

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

MARCH 2020

(Presented to Quality & Performance Committee Tuesday 25th February 2020)

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Executive Summary

Financial Summary

The Month 10 (January 2020) 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 meetings, this report contains December data, as reported last month.

HUTHT A&E Type 1, 4 hour waiting time performance, deteriorated in December to 59.58% compared to 66.84% the previous month.

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated in December, reporting 69.66%. Key specialties breaching are Cardiology, Dermatology, ENT (Ear, Nose and Throat), Ophthalmology, Gynaecology and Plastic surgery.

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

Hull CCG Diagnostic test 6-week waiting times report 10.42% in December compared to November position of 10.32%.

Quality

Hull University Teaching Hospitals NHS Trust (HUTHT)

- The Trust has reported robust management arrangements with regards to the Novel Coronavirus outbreak, working to develop pods in A&E and ensuring both adults and paediatrics pathway.
- A&E front door streaming model is now live including emergency care and primary care has now been recruited to.
- The Trust is outsourcing work to Spire and Pioneer to alleviate some of the pressures on diagnostics to reduce waiting times.
- Positive feedback was reported following the CQC inspection of the child sexual abuse assessment service.
- Trust reported a good level of recruitment of new staff and have further planned link in days with the universities.
- Within January there has been a peer review of the Trusts surgical checklist by Airedale Trust following the recent Never Events. The CCG are at this time awaiting the outcome of this review.
- No patient harm has been reported from 52 week breaches and cancelled operations.
- A thematic review is to be undertaken on commonalities identified from maternity related serious incidents.

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 and is monitored within the monthly quality meetings.
- Humber are reporting a Registered Nurse vacancy rate equivalent to 127.9 FTE.
- The waiting for children over 18 weeks continues to improve, as a result of the service being split between core children's mental health and neurodevelopmental referrals. A new management post is in place for neurodevelopmental services across Hull and East Riding of Yorkshire.
- Humber continue to experience difficulties in filling the band 7 psychologist post, reported as due to lack of appropriate applicants. SLT, Psychologists and Specialist Nurses are due to be interviewed in January 2020.
- Mental Capacity Act (MCA) training is now above compliance Trust wide. Face to face sessions have been completed with inpatient units. MCA training continues to be delivered face to face and via e learning.

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.
- There is a noted increased recording of Pressure Sores on DATIX.
- Infection Control issues have been recorded 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.
- The CCG have written to Thames Ambulance Service Limited to terminate their contract for Non-Emergency Medical Transport, effective 31st March 2020.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 31st January 2020. 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	(402,813)	(402,813)	-	(496,431)	(496,431)	-	
Use of prior years surplus			-			-	
Acute Services	189,254	189,571	(317)	227,270	227,870	(600)	Amber
Prescribing & Primary Care Services	84,732	82,155	2,577	102,243	99,134	3,109	Green
Community Services	48,113	47,301	812	57,723	56,723	1,000	Green
Mental Health & LD	39,614	39,911	(297)	47,563	48,313	(750)	Amber
Continuing Care	17,611	18,239	(628)	21,133	21,133	-	Green
Other Including Earmarked Reserves	5,547	8,028	(2,481)	18,752	21,511	(2,759)	Green
Running Costs	5,162	4,827	335	6,413	6,413	-	Green
TOTAL EXPENDITURE	390,034	390,034	-	481,096	481,096	-	
Under/(over)-spend against in year allocation	-	-	-	-	-	-	Green
Balance of prior year surplus	(12,779)	(12,779)	-	(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 January 2020.

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 £6.413m and the current forecast is that expenditure will be contained within this financial envelope. This has increased by £217k in month 10, £204k additional employer's pension contribution and £13k Health & Social Care Networks (HSCN) CCG Corporate Connections costs.

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

Mental Health (forecast overspend £750k) – 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 £300k. 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 (General Medical Services) to PMS (Personal Medical Services) mergers and enhanced services claims.

Primary Care delegated Commissioning (forecast underspend £542k) – This is an increased figure to the one previously reported due to list size adjustments.

