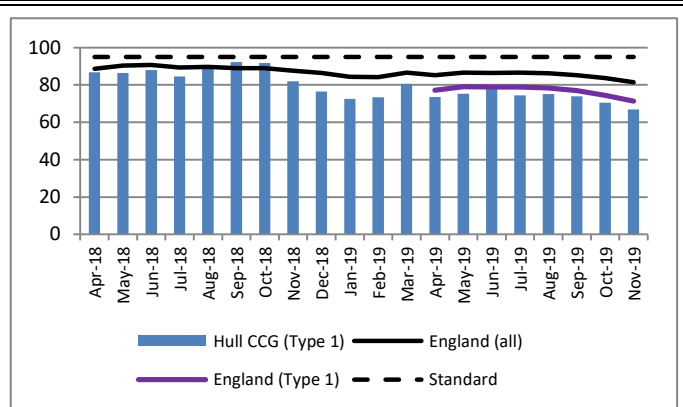
Performance Indicator Exceptions

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	Sept 2019	Oct 2019	Nov 2019	2019/20
HUTHT Actual	87.22	81.92	73.86	70.55	66.84	73.45
STF Trajectory	95.00	95.00	90.00	90.00	87.00	95.00
STF Status						
Hull CCG Actual	89.61	81.96	73.85	70.54	66.85	73.45
National Target	95.00	95.00	95.00	95.00	95.00	95.00
Status						



The Type 1 A&E 4 hour waiting time performance deteriorated further in November compared to the previous month.

Unplanned Care Delivery Group is currently working towards an agreed plan with 8 work streams. Not all work streams are having the predicted impact as yet. HUTHT are planning to measure harm alongside total Length of Stay (LoS) in the department to try and identify direct patient impacts of delays.

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

Quality and Assurance

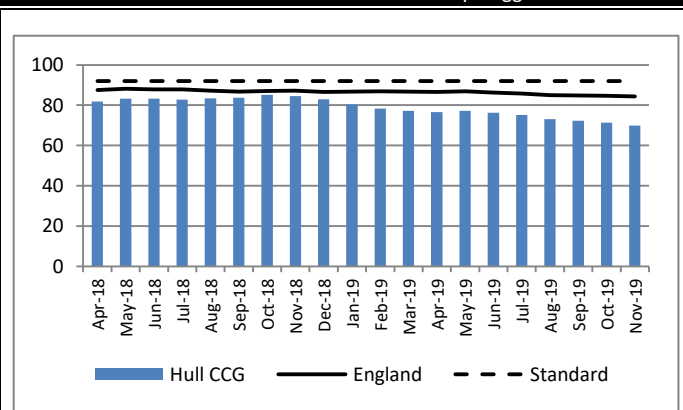
There has been no reported patient harm or serious incidents relating to constitutional targets as a result of the A&E performance. Performance and quality continues to be discussed and monitored as part of the Quality Delivery Group.

Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Sept 2019	Oct 2019	Nov 2019	2019/20
HUTHT Actual	80.37	81.10	72.13	71.14	69.98	69.98*
STF Trajectory	92.00	92.00	80.95	81.62	82.30	92.00
STF Status						
Hull CCG Actual	83.46	82.27	72.22	71.33	69.86	69.86*
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 further in November, reporting 69.98%, failing to achieve the local improvement trajectory (82.30%). 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](#)

Quality and Assurance

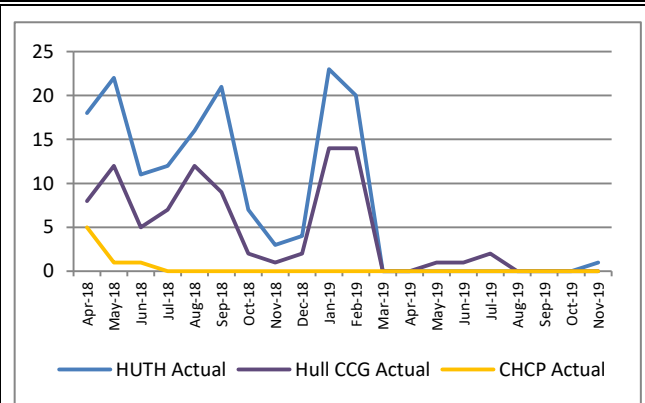
There has been no reported patient harm. This continues to be discussed and monitored via the Quality Delivery Group.

