

QUALITY & PERFORMANCE REPORT

NHS HULL CCG BOARD

MAY 2020

(Presented to Quality & Performance Committee Tuesday 21st April 2020)

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Financial Summary

The Month 11 (February 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

HUTHT A&E Type 1, 4 hour waiting time performance, improved slightly in February to 63.05% compared to 60.43% the previous month.

Referral to Treatment 18 weeks waiting times performance at HUTHT remained stable in February compared to the previous month, reporting 68.14%. 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 12.12% in February compared to January position of 13.08%.

Quality

Hull University Teaching Hospitals NHS Trust (HUTHT)

- The last Quality Delivery Group meeting took place on 5th February 2020. The 1st April 2020 meeting was cancelled due to the COVID-19 pandemic.
- The CQC began an unannounced inspection to the Trust in February 2020. The CCG provided insight as part of the inspection process with the lead inspector. This insight sharing will be repeated when the well led element of the inspection commences following the COVID-19 pandemic.
- A revised interim process for the management of serious incidents and never events during the COVID-19 pandemic has been implemented.
- The Trust has reported robust management arrangements with regards to the Novel Coronavirus outbreak; initially working to develop pods in A&E they are now leading on testing. Within this period there has been a substantial change to their planned existing services in response to the Coronavirus outbreak and reduction in routine operational activity to enable an increase in beds for patients admitted with COVID-19 as part of their internal surge plan. The Trust now has a total of 207 beds available and cohorted wards in place in addition to capacity in critical care whilst ensuring both the adults and paediatrics pathway.
- As of February 2020 the Trust has reported 8 Never Events of which 5 were wrong site surgery related.
- There has been a peer review of the Trusts surgical checklist by Airedale Trust following the recent Never Events. The CCG are awaiting an Action Plan as an output of this review.
- A thematic review is to be undertaken on commonalities identified from maternity related serious incidents.
- Thematic reviews of serious incident reporting has noted an increase in SIs relating to diagnostic / failure to act upon or follow up abnormal results, including those outsourced to external providers.

Humber NHS Foundation Trust

- The Humber Quality Group last met on 12th March 2020.
- The INSPIRE CAMHS unit which opened on 21st January 2020 continues its gradual approach to admitting patients to the unit in order to ensure safe delivery of services at INSPIRE before operating at full capacity.
- Assurance on the management of patients waiting more than 52 weeks for CAMHS continues to be monitored within the monthly quality meetings and Trust Board continues to have oversight.
- The Trust presented their Integrated Board Report which highlighted a significant drop in adult safeguarding referrals.
- Trust gave a 6 monthly update on CQC actions and reported that all actions have been completed.
- Staff sickness continues to be a challenge in all Humber inpatient units, including recruitment to some key posts. The Trust currently has circa 120 registered nurse vacancies and they have introduced a senior role at Band 8a funded for 2 years to lead and deliver their recruitment campaign.
- Trust presented their 6 monthly safer staffing report, there have been no incidents of harm related to safer staffing.

- Work continues in achieving a 4 week waiting time from referral to assessment in CMHT's (Community Mental Health Teams).
- Coronavirus - Trust is in state of preparedness for business continuity ensuring PPE is sourced and beds available within services to respond to patients becoming ill and requiring isolation during periods.

City Health Care Partnership (CHCP)

- The CHCP Quality Group last met on 4th March 2020.
- Coronavirus – CHCP have created a team to assess, test and treat suspected cases. The team consists of 6 staff, which may possibly rise to 15. The team is staffed from OOH and IUC.
- To support the Coronavirus response work CHCP are asking that all GP practices share records on EMIS and SystemOne.
- CHCP are actively working to increase community beds capacity and supporting patients discharge and preventing admissions.
- CHCP are working with Clinical Commissioners in ensuring mobilisation of equipment to support discharges from hospital of COVID-19 patients and in preventing admissions.
- A presentation was delivered by the Pain Management Service highlighting the need for an integrated pathway.

Spire

- The Spire Quality Group last met on 12th January 2020.
- Spire has reported a surgical Never Event.
- Spire has been accepted onto the NHS Digital on Enhanced Summary Care Record access project.
- Spire planning to work with the Learning Disability Wellbeing Team to raise awareness.
- The Spire Quality Group meets again in June 2020.
- Spire is currently contracted to support the NHSE response to Coronavirus, as part of the wider surge plans and in increasing bed capacity within all providers.