Prescribing (forecast underspend £2.5m) – The forecast included in the January position is based on month eight 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 £1.0m) – 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 £2.8m) – 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 January the CCG was showing £25.5m 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 £496,431 for both ‘Programme’ and ‘Running’ costs. The movement from the previous report relates to allocation receipts of:

£000	Allocation
204	Running : 6.3% pension uplift 1920
13	Running: CCG Corporate Connections costs
-2500	System Resilience
150	MH Rough Sleeping
134	Primary Care HSCN transitional relief for move to fair share allocations in 2019/20
-47	GPFV - Online Consultation - STP Funding
40	Accelerated implementation of NHS LTP and system priorities for unpaid carers
25	Winter Pressure Volunteering Programme
17	Q4 Diabetes Humber Coast & Vale STP
5	Wheelchairs testing person centred outcomes measures - Personalised Care Group

Working Balance Management

Cash

The closing cash for January was £50k which was below the 1.25% target of £427k.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for January was 98.82% on the value and 96.54% on the number of invoices, whilst the full year position is 99.04% achievement on the value and 98.14% on number.

b. NHS

The NHS performance for January was 100.00% on the value and 100.00% on the number of invoices, whilst the full year position is 99.86% achievement on the value and 99.37% on number.

NHS Oversight Framework

The NHS Oversight Framework for 2019/20 is the joint approach NHS England and NHS Improvement take to oversee organisational performance and identify where commissioners and providers may need support.

It provides a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers and sustainability and transformation partnerships, and integrated care systems.

The framework consists of 60 metrics divided into 5 priority areas as identified in the NHS Long Term Plan. These Priority Areas are:



NHS England & NHS Improvement publishes the latest position. Indicators are refreshed on a monthly basis, where more recent data is available*. A summary of Hull CCG's position is detailed below:

	Highest Quartile	Interquartile	Lowest Quartile	Not Available	Total
New Service Models	4	2	2	2	10
Preventing Ill Health and Reducing Inequalities	2	4	0	0	6
Quality of Care and Outcomes	8	6	12	5	31
Leadership and Workforce	2	2	0	3	7
Finance and Use of Resources	0	0	0	6	6
Total	16	14	14	16	60

Below are the 14 metrics reported within the lowest performing quartile for Hull CCG.

Priority	Theme	Indicator	Latest period	Value	RAG	Rank vs England
New Service Models	Integrated primary care & community health services	Patient experience of Primary Care - GP services	2019	74.37%	⊕	183/191
	Acute emergency care & transfers of care	Delayed transfers of care per 100,000 population	2019 12	15.5	↓	163/191
Quality of Care Outcomes	Smoking	Maternal smoking at delivery	Q2 2019/20	21.47%	↓	190/191
	Maternity services	Neonatal mortality and stillbirths	2017	5.22	↓	145/190
		Women's experience of maternity services	2018	80.1	↓	145/189
	Cancer services	Cancers diagnosed at early stage	2017	47.59%	↓	174/189
		Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	Q2 2019/20	70.65%	↑	165/191
		One year survival from all cancers.	2017	69.30%	↑	186/191
	Learning disability and autism	Proportion (%) of eligible adults with a learning disability having a GP health check	2017/18	25.09%	↓	188/189
	People with long term conditions & complex needs	Dementia care planning and post-diagnostic support	2018/19	73.30%	↓	180/191
		Proportion of carers with a long term condition who feel supported to manage their condition	2019	49.70%	⊕	179/191
	Planned care	Percentage of deaths with three or more emergency admissions in last three months of life	2017	10.63%	↑	182/189
Patients waiting 18 weeks or less from referral to hospital treatment		2019 12	69.48%	↓	177/177	
	Patients waiting six weeks or more for a diagnostic test	2019 12	10.42%	↓	176/191	