Number of >52 week Referral to Treatment in Incomplete Pathways

Lead: Karen Ellis

Polarity: Smaller is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Sept 2019	Oct 2019	Nov 2019	2019/20
HUTHT Actual	157	157	0	0	1	1
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	0	0	4
National Target	0	0	0	0	0	0
Status						



Hull CCG reported 0 patients waiting over 52 weeks at the end of November. HUTH reported 1 breach of the 52 week standard in November, within Gynaecology.

Quality and Assurance

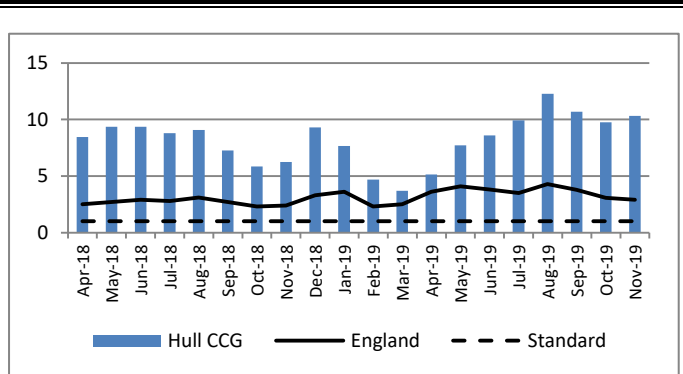
There has been no reported patient harm or serious incidents. This continues to be discussed and monitored via the Quality Delivery Group.

Diagnostic test waiting times (%)

Lead: Karen Ellis

Polarity: Smaller is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Sept 2019	Oct 2019	Nov 2019	2019/20
HUTHT Actual	10.50	7.48	10.05	9.23	9.79	9.79*
HUTHT Status						
Hull CCG Actual	9.39	7.42	10.68	9.74	10.32	10.32*
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. A slight deterioration in performance is reported in November, 10.32% compared to October position of 9.74%. The CCG reported 449 breaches during November, the same number as the previous month, the majority being for endoscopies 67.26% (302).

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

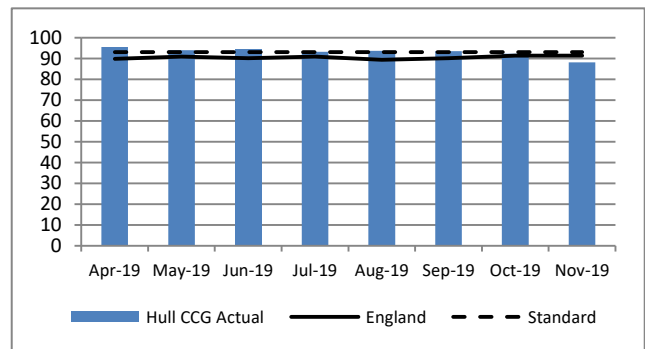
There has been no patient harm or serious incidents reported to the CCG. This continues to be discussed and monitored via the Quality Delivery Group which continues to seek assurance from the Trust in relation to this constitutional target.

Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Year	2019/20 In Month			YTD
	2018/19	Sept 2019	Oct 2019	Nov 2019	2019/20
Hull CCG Actual	94.81	93.45	92.33	88.12	93.03
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	9,391	763	939	808	6,682
No. of Breaches (CCG)	487	50	72	96	466



Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

808 patients seen with 96 breaches of the standard:

- 59 due to Patient Choice (26 relating to suspected skin cancer)
- 33 due to inadequate outpatient capacity (31 for suspected Breast Cancer and 2 for suspected lower GI)
- 4 due to clinic cancellation