Yorkshire Ambulance Service (YAS)

- The YAS Local Quality Group last met on 12th March 2020.
- Quarter 3 Complaints report suggests Attitude & Communication are the biggest cause of complaint. Following the recruitment of a further staff member within the complaints team, response times have improved from 70% in Quarter 2 to 98% in Quarter 3.
- YAS continue to experience difficulties in prioritising calls due to 999 calls whereby the NEWS2 score is not available.
- YAS have been asked to provide further assurance in relation to training of bank staff.
- YAS continue to work with GP Practices in relation to “Frequent Callers” to the 111 Service.
- 111 online is due to go live for urgent repeat prescription by the end of March 2020.
- YAS have appointed a Subject Matter Expert in moving and handling due to the number of incidents reported.
- YAS have implemented 4 clinical managers who are reviewing 40-50 deaths per quarter to establish if learning can be gained.
- YAS have reviewed how support they provide to families at the time of bereavement can be improved.
- The 2020 clinical refresher training includes VF arrest training which has been improved.
- COVID-19 call centre has been set up and calls are signposted, and split onto different lines / services.
- Health advisors have been trained to answer calls regarding COVID-19. 35 agency clinicians have been trained including staff on light duties and clinical directorate staff to take Coronavirus calls via YAS's dedicated line.

Commissioning for Quality and Innovation (CQUINs)

- As per the “Revised arrangements for NHS contracting and payment during the COVID-19 pandemic” published 26th March 2020 providers are not required to report for the Q4 period of the 2019/20 scheme.
- Commissioners are required to make a pragmatic approach to payment for this quarter based on historic activity.
- CQUIN activity for the April to July 2020 period is also suspended.
- Commissioners are required to make a full payment to providers for this period.

Financial Position

Achievement of Financial Duties / Plans

Based on information available up to the 29th February 2020. 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	(445,369)	(445,369)	-	(496,431)	(496,431)	-	
Use of prior years surplus			-			-	
Acute Services	208,293	208,470	(177)	227,303	227,903	(600)	Amber
Prescribing & Primary Care Services	92,921	90,240	2,681	101,542	98,683	2,859	Green
Community Services	55,083	54,186	897	60,139	59,139	1,000	Green
Mental Health & LD	43,857	44,089	(232)	47,867	48,217	(350)	Green
Continuing Care	19,372	20,093	(721)	21,133	21,933	(800)	Amber
Other Including Earmarked Reserves	6,107	8,845	(2,738)	15,744	17,853	(2,109)	Red
Running Costs	5,678	5,388	291	6,413	6,413	-	Green
TOTAL EXPENDITURE	431,311	431,311	-	480,141	480,141	-	
Under/(over)-spend against in year allocation	-	-	-	-	-	-	Green
Balance of prior year surplus	(14,057)	(14,057)	-	(16,290)	(16,290)	-	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 29th February 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 position has not changed from month 10.

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

Mental Health (forecast overspend £350k) – This is a reduction of £400k from last month, primarily due to looked after children MH costs that are expected to be lower. 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 £350k. 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 £609k) – This is an increased figure to the one previously reported due to list size adjustments.

Prescribing (forecast underspend £2.25m) – The forecast included in the February position is based on month nine 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 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.

Continuing Healthcare (Forecast overspend £800k) – We are now seeing an increase in numbers and changes of packages coming through the brokerage team. Some packages are high costs and started earlier in the year.

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 February the CCG was showing £24.6m 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 £495,476 for both 'Programme' and 'Running' costs. The movement from the previous report relates to allocation of receipts and transfers.

Working Balance Management

Cash

The closing cash for February was £54k which was below the 1.25% target of £475k.