*position as at 17th February 2020

CCG Constitutional Exceptions

Performance Indicator Exceptions

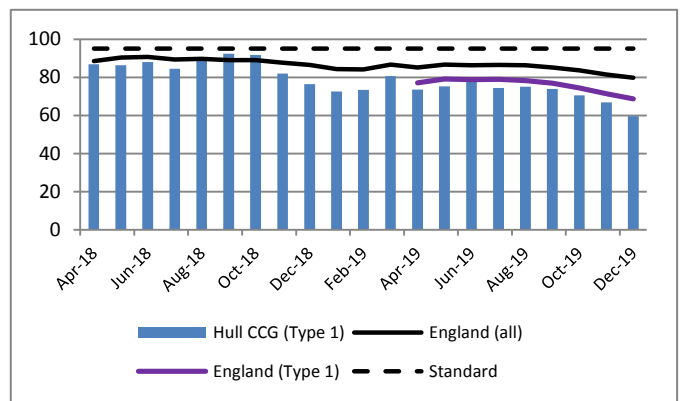
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Oct 2019	Nov 2019	Dec 2019	2019/20
HUTHT Actual	87.22	81.92	70.55	66.84	59.58	71.95
STF Trajectory	95.00	95.00	90.00	87.00	85.00	95.00
STF Status						
Hull CCG Actual	89.61	81.96	70.54	66.85	59.58	71.95
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 December 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.

Nurse Triage commenced in the Emergency Care Area, as part of the Primary Care Stream work, with a range of diversionary pathways in place to appropriately divert patients away from ED.

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

Quality and Assurance

The A&E performance was last discussed at the 5th February 2020 Quality Delivery Group. There was no reported patient harm or serious incidents as a result of the A&E performance.

As previously reported the CCG continue to await the outcome of the serious incident report in relation to ambulance wait times, this is being discussed within the February Quality Delivery Group (QDG). It is agreed that where any harm is found for individual patients this will be reported as a separate serious incident and investigated accordingly.

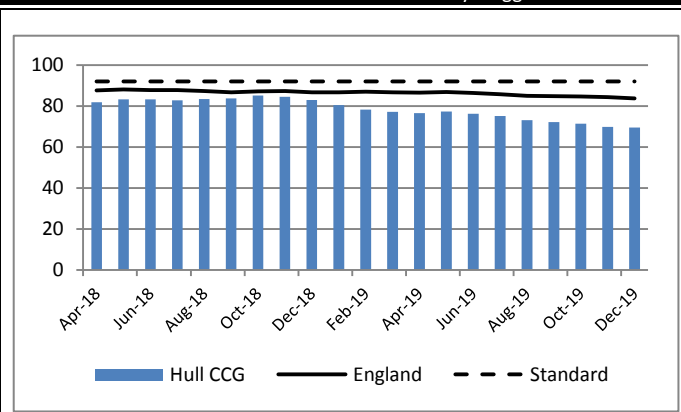
Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Oct 2019	Nov 2019	Dec 2019	2019/20
HUTHT Actual	80.37	81.10	71.14	69.98	69.66	69.66*
STF Trajectory	92.00	92.00	81.62	82.30	82.97	92.00
STF Status						
Hull CCG Actual	83.46	82.27	71.33	69.86	69.48	69.48*
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 remained stable in December, reporting 69.66% compared to 69.98% the previous month.

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

The A&E performance was last discussed at the 5th February 2020 Quality Delivery Group (QDG). The Trust is outsourcing to external providers to alleviate some of the diagnostic pressures, which is also impacted by annual leave and bank holidays. Increase in GP referrals impacting on RTT with the most pressure seen in ENT and cardiology.

Commissioners have been invited to attend the Trusts Performance & Assurance (PANDA) meeting; a senior member of the CCG quality team will attend to observe the clinical harm reviews that are undertaken for patients on waiting lists, including breaches, to gain assurance of the process for ensuring patient safety.