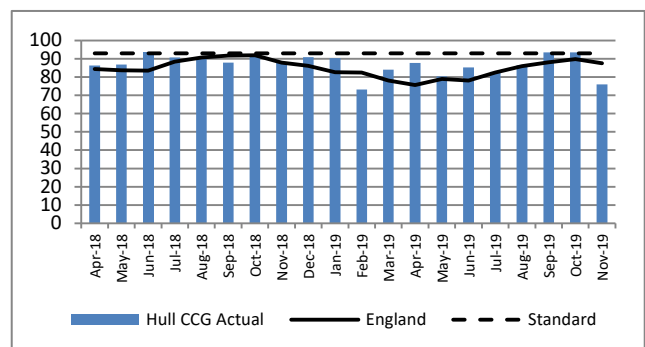
HUTHT are monitoring on a daily basis capacity and demand regarding cancer 2 week wait referrals to try and ensure enough slots are available.

Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead: Karen Ellis

Polarity: Bigger is better

	Previous Year	2019/20 In Month			YTD
	2018/19	Sept 2019	Oct 2019	Nov 2019	2019/20
Hull CCG Actual	88.24	93.55	93.39	76.00	86.18
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	1,564	124	121	125	1,114
No. of Breaches (CCG)	184	8	8	30	154



Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with breast symptoms

2 week wait – exhibited breast symptoms where cancer not initially suspected standard failed to meet the target in November following 2 consecutive months of achieving the standard. 125 patients were seen during November with 30 breaches, 20 due to inadequate outpatient capacity and 10 due to patient choice. HUTHT reported 72.29% in November (231 patients seen with 64 breaches).

Quality and Assurance

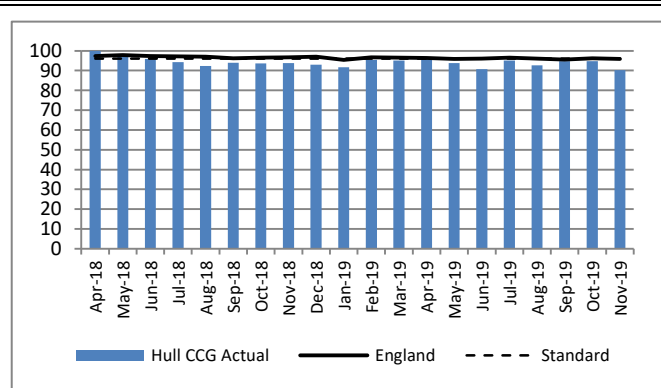
HUTHT is experiencing an increase in demand, which in part is reported to be attributed to recent campaigns and public engagement in screening. There has been no patient harm or serious incidents reported to the CCG and this will continue to be discussed and monitored via the Quality Delivery Group.

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	Sept 2019	Oct 2019	Nov 2019	2019/20
Hull CCG Actual	97.72	94.97	94.74	94.70	90.23	93.78
National Target	96.00	96.00	96.00	96.00	96.00	96.00
Status						
No. of Breaches (CCG)	34	76	6	7	13	67



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 133 patients seen in November with a total of 13 breaches:

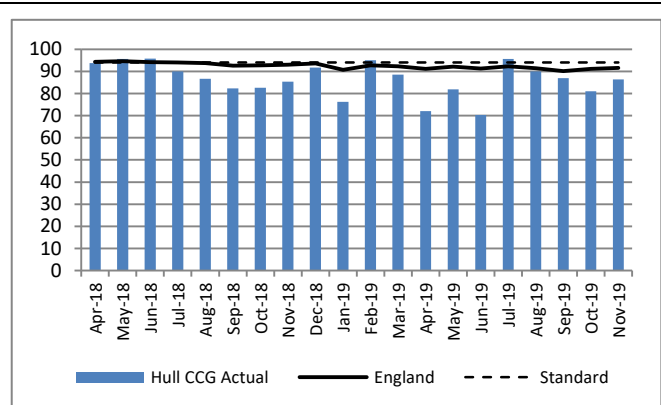
Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Inadequate elective capacity	7	3 x Urological 3 x Skin 1 x Lower Gastrointestinal	Range 50 to 56 days Range 36 to 41 days 43 days
Health Care Provider initiated delay to diagnostic test or treatment planning	3	3 x Lower Gastrointestinal	Range 36 to 64 days
Patient choice	2	Head & Neck Urological	32 days 51 days
Treatment delayed for medical reasons in an admitted care setting	1	Upper Gastrointestinal	35 days

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	Sept 2019	Oct 2019	Nov 2019	2019/20
Hull CCG Actual	92.70	87.95	86.96	80.95	86.36	82.65
National Target	94.00	94.00	94.00	94.00	94.00	94.00
Status						
No. of Breaches (CCG)	20	37	3	4	3	34



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – 22 patients seen in November with 3 breaches, all due to inadequate elective capacity, with waits between 55 and 82 days.