Better Payment Practice Code:

Target 95% payment within 30 days

a. Non NHS

The Non NHS performance for February was 98.48% on the value and 95.48% on the number of invoices, whilst the full year position is 98.97% achievement on the value and 97.83% on number.

b. NHS

The NHS performance for February was 99.88% on the value and 99.55% on the number of invoices, whilst the full year position is 99.86% achievement on the value and 99.38% 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 8th April 2020 (January 2020 release)

CCG Constitutional Exceptions

Performance Indicator Exceptions

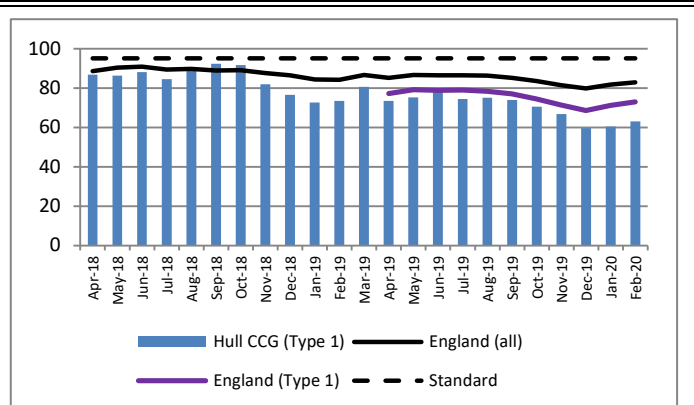
A&E waiting times – percentage of patients spending less than 4 hours total time in the A&E department (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Dec 2019	Jan 2020	Feb 2020	2019/20
HUTHT Actual	87.22	81.92	59.58	60.43	63.05	70.22
STF Trajectory	95.00	95.00	85.00	85.00	87.00	95.00
STF Status						
Hull CCG Actual	89.61	81.96	59.58	60.42	63.04	70.22
National Target	95.00	95.00	95.00	95.00	95.00	95.00
Status						



HUTHT Type 1 A&E 4 hour waiting time performance improved slightly in February 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 Quality Delivery Board Group scheduled for 1st April 2020 was cancelled due to Coronavirus. 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. It is agreed that where any harm is found for individual patients this will be reported as a separate serious incident and investigated accordingly.

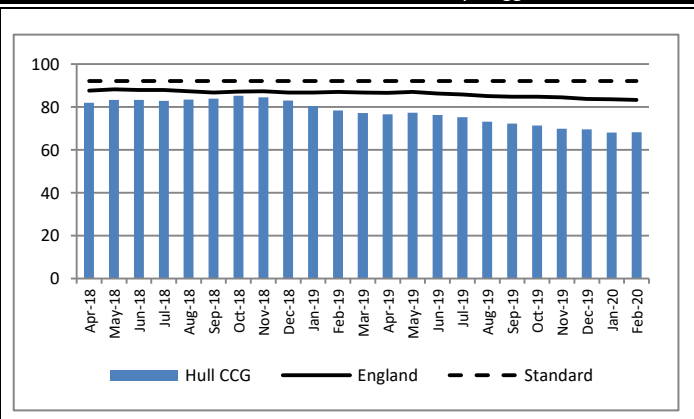
Referral to Treatment incomplete pathways: percentage of incomplete pathways within 18 weeks (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Dec 2019	Jan 2020	Feb 2020	2019/20
HUTHT Actual	80.37	81.10	69.66	68.36	68.14	68.14*
STF Trajectory	92.00	92.00	82.97	83.65	84.32	92.00
STF Status						
Hull CCG Actual	83.46	82.27	69.48	68.02	68.14	68.14*
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 February, reporting 68.14% compared to 68.36% 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 Quality Delivery Board Group scheduled for 1st April 2020 was cancelled due to Coronavirus. The RTT 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.

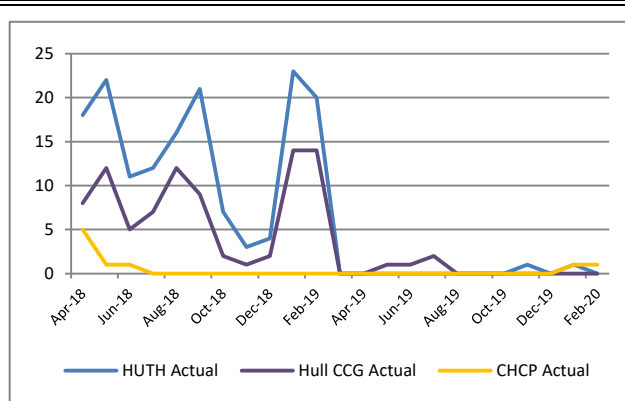
Number of >52 week Referral to Treatment in Incomplete Pathways

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month			YTD
	2017/ 18	2018/ 19	Dec 2019	Jan 2020	Feb 2020	2019/ 20
HUTHT Actual	157	157	0	1	0	2
STF Trajectory	0	0	0	0	0	0
STF Status						
CHCP Actual	223	7	0	1	1	2
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 no breaches of the 52 week standard in February following a single breach in January.