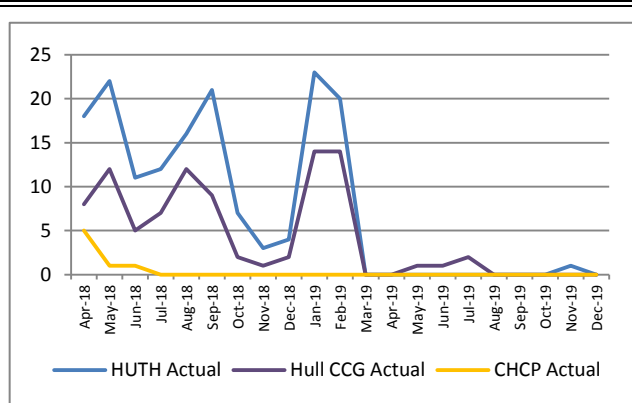
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Oct 2019	Nov 2019	Dec 2019	2019/20
HUTHT Actual	157	157	0	1	0	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						



HUTHT reported 0 breaches of the 52 week standard in December. Hull CCG reported 0 patients waiting over 52 weeks at the end of December.

Quality and Assurance

The 52 week breaches were last discussed at the Quality Delivery Group on the 5th February 2020.

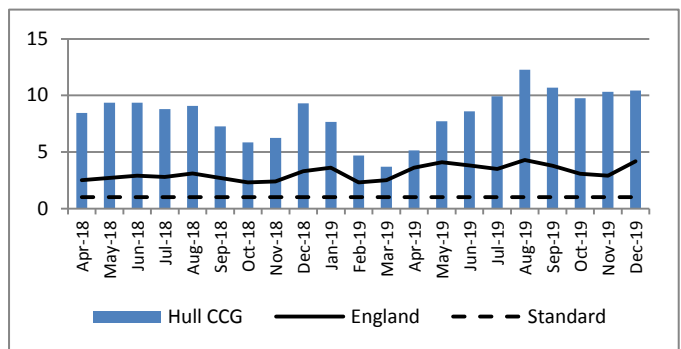
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Oct 2019	Nov 2019	Dec 2019	2019/20
HUTHT Actual	10.50	7.48	9.23	9.79	10.71	10.71*
HUTHT Status						
Hull CCG Actual	9.39	7.42	9.74	10.32	10.42	10.42*
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 December, 10.42% compared to November position of 10.32%. The CCG reported 485 breaches during December, the majority being for endoscopies 67.63% (328).

The Trust continues to communicate action plans through the governance of the Aligned Incentive Contract (AIC). Actions include:

- 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

The diagnostic test waiting times were last discussed at the 5th February 2020 Quality Delivery Group. The Trust is outsourcing to external providers to alleviate some of the diagnostic pressures impacted further by annual leave and bank holidays.

There has been no patient harm or serious incidents reported to the CCG as a result of the diagnostic waiting times.

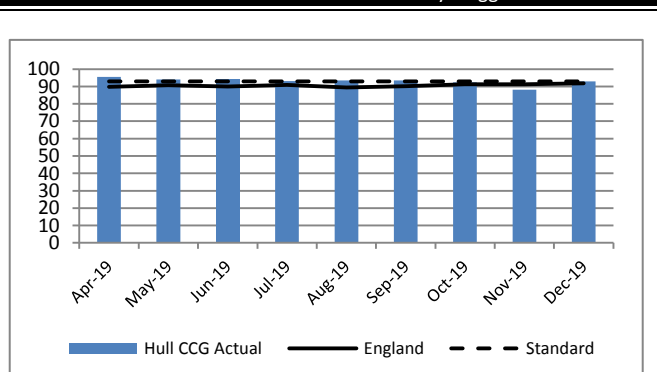
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2019/20 In Month			YTD
	2018/19	Oct 2019	Nov 2019	Dec 2019	2019/20
Hull CCG Actual	94.81	92.33	88.12	92.90	93.01
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	9,391	939	808	761	7,443
No. of Breaches (CCG)	487	72	96	54	520



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

761 patients seen with 54 breaches of the standard, 46 due to Patient Choice:

Suspected Tumour Type	Patient Choice Breaches
Lower GI	12
Skin Cancer	12
Upper GI	10
Breast	5
Head & Neck	5
Gynaecological	1
Urological	1

The remaining 8 breaches due to inadequate outpatient capacity (6 for suspected Breast Cancer and 2 for suspected gynaecological cancers).