Quality and Assurance

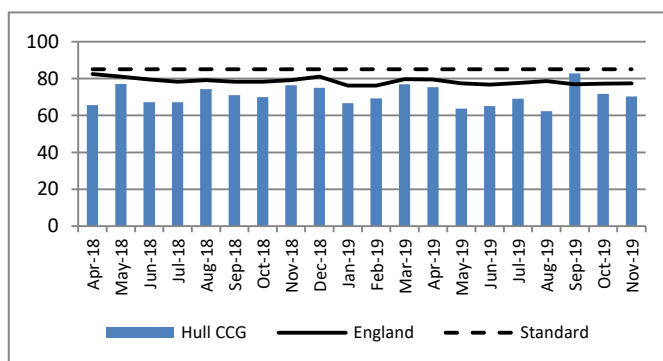
There has been no patient harm or serious incidents reported to the CCG. This continues to be discussed and monitored via the Quality Delivery Group.

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	Sept 2019	Oct 2019	Nov 2019	2019/20
HUTHT Actual	76.14	69.30	78.00	73.50	67.96	70.13
STF Trajectory	85.00	85.00	76.92	77.97	79.41	85.00
STF Status						
Hull CCG Actual	79.40	71.65	82.69	71.67	70.31	69.86
National Target	85.00	85.00	85.00	85.00	85.00	85.00
Status						
No. of Breaches (CCG)	145	218	9	17	19	154



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 70.31% in November (64 patients with 19 breaches). Breach details are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Health care provider initiated delay to diagnostic test or treatment planning	9	4 x Lower Gastrointestinal 3 x Upper Gastrointestinal 1 x Urological 1 x Gynaecological	Range 80 to 146 days Range 70 to 119 days 75 days 94 days
Complex diagnostic pathways (many, or complex, diagnostic tests required)	2	Haematological Upper Gastrointestinal	118 days 147 days
Inadequate elective capacity	2	2 x Urological	95 days 101 days
Inadequate outpatient capacity	2	Breast Lung	69 days 91 days
Clinic cancellation	1	Gynaecological	82 days
Treatment delayed for medical reasons (patient unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting	1	Gynaecological	77 days
Patient choice	1	Head & Neck	117 days
Patient DNA	1	Lung	69 days

<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

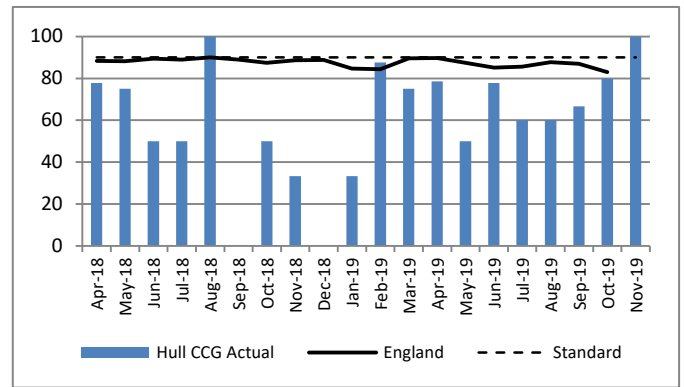
There has been no patient harm or serious incidents reported to the CCG. This continues to be discussed and monitored via the Quality Delivery Group.

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	Sept 2019	Oct 2019	Nov 2019	2019/20
Hull CCG Actual	81.51	65.63	66.67	80.00	100	75.00
National Target	90.00	90.00	90.00	90.00	90.00	90.00
Status						
No. of Breaches (CCG)	22	22	1	3	0	17



Cancer 62 days of referral from an NHS Cancer Screening Service – the indicator reports 100% in November, all 8 patients seen within the 62 day standard.