CHCP reported a breach in February 2020 within Gynaecology.

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

Quality and Assurance

The 52 week breaches were last discussed at the Quality Delivery Group on the 5th February 2020. A root cause analysis and clinical harm review has been undertaken for the patient who breached in January and they have now been treated.

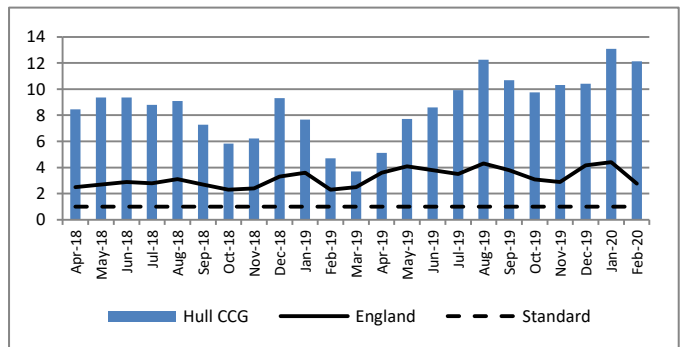
Diagnostic test waiting times (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Dec 2019	Jan 2020	Feb 2020	2019/20
HUTHT Actual	10.50	7.48	10.71	12.90	11.54	11.54*
HUTHT Status						
Hull CCG Actual	9.39	7.42	10.42	13.08	12.12	12.12*
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 improvement in performance is reported in February, 12.12% compared to January position of 13.08%. The CCG reported 592 breaches during February 2020 (compared to 628 in January), the majority being for endoscopies 65.37% (387).

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.

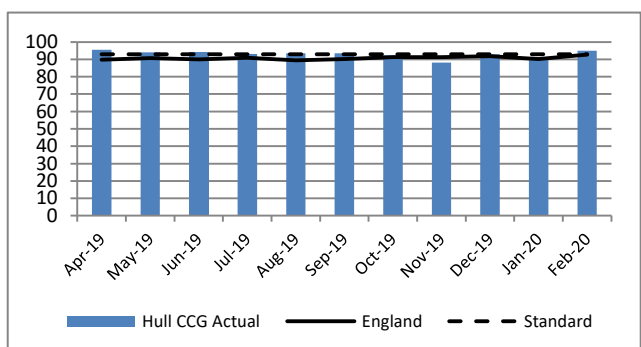
Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2019/20 In Month			YTD
	2018/19	Dec 2019	Jan 2020	Feb 2020	2019/20
Hull CCG Actual	94.81	92.90	91.03	94.88	93.00
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	9,391	761	825	801	9,069
No. of Breaches (CCG)	487	54	74	41	635



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

This standard was achieved in February with 801 Hull CCG patients seen with 41 breaches of the standard, 37 due to Patient Choice:

Suspected Tumour Type	Patient Choice Breaches
Skin Cancer	11

Lower GI	7
Head & Neck	6
Upper GI	5
Breast	3
Lung	2
Gynaecological	2
Testicular	1

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

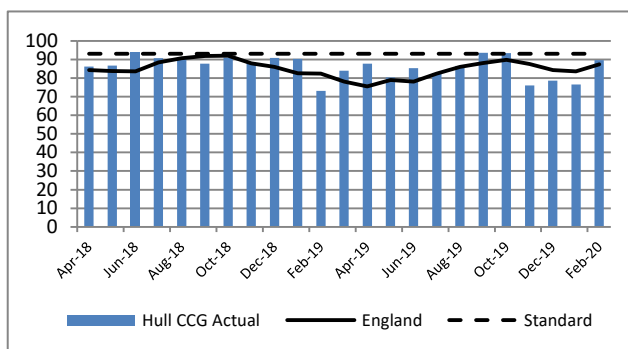
Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Year	2019/20 In Month			YTD
	2018/19	Dec 2019	Jan 2020	Feb 2020	2019/20
Hull CCG Actual	88.24	78.57	76.55	89.60	84.96
National Target	93.00	93.00	93.00	93.00	93.00
Status					
No. of Referrals (CCG)	1,564	112	145	125	1,496
No. of Breaches (CCG)	184	24	34	13	225



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 significant improvement in February compared to the previous month.