HUTHT achieved the maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer in December, reporting 93.16% against the 93% standard, totalling 1741 referrals with 1622 seen within 14 days (119 breaches).

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

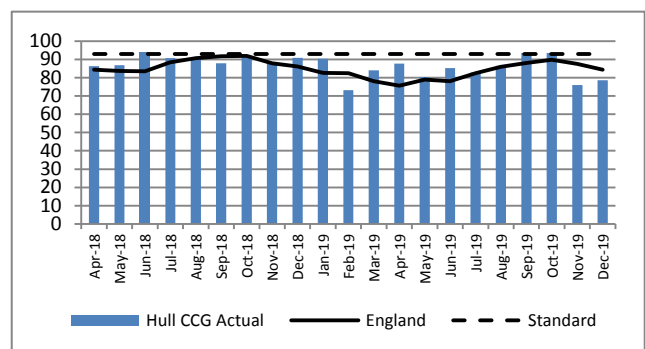
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2019/20 In Month			YTD
	2018/19	Oct 2019	Nov 2019	Dec 2019	2019/20
Hull CCG Actual	88.24	93.39	76.00	78.57	85.48
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	1,564	121	125	112	1,226
No. of Breaches (CCG)	184	8	30	24	178



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 showed a slight improvement compared to the previous month but failed to meet the target in December. 112 patients were seen during December with 24 breaches, 15 due to patient choice and 9 due to inadequate outpatient capacity. HUTHT reported 79.08% in December (196 patients seen with 41 breaches in total).

Quality and Assurance

The cancer waiting times were last discussed at the 5th February 2020 Quality Deliver Group. Pressure continues on the diagnostic services and cancer waits resulting in delays.

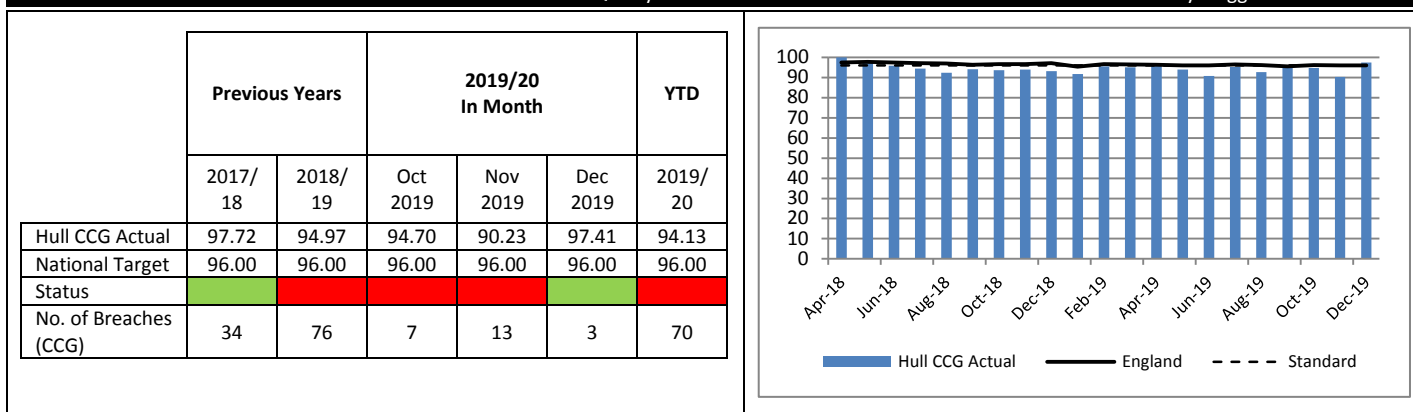
There has been no patient harm or serious incidents reported to the CCG to date, this will continue to be discussed and monitored via the Quality Delivery Group.