<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

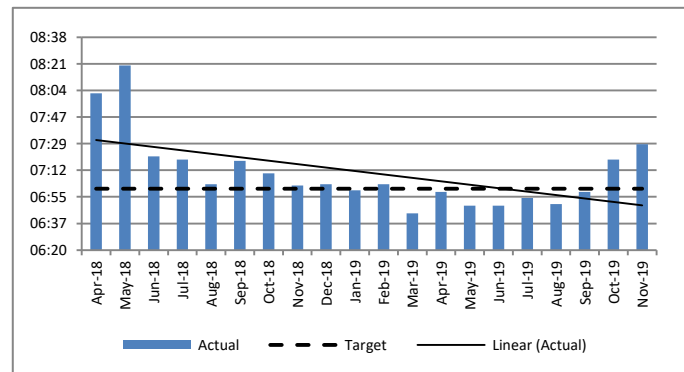
There has been no patient harm or serious incidents reported to the CCG. This continues to be discussed and monitored via the Quality Delivery Group.

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	Sept 2019	Oct 2019	Nov 2019	2019/20
YAS Actual		07:21	06:58	07:19	07:29	07:01
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 35.1% and 11.45% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 2.63% and 0.19% respectively for November 2019.

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

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

Quality and Assurance

The Trust declared an SI on the 12th December 2019 due to the hospital having the Full Capacity Protocol in place, ambulances were queuing outside of the Emergency Department and patients were waiting in the corridor. Patients were also outside in ambulances and handover times exceeded 2 hours on 13 occasions on Monday 25th November and 17 occasions on Wednesday 27th November 2019.

Commissioners have requested the Trust to review each individual case to establish if any harm occurred and where this is identified individual SIs will be declared for each patient.

The below arrangements are in place to monitor patients who are unable to be moved into A&E when the department is experiencing capacity issues and they remain under the care of ambulance staff.

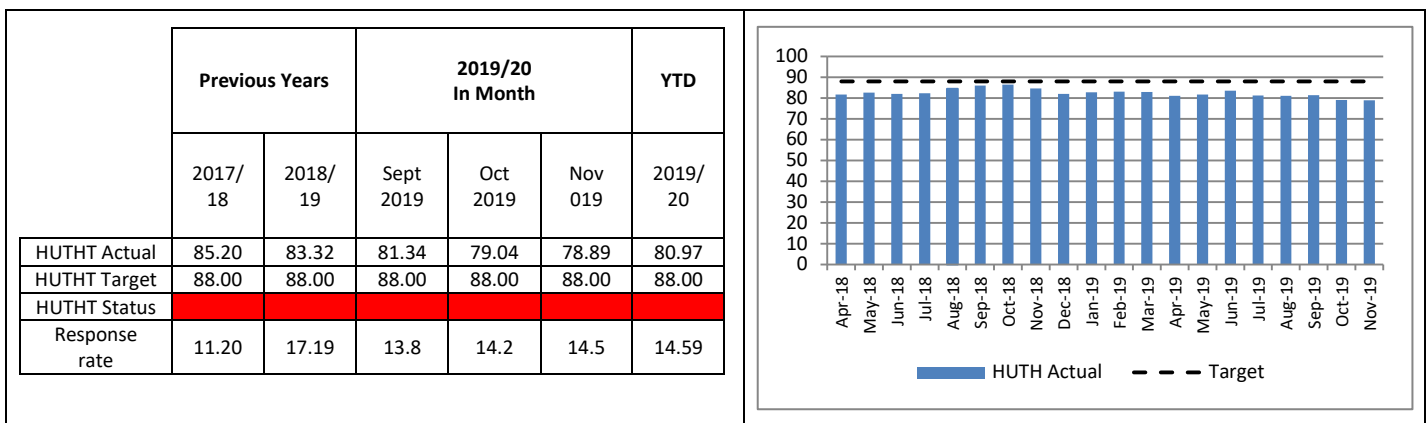
- Regular dialogue occurs with the ambulance lead and departmental lead regarding any concerns and any patients they feel need fast tracking.
- A senior nurse will be redeployed into the 'atrium' to review the patients that are waiting.
- The EPIC will also liaise with the ambulance crew to assess patients 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