125 patients were seen during February with 13 breaches, all due to ‘patient choice delay relating to first outpatient appointment’.

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.

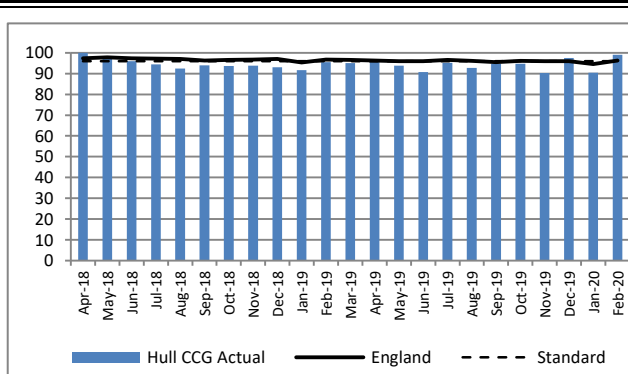
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%)

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Bigger is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/19	Dec 2019	Jan 2020	Feb 2020	2019/20
Hull CCG Actual	97.72	94.97	97.41	90.37	99.05	94.11
National Target	96.00	96.00	96.00	96.00	96.00	96.00
Status						
No. of Breaches (CCG)	34	76	3	13	1	84



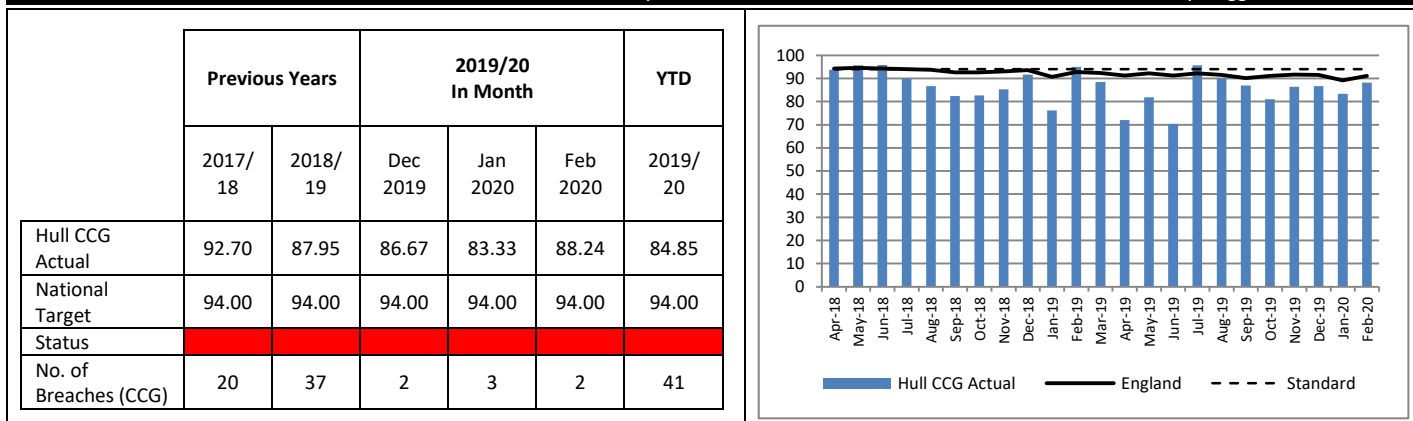
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) – 105 patients seen in February with a single breach relating to inadequate elective capacity, with a wait of 36 days (breast).

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 – 17 patients seen in February with 2 breaches, both due to inadequate elective capacity and both with a wait of 36 days.