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better



Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 116 patients seen in December with a total of 3 breaches:

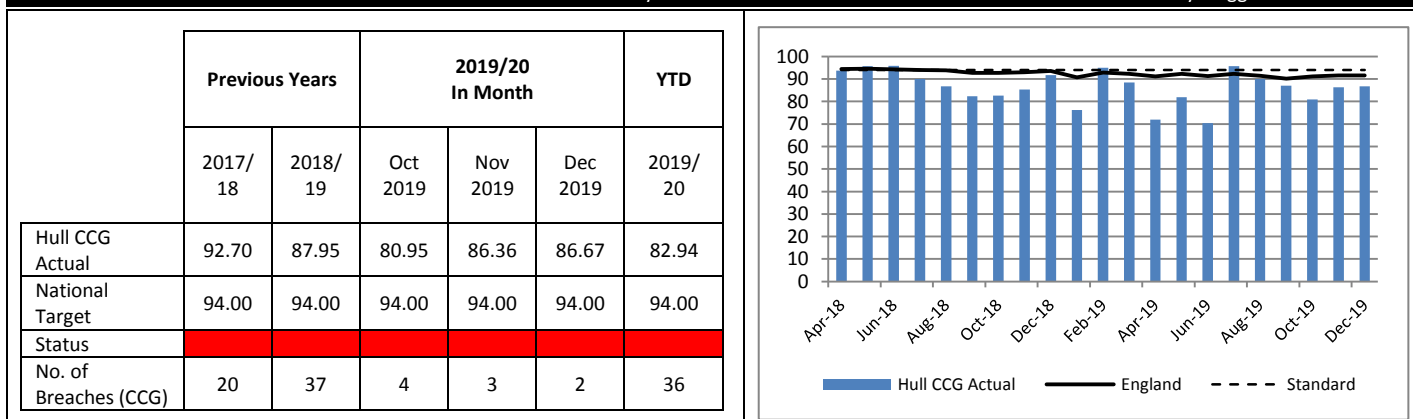
Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Health Care Provider initiated delay to diagnostic test or treatment planning	1	Lower Gastrointestinal	35 days
Complex diagnostic pathway	1	Lung	42 days
Patient choice	1	Urological	50 days

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better



Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – 15 patients seen in December with 2 breaches, 1 due to patient choice (wait of 39 days) and the other due to inadequate elective capacity (wait of 40 days).

Quality and Assurance

The 31 day cancer waits were discussed at the 5th February Quality Delivery Group.

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

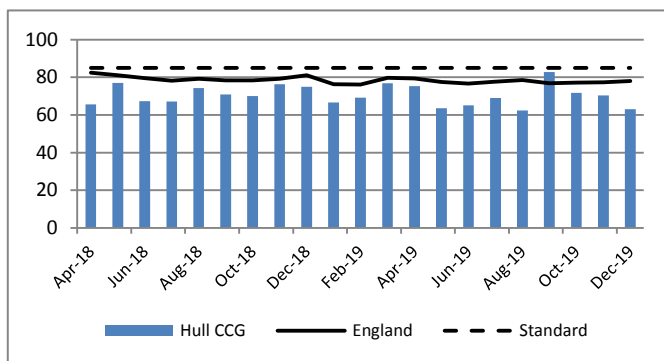
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Oct 2019	Nov 2019	Dec 2019	2019/20
HUTHT Actual	76.14	69.30	73.50	67.96	68.20	69.92
STF Trajectory	85.00	85.00	77.97	79.41	80.72	85.00
STF Status						
Hull CCG Actual	79.40	71.65	71.67	70.31	62.96	69.20
National Target	85.00	85.00	85.00	85.00	85.00	85.00
Status						
No. of Breaches (CCG)	145	218	17	19	20	174



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 62.96% in December (54 patients with 20 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	7	Head & Neck 2 x Lower Gastrointestinal 2 x Lung Upper Gastrointestinal Urological	71 days 74 and 78 days 64 and 69 days 73 days 68 days
Complex diagnostic pathways (many, or complex, diagnostic tests required)	5	Breast Gynaecological Lower Gastrointestinal Lung Other	64 days 85 days 97 days 106 days 115 days
Inadequate outpatient capacity	2	Lower Gastrointestinal Sarcoma	64 days 77 days
Patient choice	2	Lower Gastrointestinal Urological	77 days 106 days
Inadequate elective capacity	1	Breast	93 days
Treatment delayed for medical reasons (patient unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting	1	Head & Neck	79 days
Patient DNA	1	Breast	109 days
Administrative Delay	1	Urological	71 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.