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

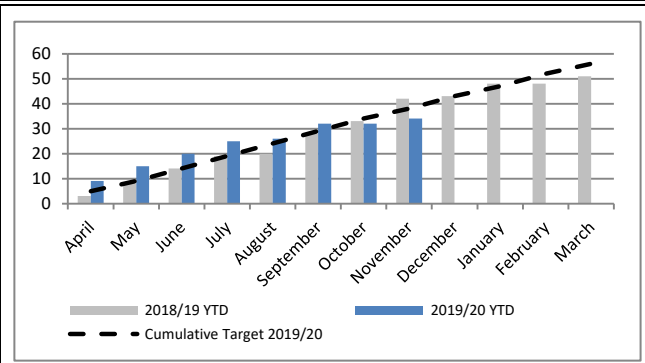
The Trust provide assurance that the FFT is promoted actively and various ways of responding including SMS Text responses and the use of QR Code posters to make it easier for patients to respond have been used. HUTHT are aware of the requirements for the new FFT due to go live in April 2020.

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	Sept 2019	Oct 2019	Nov 2019	2019/20
Hull CCG Actual	50	51	6	0	2	34
Target	82	55	5	5	4	38
Status						



In October 2019 the CCG are reporting 34 cases year to date against YTD target of 38. At the same position last year the CCG were reporting 8 more cases (42 cases April – November 2018). 2019/20 year-end plan of 56 cases.

This indicator will be removed from the next report if it continues to perform against target.

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.

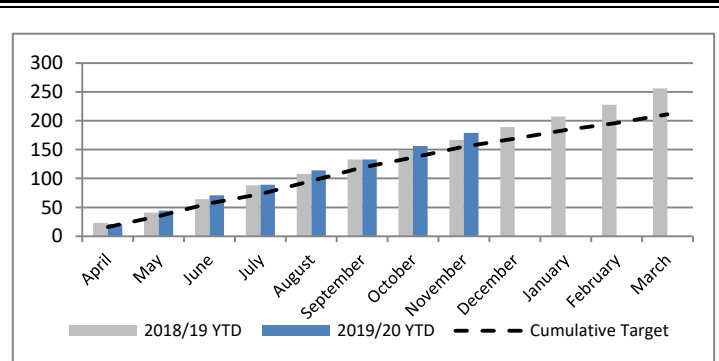
The CCG is also promoting Antimicrobial Stewardship “Train the Trainer” workshops with practices – free training is available in March 2020.

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	Sept 2019	Oct 2019	Nov 2019	2019/20
Hull CCG Actual	237	256	19	23	23	179
Target	209	184	23	17	19	155
Status						



In November 2019 the CCG are reporting 179 cases year to date against YTD target of 155. At the same position last year the CCG were reporting 12 fewer cases (167 cases April – November 2018).

2019/20 local trajectory year-end target of fewer than 211 cases.

Quality and Assurance

The target shown is locally agreed. The majority of cases appear to be community onset. The IPC team is continuing to monitor and investigate each case.

The CCG is also promoting Antimicrobial Stewardship “Train the Trainer” workshops with practices – free training is available in March 2020.

Incidence of healthcare associated infection (HCAI): MRSA

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month								YTD
	2017/ 18	2018/ 19	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	2019/ 20
Hull CCG Actual	2	2	0	0	0	0	0	0	0	1	1
Target	0	0	0	0	0	0	0	0	0	0	0
Status											

Hull CCG reported 1 MRSA case in November, the first in 2019/20.

MRSA Bloodstream Infection was identified at HUTH from a sample taken in the Emergency Department (ED).

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	Sept 2019	Oct 2019	Nov 2019	2019/ 20
Hull CCG Actual	41	0	0	1	9
Target	0	0	0	0	0
Status					

Elective procedures cancelled on the day and not re-booked within 28 days. HUTH reported 2 breaches of this standard in November 2019, 1 of which relates to a Hull CCG patient. The breach occurred in Urology due to a Theatre list overrunning.

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.