Quality and Assurance

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

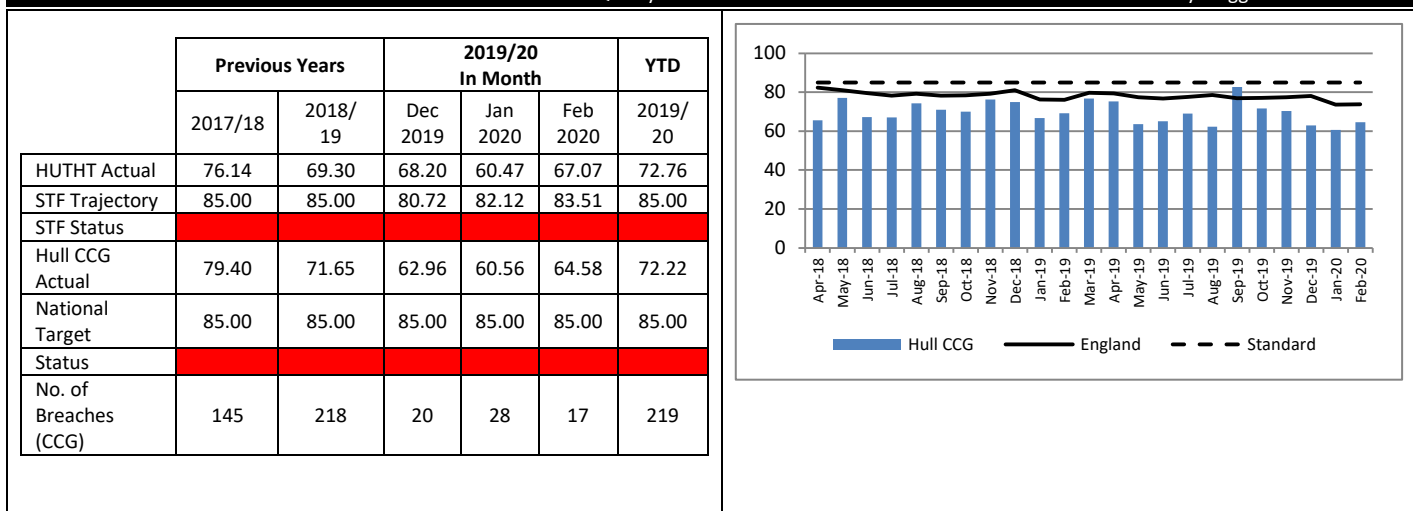
There has been no patient harm or serious incidents reported to the CCG to date. This continues to be discussed and monitored via the Quality Delivery Group.

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



Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 64.58% in February (48 patients with 17 breaches). Breach details are as follows:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Complex diagnostic pathways (many, or complex, diagnostic tests required)	6	2 x Breast Gynaecological Lower Gastrointestinal Upper Gastrointestinal Other	69 and 71 days 79 days 103 days 119 days 147 days
Health care provider initiated delay to diagnostic test or treatment planning	3	Lower Gastrointestinal Upper Gastrointestinal Urological	102 days 87 days 90 days
Inadequate elective capacity	2	Lung Urological	65 days 67 days

Patient choice	2	Lower Gastrointestinal Urological	109 days 95 days
Inadequate outpatient capacity	2	Breast Lung	65 days 74 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	188 days
Other Reason (Not listed)	1	Urological	204 days

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

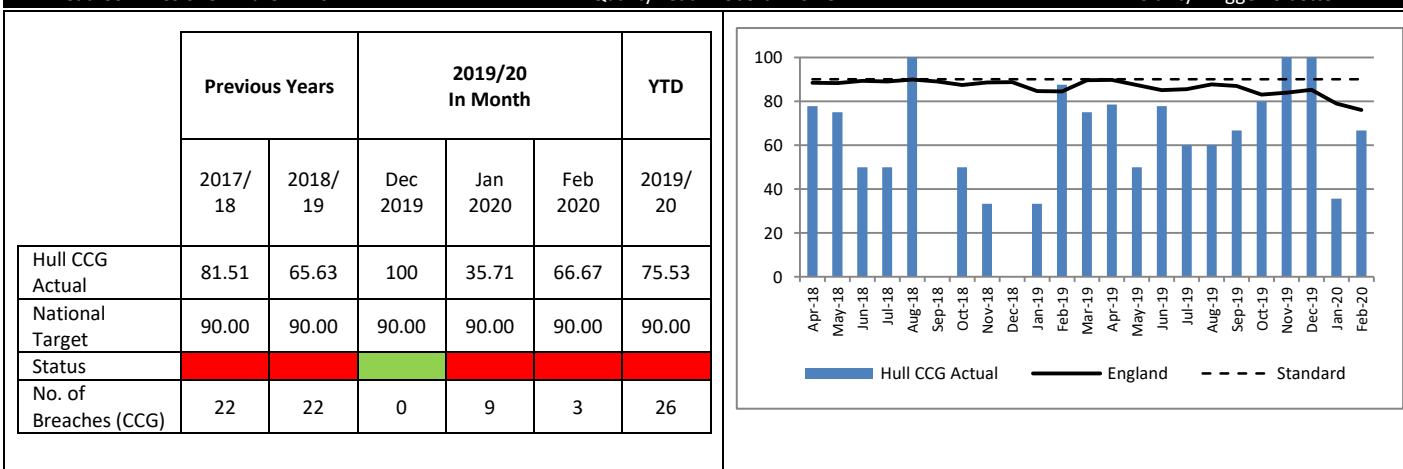
Note: Access to cancer reporting data nationally has changed and become more challenging. The CCG is increasingly dependent on providers supplying information to explain breaches of waiting time standards.