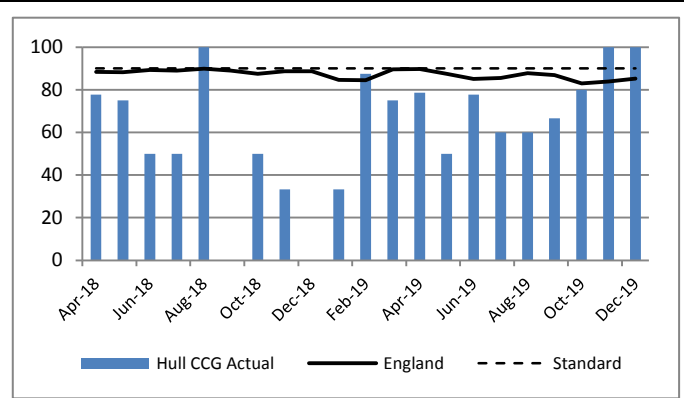
Cancer 62 day waits: first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Oct 2019	Nov 2019	Dec 2019	
Hull CCG Actual	81.51	65.63	80.00	100	100	77.03
National Target	90.00	90.00	90.00	90.00	90.00	90.00
Status						
No. of Breaches (CCG)	22	22	3	0	0	17



Cancer 62 days of referral from an NHS Cancer Screening Service – the indicator reports 100% in December, all 6 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

The 62 days cancer waits were last discussed at the 5th February 2020 Quality Delivery Group. 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.

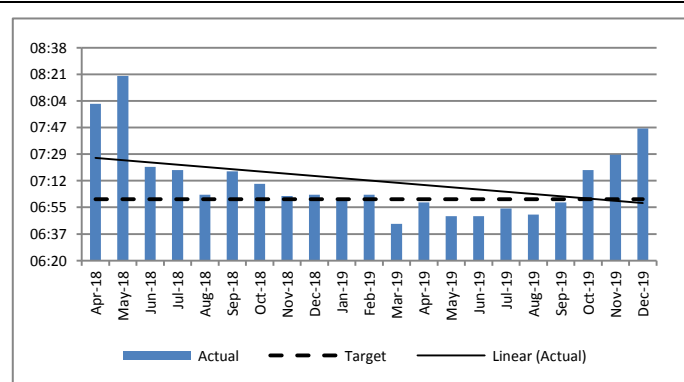
Ambulance clinical quality – Category 1 mean response time (mins)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Oct 2019	Nov 2019	Dec 2019	
YAS Actual		07:21	07:19	07:29	07:46	07:07
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 47.56% and 20.98% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 2.84% and 0.34% respectively for December 2019.

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

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

Quality and Assurance

This was discussed in the February Quality Delivery Group meeting. The following arrangements confirmed as being 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.