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



Cancer 62 days of referral from an NHS Cancer Screening Service – the indicator reports 66.67% in February, a total of 9 patients, 3 of which were outside the 62 day standard:

Breach Reason	Number of Breaches	Tumour Type	Wait (Days)
Inadequate out-patient capacity	2	Breast	Both 85 days
Patient Choice	1	Lower Gastrointestinal	77 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

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.

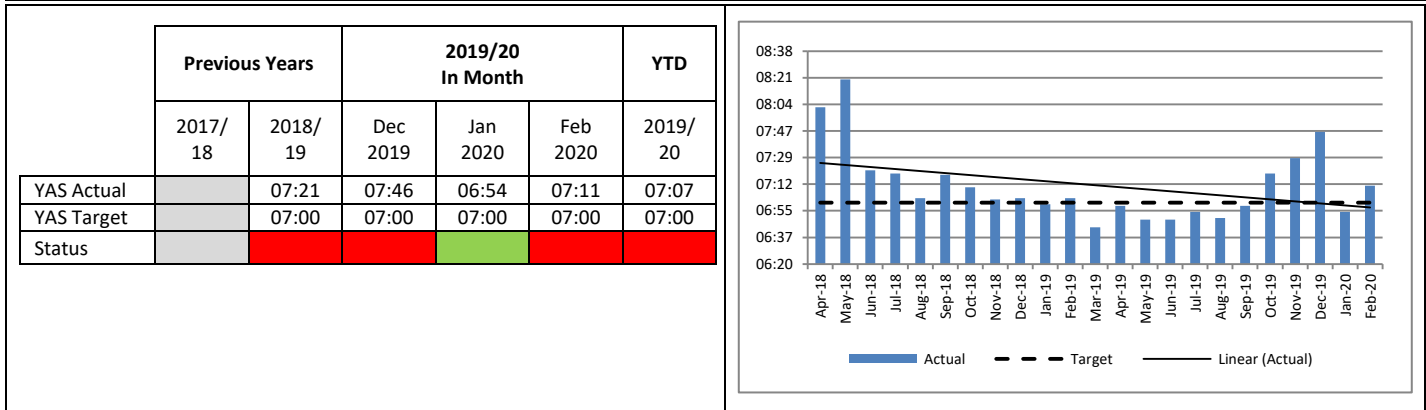
This continues to be discussed and monitored via the Quality Delivery Group.

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

Lead Commissioner: Karen Ellis

Quality Lead: Deborah Lowe

Polarity: Smaller is better



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 31.11% and 11.65% respectively. YAS at HUTHT performance for +30 minute and +60 minute crew clears is 2.94% and 0.33% respectively for February 2020.

[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.

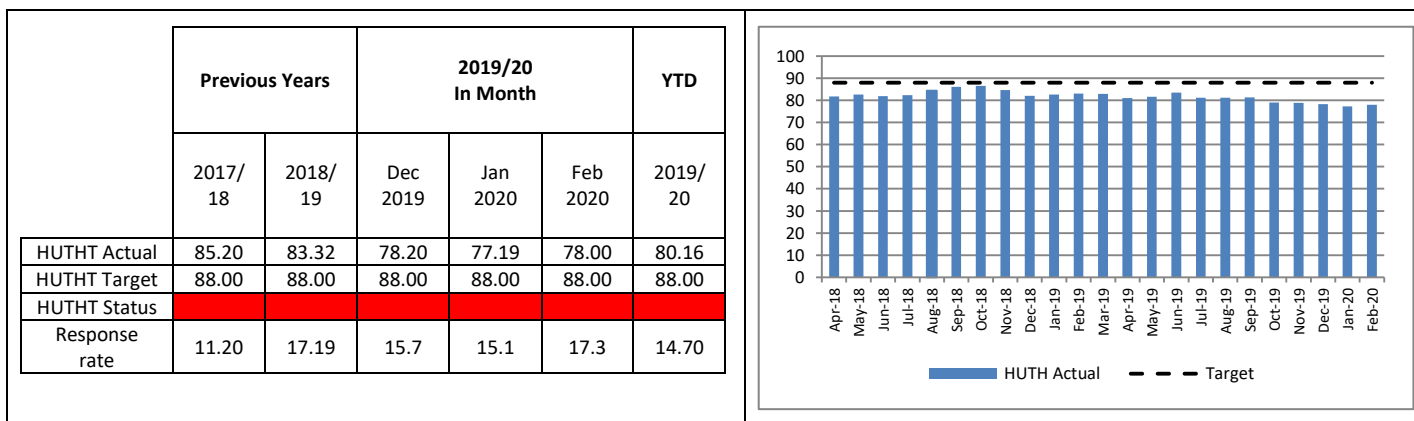
The CCG await the outcome of the serious incident investigation taking place in relation to ambulance wait times. Where any harm is found for individual patients this will be reported as a separate serious incident and investigated accordingly.

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.

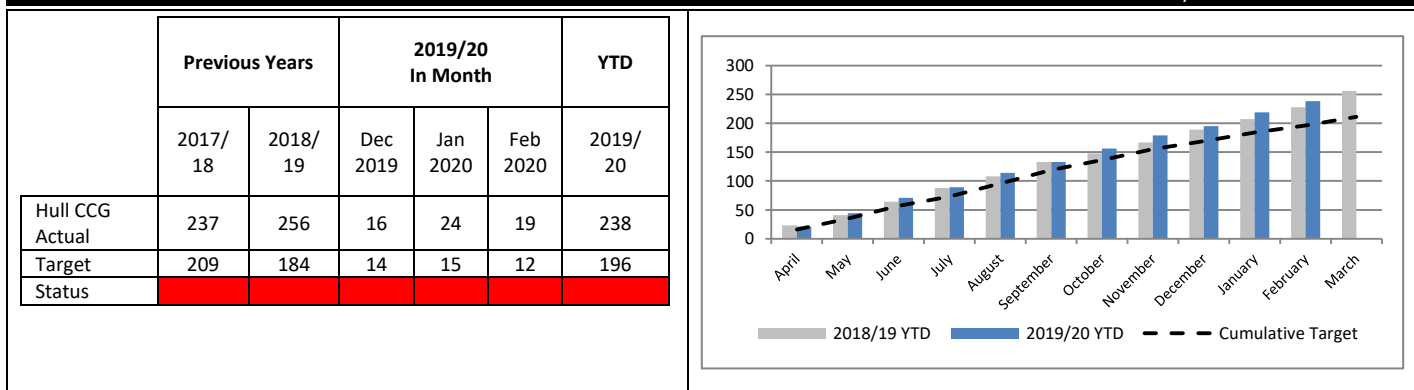
Quality and Assurance

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 which has a go live date of April 2020.

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

Lead: Deborah Lowe

Polarity: Smaller is better



In February 2020 the CCG are reporting 238 cases year to date against YTD target of 196. At the same position last year the CCG were reporting 10 fewer cases (228 cases April – February 2019).

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.

Number of Mixed Sex Accommodation breaches

Lead: Deborah Lowe

Polarity: Smaller is better

	Previous Years		2019/20 In Month			YTD
	2017/18	2018/ 19	Dec 2019	Jan 2020	Feb 2020	2019/ 20
HUTHT Actual	0	0	0	0	0	0
HUTHT Status						
Hull CCG Actual	1	1	0	0	1	1
Hull CCG Rate	0.01	0.01	0	0	0.1	0.01
Hull CCG Status						
National Target	0.00	0.00	0.00	0.00	0.00	0.00

Hull CCG record one breach YTD for Mixed Sex Accommodation in February 2020. This relates to an out of area patient.

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	Dec 2019	Jan 2020	Feb 2020	2019/ 20
Hull CCG Actual	41	1	0	3	13
Target	0	0	0	0	0
Status					

Elective procedures cancelled on the day and not re-booked within 28 days. HUTHT reported 5 breaches of this standard in February 2020, giving a total of 18 YTD.

Hull CCG reported 3 breaches, 2 within Paediatrics and 1 within Radiology.

Quality and Assurance

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.