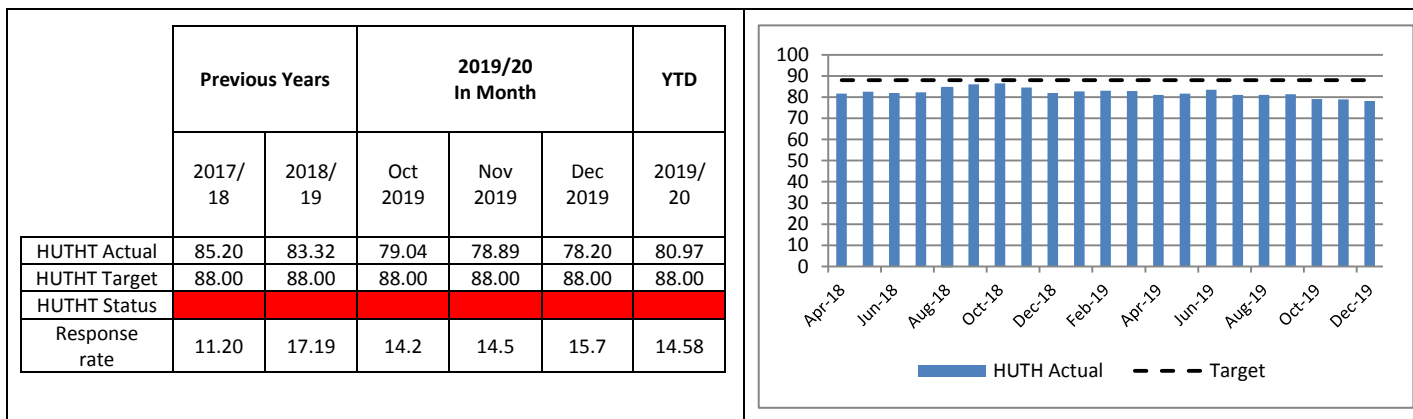
The CCG await the outcome of the serious incident investigation taking place in relation to ambulance wait times. Where any harm is found for individual patients this will be reported as a separate serious incident and investigated accordingly.

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.

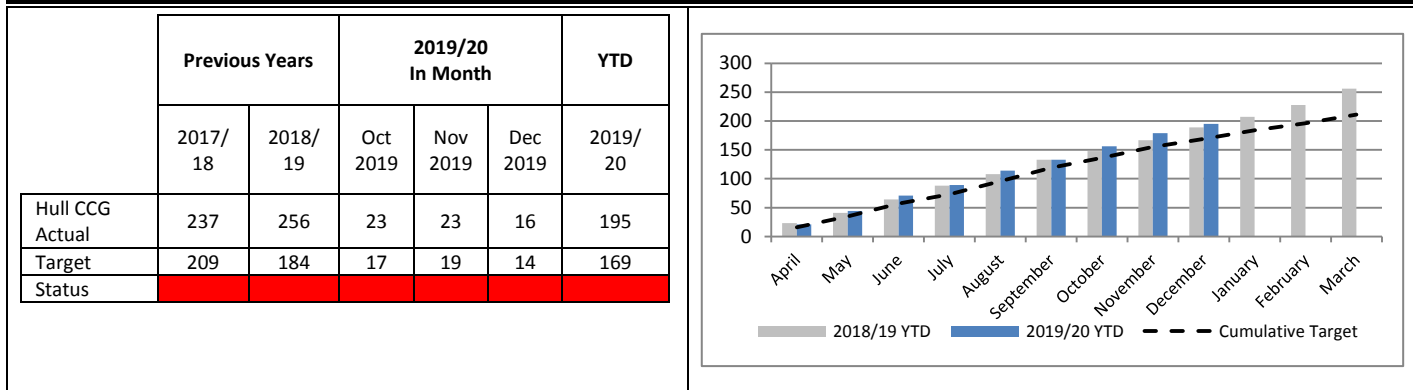
Quality and Assurance

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): E-Coli

Lead: Deborah Lowe

Polarity: Smaller is better



In December 2019 the CCG are reporting 195 cases year to date against YTD target of 169. At the same position last

year the CCG were reporting 6 fewer cases (189 cases April – December 2018).

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

Quality and Assurance

The target shown is locally agreed. 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.

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	Oct 2019	Nov 2019	Dec 2019	2019/20
Hull CCG Actual	41	0	1	1	10
Target	0	0	0	0	0
Status					

Elective procedures cancelled on the day and not re-booked within 28 days. HUTHT reported 2 breaches of this standard in December 2019, both within Radiology and both due to a lack of availability of inpatient beds, 1 of which relates to a Hull CCG patient.

Quality and Assurance

Cancelled operations were discussed at the 5th February Quality Delivery Group. The Trust reported 2 cancelled operations in December 2019, both within the interventional radiology specialty. RCAs were undertaken identifying bed capacity as the cause. No patient harm was identified; both patients have since received treatment.

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